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Recognizing Roots and Not Just Leaves: The Use of Integrative Mindfulness in Education, Research, and Practice

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Cover Page Footnote

Naisargi (Ness) Mehta <https://orcid.org/0000-0002-7202-5739> Gitika Talwar <https://orcid.org/0000-0001-9270-4475> We have no conflicts of interest to disclose. With the recent passing of Thay Thich Nhat Hanh—Vietnamese Zen master, poet, and peace activist—we would like to voice our gratitude for the profound impact Thay's words have had on our work. We feel grateful to be a part of the community that, with Thay's wisdom in our hearts and minds, strives for the continuation of his legacy. We would further like to thank Dr. Tirthesh Mehta, an orthopedic surgeon based in India, also the Father of the first author, whose implicit and explicit guidance during the writing of this paper helped us assimilate profound teachings. Consistent with the intentions of this paper, we were moved to integrate the wisdom of our elders and ancestors. We also wish to thank the anonymous reviewers whose encouragement and constructive comments played an important role in the revision of this paper. Correspondence concerning this article should be addressed to Naisargi (Ness) Mehta, 100 N University St, West Lafayette, IN 47907. Email: mehta214@purdue.edu

Recognizing Roots and Not Just Leaves: The Use of Integrative Mindfulness in Education, Research, and Practice

The idea of integrative mindfulness had started brewing in my mind when I learned about Mindfulness-Based Therapy in one of my courses. Our assignment for that particular lecture was to go on a mindful walk, and then write a reflection on it. I didn't need to go for such a walk, I found that I'd already gone on a mindful walk earlier that week. Exercises of mindfulness came naturally to me. However, I was also aware of the sheer complexity that practices of mindfulness carried with them. I've seen many people around me have intense experiences at Vipassana throughout my life. The description of ACT in my textbook did not feel a lot like mindfulness. Hell, the definition of mindfulness did not feel like mindfulness.

- Naisargi (Ness) Mehta, Doctoral international student from India who currently resides in the United States

As an advocate for bipartisan immigration reform in the U.S., I frequently came face to face with the reality of highly discriminatory immigration laws that tell Asians/Asian Americans that we do not belong in the U.S. Then watching the perpetual appropriation of Yoga and mindfulness in mainstream mental health made me realize how the labor of Asians and the symbols of our culture were welcome, but Asians were not, our cultural values and spirituality were not. This paper is born of a longing to decolonize mindfulness practices by amplifying the wisdom that is integral to mindfulness practice but has been stripped away by Euro-American adaptations. I also long for a mindfulness practice that feels like coming home and not feeling foreign in my own home.

- Gitika Talwar, Ph.D., Community-Clinical Psychologist, former international student from India who currently rests and serves on Coast Salish lands colonized as Washington state.

Meditation, originally referred to as *Dhyana* (thee-aa-nuh) in India, also known as *ch'an* in China and *zazen* in Japan, can be defined as “the art of seeing into the nature of one’s own being, and it points the way from bondage to freedom.” (Suzuki & Barrett, 2006, p.vii). Mindfulness is a form of meditation and it serves as the foundation for a range of other contemplative practices (Dahl & Davidson, 2019). The practice of mindfulness in the West has been largely influenced by Buddhist teachers, as reflected in this definition of mindfulness: “a way of directing attention that originates in Buddhist meditation practices” (Baer & Huss, 2008, p.123). The practice of mindfulness as informed by Buddhist teachings can be traced back thousands of years to various Asian cultures and

built on Hindu¹ philosophy which originated in the Indian subcontinent. Buddhism itself is built on—but has also made significant departures from—the wisdom of Upanishads (sacred texts for Hindus) that were largely taught and practiced by upper caste (Brahmin) communities of the time (Sridharan, 2021). Buddha disrupted caste hierarchies that were normalized in the Hindu society of his times, hence Buddhism laid the foundation for spiritual and cultural practices that were far more inclusive of all beings. Furthermore, there have been indigenous spiritual and cultural traditions across the world that are contemporary to Hindu and Buddhist traditions and enable similar contemplative practices. The purpose of this paper is to evoke critical conversations about mindfulness practices in a way that recognizes spiritual and cultural traditions, and also calls upon the field of Psychology to integrate the liberatory and inclusive potential of mindfulness.

This paper uses Buddhism as a way to demonstrate how cultural and spiritual roots of mindfulness were stripped away out of deference to Euro-American values (consistent with the ideology of white supremacy), and how these roots can also be reclaimed in the practice of mindfulness.

The History of Uprooting Mindfulness from Its Buddhist Foundations

Despite the many therapeutic fundamentals of the Buddhist principles, attempts at the adaptation of mindfulness to the West have been erratic for various reasons. Firstly, as Baer & Huss (2008) point out, the Western tradition is ‘positivistic to the core’ i.e. it has difficulty grasping the idea of something going beyond the ideal of a rational human. The premise of Mindfulness, on the other hand, urges the meditator to find liberation by transcending reason (Suzuki & Barrett, 2006). For example, the most famous portrayal of the highest state of existence in the Euro-American context is Maslow’s definition of self-actualization. While the characteristics of the Western depiction of a self-actualized person are similar to those of an enlightened person—such as a clear perception of reality, spontaneity, detachment, independence from flattery or criticism, and compassion—the goal of self-actualization is to use these characteristics as a tool towards achieving full potential as a being. A similar positivistic temperament can also be seen in the views of early psychologists who defined the scope of Western psychology. Carl Jung, for instance, saw the goals of Eastern psychology as “laudable but the means as inappropriate to Westerners” (Goleman, 1981, p.134). Freud wrote, “The idea of men's receiving an intimation of their connection with the world around them through an immediate feeling which is from the outset directed to that purpose sounds so strange and fits in so

¹ “Hindu philosophy” is a catchall phrase to refer to wisdom drawn from ancient teachings transmitted orally and in writing in the Indian subcontinent. Vedic philosophy, Advaita philosophy, Yogasutras are all specific bodies of wisdom that may be included in the simplistic umbrella term, Hindu philosophy.

badly with the fabric of our psychology that one is justified in attempting to discover a psycho-analytic—that is, a genetic—explanation of such a feeling.” (Freud, 1930, p.65) Buddhist fundamentals differ in that they are not achievement-oriented. Secondly, the integration of mindfulness into the western mental health field has also primarily considered cognitive behavioral therapy (CBT) as a foundation on which mindfulness is added as a kind of coping tool independent of its roots. The second wave of CBT as defined by Hayes et al. (2005) encouraged clients “to notice cognitive errors and logically correct them” (p.432), which is another example of the positivistic approach on which CBT was based. To make CBT more experience-focused rather than focused on logical argument, the third wave drew upon Eastern approaches (Hayes et al., 2005).

Though these incorporations were based on Eastern literature, they 1) attempted to weld Eastern principles into a positivistic mold, and 2) still held back from explicitly referencing or utilizing Eastern spiritual texts in practice. The welding of Eastern principles into a positivistic mold is also made evident when westernized mindfulness upholds western conceptions of an individual, independent self as opposed to an interdependent self, and western emphasis on direct control over stressors in order to promote individual wellbeing as opposed to indirect forms of coping to promote the wellbeing of the individual who is interdependent with others (Hall et al., 2011).

The systematic elimination of Eastern spiritual roots in the practice of mental health is evident in the following ways. Dr. Jon Kabat-Zinn explicitly acknowledged the Theravada Buddhist roots of mindfulness meditation and then stated that meditation practices in the Stress Reduction and Relaxation program were taught independent of their spiritual and cultural roots (Kabat-Zinn, 2011). Dr. Marsha Linehan acknowledged that Dialectical Behavioral Therapy (DBT) was a translation of Zen practices but the “spiritual and religious overtones in Zen had to be parceled out as well, at least at first pass.” (Linehan & Wilks, 2015, p.99). Dr. Steven Hayes, the pioneer of Acceptance and Commitment Therapy (ACT)—one of the well-known mindfulness-based interventions (MBIs)—has portrayed ACT to not be “based in a religious or spiritual doctrine or traditions and the accoutrements of religious or spiritual practice are not part of ACT work” (Hayes & Strosahl, 2011, p.10). Despite acknowledging the profound influence of Buddhist practices on their own understanding, practitioners have stripped away the spiritual components of mindfulness. In an interview about mindfulness, Dr. Richard Davidson of the Center for Investigating Healthy Minds was quoted as saying “There is a swath of our culture who is not going to listen to someone in monks’ robes, but they are paying attention to the scientific evidence” (Weaver, 2015), which is reflective of how “obvious prejudice against meditation’s Hindu and Buddhist roots is nakedly embraced” (Sridharan, 2014).

It appears that mindfulness-based interventions (MBIs) are considered to be “designed for use in Western settings with individuals who may have little interest in Buddhist belief systems or traditions.” (Baer & Huss, 2008, p.123) and this intent itself reflects cultural appropriation in the form of exploitation since the benefits to the appropriators are put above the harms caused to the community from whom the knowledge is taken (Lalonde, 2018). The practice of MBIs fails to consider the impact of stripping away spiritual and cultural roots of MBIs when serving Asian communities where Buddhist and Hindu beliefs abound. One may argue that the stripping away of spirituality from mental health has generalized from the field’s resistance to incorporating religion and is reflective of the field’s loyalty to secularism, not a specific resistance to Eastern spiritual philosophy. For instance, religious beliefs originally used to be considered symptoms of mental illness in the Western mental health field to the point that DSM3 even portrayed religious and spiritual experiences as examples of psychopathology (Verghese, 2008). Jean Charcot (1882) and his protégé Freud (1927) thought of religion to be associated with hysteria and neurosis. The foundation of the Western mental health field was rooted in the division between religion and mental health care which still continues in certain places. Mental health professionals have a history of viewing religion as irrational, outdated, dependency forming, and a cause for emotional instability (Crossley, 1995).

This resistance to religion and spirituality appears outdated. Many studies conducted in the last twenty years have indicated that mental health clients in the US demonstrate a very positive attitude towards inculcating religion and spirituality in their treatment (See Cragun and Friedlander 2012; Harris et al. 2016; Lietz and Hodge 2013; Lyon and Wimmer 2005; Oxhandler et al. 2018b; Morrison et al. 2009; Rose et al. 2001; Stanley et al. 2011; Tepper et al. 2001; Weld and Eriksen 2007). Not only that, but these clients also expressed a preference for the mental health provider to initiate the topic of religiosity and/or spirituality (Oxhandler et al., 2021). Given the positive attitudes that clients may hold toward discussing spirituality, there is a need for more training on how to integrate spirituality into therapy. For instance, consultations with spiritual directors and teachers in the training of clinicians who incorporate mindfulness could help operationalize the practice and sharing (with clients) of mindfulness in ways that are consistent with its spiritual foundations (Dimidjian & Linehan, 2003).

Westernized Mindfulness and the Ideology of White Supremacy

A review of how mindfulness was integrated into mental health reveals a persistent loyalty to the foci of the Eurocentric health field; focusing on symptoms rather than root causes of suffering, deficits more than strengths, on illness more than wellbeing, on individuals more than communities, on hyperspecialization

rather than diversification. Mindfulness has been distilled into a series of techniques that address the same foci; symptom reduction and comfort against suffering. Westernized mindfulness has been culturally appropriative in 1) how they are devoid of cultural and spiritual references and 2) how the techniques reduce mindfulness to a series of tools and techniques when mindfulness, as per Buddhist philosophy, is a way of life and these techniques are a pathway to the larger goal of liberation for all beings. Adapting mindfulness to mainstream U.S. culture has made mindfulness research, teaching, and practice another site for the perpetuation of inequities that exist in the broader U.S. society. For instance, the mindfulness curricula in the U.S. have been normed in white communities and fail to consider the unique needs of people of color (Black, 2017). Alongside the limited research about the impact of MBIs on communities of color, there have also been limited efforts to engage with communities of color in the development and deepening of MBIs (Davidson, 2021).

Westernized mindfulness practice has become the site of perpetuating the predicaments found in the field of mental health. The neutral definition of secular mindfulness and its lack of consideration for Buddhist moral teachings has allowed for a host of dubious uses, also popularly labeled by its critics as *McMindfulness* (Hyland, 2016). The therapeutic function of ‘*McMindfulness*’ is to accommodate the self within a “neoliberal, corporatized, militarized, individualistic society based on private gain” (Forbes, 2016, p.1257). When mindfulness meditation is practiced as a singular coping strategy, devoid of the values that sustain a mindful way of living, it runs the risk of creating harm and straying further and further away from the goal of liberation. For instance, a recent study revealed how secular mindfulness meditation was associated with not only reduced feelings of guilt but also fewer efforts to repair the harm (Hafenbrack et al., 2021).

The practice of secular mindfulness has also made its way into academia. A series of reviews and meta-analyses summarized by Schonert-Reichl and Roeser (2016) demonstrated the substantial research documenting the advantages of including mindfulness at different levels of education. However, the reviews and meta-analyses have largely focused on secular mindfulness and maintain the general reservations toward including religious and spiritual beliefs in the curricula alongside a demand for ‘secular’ mindfulness techniques rather than mindfulness as a way of life. Therefore, the systematic elimination of wisdom based on the original Eastern texts continues in education as well (Hsu, 2016). This not only misrepresents the idea of mindfulness to children but also fosters a cohort of potential mental health providers simply oblivious to the depth of Eastern wisdom that MBIs are based on. Operationalizing spiritually grounded mindfulness has been difficult (Dimidjian & Linehan, 2003) and there has been a persistent emphasis on mindfulness stripped away of its spiritual components i.e.

secular mindfulness. Even as MBI stalwarts such as Drs. Linehan, Jon Kabat-Zinn, and Davidson have acknowledged their own reliance on their spiritual teachers in developing their MBI programs, their training manuals do not demonstrate a way that proponents of MBI can similarly uphold their own spiritual practice while teaching mindfulness to others.

Given the sacredness of objects and spiritual practices that make up mindfulness among Asian communities, secular mindfulness has a way of being almost offensive to those practices. For instance, the mindfulness bell, which is invited to sound during some forms of mindfulness meditation, is a sacred object that is meant to be treated like another mindfulness practitioner (though it appears to be an inanimate object). In Asian cultures, sacred objects are not to be touched by one's feet and ought not to be placed directly on the floor (need to be placed on a cushion or some kind of height above the floor). However, the manner in which mindfulness bells are sold or used by practitioners in the West reveals a failure to have been trained in the most basic way of honoring the sacred. The integration of sound in mindfulness practice without integration of the sacredness of the bell that makes this sound provides a concrete example of the discrepancy between culturally and spiritually-grounded mindfulness and one that is separated from these roots.

Overall, the invisibility and silence of spiritual and cultural roots of mindfulness are unfortunately consistent with the field's hitherto silence around spirituality and non-European values. Focusing more on suffering and less on liberation is consistent with the field of Psychology's deficits-focus and pathologizing lens. Focus on individualistic causes is consistent with a failure to recognize the deep impact of multiple causes including history and systems. Furthermore, despite its Asian origins, there is a near lack of research on how mindfulness impacts Asian American communities. These multiple forms of Asian invisibility in the form of stripping away our culture and failing to include us in research participant pools have made mindfulness seem alien to the very people from whose culture mindfulness originated. This paper is an effort to highlight how mindfulness practice can be adapted to the needs of mainstream mental health and yet integrate its roots, be inclusive of all beings, and be liberation-focused.

Integrative Mindfulness

As an attempt to make the practice of mindfulness consistent with its roots and also inclusive of diverse needs, we introduce the movement of *Integrative Mindfulness* (IM). We define IM as “the recognition and implementation of spiritual and cultural wisdom, including (but not limited to) Buddhist and Hindu principles in the Euro-American context to promote culturally humble contemplative practices with the central intention to understand and transcend suffering” As described earlier, the attempt at such integration is not new. The

practice of Mindfulness-Based Stress Reduction (MBSR), founded in 1979, was originally intended to incorporate Buddhist texts and teachings (Kabat-Zinn, 2016). However, there has since been a systematic elimination of these spiritual roots in the practice of mental health. In the description of emancipatory contemplative practices, cultural wisdom was identified as a key element that provides strategies for decolonizing inner life (Harrell, 2022). Through IM, we propose restoring the focus of mindfulness-based practices to include its cultural origins so that we can further empower and decolonize the therapeutic space for our Asian and Asian-American clients who follow Buddhist and Hindu principles. We are not asking for the adaptation of MBIs to Asian communities but the reclamation of our roots in these MBIs. In this paper, we go into the Buddhist teachings to provide an example of how we envision the inclusion of culturally grounded contemplative practices into IM. We invite others to recognize similar practices from their own cultures and identify how they could be integrated into mental health work with the communities to which they belong.

Watering the Roots of Mindfulness: The Buddhist Perspective

Teachings of mindfulness were passed on *viva voce* through generations of monks for hundreds of years during and after the Buddha's *nirvana* (passing), after which monks based in Sri Lanka began keeping a textual record. The Buddha originally gave his lectures in a local dialect called Magadhi or Ardhamagadhi, from which the teachings were translated several times before Euro-American mindfulness enthusiasts thought to adopt them into English (Nhat Hanh, 1998). Recognizing the nuances that may be lost in translation is the first step in recognizing the roots of mindfulness.

Recognizing the Theoretical Framework on Which Buddhist Mindfulness Rests

After studying meditation with many teachers, and six years of practice, Siddhartha Gautama achieved complete enlightenment (*samyak sambodhi*) and became a Buddha. He then began sharing his understanding. Some people also consider the Buddha to have put into motion the wheel of *Dharma*—the Way of Understanding and Love—which continues to turn even today. The Buddha shared his wisdom through different theories, of which The Four Noble Truths are the central part. The Four Noble Truths are - the existence of suffering, the making of suffering, the possibility of restoring well-being, and the path (also known as the Noble Eightfold Path) that leads to well-being.

1. Suffering (*dukkha*) aims to acknowledge that we all suffer to some extent, usually as a result of some malaise in our body and our mind. The Buddha advises us to recognize and acknowledge the presence of this suffering and touch it.

2. The Buddha then encourages us to look deeply into the origin, nature, creation, or arising (*samudaya*) of suffering. We need to identify the ‘spiritual and material foods’ that are causing us to suffer.
3. To cease (*nirodha*) our suffering, the Buddha asks us to refrain from the things that we have identified as the origin of our suffering. The third truth advocates that healing is possible.
4. The Fourth Noble Truth is the path (*marga*) that leads us to the cessation of suffering. This refers to the Noble Eightfold Path: Right Concentration, Right Mindfulness, Right View, Right Thought, Right Speech, Right Action, Right Livelihood, Right Effort.

The Pali version of the *Discourse on Turning the Wheel of Dharma* further explains the twelve ‘turnings’ of the wheel of Dharma (three for each Noble Truth). The turnings help us understand the Four Noble Truths in an experiential manner through the processes of “recognition”, “encouragement”, and “realization”. The first turning, “recognition” emphasizes the importance of identification and making efforts toward determining whether it is rooted in the body (soma), anatomy, or our mind. The Buddha said that “to suffer and not know that we are suffering is more painful than the burden endured by a mule carrying an unimaginably heavy load” (p. 32). The second turning, “encouragement”, calls on us to look deeply into our experience in order to understand its true causes. The discourse suggests we practice sitting and walking meditation, ask for guidance and support from friends as well as a teacher (if there is one)—make an attempt to get to the bottom of what is causing our pain. The final turning is “realization” which refers to holistic understanding (Nhat Hanh, 1998). The wheel of Dharma similarly turns thrice for each of the Noble Truths (Table 1) and contains the core lesson of each turning for a more visual representation of the twelve aspects of Dharma.

Buddhism strives for true and genuine recognition, acknowledgment, and cessation of suffering. As opposed to the common Western misrepresentation of Buddhist teachings as simply “life is suffering” (Dienstman, 2019), or that the Buddhist principles are nihilistic in that they suggest detachment as a “solution” (Burres, 2020), Buddhist principles are in fact focused on the cessation of suffering in a meaningful manner, thus creating the foundation for wellbeing and liberation.

Table 1

Twelve Turnings of the Wheel of Dharma

The Four Noble Truths	Twelve Turnings
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Suffering	<p>Recognition: identify suffering</p> <p>Encouragement: look deeply into it to understand its true causes (through sitting or walking meditation, guidance, and support from friends and teacher(s))</p> <p>Realization: awareness of the suffering</p>
Arising of Suffering	<p>Recognition: acknowledge that the suffering is still continuing (through nutriments such as harmful edible food, unwholesome sense impressions—sights/sounds/ smells, ill intention, and ingestion of toxins into consciousness)</p> <p>Encouragement: to put an end to the causes of our suffering, vow to stop the actions that lead to suffering</p> <p>Realization: the act of stopping the ingestion of toxic nutriments, it's the stage of realization where all of your acts are mindful and suffering no longer arises</p>
Cessation of Suffering (Well-Being)	<p>Recognition: recognize the absence of suffering and the presence of peace</p> <p>Encouragement: to find peace and joy, mindfully touch the things that bring you joy</p> <p>Realization: understand that happiness and suffering are the same; embrace your suffering, and find the happiness within this pain</p>
How Well-Being Arises	<p>Recognition: recognize the path towards the end of suffering (also known as the Noble Eightfold Path to well-being)</p> <p>Encouragement: practice the said path in your life, with your real difficulties</p> <p>Realization: the realization that you are practicing this path, with the Right View, Right Thinking, Right Speech, Right Action, Right Livelihood, Right Diligence, Right Mindfulness, Right Concentration</p>

Buddha's teachings about suffering and liberation are built on spiritual traditions that were widely prevalent in the South Asian region before and during Buddha's time. To this day Buddhist teachings remain quite accessible to those who practice in the tradition of South Asian spiritual practices such as Hinduism, even as their similarities may not be overtly obvious. Acknowledging the roots of mindfulness in South Asian spirituality and culture can redress the cultural erasure that has otherwise marked the practice of mindfulness (Sridharan, 2021).

While the Asian and the Euro-American cultures may seem wildly different in terms of their—respectively—collectivistic and individualistic nature, the concept of mindfulness is universal in its applicability. Mindfulness urges humans to understand themselves by practicing *vipashyana* (“looking deeply”), one of the aspects of meditation. The practice of *vipashyana* may lead one to liberation from their afflictions by touching deeply the present moment. The tool for *vipashyana* is known as *shamatha* (“stopping”) which refers to the stopping of thinking, the emotions that dominate us—which can be achieved by practicing mindful breathing, mindful walking, mindful smiling, and deep looking (Nhat Hanh, 1998). Neuroscientific research about the positive impacts of mindfulness has underlined the universal applicability of mindfulness in fostering well-being. However, as Davidson (2021) points out there are additional pillars of well-being that must coexist: connection, insight, and purpose, which connect to His Holiness Dalai Lama’s persistent teachings around wisdom and compassion as being necessary for humans seeking transformation and peace. Integrative mindfulness is envisioned as a framework that uses the spiritual and cultural roots of mindfulness to expand the definition of mindfulness to include all the elements of mindful living.

Recognizing Offshoots: MBIs as a New Period in the History of Mindfulness

MBIs came into the picture because CBT had been failing to explain how cognitive change occurred in its recipients (Hayes et al., 2006). Mindfulness was used as an add-on to revise CBT and customize it to the needs of white Euro-American communities that have typically been the target of mental health practice and research. Integrative Mindfulness, however, stands on its own therapeutic strengths with its central intention being the understanding of suffering and liberation from suffering.

With their existence based on a lineage composed of CBT, MBIs are goal-oriented practices predominantly focused on symptom reduction, whereas the fundamental goal of IM is to understand the nature of one’s affliction and use this understanding to journey towards liberation. IM strongly promotes that a thorough understanding of symptoms will reveal a clearer picture of the nature and causes of suffering. MBIs’ focus on symptom reduction and concrete behavioral change without an interrogation of underlying interconnected causes, has led mindfulness to be used as a tool to advance colonial-capitalist ideologies, e.g. by focusing on urgent productivity instead of right effort that is consistent with teachings about the Eightfold Path, focusing on relaxation, instead of liberation. Colonial-capitalist ideologies have long been harmful to Asian and Asian-American communities due to histories of colonization in their heritage countries or for the use of Asian immigrant labor to serve Euro-American economies, i.e. the Asiatic Barred Zone Act of 1917 which prohibited immigration from British India and most of Southeast Asia, among others.

(Longley, 2021). More often than not, the Euro-American practices of MBI get caught up in the *acts* of mindful breathing and mindful walking, losing sight of the deeper purpose of mindfulness which is to fully contemplate one's own person. "When we are mindful, touching deeply the present moment, the fruits are always understanding, acceptance, love, and the desire to relieve suffering and bring joy", states Thich Nhat Hanh (1998, p.61) when explaining how practicing mindfulness in one's life can lead to liberation from strong emotions that rule us.

In keeping with the critique of mainstream mental health as a source of harm for many minority communities and a site of colonization due to the dominance of Euro-American values, the westernized mindfulness practice of MBIs excludes the needs of Asian and Asian-American followers of Buddhist and Hindu principles. MBIs have stripped away references to spirituality, culture, and ancestral wisdom to focus mainly on the individual's mind, behavior, and lately, the body. In order to heal from this additional form of colonial trauma, IM as a movement calls for the recognition of the ancestral wisdom of the communities we serve, viewing wellbeing through the lens of mind, body, consciousness, and interdependence (i.e. nothing exists by itself, it is perpetually in relation to something else). Furthermore, to foster a culturally-humble mindfulness practice, IM calls for culturally-grounded definitions of well-being and supporting communities in pursuing well-being that is respectful of their values. For instance, a Euro-American value system may promote and celebrate individuation, whereas an Asian model of wellbeing may seek interdependence and group harmony (Hall et al., 2011). MBIs typically focus on supporting individuals to recognize their own contribution to their health and illness and support them in transcending these personal limitations. However, the flip side of this individualistic focus is the failure to recognize the impact of larger systems and the confluence of events in creating illness. Additionally, during periods of achievement, there is a focus on individual variables. IM is an invitation to practice deeply looking at causes within and beyond the individual in order to heal suffering and transcend it, and to practice humility and gratitude towards the confluence of events that interact with individual variables to make achievements possible.

Recognizing the spiritual and cultural value assigned to the interdependent self, IM provides a pathway to recognize our shared humanity and non-separation between self and other. Hence, it steps away from the separation between the therapist and the client as the 'healer' and the 'wounded'. This non-separation isn't to be confused with a simplistic individualistic/ collectivistic binary. Instead, non-separation recognizes our deep interconnection and provides an opportunity for us to recognize our collective suffering through the suffering of one, it recognizes that the healing of one person's suffering can have a positive radiating outcome on the collective. It embraces the reality that the healer is a part of the

community and not an external savior; that as therapist and client, we co-create healing.

Table 2

Key features of MBIs and IM

Mindfulness as Practiced in MBIs	Practice of Integrative Mindfulness
Has roots in western mental health models, specifically cognitive and behavioral therapy Advances western conceptions of wellbeing.	Recognizes roots in cultural and spiritual traditions, e.g. Buddhism and Hinduism Advances culturally-grounded conceptions of wellbeing.
Exclusive, acclimatized to the needs of white Euro-North American populations	Inclusive, with efforts to adapt to diverse communities, and thus strives to be truly universal in applicability.
Goal: Symptom reduction, relaxation, distress tolerance	Goal: Understand the nature of suffering, and liberation from suffering
Focuses on singular or simplistic causes, genetic and psychosocial causes	Acknowledges multiplicity of causes
Mindfulness is utilized as a coping tool	Mindfulness is an ethical way of living
Strives to be secular to the point of being blind to spiritual traditions and practice	Makes space for conversations about spirituality and transcendence

In a nutshell, Integrative Mindfulness is a movement to advocate for mindfulness to be acknowledged and viewed as an ethical and engaged way of living and for mindfulness to not be reduced to a mere individualistic coping tool designed to address the mental health needs of individuals separate from communities and Euro-American communities to the exclusion of BIPOC communities. Even as table 2 may appear as an “us v/s them” comparison, it is important to us that it be recognized that there is room for MBIs within Integrative Mindfulness. Though MBIs are considered the third wave in CBT, it is important to recognize that the practice of mindfulness is many centuries older than MBIs and it is MBIs that are a phase in the tradition of mindfulness;

“mindfulness is an ocean, in which CBT is a wave” (M. Rathore, personal communication, November 21, 2022). Failing to recognize mindfulness as a way of living and reducing mindfulness to a tool in MBIs makes it likely that the mental health field cannot go far enough in transcending suffering and promoting well-being. By taking mindfulness out of the straitjacket of mainstream mental health as upheld by MBIs, we hope Integrative Mindfulness will support all beings in truly pursuing collective wellbeing and liberation.

Conclusion and Future Directions

In this paper, we voice three aspects of psychology that have been impacted by the Euro-American adaptation of mindfulness—research, education, and clinical practice. Redressing Asian and Asian-American invisibility in the research and education of mindfulness (Waldron et al., 2018; Ishiwaka, 2018; Baer & Huss, 2008) is the first step toward reform. Many practitioners who try to integrate culturally and spiritually-grounded practices (as proposed by IM) face the critique of their practice not being evidence-based (P. Sabharwal, personal communication, November 20, 2021). This critique not only goes on to imply the perception of Eastern evidence as invalid but accentuates the sense of systematic exclusion that Asian and Asian-American communities experience in mainstream mental health (as practitioners and clients). Eastern philosophical influences may be acknowledged in passing, as is the case of MBIs referring to Buddhism in passing but the failure to cite Buddhist texts and teachers in academic papers about MBIs is a blatant example of cultural appropriation in the form of nonrecognition of Asian practices. Furthermore, despite Euro-American standards of research publication where failure to cite one’s sources is viewed as plagiarism and academic disintegrity, the failure to cite spiritual texts and teachers is fairly commonplace.

Integrative Mindfulness is an invitation to interrogate the mental health field’s definitions of knowledge sources and empirical findings, a definition that has heretofore excluded spiritual texts, teachers, and the experiences shared by multiple generations of Asian communities whose mindfulness practice has been grounded in the very cultural and spiritual traditions that Westernized mindfulness stripped away. We encourage conducting inclusive empirical research with Asian communities about ways to incorporate cultural values and spiritual practices in mental health practice so that the therapeutic space does not become a site for colonization by a therapist upholding Euro-American definitions of wellbeing. We also encourage practitioners of westernized mindfulness to interrogate their own relationship with the cultural and spiritual roots of mindfulness, acknowledging the values and principles that guide their decision. There are many clinically sound reasons to include or exclude conversations about spirituality, e.g. meet the client where they are (S. Kokokyi, personal communication, November 12, 2021).

However, a failure to examine and interrogate one's rationale perpetuates a silencing of spirituality and an unapologetic appropriation of Asian cultural practices for the advancement of Euro-American definitions of wellbeing, consistent with the ideology of white supremacy that has plagued the field of mental health.

In attempting to review literature about the impact of cultural appropriation of mindfulness on Asian communities (including clients, clinicians, researchers, and teachers), we found limited mental health research on the topic of cultural appropriation of Asian culture and spirituality. We recognize this as a major gap in research about Asian communities and hope that research on this topic will lay the foundation for education and training in how culturally humble mindfulness can be practiced ethically by non-Asian communities. The major contributors to our own understanding of the impact of cultural appropriation came from members of the Asian American Psychology Association who were generous in sharing their experiences via discussions on and off the list-serv. Given the limited research on the impact of cultural appropriation of mindfulness, and ways to practice culturally humble mindfulness, we encourage clinicians to invite their clients to share their own experiences with practices of mindfulness or other contemplative practices within their families or community. We exhort our colleagues in the field of mental health to be curious about what the practice of mindfulness means to the human being before them and how it integrates with practices and values to which the individual already adheres.

Consistent with our description of the Integrative Mindfulness movement, the mindfulness practice of mental health practitioners is an important consideration in how mindfulness is integrated into clinical research, practice, and training. Many—mostly unnoticed—Asian mental health practitioners in the United States have been putting the principles of IM to practice long before the idea of IM was defined in this paper. For instance, the discussion on the listserv of the Asian American Psychology Association played a crucial role in highlighting the experiences of Asian mental health practitioners who integrate mindfulness in their personal and professional practice. In the course of this profound discussion on and off the listserv, Asian practitioners acknowledged receiving varying reactions to their attempts to acknowledge the history and origin of mindfulness, as well as their lived experiences in practicing mindfulness. In the words of a doctoral intern,

I sometimes find that my South Asian clients are hesitant to engage in mindfulness until I take a moment to reflect on its history as being integral to South Asian culture. This brings in topics of empowerment and decolonization to the room that lead to rich discussion and help the clients in many ways, including by having a sense of connection to their culture of

acculturation distress and racial trauma are notable elements of their current suffering. (R. Agarwal, personal communication, November 12, 2021)

On the other hand, the second author has had mixed experiences while introducing mindfulness practice to South Asian clients,

Some have benefited from knowing the neuroscience that legitimizes it... while others have appreciated the reminders of ancestors who healed and even liberated themselves through these practices. (Gitika Talwar, personal communication, November 12, 2021)

The examples demonstrate the unique vantage point that Asian/Asian-American mindfulness practitioners have to apply IM principles to address the needs of diverse communities. We also invite the field to interrogate how white supremacy as an ideology has played out in the research and practice of mindfulness, as evidenced by the advancement of MBIs championed by white scholars and far less attention has been given to the work of Asian scholars who have called for a culturally competent mindfulness and acceptance therapies for Asian Americans (e.g. Hall et al, 2011). If academic research were to incorporate the voices of clinicians who also have a personal mindfulness practice, the field of psychology may be guided by culturally-grounded practice-based evidence of how a practitioner's spiritual practice influences the healing space they co-create with a client.

Furthermore, it is crucial to acknowledge that mindfulness practices and values may exist in other forms in different cultures but current practice and discussion of mindfulness in the West has frequently referenced Buddhist roots, to the point of excluding other contemplative traditions.

I have often thought about the paradox of this colonization, that indigenous contemplative practices [in the U.S.] were suppressed and then practices from Asia were imported and re-colonized in another way. (Gitika Talwar, personal communication, November 13, 2021)

Contemplative practices exist in indigenous cultures across the world but the ideology of white supremacy has rendered them inferior to European knowledge systems. However, there are emergent calls to integrate BIPOC knowledge systems in contemplative practice; e.g. the Rising Up Rooted process that integrates Black wisdom in contemplative practices to center the individual and collective liberation of those dealing with transgenerational impacts of collective trauma such as slavery, genocide, and colonization (Herrell, 2022).

Integrative Mindfulness as a movement is an ally to these emergent calls to honor indigenous wisdom in contemplative practices. Even as Integrative Mindfulness calls for the recognition of the contribution of Buddhist and Hindu knowledge systems to the practice of mindfulness, we are committed to Integrative Mindfulness not being used as another colonizing tool to supplant other knowledge systems. In that, Integrative Mindfulness aligns with the goals of Liberation Psychology, which also challenges Western-based Psychology by taking an emancipatory approach toward understanding and addressing the oppression of people and communities (Comas-Diaz & Rivera, 2020). Mindfulness practice has profound solutions for contemporary concerns; in the western context, it has the potential to advance conversations around social justice by deepening our capacity to tolerate distress while having uncomfortable conversations about oppression. It remains our hope that Integrative Mindfulness will serve as an invitation to students, researchers, and practitioners of mindfulness to ensure that mindfulness spaces remain inclusive to all communities and support them in transcending suffering and bearing witness to our collective liberation.

Against the backdrop of a pandemic that pushed people inwards (in the physical and spiritual realm), the mental health community has experienced record levels of service utilization. The global nature of this pandemic has put us deeply in touch with the profound truth of impermanence and interconnection. It is our hope that IM will provide profound avenues for growth and liberation. Consistent with Buddhist, Hindu, and indigenous wisdom, everything is deeply interconnected. Addressing one matter can have a radiating impact on everything else. As we highlighted in this paper, the suppression of the cultural and spiritual roots of mindfulness is reflective of the systemic silencing of spiritual and cultural variables in the field, the elevation of Euro-American values over all others, and the over-emphasis on pathology rather than wellbeing and liberation. It is our hope that Integrative Mindfulness will have a radiating impact that addresses these harms embedded within the field.

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