

Adding historical depth to definitions of mindfulness

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Research on Mindfulness-Based Interventions (MBI) is hampered by semantic ambiguity surrounding the term ‘mindfulness’. Understanding the core quality involved in such research could be improved by adding historical depth to definitions of mindfulness, based on more detailed information on mindfulness from text-historical and doctrinal sources in the Buddhist traditions. Particular applications of mindfulness in current clinical usage could be compared to related approaches or doctrinal teachings in Buddhist traditions as part of an ongoing cross-disciplinary dialogue between academics in Buddhist studies and in psychology under the shared aim of deepening our understanding of what mindfulness involves and how it operates.

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Introduction

Meta-analyses published in 2007 and 2014 show that more conclusive research is required to establish fully the potential and benefits of mindfulness [1*,2*]. To remedy this, several problems need to be addressed [3*]. One of the fundamental issues is the lack of a clear definition of the core quality under investigation. The existing semantic ambiguity of the term ‘mindfulness’ makes generalizations and comparisons across studies difficult [4*].

The degree to which MBIs are indebted to the Buddhist traditions can hardly be doubted [5]. Along with this heritage, however, clinical usage of mindfulness has also inherited a lack of certitude concerning the meaning of mindfulness, simply because different constructs of mindfulness are found among various Buddhist traditions.

In view of this predicament, in this article I argue for the need for academics in the field of Buddhist studies to supplement current definitions of mindfulness with detailed surveys of its actual operation from the viewpoint of the particular Buddhist tradition in which they specialize. In this way, by adding historical depth to mindfulness-based interventions, researchers in psychology will in turn be able to draw upon a broader body of knowledge. This can serve as a catalyst for exploring in more detail the relationship between a particular definition adopted and the actual intervention. It can also foster the motivation to evaluate how the results of any particular research impact our overall knowledge of mindfulness. In short, I call for more interdisciplinary dialogue to improve our understanding of mindfulness.

Early Buddhism

A natural starting point for adding historical depth to understandings of mindfulness is ‘early Buddhism’, a term I use to refer to the first two centuries in the development of Buddhist thought and practice, from about the 5th to the 3rd century BCE. The source material for this earliest phase in the history of Buddhism, which forms the common starting point for the different Buddhist traditions extant today, are the ‘early discourses’. These early discourses are found in textual collections called Pāli *Nikāyas* as well as in parallel collections, known as *Āgamas* [6]. These *Āgama* parallels have for the most part not yet been translated from Chinese, Sanskrit, and Tibetan into English, making research on early Buddhism for the time being the reserve of those who are able to read the originals, until more material has become available in translation.

Abhidharma texts and exegetical works of the Theravāda tradition, in contrast, reflect later notions of mindfulness and should not be confused with early Buddhism. The same holds for approaches to mindfulness in practice-traditions related to Mahāyāna thought. Drawing such distinctions is not meant as a value statement. Just like the current clinical employment of mindfulness, each of the Buddhist traditions has evolved out of its own specific historical and social setting and, for this very reason, developed its particular approach to, and understanding of, mindfulness. The point is only to place these different constructs of mindfulness within a historical context in order to enable a better understanding of each [7].

Mindfulness and memory

The need to supplement a particular definition of mindfulness with an exploration of its actual function requires shifting from the question ‘What is mindfulness?’ to

‘What does mindfulness do?’. The need for such a shift can be illustrated by turning to early Buddhist definitions of mindfulness as a mental faculty (Pāli *indriya*, Sanskrit *indriya*, Chinese 根, Tibetan *dbang po*). One of these definitions relates mindfulness to the ability to remember what has been done or said long ago. Another definition mentions the four establishments of mindfulness (*satipatt hāna*, *smṛtyupasthāna*, 念處, *dran pa nye bar gzhag pa*). Thus, the first definition describes a quality of mindfulness; the second outlines its actual application.

Taking the first definition at face value, mindfulness could appear to be a form of memory. Yet, once this definition is related to the application of mindfulness depicted in the second definition, it becomes clear that such a simple equation does not work [8]. Suppose someone sits down to meditate with the firm intention to be mindful and is then carried away by pondering over some insult experienced in the past. Such pondering involves working, semantic, and episodic memory, yet it is clearly a loss of mindfulness. This shows that the early Buddhist notion of mindfulness cannot be equated with memory.

The four establishments of mindfulness are concerned with what happens in the present moment, something already implicit in the Indic term *satipatt hāna* or *smṛtyupasthāna*, which conveys the sense of being present with mindfulness [9]. Mindfulness of breathing, for example, is about the present breath and not a breath experienced long ago [10]. Therefore, a way of reconciling the two definitions would be to understand the memory nuance as pointing to a characteristic of mindfulness in facilitating memory. In other words, cultivating mindfulness requires a deliberate paying attention similar to how we would be attentive when something takes place that we later have to remember. A convenient illustration is the exercise of mindfully chewing a single raisin for a long time, which forms part of the training in Mindfulness-Based Stress Reduction (MBSR) [11*]. Unlike all of the raisins eaten mindlessly on earlier occasions, participants remember the experience of tasting this one raisin even after a long time. The increased taking in of information that results from such deliberate paying of attention is an important dimension in the potential of mindfulness to improve adaptive functioning and diminish unnecessary suffering.

Defining mindfulness

Placing the two early Buddhist definitions of mindfulness side by side illustrates the need to relate qualities associated with mindfulness (such as its retentive dimension) to its practical application, trying to discern what observable, instructable, and manipulable features of experience are most relevant to training in mindfulness [12].

The second definition also combines mindfulness with ‘clear knowing’ or ‘clear comprehension’ (*sampajañña*,

samprajanya, 正知, *shes bshin*). This quality matches a frequent injunction in actual instructions for the four establishments of mindfulness that one should ‘know’ (*pañānāti*, *prajānāti*, 知, *shes pa*). Such knowing is distinguished from mindfulness itself (*sati*, *smṛti*, 念, *dran pa*). In early Buddhist thought, this quality of knowing appears to be responsible for discriminating and eventually engendering meditative wisdom, although in later exegesis such functions are attributed to mindfulness itself [13].

What should be known during such mindfulness practice is often marked in the original texts in quotation marks, as if to invite some form of mental labelling. This shows that the four establishments of mindfulness involve the use of concepts [14,15]. At the same time, however, there is also a place for ‘bare awareness’ in the early Buddhist path to liberation. Such a form of practice is thus not merely a recent invention [16].

In fact, several points of convergence emerge between these two early Buddhist definitions and those formulated by Kabat-Zinn [17*] and Bishop *et al.* [18] for the clinical setting. Both clinical definitions mention the need to be ‘in the present’ or ‘present-centered’, which is indeed a key characteristic of the four establishments of mindfulness in early Buddhism.

According to the second early Buddhist definition of mindfulness, the four establishments have the purpose of overcoming desire and discontent (*abhijjā-domanassa*, *abhidhyā-daurmanasya*, 貪憂, *brnab sems dang yid mi bde ba*). This could be related to the notion of being ‘non-judgmental’, mentioned in both of the clinical definitions, on the presupposition that this expression is not meant to preclude the possibility of any evaluations [19]. In other words, the qualification ‘non-judgmental’ only concerns the absence of reactivity by way of desire or discontent.

Specific functions of mindfulness

Although definitions for the clinical setting have been criticized for failing to incorporate aspects of certain Buddhist notions of mindfulness, the foregoing suggests that those formulated by Kabat-Zinn and Bishop *et al.* nevertheless capture several of the qualities of mindfulness in early Buddhism. Here it also needs to be kept in mind that these are just working definitions intended for practical instructions, which need to be differentiated from a fully fledged theory of the characteristics and functions of mindfulness [20].

Developing more comprehensive theoretical descriptions of mindfulness could be achieved by relating specific applications of mindfulness in current clinical interventions to relevant precedents or notions in the Buddhist traditions. Observing mindfulness ‘in action’, as it were, in past and present times will add depth to its definition,

comparable to adding a third dimension to two-dimensional vision.

For example, employing mindfulness to face pain is already described in the early discourses [21]. In fact, these texts have much to offer on how to face disease and death [22], even going so far as to detail commendable qualities of a nurse and a patient. Even a specific mindfulness intervention for countering overeating can be identified in the early discourses [23]. The latter case shows the Buddha providing an instruction on mindfulness that successfully helps an overeating king to reduce his weight. The instructions given are overtly aimed at improvement of health and do not employ any explicit Buddhist doctrinal teaching other than mindfulness. This sets an intriguing precedent for similar mindfulness-based interventions in modern times, showing that already in ancient India mindfulness served as a tool to improve physical and mental health, as it does in contemporary healthcare settings.

Dialogue on mindfulness

These few examples exemplify the potential of an ongoing dialogue between academics in Buddhist studies and psychology, be this in relation to individual operational studies or else by surveying different functions of mindfulness in a particular Buddhist tradition (such as, for example, early Buddhism) from the viewpoint of their significance for clinical usage [24]. An ongoing exchange on mindfulness from a variety of perspectives could be profoundly enriching.

As a framework for such dialogue, I believe it important to acknowledge that psychology and Buddhist meditation are different knowledge systems with distinct epistemologies and dissimilar final aims. Nevertheless, they converge on a keen interest in understanding the workings of the mind with a view to alleviate unnecessary suffering. This common ground can become an arena for an open dialogue that avoids both a quest for validation and an attempt to trump the other.

If clinical definitions of mindfulness do not capture the full range of nuances associated with the term in a particular Abhidharma tradition, then that is very interesting, but it does not mean that those definitions are in need of correction. In fact, other Buddhist traditions have understandings of this quality that also do not fit the Abhidharma matrix. Conversely, if certain meditation practices and experiences defy measurement and quantification, this has no implication whatsoever for their validity and transformative potential.

Collaborating in a spirit of mutual respect and in clear recognition of basic differences can help deepen our appreciation of the various colors comprising the rainbow of genuine mindfulness practices and understandings,

spanning from the inception of Buddhism to present day (ideally without forgetting the rainbow's ultimately insubstantial nature).

Conclusion

Semantic ambiguity in definitions of mindfulness in mainstream clinical usage can be traced to a lack of recognition of the multi-valence of mindfulness constructs in the Buddhist traditions. A better appreciation of mindfulness can be achieved by increased cross-disciplinary dialogue on specific aspects and functions of mindfulness applications. More attention to details will help to put research on MBIs on a robust footing and provide it with a historical background that reaches back far beyond the late seventies of the twentieth century.

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