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The Ethics of Mindfulness-Based Interventions: A Population-Level Perspective

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Abstract and Keywords

When applied in population-level contexts, such as schools or business, mindfulness-based interventions (MBIs) find themselves in a crossfire between two different kinds of criticisms. On one side, some worry that MBIs' normative commitments might be "too thick," worrying that MBIs might come with a particular conception of the good, and significant ethical and religious commitments. On the other side, some worry that contemporary MBIs are ethically "too thin," as they shed too many of their original Buddhist ethical and soteriological goals. In this chapter, it is argued that contemporary MBIs should remain normatively thin, as that makes them more suitable for population-level contexts. Against "thickness worries," it is argued that MBIs are compatible with liberal respect for autonomy, as the benefits are often autonomy-enhancing, which makes MBIs potentially valuable across a broad range of conceptions of the good. The second line of argument is developed through a discussion of MBIs in schools.

Keywords: mindfulness-based interventions, mindfulness, schools, liberalism, autonomy

Introduction

Mindfulness-based interventions (MBIs) have been met with much enthusiasm in psychotherapy. But MBIs also find ample applications outside traditional therapeutic contexts, including in healthcare, business, prisons, and education. In this chapter, we discuss how MBIs find themselves in a crossfire between two different kinds of criticisms: on one side, some worry that MBIs carry too much ethical or even religious content to be suitable in population-level contexts, particularly when target populations are very diverse. On the other side, some worry that secular, "medicalized" MBIs have shed *too much* of their Buddhist origins thereby becoming in some sense too thin rather than too thick.

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Against the second set of objections, we argue that we have good reason to keep MBIs secular and ethically and axiologically thin, as that makes them more suitable for population-level applications. Against “thickness worries,” we argue that MBIs are compatible with liberal respect for autonomy, as the benefits are often autonomy-enhancing, which makes MBIs potentially valuable across a broad range of conceptions of the good. We develop the second line of argument through a discussion of MBIs in schools.

The chapter is structured as follows. In the next section, we give a brief overview of what MBIs are and introduce the “thickness versus thinness tension.” In the section “A Normative Framework,” we offer the bare bones of a liberal normative framework from which to assess both thickness and thinness worries. In the last two sections, we address thinness worries and thickness worries along with a discussion of MBIs in schools.

The Ethics of MBIs

What are MBIs?

MBIs have their roots in Buddhist meditation practices, although recent MBIs have sought to be secular by shedding some of the more Buddhist concepts and terminology (Monteiro et al. 2014). “Mindfulness” covers different practices and interventions (Bishop et al. 2004). One core idea across them is *bare attention*. A central goal hereby is to hone metacognitive skills, particularly being able to attend toward whatever is happening in the present moment both externally and internally. Additionally, bare attention is typically coupled with non-judging acceptance. The idea is to be able to at least temporarily suspend judgments about one’s experiences and to approach them with curiosity and acceptance.

Mindfulness-Based Stress Reduction (MBSR) is a type of MBI taught over eight weeks and typically includes body scanning meditations, yoga poses, and other meditation exercises (Kabat-Zinn 1982, 2013). Mindfulness-Based Cognitive Therapy (MBCT), typically also taught over eight weeks, combines MBSR with techniques from cognitive behavioral therapy (Coffman et al. 2005; Segal et al. 2002). Besides MBSR and MBCT, other programs exist.¹ But in this chapter, we will mainly discuss MBIs in the form of MBSR and MBCT.

MBIs are used for many different applications. They are used to treat depression and anxiety, and for relapse prevention (Hofmann et al. 2010; Khoury et al. 2013; Piet and Hougaard 2011). The National Institute for Health and Care Excellence (NICE) in the UK includes MBCT as a recommended treatment for patients with recurring depressive episodes (National Institute for Health and Care Excellence 2009). MBIs are used in the treatment of substance abuse, problem gambling, and binge eating (de Lisle et al. 2012; Witkiewitz et al. 2013). MBIs are also used in the management of somatic conditions such as chronic pain (Kabat-Zinn 2013). There is also some good evidence suggesting significant preventive benefits and positive health-related effects for healthy individuals (Brown

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and Ryan 2003; Khoury et al. 2015). Accordingly, MBIs are also gaining popularity as population-level applications outside of medical contexts, such as mindfulness programs for schools to reduce stress or improve students' attention (Burke 2009; Zenner et al. 2014). Similarly, MBIs also hold promise in work environments and prisons, where they potentially improve anger and hostility management, stress management, and reduce negative affect and substance abuse (Shonin et al. 2013).

Overall, we have good empirical reason to believe that MBIs have significant potential to reduce stress, help with mental illness, and increase well-being in both therapeutic and non-therapeutic contexts. We here do not take a strong stance on the precise magnitude of its benefits. Instead, we proceed by assuming that, given current evidence, we have good reason to believe that MBIs offer significant benefits to both clinical and non-clinical populations.

MBIs through Thick and Thin?

Ethical discussions around MBIs initially occurred in non-academic venues, including newspapers and blogs about mindfulness and meditation. Recently, such discussions have been taken up in academic venues. This chapter does not seek to address all such questions. Rather we focus on a substantial subset of those questions in the form of the following tension. In ethical debates, MBIs are caught between two different types of criticisms: on one side are critics who worry that MBIs carry significant Buddhist baggage. MBIs might come with a relatively particular conception of the good, a particular ethical world view, and sometimes with significant religious or at least spiritual commitments. Such commitments pose no problems for Buddhists, but they might do when we seek to apply MBIs widely in diverse populations (Brown 2017). Let us call such worries *thickness worries* (as in, worries that MBIs might involve "thick" axiological, ethical, or religious commitments).

On the other side are those who worry that contemporary MBIs have in fact shed too many of their original Buddhist commitments: watered-down versions of mindfulness have strayed too far from the more ambitious soteriological and ethical goals of Buddhist mindfulness (see Levin, this volume). This might be objectionable for various reasons (discussed below). Let us call those *thinness worries*.

Before discussing thinness and thickness worries in turn, we first introduce a normative frame for our discussion.

A Normative Framework

We here discuss MBIs at the population-level and typically for societies where people hold diverse conceptions of the good. In the last decades, liberal political philosophers have hotly debated how political institutions and public policies can be justifiable against the

backdrop of such diversity. For that reason, liberalism provides a particularly suitable normative framework in our context.

The framework we adopt here implies that institutions and policies should express equal respect and concern for every member of society.² Equal concern implies that we take everyone's interests seriously and that everyone's interests matter equally and independently of irrelevant factors such as class, gender, race, and so on. And such concern implies that society provides help and care for those who need it. Equal respect implies that there are limits on how far society and other institutions can interfere with individuals and limits on how far we can second-guess individuals and their own decisions and conceptions of the good. How different theories fill in those dual normative concerns differently is beyond our scope here. For our purposes, we simply take autonomy as the central value that, if understood broadly, can play this dual role. Autonomy, as we understand it, allows individuals to competently pursue their own conceptions of the good. To be able to competently pursue one's conception of the good typically requires, first, sufficient suitable external options to choose from and, second, being psychologically capable to pursue one's conception of the good (Raz 1986). The latter implies some level of volitional autonomy, for example the absence of strong addictions, and some level of "decisional competence," that is, being able to successfully choose among different options in light of one's conception of the good. Overall, we assume that institutions should be designed such that they fulfill everyone's *equal claim to the social conditions that enable them to lead an autonomous life* (Colburn 2010; Oshana 2006; Raz 1986).

But liberalism regularly encounters an inherent tension that cannot always be resolved from the armchair in a principled way: to provide conditions that empower individuals to competently pursue their own conceptions of the good can involve both positive and negative duties. In some cases, our reasons for assistance might conflict with our reasons for non-interference. This tension is well-known in public health issues: to establish suitable conditions for individual autonomy often gives us good reason to regulate unhealthy and addictive products like tobacco and alcohol (Conly 2013; Goodin 1989; Holland 2015; Schmidt 2017a, 2017b). At the same time, we have reason to respect individuals and their conceptions of the good and some such unhealthy options might be part of what individuals value in their own lives. Moreover, this possible tension sometimes intensifies in diverse societies with individuals endorsing strongly different conceptions of the good, such as those deriving from cultural or individual differences. Some of the ethical issues around MBIs fall into this tension. On the one hand, if effective, an equal concern with all individuals and their welfare interests speak for widespread MBIs. On the other hand, MBIs might be "normatively thick" and employing them widely might thus conflict with a respect for individuals and their differing conceptions of the good.

Finally, note that our normative framework could imply the strong view that autonomy is the *only* value that matters for public policy and public institutions. Or it could imply the weaker view that autonomy is one among several values. On the weaker view, health and well-being could be direct goals of public policy and thus justifications for MBIs. But they would still have to be weighed against a concern with autonomy. We prefer the weaker

view and will proceed accordingly. But our arguments in this chapter work with both views.

Let us now return to the “thick and thin set-up” and take up thinness worries first.

Thinness Worries

Recent MBIs aim to be secular by shedding Buddhist language and some of the Buddhist soteriological and ethical goals. This has led to some pushback within the mindfulness community. Some worry that contemporary MBIs might end up a superficial fad having little in common with the soteriological and ethical motivation behind Buddhist mindfulness (Monteiro et al. 2014; Purser and Loy 2013; Safran 2014; Wilson 2014).

Before explicating such worries in more detail, consider first general reasons in favor of keeping MBIs relatively thin. First, if MBIs required some deeper commitment to Buddhism, fewer people would freely agree to take part. Second, non-instrumental concerns identified later in this chapter would apply too. Applying MBIs in diverse contexts, such as schools, corporations, and so on, raises the challenge of being respectful of people and their differing conceptions of the good, religious beliefs, and so on. If we aim for applying MBIs widely, liberal commitments strongly favor secular and thin versions of mindfulness.

So, why do some mindfulness practitioners then worry about thinning down? We here only discuss two of those worries.³

First, some worry that shedding too much of its original Buddhist content might make MBIs *less effective*. Monteiro et al. argue that, instead of merely symptomatic relief, “traditional mindfulness approaches liberation from suffering through a path of ardent practice focused on understanding and uprooting the fundamental causes of suffering” (Monteiro et al. 2014: 11). But here we can simply respond that inasmuch as that is empirically true, and that would require systematic evidence, then MBIs can continue to draw on Buddhist practice for inspiration (Farb 2014; Lindahl 2014). But, of course, how many of those commitments we want to integrate, even if potentially effective, is at least somewhat limited by concerns regarding diversity and respect for individual autonomy (Schmidt 2016).

A second concern that has come up more recently is *cultural appropriation* (Brown 2017: 65–66; Wilson 2014; see also chapter XX with the title “Ethical considerations on mindfulness-based psychotherapeutic interventions” in this volume). Contemporary MBIs are being predominantly developed by Westerners in Western countries, particularly the USA and the UK, and thus predominantly outside Buddhism’s cultural center. Is this an instance of objectionable cultural appropriation? To answer this, we should not understand cultural appropriation literally. What people find troubling about “cultural appropriation,” we suggest, is not a breach of ownership rights. Instead, concerns around cultural appropriation usually split into more specific concerns, three in particular (Gray 2017). In some cases, one group makes money—or derives other advantages—off someone else’s cultural

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products. A common example is how white musicians and music producers made money selling music pioneered by black artists. The second, related, concern is when a dominant group takes another group's culture and then exercises power over how that culture is to be understood and shaped going forward. The final concern is disrespect. For example, it is often disrespectful for a majority to take cultural or religious symbols from a minority and use them in trivial or even ridiculing ways, or to engage in cultural practices from another group but egregiously misrepresent what that culture is about.

These worries, however, do not necessarily apply to MBIs. The main MBIs, such as MBSR and MBCT, have been designed to be used in non-profit contexts, such as healthcare and education. Moreover, their originators typically acknowledge the Buddhist roots of MBIs and often show great respect and admiration for Buddhist thought and practice. But, of course, worries around cultural appropriation can apply. An increasing business is being built around corporate mindfulness programs, mindfulness apps, and so on. Moreover, some such mindfulness programs, apps, and so on present a rather superficial version of mindfulness and might not acknowledge, or worse, might misrepresent Buddhist mindfulness. Such concerns should be taken seriously. But those worries need to be considered on a case-by-case basis; they do not constitute a principled objection to secular MBIs in general.

Overall then, while most contemporary MBIs are "thin," this is not a principled objection to secular MBIs in general. Let us now move on to the opposite worry, namely that MBIs might be *too thick*.

Thickness Worries and MBIs in Schools

We can split up thickness worries into two more specific worries. First, are MBIs religious after all? Second, do MBIs come with thick ethical and axiological commitments? Let us start with the first.

Religious Thickness

Some worry that, while they disguise themselves as secular, MBIs indeed seek to promote Buddhism. Worrying that MBIs might be religious, many parents and commentators have complained about MBIs in schools in the USA, and some schools have responded by shutting down such programs (Brown 2014; Brown and Santorelli 2016; Gregorie 2013; McDonagh 2014; Warsmith 2013). From a liberal perspective, if MBIs turned out to be religious, then such objections would be justified.

We here simply reiterate the usual response, namely that contemporary MBIs are not religious but secular.⁴ A standard eight-week MBSR intervention typically makes no mention of God nor does it involve commitments to any supernatural metaphysical claims (Schmidt 2016). Also, that something originates from a religious practice does not make it religious itself. We here do not claim that this is true necessarily nor do we deny that some mindfulness practitioners have non-secular motives. Brown indeed surveys some interest-

ing cases that suggest that some mindfulness practitioners see MBIs as a way to introduce Buddhist ideas by renaming central concepts or by using MBIs as stepping stones toward Buddhism proper (Brown 2017). Moreover, some mindfulness teachers and training programs engage in code switching, using secular language when teaching and promoting their programs but decidedly Buddhist language “behind the scenes” and when training mindfulness teachers (Purser 2015: 24–26). We here make the more modest claim that MBIs *can* be fully secular and indeed often are. We do not claim that they always are. Critics are right to worry about cases where practitioners sell their interventions as fully secular to some but as decidedly Buddhist to others. You cannot have it both ways. Instead, MBIs applied to broader populations should be transparent and consistently secular.⁵

Axiological and Ethical Thickness and MBIs in Schools

A different, but related, worry is that MBIs come with a thick normative message about how one ought to live. We split up this general worry into two distinct concerns. The first worry is that it contains a thick *axiological* message, that is, a message about what is good for individuals. The second worry is that it contains a thick *ethical* message, that is, a message about how one ought to relate to other people. We discuss those concerns by focusing on the application of MBIs in schools. We do so, because, first, there has not been much discussion focusing particularly on the ethics of MBIs in schools and, second, because pupils are overall more vulnerable than adult populations, which potentially heightens general ethical concerns around MBIs.

Let us start by briefly stating the general case for MBIs in schools. As mentioned earlier, MBIs hold promise in the treatment and prevention of a wide range of mental, behavioral, and substance abuse disorders, ranging from anxiety and depression to addiction. Recently, MBIs have been adapted particularly to clinical and non-clinical populations of children and adolescents, with some positive results (Burke 2009; Zenner et al. 2014).

Several more specific considerations provide reasons to further explore MBIs in schools. First, we have good reason to start early with the prevention and treatment of mental disorders, which makes MBIs in schools attractive. Adolescence is a “peak time” for the development and onset of mental disorders such as anxiety, depression, or substance abuse (Lee et al. 2014). For nicotine addiction, this period seems to start as early as age 10 (Wang et al. 2004: 627, 632). Recent estimates show that more than 150 million children worldwide suffer from mood disorders, such as depression and anxiety (Polanczyk et al. 2015; Waddell et al. 2017), and some mental disorders from childhood tend to persist through adolescence into adulthood (Lee et al. 2014; Waddell et al. 2017). For example, half of all lifelong cases of mental disorders start at the age of 14 (Kessler et al. 2005). Moreover, mental illnesses that start in childhood and adolescence impose a significantly higher economic cost compared with those that emerge in adulthood (Kessler et al. 2005; World Health Organization 2007). Directing prevention initiatives, such as MBIs, toward children and young adolescents, rather than awaiting occurrence of mental disorders lat-

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er in adulthood, holds promise economically and in terms of reduced disability and suffering (Radden 2017).

Second, outside of mental illness, MBIs might help reduce stress and improve attention, self-esteem, and frustration tolerance (Zack et al. 2014). Furthermore, MBIs might strengthen the immune system, promote self-compassion, and increase attentional capacity and general well-being (Zenner et al. 2014). Stress seems a particularly important factor to address, as stress can severely impact children's health, behavior, and academic performance (Kaplan et al. 2005; Windle and Windle 1996). In a systematic review, Zenner et al. conclude that, while the quality of the studies is not ideal, "mindfulness-based interventions in children and youths hold promise, particularly in improving cognitive performance and resilience to stress" (Zenner et al. 2014).

Finally, MBIs might play a role in addressing disadvantage. Poor (mental) health or bad stress management can disadvantage some children more than others. Some children might respond particularly badly to a stressful school environment and high academic expectations. Moreover, lower socioeconomic status usually comes with higher exposures to stress in one's family and neighborhood. Of course, critics have been right to point out that MBIs cannot solve the issue of increased stress and its social gradient. But they might nonetheless play some role in ameliorating inequities.

So, there is a good case for further exploring the potential of MBIs in schools. But, as laid out in our normative framework, we should also inquire whether such interventions are compatible with liberal respect for autonomy, particularly in diverse settings.

Now, a proponent might want to dismiss such worries arguing that, while autonomy is relevant for adult populations, it does not concern MBIs in schools. For pupils are not yet fully autonomous and barely have worked-out conceptions of the good. However, this response is too quick. Issues around diversity and autonomy matter too, for at least three reasons.

First, while children and adolescents are typically not considered "fully autonomous," they are not fully non-autonomous either. We typically think that autonomy comes in degrees.

Second, autonomy matters greatly in education, because primary and secondary education impact both the content of a person's future conception of the good as well as her future capacities for autonomous agency. Capacities for autonomy might be an important *goal* of education in liberal and diverse societies, a view endorsed by historical figures such as John Stuart Mill and Wilhelm von Humboldt.

Finally, if we care about an adult's autonomy, then we have reason to care about children's autonomy too. According to Joel Feinberg, children possess two types of rights. Children have *dependency rights* which are derived "from the child's dependence upon others for the basic instrumental goods of life—food, shelter, protection" (Feinberg 1992: 76). Adults possess autonomy rights, for example the liberty to choose and exercise one's

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religion. Children do not possess the same rights as adults. For example, children do not have a right to vote. Children do, however, possess *rights-in-trust* which are similar to autonomy rights of adults, except that children “cannot very well exercise [their] free choice until later [when they are] more fully formed and capable” (Feinberg 1992: 76).

Children’s rights-in-trust have two important aspects. First, they need to be protected until children reach an age where they can exercise those rights. Second, rights-in-trust can be violated before a child is fully developed and capable of exercising them. In other words, rights-in-trust can be undermined in advance, that is, before the child reaches maturity and develops the required capacity to exercise them. In protecting a child’s autonomy rights-in-trust, we are protecting her anticipatory autonomy rights or, as it is sometimes put, her right to an *open future* (Feinberg 1992; Millum 2014).

We can easily see how our earlier liberal normative framework links up to children’s rights-in-trust to an open future. At its core, autonomy is about being in a position to pursue one’s conception of the good. Inasmuch as adults ought to be in a position to have such autonomy, we have duties toward children to protect their future opportunities for autonomy and to keep their future “open.”

So, do MBIs come with a conception of the good so thick that they infringe children’s rights to autonomy and an open future?

To answer this question, we should specify possible axiological commitments behind MBIs. If MBIs are used to prevent or treat problematic stress, depression, and anxiety, then it implies that those conditions are in some sense disvaluable. But this commitment should not be controversial, given that society is—or ought to be—already committed to preventing and treating mental illness. However, MBIs might imply more specific axiological message, such as that it is desirable to lead a life with full attention toward one’s surroundings or that one ought to be attentive to one’s experiences and approach them with non-judgmental acceptance.

But we think possible implicit axiological commitments in MBIs are not problematic, for at least the following reasons.

First, the central objectives of MBIs are in some sense *skills* rather than outcomes. Metacognitive skills, such as bare attention, do not imply that one ought to always attend to everything that is happening in one’s mind, body, and in one’s surroundings. For example, MBIs in no way imply that one ought not to lose a sense of time and place whilst listening to a Schubert symphony. But it does imply that one has the capacity to direct one’s attention, and that is indeed an important skill to have. We can say something similar about *non-judgmental acceptance*. Non-judgmental acceptance does not imply that everyone should stop judging things to be better or worse, desirable or undesirable, and so on. Non-judgmental acceptance does not imply normative nihilism. Rather, non-judgmental acceptance is primarily a skill or a technique. If confronted with certain emotions, physical sensations, negative thoughts, and so on—such as feeling pain and worrying that it might get worse—observing and accepting one’s sensations rather than judging them is a central skill that can help individuals prevent such sensations developing dysphoric ef-

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fects. But that is compatible with giving one's life a purpose and thinking that if my life turned out one way rather than another, then this might be better for me.

The second, somewhat stronger, response is that rather than just being compatible with a child's right to an open future, skills such as bare attention might indeed *strengthen* their autonomy. Very roughly, Rawls argued that public institutions and public policy should focus on so-called primary social goods, that is, social goods that individuals have reason to want whatever their (reasonable) conception of the good (Rawls 1971: chap. 2.15). We think some of the possible benefits of MBIs could be described as *psychological* primary goods. If MBIs are successful, they can reduce stress and anxiety, and improve emotion regulation, self-esteem, and one's ability to focus. For most conceptions of the good, such benefits will improve people's abilities to pursue them, and we thus have reason to value such benefits across a broad range of conceptions of the good (Schmidt 2016).

Some of these qualities might be particularly pronounced for MBCT which incorporates methods from cognitive behavior therapy. MBCT might help people identify and understand negative biases and causal stressors that can diminish one's mental health and well-being (Biegler 2011, 2010). In this way, MBCT relies heavily on teaching skills aimed at tackling the persistence of negative affective responses and negative biases, enhancing one's capacity to appraise different stressors and enable more autonomous stressor response. For example, metacognitive awareness can help make pessimistic biases more transparent and understandable and enable people to reject those that do not withstand scrutiny. In case of stressors, MBIs—reinforced by methods from cognitive behavior therapy—can enable people to identify and address them with problem-solving skills (Biegler 2010). Through MBCT, people potentially acquire skills which can be employed when bleak predictions occur and strengthen personal control over their decisions in stressful and/or otherwise psychosocially taxing contexts (Biegler 2010, 2011).

A final mechanism through which MBIs might assist people's abilities to pursue their conception of the good is through, what we call, *experiential enrichment*. Having the skill of bare attention allows you to focus on what is happening in the current moment and, typically, to experience what is happening more fully and directly. Most conceptions of the good involve activities and experiences. For example, an important part of being a musician revolves around the act and experience of playing music. If effective, mindfulness can improve our abilities to pursue our conceptions of the good, because it might help us connect more fully with the activities and experiences we value.

But a critic might now respond that MBIs are not fully neutral with respect to all possible conceptions of the good. For example, we could imagine someone whose conception of the good implies excessive self-doubt, anxiety, and continuous overthinking, as embodied, for example, by the character George Costanza in *Seinfeld*. Or we could imagine a tortured existentialist artist. MBIs do not seem entirely compatible with such lifestyles. Does this then not limit children's open futures?

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We do not think this is a problem. Note first that education is by definition never fully neutral with respect to *all* conceptions of the good. For starters, if successful, it does not allow you to lead a life of being completely uneducated and uninformed. But that is justified even from within an autonomy perspective, given that education increases one's capacities for pursuing different conceptions in the future much more than it restricts it. Something similar can be said for MBIs. Finally, note how MBIs foreclose very few future conceptions of the good, if any. If I hold the intense desire to lead the life of a tortured artist, having done some mindfulness in the past will not make it impossible (but maybe more difficult). Mindfulness exercises are a bit like physical exercises in that they require some level of willpower and commitment—often enough one's laziness stands in the way of regular practice. So, stopping with mindfulness exercises is not prohibitively difficult for those whose conceptions of the good conflict with the aims behind MBIs.

So, overall, MBIs do not seem problematically thick in an axiological sense. But do MBIs come with overly thick ethical commitments? Does it involve a particular ethical message about what is right or wrong to do? Buddhist mindfulness includes specific ethical prescriptions, for instance not to work in the meat industry. Secular approaches, those suitable for applications in schools, do not come with such specific ethical prescriptions. But they typically do have an implicit ethical message, albeit a thinner one. Such approaches do not talk about what behavior is right and wrong. But they often involve compassion and "befriending" exercises designed to develop empathy and kindness toward others. While such ethical content is much thinner than Buddhist ethical precepts, we might worry that it is still not the school's place—or a psychotherapist's or a company's place for that matter—to "teach ethics."

However, even those worries can be addressed from within a liberal perspective. Again, we should view the goals behind such exercises as being primarily about general social and moral *skills*. The ability to be compassionate and mindful of those around one might plausibly be considered a general moral and social skill rather than a particular, contentious ethical viewpoint. And for two reasons, such skills can even be justified from within an autonomy perspective.⁶

First, most people's conceptions of the good are socially situated. Becoming a successful banker, teacher, or socialite are all goals whose realizations are, at least partly, social. For most goals, being able to relate to other humans is an important skill. Second, most people derive great benefits from prosocial attitudes and interpersonal skills. Functioning social relationships—having friends, romantic relationships, and a family—typically contribute greatly toward one's flourishing and well-being. And qualities such as kindness and empathy should typically improve one's interpersonal relationships. So, even if we were concerned exclusively with a person's autonomy and well-being, moral and social skills are valuable on that account too.

A final objection might be that, despite our previous arguments, MBIs should not be part of school curricula, since they simply are not "educational." Mindfulness seems the odd

one out when mentioned on a list with mathematics, geography, and literature. Is it really a school's place to teach mindfulness?

However, schools are not only places of formal education in subjects such as mathematics, geography, or chemistry, but also places to teach skills, and personal, social, and intellectual virtues. We have argued that MBIs can help children develop important skills and qualities that can be helpful later in life. For example, physical education does not primarily teach propositional knowledge. But it does teach children skills and might foster positive habits and attitudes. So, while MBIs might be a recent addition to education, they are more continuous with existing educational goals than appears at first sight.

Overall, objections to employing MBIs in schools, particularly those deriving from concerns around autonomy and diversity can be met. Similarly, we think such arguments can be employed, *mutatis mutandis*, for MBIs in other contexts, including their use in psychotherapy.

Conclusions

In this chapter, we have argued that neither the worry that MBIs are “too thin” nor that they are “too thick” makes for a principled argument against them. If suitably designed, MBIs can strengthen personal autonomy, which makes them particularly suitable in liberal societies with diverse conceptions of the good. We have not tried to settle how exactly MBIs should be employed. But our arguments do suggest some pointers. For example, concerns around autonomy and diversity give us reasons to keep MBIs secular, and ethically and axiologically thin, particularly in population-level applications. Also, a concern with autonomy limits how “involuntary” such interventions can be. MBIs might not be for everyone and there needs to be sufficient flexibility to opt out. Moreover, we should be transparent about MBIs and their goals. At the same time, MBIs should acknowledge MBIs' Buddhist roots and treat this heritage with respect to avoid charges of cultural appropriation. Finally, applying MBIs in diverse settings requires that instructors have some multicultural awareness and competence to avoid unnecessary discord with people's existing religious beliefs or conceptions of the good (Masuda 2014).

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Notes:

(1.) Such as Acceptance and Commitment Therapy (Hayes et al. 2011) and Dialectical Behavior Therapy (Linehan 1993).

(2.) We take these locutions from Dworkin (2002, 2011) but our normative frame is not specifically tied to Dworkin's beyond that.

(3.) Some worry that stress and suffering are, to a great extent, caused by external economic and social conditions. And, rather than addressing such systematic causes, MBIs are used to shift responsibilities toward the individual (Purser et al. 2016: pt. 2; Purser and Loy 2013; Purser and Milillo 2015). Others worry that MBIs are being used for organizations that, according to Buddhist ethics, engage in unethical practices (Titmuss 2013). A common example is how techniques that draw on mindfulness are being used in the military. For a short discussion see Schmidt (2016).

(4.) We understand "secular" as non-religious and non-metaphysical. Others use a narrower notion. For more, see Brown (2016), Compson (2017), and chapter XX with the title "Ethical considerations on mindfulness-based psychotherapeutic interventions" in this volume.

(5.) This is in contrast to Brown and Ratnayake and Merry, who conclude that instead of trying to make MBIs secular, practitioners should just be transparent about their Buddhist commitments (Brown 2017) or their metaphysical loadedness (Ratnayake and Merry 2018).

(6.) Our argumentative strategy is to argue that social and moral skills are important for the *person herself*. But we could also argue that such skills are important, because they are socially desirable. It is an illusion to think that education is, or even ought to be, a morality-free zone. The very ideals behind liberalism themselves, for example, imply that education should respect and foster equal respect and concern and, arguably, democratic

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citizenship (Hyde and LaPrad 2015). Moreover, it is hard to argue that empathy and kindness are not desirable qualities more generally. Although such arguments strike us as plausible, we do not pursue them here.

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