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The Healing Paradox of Controlled Behavior: A Perspective from Mindfulness-Based Interventions

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Abstract

In this paper, we discuss the issue of free will as it may be informed by an analysis of originally Buddhism-based meditative disciplines such as mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and related mindfulness-based interventions (MBIs) that are deployed in a variety of therapeutic contexts. We analyze the mechanics of these forms of mindfulness meditation, paying particular attention to the ways in which they appear to enable individual practitioners to reduce a variety of otherwise unwholesome mental and behavioral factors, such as habituated or conditioned dispositions to reactivity, that are intuitively associated with increasingly ineffective agency or diminished free will, while increasing wholesome mental and

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behavioral tendencies, such as spontaneous responsiveness. We pay particular attention to a somewhat paradoxical way in which direct efforts at control are counterproductive, on the one hand, while meditative practices designed to cultivate “choiceless awareness,” a sort of non-control associated with a non-judgmental acceptance of things beyond our control, tend to indirectly increase self-regulative abilities, on the other hand.

Defining the Problem

The discussion of the problem of free will usually takes place within the frameworks of ontology and ethics. In therapeutic psychology, the issue is usually more pragmatic and concerns questions about the implications of believing in free will on patients’ well-being. Furthermore, in therapeutic jargon the issue is rarely framed using the terminology of free will and determinism, but rather in adjacent terms, such as control, self-control, helplessness, choice, freedom, and flexibility, among others. The therapeutic perspective is close to the overall interest of Buddhism—if one accepts the premise that the primary interest of Buddhists is to eliminate or reduce suffering. That is, the question whether “reality” is determined by agent-less causes is not as important as the pragmatic value of holding particular views about free will. This seems to us to reflect a shared perspective of both Buddhism and therapy.² For example, not believing in free will may lead some people to retreat to non-action in a counterproductive and amoral way. It may lead to nihilistic behav-

² One famous case in which the Buddha expresses his pragmatic-therapeutic approach appears in the *Cūḷamālukya Sutta*. *Ñāṇamoli and Bodhi* 63ff.

ior, passivity, and apathy. This could be detrimental to the progression on the Buddhist path as well as in therapy.

On the other hand, believing in a free will by which the “Self” controls the body (and the mind) may hinder the maturation of the Buddhist view that mental and psychical processes are “not-self,” and may lead Buddhists to erroneous and unhelpful views, that lead to attachment and therefore to suffering. Such attitudes could also be detrimental to the progression on the path. Similarly, believing that one has full control over one’s body and mind can be a hindrance to therapy if this implies that one controls one’s thoughts and sensations. Such complete identification with one’s thoughts may well be one of the fundamental mechanisms underlying depression (Segal, et al.).

The problem of free will is sometimes thought to be “solved” in Buddhist scholarship by allowing the coexistence of two seemingly conflicting beliefs within the framework of skillful means. Gowans suggests that this may be the only theoretical perspective that Buddhism might pronounce on a problem that has been otherwise generally ignored in traditional Buddhist philosophy. Goodman’s analysis of Śāntideva’s discussion about controlling anger leads to a similar conclusion: “For those just setting out on the path, a naïve view that uncritically accepts free will and responsibility might be the most helpful approach. For somewhat more advanced students, a doubly asymmetric view could be valuable medicine” (43). Following these perspectives, Repetti sums up: “The Buddhist path may be understood not only as a raft, but a crutch—training wheels for cycling towards enlightenment. If a Buddhist free will theory promises to function as *upāya*, soteriologically instrumental, it is dharmic” (29).

Interestingly, even in Goodman’s reading of Śāntideva the discussion is diverted from the ethics of psychological development to interpersonal conduct—it is about whether anger can be justified, given the

Buddhist metaphysical stance on personhood and agency. Self-control needs to be saved, and the savior is the notion of the gradual path—that believing in free will serves as training wheels, or crutches, until one reaches full awakening—then, the concept of free will stops being helpful or relevant.

This framework of mind sets aside the ontological question of whether free will really exists. Instead, the question at stake here is how does embracing its phenomenological existence serve the reduction of suffering? We suggest that a similar question arises within the context of Mindfulness-Based Interventions (MBIs), which is a meeting ground for Buddhist meditation and modern psychotherapy. Exploring the varieties of attitudes towards free will in this context can shed light on both the Buddhist and psychotherapeutic approaches to the question.

The theoretical standpoint of MBIs is that patients are not always equipped to make the most informed and conscious choices when meeting external stressors. During the early weeks of an MBI, participants are encouraged to explore the differences between blindly or automatically reacting to stressors, and responding with awareness to them. Responding is unpacked (in class five) in the following way: participants are encouraged to stop, step back, look more clearly, and “then be in a better position to make informed choices (responding) in meeting various situations” (Santorelli et al. 24).

The relevance of this overall direction to the question of free will is clear—participants enter the course with a limited capacity to make choices, and this is considered central to their diminished sense of well-being. They are taught a method for reducing automatic pilot behaviors, by strengthening “the awareness that arises from paying attention, *on purpose*, in the present moment, non-judgmentally” (Kabat-Zinn *Coming* 108. *Emphasis added*).

On the face of it, MBI looks like a course for developing free will—it aims to move participants from automatic reactions to conscious responses which will have two major consequences to well-being. The first is simply more clarity about what are adaptive and what are maladaptive choices. This will improve the ability to choose what is good or beneficial for the individual (or society, although this is not the explicit focus of MBIs). The second is the growing sense of control and agency that arises from being able to overcome habitual behaviors, and consciously choose new responses to stressors.

However, the meaning of “free will” here moves beyond a colloquial understanding of “I can choose to do whatever I want and when I want to do it.” Rather, this is more about cultivating more freedom in respect to my attitude toward a reality in which there are some things that I can control and others that I cannot—getting closer to a version of free will in which the person can better perform actions in accordance to his or her goals.

This, however, would be the expected outcome of many behavioral therapeutic interventions. In MBIs, as we explain below, the way to get there is surprisingly paradoxical, for it goes through phases of developing, and then giving up control over, various mental faculties. It is as if participants learn to enhance their free will, drop it, and regain it, during an eight-week intensive course.

We suggest that MBI progresses in four phases with regards to the question of free will. In the first phase, MBI helps practitioners to discover the absence of mindfulness in everyday behavior, as they discover that most of their behavior and thoughts are not subject to their control. At this phase, a sense of uncontrollability is deliberately aroused, and the practitioner becomes highly aware of automatic behaviors and thought patterns. In the second phase, free will is restored with regards to a particular cognitive function—that of attention itself. Practi-

tioners learn to control attention at will, and exercise growing degrees of freedom in choosing how to apply attention. In the third phase, even controlling attention is dropped and deemed limited and unsatisfying. Practitioners are encouraged to see the benefits of “choiceless awareness,” non-striving and non-doing. After they experience this form of alert passivity, lastly, free will is restored at a different level—that of choosing when to enter a choiceless mode, and when to stay in a doing mode.

Direct and effortful control of thoughts, behavior, and emotions is therefore demonstrated throughout the course as either impossible or counterproductive. Instead, choosing to enter a “being mode” marks the pinnacle of freedom, and allows for a mindful response to difficult situations instead of an automatic, “mindless” reaction to them based on old and harmful cognitive and behavioral patterns.

Although these shifts are not explicitly discussed in a philosophical manner in the mindfulness literature, they are reflected in the way that agency, control, and the practice of meditation are presented and practiced throughout mindfulness courses. In the following, we describe the above mentioned four phases as they develop within an MBI course, with references to the Buddhist origins of some of the practices and approaches that are embedded in these courses.

1. Behavior and Thoughts Are Not Subject to Control: Understanding the Automatic Pilot

In MBIs, participants are taught how to practice meditation within a therapeutic and mostly secular setting, that albeit draws on the practice of Buddhist meditation and on Buddhist thought. The most popular and most researched examples are the program for Mindfulness-Based Stress

Reduction (MBSR) and Mindfulness-based cognitive therapy (MBCT), which will be the focus of our investigation.

MBSR is embedded in the context of Mind-Body and Participatory Medicine, in which “the application of self-regulatory skills” by patients is considered key to therapeutic success (Santorelli et al. 12). Assuming that self-regulatory skills are deficient in patients who seek help, the automatic pilot theme in the first class helps them to see it more clearly. Participants begin to see that much of their daily behavior and thinking is governed not by willed and conscious deliberation, but by automatic processes.

In automatic pilot mode, it is as if the body is doing one thing, while the mind is doing something else. Most often, we do not intend to be preoccupied with this or that – it simply happens. The mind is therefore passive much of the time, allowing itself to be “caught” by thoughts, memories, plans or feelings. Our attention seems to have been hijacked by something else. (Segal, et al. 108)

As this quote suggests, the problem is not only that our behavior is automatic, but that the mind is passive in relation to thought processes, and attention is *hijacked*—a term that strongly implies its passivity and its being subject to external forces.

The idea that we have of agency usually entails time-directedness, from the present to the future: the acts of free agents are expected to follow their wishes. Automatic behaviors pose a clear challenge to this notion, since they reverse the time-directedness: we first act, and only in retrospect wittingly or unwittingly claim ownership over the act. This applies just as much to automatic thought processes such as mind-wandering.

As Ergas explains, in mind wandering the sense of agency follows the thoughts, which are generated passively in the mind and are owned in retrospect when “awakening” from this state (227). Retrospective ownership can be considered an aspect of agency, but not the kind of agency that we are looking for when we want to be free agents who exercise free will. Indeed, free will skeptics often cite retrospective ownership as a fallacious confabulation and thus as evidence of the illusory nature of the sense of agency.

From a therapeutic perspective, automatic behavior is problematic only when it is harmful to the self and the environment. When it is harmful, it is *very* problematic, for automatic behaviors are hard to change. The cost of automaticity can be even more detrimental when manifesting through automatic thinking patterns—especially those associated with depressive or anxious moods. For a patient who wishes to overcome a mood disorder, it may be particularly important to learn how to be more in control over thought processes, as negative thoughts are considered in cognitive theory to cause or worsen depression (Beck and Alford; Leahy, et al). But for reasons that will be explained below, in the first classes of MBSR and MBCT, the emphasis is not on controlling thoughts or emotions, but on controlling attention itself. Learning about the automatic pilot, and the scattered and uncontrolled nature of thoughts, prepares the ground for training the one cognitive function that according to MBI theory can be controlled—attention.

2. Controlling Attention

Many psychopathologies are characterized by not feeling in control, or a great effort to exercise control, usually coupled with a great fear of losing it, and treatment plans in cognitive behavioral therapy (CBT) include examining and changing maladaptive assumptions about control and

responsibility (Leahey et al). Psychopathologies may also give rise to hefty portions of self-blame, increased sense of false responsibility (Salkovskis et al.), and helplessness (Miller and Seligman). The radical cases of schizophrenia and other neurological disorders of agency sometimes attract the attention of philosophers, but even the most common pathologies—so common that one may doubt whether they should be regarded as abnormalities in the first place—are associated with agency and control.

Let us consider two examples. In depression, it is often the case that one feels helpless, and lacks energy and will to perform even simple mundane tasks. But in many cases of depression this is coupled with a strong sense that one *should be otherwise*. In other words, the person simultaneously wants more control and feels a diminished sense of control. Self-criticism enters the mind quite early in the development of depression, and is considered by some to be one of the main causes of depression. Regarding agency, control, and free will, this is certainly not a situation of some serene acceptance or even fatalism, but rather a situation of conflict between believing in the ideal of self-control and experiencing its absence. Hence, self-critical thoughts easily arise, and they become central to the further development of negative moods.

The frustration with inability to exercise self-control is even more pronounced when trying to get rid of negative thoughts. These thoughts are easily identified as a cause for negative mood (they are thoughts of self-blame and hatred), but the more one tries to suppress them, the stronger they become. Now, helplessness arises also in relation to the inability to control these thoughts. As Nolen-Hoeksema writes:

People who engage in ruminative responses to depression, focusing on their symptoms and the possible causes and consequences of their symptoms, will show longer depression than people who take action to distract them-

selves from their symptoms. Ruminative responses prolong depression because they allow the depressed mood to negatively bias thinking and interfere with instrumental behavior and problem-solving. (569)

This process entrenches patients in a deeper and deeper negative mood. With each episode of depression, it becomes harder to see a way out, as the thought patterns become more engrained and habitual. This explains why a history of major depression episodes predicts further episodes (unless treated) (Segal, et al).

Wanting, but failing, to control internal processes like thoughts and emotions is also considered part of many other psychopathologies. In anxiety, it can manifest as the wish to avoid unpleasant sensations associated with a panic attack, or even with milder manifestations of anxiety. Patients avoid certain behaviors and situations in order to avoid these experiences, but also try to avoid thinking about certain ideas or concepts in order to prevent the unwanted experiences associated with them. Here, similar to depression, the problem is increased by the futile attempt to control thoughts.

Again, control and agency operate and fail at different levels within the individual. One tries very hard to exercise control over internal and external conditions, but time and time again experiences failure, which increases feelings of helplessness and lack of control. We can say that those who experience this cycle of anxiety believe in control, but face diminishing levels of it—and this leads to unhealthy avoidant behaviors and further suffering.

Mindfulness enters the therapeutic scene at exactly this point. One of its purposes is to develop the capacity to observe external and internal processes without deliberately changing them. One of its attitudinal foundations is “acceptance,” not in terms of accepting or believing

a statement about reality or the self, but accepting the existence of a particular state of mind in a particular moment—without needing or wanting to change it.

In a recent interview, the mindfulness teacher Elise Biaylew explained how mindfulness is understood within the modern and therapeutic context:

mindfulness teaches us . . . that like the heart beats the mind and the brain think and they are constantly spewing up these thoughts We really don't have control over what emerges in our minds, but we do have control about how we are then relating to what emerges. Are we getting hooked into, and sunk in the quicksand of it, or can we actually choose and recognize that we have an opportunity to move our attention somewhere else and to let these thoughts go. (589)

We deliberately choose a non-technical articulation, with all its mundane inaccuracies, to demonstrate how mindfulness is understood in practice. While classical cognitive therapy aimed to change the content of thoughts through a methodical and sometimes philosophical inquiry, with secular mindfulness a new understanding arises about attention itself being the object of control.

In the example above, what is suggested to be controlled is not the thoughts themselves, but rather the faculty of attention, and the elusive cognitive function of “letting go.” One can argue that attention is hence considered here as a more primary source of agency, one that has phenomenological, if not ontological, precedence over thought processes and thought content (Ergas 264).

The “body scan” is the first meditation practice in many MBIs, and it is similar in some respect to the *vipassana* (“insight,” i.e., mindful-

ness) practice that has been popularized by S. N. Goenka, one of the Burmese Theravādin meditation masters to popularize the practice in the West. Without going into the differences, here is a brief description of how it is taught by Jon Kabat-Zinn, founder of the well-known MBSR program, and in many respects the father figure of MBIs in general.

The meditator lies on the floor, on the back, and first instructions emphasize relaxation as well as awareness to bodily sensations. The invitation is then given to attend to bodily sensations in a systematic way (in MBSR, from the toes to the head). This is a slow process that can take up to forty-five minutes. Every felt organ is named, and quiet time is given to sensing it. The instructions emphasize the difference between thinking about or imagining the organ and actually sensing it, giving precedence to the latter. Attention is then moved deliberately to the next organ. When the mind wanders into thoughts or images, it should be gently but firmly brought back to the sensations in the body.

This practice serves at least three main purposes that are connected to our exploration of free will: (1) it exposes how difficult it is to control attention and determine where it goes; (2) it suggests that over time it is possible to improve the control of attention; and (3) it allows exploration of alternative approaches to the frustration that arises when attention does not follow the will.

In the booklet that accompanies the training of mindfulness teachers at the Centre for Mindfulness Research and Practice at Bangor University, it is stated that “learning to be intentional about how we pay attention” is one of the key learning points of this practice (CMRP 12). This includes “training in deliberately engaging and disengaging our attention” and “learning to shift from narrow to wide angle attention” (12). However, contrary to some Buddhist methods for developing *śamādhi* (one-pointed concentration), in MBI it is never assumed that one can or should achieve levels of concentration that entail mastery of at-

tention, or even continuous focus on the object of meditation for a long period of time. Hence, the same booklet also emphasizes the importance of “relating skillfully to the mind wandering when it occurs” (CMRP 13) and “allowing things to be as they are—no goals to be achieved, no special state, no right way for the body to feel” (13).

A word of warning is usually given to participants about success and failure, because many people become caught up in wanting to succeed and thinking about it in a way that hinders the ability to actually follow the instructions with gentleness and self-care. Meditators who practice the body scan are asked to give up ideas of success and failure and “just do it,” not because this is a practice of total surrender, but because *striving* for success is, in itself, counter-productive to the task ahead—being aware of bodily sensations without criticism or judgment. As we shall see below, this already hints at another stage of development in MBI learning, in which letting be and non-striving are taught as even more important than attention control.

Mindfulness of breathing is another well-known practice, both in Buddhism and in MBIs. It does a similar job in relation to the practice of attention control—only that the focus of attention does not shift from place to place over the body, but stays in a particular place that is connected to the sensation of breathing (in MBIs, it is usually the rise and fall of the belly). Focusing on a particular point is assumed to be more difficult than shifting attention, and is taught in lesson two or three of MBSR and MBCT. Again, the participant learns two things from this practice: first, that attention is not under the full control of the will, and second, that it is possible, at least *sometimes*, to direct it away from wandering thoughts and into the sensations of breathing.

The benefits of controlled attention are not difficult to understand. It is helpful to be able to direct attention away from destructive patterns of thinking and rumination and move it towards the felt experi-

ence in the body. In the case of physical pain, participants can enjoy the benefits of controlled attention in two ways. They can learn to detach attention from a particular aching area of the body, and move it into a neutrally sensed area. And they can learn to open up attention and include a larger bodily area, so that the painful area becomes only a small part of a larger sensed area, which is sensually neutral. This helps to “dilute” or mask the perception of pain (Perlman, et al).³

In philosophical terms, we may speculate that the first thing that practitioners of these meditations learn is that they lack free will, or have a far more limited measure of it than they previously thought. They also learn how easily attention is influenced by internal states (e.g., stress, tiredness, pain) or external events (e.g., noise, temperature). Later, they may develop a greater sense of control over attention, which brings direct satisfaction, for it both reduces the sharpness of painful thoughts and sensations, and creates a stronger feeling of self-control and agency. This, we argue, is a crucial point for understanding the type of free will that is advanced in MBIs. Instead of an absolute power to control mental events, it promotes the control of attention. Participants at this stage of development are left with a new perspective on what it means to be a person. Not an agent of behavior, not an agent of thinking, but possibly an agent of attention.

This perspective, if not Buddhist by definition, is certainly rooted in the classical Buddhist presentation of mindfulness. Consider how the *Satipaṭṭhāna Sutta* (*Foundations of Mindfulness*) instructs practitioners to

³ Research suggests that practicing “open monitoring” or “open presence” meditation reduces the unpleasantness of pain better than focused attention. In contrast to focused attention on a specific object (for example, the breath), in open monitoring “the mind is calm and relaxed, not focused on something particular, yet totally present, clear, vivid and transparent” (Perlman, et al 68). Empirical research shows that this modulates pain perception.

observe various phenomena. “A bhikkhu abides contemplating the body as a body . . . contemplating feeling as feelings . . . contemplating mind as mind . . . contemplating mind-objects as mind-objects” (Ñāṇamoli and Bodhi 145). In all cases, the term “contemplation” (*-anupassī*) literally means “looking at,” rather than “thinking about.”

The practice in its entirety is that of directing attention to various bodily and mental phenomena, not a practice of manipulating behavior or thought, or generating thought contents (although other Buddhist practices certainly do that). Whether one breathes long or short, and whether one is feeling pleasant or unpleasant feelings, the task is “to understand” (*pañānāti*) what is happening, perhaps better translated here as “to distinguish” or “to find out,” but not to act on these processes or change them. In relation to the practice of mindfulness, both ancient and modern mindfulness approaches emphasize looking at phenomena without reacting to them.⁴

The overall progression that is thus suggested here is that the question of free will is mobilized, from being applied to external behavior, internal thought content, and thought processes, to attention. This is not the end point, for either Buddhist or modern mindfulness practice, but an important station on the way. The argument is not that our attention is fully in our control, but rather that our ability to control attention can be trained through mindfulness, and that according to MBI theory this will bring about mental health benefits. These benefits correlate with descriptions of increasingly effective agency, thus with free will.

⁴ Is awareness a mental faculty, among others, or a privileged function that impersonally reflects all the other phenomena? We leave this question open, and only point to its being debated within different Buddhist schools of thought.

3. Choiceless Awareness: Control Is Not a Solution, but a Part of the Problem

Although controlling attention is considered beneficial in MBIs, the general attitude to control gradually becomes suspicious as an MBI course progresses. The cognitive theory at the basis of these courses suggests that it is the thinking process itself that causes harm, not merely the contents of thoughts. Hence, an altogether different approach to thinking is necessary: instead of trying to control or change thoughts, it is better to accept their reality and “decenter” from them. As participants learn that even controlling attention is difficult and cannot completely counteract thought processes, they are encouraged to retreat into an even more passive mode of acceptance and letting be.

In MBCT, the mode of controlling is called the “driven-doing mode” (Segal, et al. 68). The task of this cognitive mode is to get things done, and it achieves the task by planning and thinking about how to close the discrepancy between the actual situation and a desired goal the mind has set. The problem with this mode is that it sometimes “volunteers for a job it can’t do” (69). In such cases, this job would be a futile attempt to close a discrepancy between present and desired internal states (e.g., emotion, mood, or thinking itself). Activating the driven-doing mode on mental states continues to process the information that causes the very state that had started the undesired feeling or mood. Rumination is a classic example of this process. This is the thought pattern that cyclically centers on the self, the problem, and on wanting a solution (Nolen-Hoeksema). But ruminative thinking about wanting to be less lonely does not make one feel less lonely. It does exactly the opposite: it sustains the idea of loneliness in the mind, and prolongs the mood associated with it. The developers of MBCT explain:

In this situation, because the “currency” with which the mind is working consists of thoughts about current situa-

tions, desired situations, explanations for the discrepancies between them, and possible ways to reduce those discrepancies, these thoughts and concepts will be experienced mentally as “real” rather than simply as events in the mind. Equally, the mind will not be fully tuned in to the full actuality of the present experience. (Segal, et al. 71)

The mind that is trapped in this working mode may miss novel information that could alter the undesired perception or mood. It is as if the mind constantly asks “am I not feeling lonely anymore?” and the very question sustains the feeling of loneliness. Setting up goals that cannot be achieved through thinking is literally counterproductive—it will achieve the opposite of the desired feeling.

Controlling attention can also be counterproductive in this manner. When a participant wants to focus attention on the breath, and discovers that attention goes to other impressions and mental processes, wanting to close that gap between the present situation (wandering mind) and the desired state (focused attention on breath) gives the mind a new task: to check if the discrepancy has already been resolved. But this checking itself is a form of distraction from the focused state to which the participant aspires. Wanting to control attention, paradoxically, hinders the control of attention.

Therapy itself is sometimes counterproductive in the same way. If it focuses too much on discrepancies and explanations, it may entrench patients in the very mood they want to change. It should be clear now why learning to leave the driven-doing mode and enter a “being mode” is one of the remedies MBCT offers, and it is what allows to achieve “decentering.” In this mode, the focus is on accepting and allowing *what is*, without any pressure to change it. In particular, it emphasizes the impersonal nature of thoughts, *including* ruminative thinking and

internal problem-solving strategies. Entering the being mode first provides a shift of attention from future thinking about what needs to be changed into present awareness *of these very thoughts and wishes*. In the next step, it provides a shift, from controlling attention, to “choiceless awareness.” That is, it finally allows participants to drop any attempt to exercise control over any of their mental states, and abandon goal-oriented attitudes altogether. One makes no choices about mental contents, neither favoring these, nor disfavoring those: one is just aware.

Participants in MBSR courses are introduced to the practice of “choiceless awareness” meditation in class five. They are encouraged to abandon earlier attempts to control the direction of attention. In MBCT, this theme is presented with the emphasis on allowing and letting be in the practices of class five. Practicing meditation with these instructions in mind can be seen as part of a group of meditation practices that exists in traditional Buddhism as well, in which participants are invited to practice without focusing on anything in particular—embodying the nature of enlightenment in the very sitting itself, without attempting to control, change, or strive. Awareness remains open to any and all events—inside or outside the body. It is a non-discriminative practice only in one sense of the term—it does not discriminate between “nice-to-have” and “not-nice-to-have” experiences. (This non-discriminative element does not entail non-discrimination *per se*; to the contrary, heightened awareness, particularly when not filtered through affective preferences and aversions, intuitively brings things into greater focus.) Equanimity may be a by-product, and can be seen as a prerequisite, but is not described as an attitude that *ought* to be *practiced*.

A practical metaphor that leads to this mode in MBIs is “sitting like a mountain,” which is most certainly based on an interpretation of the Japanese term *gotsuza* (兀坐) that is used by Dogen to characterize the practice of *zazen* (seated meditation). Terada and Mizuno explain that

this and other related terms depict *zazen* as sitting upright like an immovable mountain (224, n.7).⁵ The Zen reference is important to us here also because in that tradition the physical aspect of stability in the sitting aims to solve the same paradox that concerns us here. Thinking is considered detrimental, as it builds the self by operating as a discriminative faculty, but trying not to think is seen as merely another form of the same faculty:

At the time of *zazen* the thought of right and wrong good and bad—the very process of discriminative consideration—stop, and all mental judgments drop off as one simply sits . . . The stopping being described here means the stopping of arbitrary thinking and evolutionary mental involvement. It does not mean that one has to avoid thinking all together while practicing *zazen*, as the very aspiration not to think is in itself a thought-cognition. (Bolokan 10, citing Tairyu 257-258)

In psychological terms, this practice aims at disconnecting the link between the motivational system and sensual experience. While the latter produces discrimination between pleasant and unpleasant sensations (and emotions, thoughts, and other experiences), the former is what generates a motivation to act on them—typically to seek pleasant sensations and avoid unpleasant sensations. On a very basic level, this is the root of the driven-doing mode. In practicing “sitting like a mountain,” experiences are supposed to be given equal value, so the doing mode is not activated in the first place. The developers of MBCT explain: “Shifting the basic stance towards experience, from one of ‘not wanting’ to one of ‘opening,’ allows the chain of conditioned, habitual responses to be broken at the first link” (Segal, et al. 274).

⁵ We thank Eitan Bolokan for clarifying this point.

In practicing this meditation, participants of MBIs are invited to drop even the attempt to willfully control attention, and definitely the attempt to control thoughts and emotions. Again, as the handout for this class in MBCT explains to participants:

The easiest way to relax is, first, to let go of trying to make things different. Allowing experience means simply allowing space for whatever is going on, rather than trying to create some other state. Through cultivating a “willingness to experience,” we settle back into awareness of what is already present. We let it be—we simply notice and observe whatever is already here. This is the way to relate to experiences that have a strong pull on our attention, however powerful they seem. When we see them clearly, it helps prevent us from getting pulled into brooding and ruminating about them, or trying to suppress or avoid them. We begin the process of freeing ourselves from them. We open up the possibility of responding skillfully and with compassion rather than reacting, in knee jerk fashion, by automatically running off old (often unhelpful) strategies. (Segal, et al. 292)

4. Restoring Control and Choice

Kabat-Zinn describes the being mode as “a different kind of control” that supposedly replaces the driven-doing mode of controlling behavior and thought processes, stating:

The capacity to respond mindfully develops each time we experience discomfort or pain or strong feelings during meditation and we just observe them and work at letting them be there as they are, without reacting [this

practice] introduces us to an entirely different kind of control. We come to see from our own experience that effective control can come out of inner calmness, acceptance, and openness; that we don't have to struggle with our thoughts and feelings or force things to be as we want them to be. (Kabat-Zinn *Full* 266)

The use of the word “control” here seems to us unusual, as if Kabat-Zinn avoids stating the obvious: that in such mode one drops the idea of control and any attempt to change or manipulate internal or external reality. However, one way to solve this is to be reminded of the context in which this attitude is practiced—an MBI course that teaches certain skills to improve well-being and reduce mental and physical suffering. In this context, participants are taught that they can, at will, choose to step out of a driven-doing mode and enter a being mode that is exemplified in the practice of “choiceless awareness.” This is indeed a special kind of freedom and a higher level to exercise the will: one learns the benefits of stopping to will, stopping to choose, and stopping discrimination. In MBCT, the allowing attitude that characterizes this phase of learning is also explained as a state that is intentionally brought about: “By contrast [to fighting off negative feelings], to bring *intentionally* an alternative relationship of allowing/letting be to unwanted experiences has effects on a number of fronts” (Segal, et al. 274, emphasis in the original).

In therapy, this seems to have practical implications. Depressive and anxious psychopathologies are worsened by the driven-doing mode when it is applied too strongly in service of avoidant tendencies, and at the same time maintains the mental framework that it supposes to fight. Striving to relax brings about the opposite of relaxation. Working hard to avoid unpleasant feelings (either depressed mood or the feeling of anxiety) can increase their presence in consciousness and therefore

backfire. Stepping into a being mode and accepting these feelings can help to break this cycle and allow the mood to naturally change.

The eight-week journey of MBI courses does not end with the acceptance that everything is exactly as it should be and that dwelling continuously in choiceless awareness is the solution to the pathologies of control. It ends, rather, with a reminder that freedom can be exercised at the level of deciding when to enter a driven-doing mode and when to leave it and enter a being mode. The very act of leaving the driven-doing mode is of course still part of this mode—as it ought to be, a goal-oriented choice. But once the being mode is intentionally activated, goals are dropped and the mind is free from searching for discrepancies and trying to close them. This helps to break habitual patterns of ruminative thinking that are detrimental for those with recurrent depressive syndrome, and possibly for many other human beings as well, such as those suffering from other psychopathologies marked by various forms of repetitive rumination.

In this we find an interesting nuance in the understanding of free will and agency, as the perspective on the concept changes throughout the phases of MBIs. We often associate free will with acting upon our environment or other subjects—that is, taking action in ways that allow us to manipulate external conditions in accordance with how we would like them to be (or perhaps with how we would like them to be so that they will have a pleasant effect on us). Mindfulness meditation—as presented in the body scan and mindfulness of breathing—embodies a more minimalist and intimate conception of free will. Here freedom of will is practiced upon our interiority, and more specifically on attention itself. The thinking and acting agent becomes an attending agent.

However, after this simple beginning, a more radical approach is presented to participants of MBIs—control is given up altogether in favor of choiceless awareness. In this, even awareness itself is not taken to

be the subject of choice and deliberation. Entering this mode is a radical shift away from the ordinary tendency to control either the environment or the internal mental processes in order to achieve pleasant experiences. One may argue that practicing choiceless awareness is an oxymoron, as the term “practice” itself requires attention-directedness that implies at least some degree of willful choice. But, contrary to what is practiced in a body scan, the act of willfully choosing happens only in the moment of entering the choiceless, being mode. This is the intentional bringing of an alternative relationship of allowing/letting be. And, in this respect, it is a very different meditation than the other practices in MBIs, and can be seen more as a state of mind, or a mental mode, that may happen whether one meditates or not.

Agency is thus restored, but in a subtler form. Automatic reactions, that are explained and experienced in the first class, are replaced by a greater ability to respond with awareness, calmness, and choice to difficult situations. The manual explains that:

experiential practice of mindfulness continues with an emphasis on responding (vs. reacting) to stressors and the value and utility of mindfulness in learning to stop, step back, and see more clearly/objectively and to then *be in a better position to make informed choices* (responding) in meeting various situations. (Santorelli et al. 24, emphasis added)

Responding is, of course, characterized here as closer to what we may consider free will—an ability to make informed choices in accordance with the interests or wishes of the individual. Reactivity, on the other hand, is an action without choice—automatic, determined by habits, and triggered by the environment. Choiceless awareness exemplifies the very opposite of this, as it forces the mind to enter a mode of non-striving and non-reacting to even unpleasant experiences like pain or

ruminative thinking. As such, it can be conceived as a higher form of self-control, although for it to be genuinely choiceless, the act of control must end at the moment of entry. What arises from this is yet a higher form of agency and self-control: the ability to willfully enter and leave a driven-doing mode, and to do so in a way that appropriately engages the situation, which serves the person's long term goals.

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