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Dear *Saṅgha*: Producing the Secular Mind of Mental Health in the Biopsychosocial Territories of Buddhist Therapeutics

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ABSTRACT OF THE DISSERTATION

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Working at the intersection of Buddhist Studies, Ethnic Studies, and the Medical and Health Humanities, my doctoral research explores the production of the secular mind of mental health in the context of contemplative therapeutic movements in the era of COVID-19 (2020-2022). I engage in multiple ethnographic field sites, including entirely digital community spaces where Dharma organizations teach meditation and mindfulness techniques in a self-described "modern" rubric of public mental health care. Despite the many differences explored in this dissertation, contemplation is made to fit with a body of standardized and biomedical expectations regarding preventative and long-term wellness, addiction therapy, and palliative care. Treating these as productions—and not expressions—of the secular mind (and self), this dissertation centers a little-studied topic in scholarship about Buddhist modernism and medical humanist perspectives on free-market meditation: the mind (an addicted mind, the mind of the dying, a healthy mind, a

"woke" mind,[1] a racist and misogynist mind, an enlightened mind, a progressive mind) as a contest arena wherein multiple secularist discourses and practices about self-and community-making are currently taking place. Based on extensive, COVID-era ethnographic fieldwork, this dissertation examines the Dharmic, biomedical, psychological, and social territories of the mind as a generative condition for what I term the "therapeutic secular."[2] The Buddhist therapeutic secular mind is a biopsychosocial phenomenon that unfolds in both public and private spheres. Ultimately, I argue that it engenders an anti-neoliberal moral narrative of mental health that (re)politicizes mind (and body) by authenticating experiences of discrimination and structural inequity in a context of mental health care, thereby empowering its members to engage in the public sphere in spite of bigoted harassment.

Keywords: secular mind, Dharma, biomedicine, contemplation, therapeutic secular, biopsychosocial.

[1] The earliest usage of "woke" was found in a 1942 volume of Negro Digest in an article about labor unions. In popular culture today, woke has come to mean an awareness of systemic racism. The word woke is important to social policies that help or harm marginalized communities.
Staci Zavattaro and Domonic Bearfield, "Weaponization of Wokeness: The Theater of Management and Implications for Public Administration," *Public Administration Review* 82, no. 3 (2022): 585–93, 585.

[2] I evoke the term "therapeutic secular" to signal the ways that Buddhist therapeutic techniques are rendered accessible to the public via mental (behavioral) health communities of care. My field sites reveal how peer-led Buddhist therapeutic *saṅghas* produce the secular mind by engaging with a plurality of mental health care practices, especially contemplation (i.e., meditation and mindfulness training).

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Introduction Chapter

Preamble

My doctoral project contributes to the long history of secular studies in the humanities and social sciences by emphasizing how among quickly proliferating, decentered contemplative movements today, secularism is founded on an idealized kind of modern "mind." This secular mind is an object of study, intervention, and territory made legible in the public sphere by biomedical institutions that codify definitions of mental health and illness, like the American Psychiatric Association and American Psychological Association. Importantly, the anti-neoliberal moral narrative of mental health engendered by my field sites are activated in selective reference to Buddhist techniques and social justice commitments.[3]

I argue that the rationalizing and medicalizing—specifically therapizing—processes of secularization focused upon defining and actualizing a certain vision of mind, which I found during fieldwork in these contemplative communities, are hardly unique. Indeed, the secular mind (a kind of rational mind whose presence periodizes the modern and which is imagined to be made by the historical forces of secularism) is a fundamental, but until now rarely studied, character in the ideologies of capitalism, science, medicine, religion, democracy, and the modern subject. Such models of mind, moreover, tend to privilege Euro-American Enlightenment ways of knowing and treating mental illness, disorder, and distress within the scientific ethos of biomedicine.

[3] Buddhism and social justice are not always aligned. Scholar of Asian Religions in America Ann Gleig describes the platforming of Buddhism for white supremacy in her research. As my field sites reveal, emptiness can be weaponized and deployed to suppress the recognition of intersectional identities and their impacts on mental health.

This dissertation examines these constructions of the secular mind in Buddhist therapeutics in light of major historiographical contexts including Buddhist modernism, Orientalism, colonial medicine and biomedicine, psychotherapy, neoliberalism, and contemporary identity politics. I have opted against the commonly-used term "Buddhist-inspired therapy" in favor of the "Buddhist therapeutic" because the qualifications "-inspired" and "therapy" are both codes that signal the secular gaze and authority of biomedicine. As an adjective, "therapeutic" refers to "the branch of medical science concerned with the treatment of diseases and disorders and the discovery and application of remedial agents or methods."[4] Broadly, therapeutic refers to "having beneficial or curative effects."[5]

These treatments to alleviate or prevent illness often include drug therapy, nutrition therapy, and physical therapy. I deploy the term "Buddhist therapeutic secular" to evoke the production of the secular mind of mental health as a Dharmic and biopsychosocial phenomenon that unfolds in both public and private spheres. The secular spaces produced by my field sites are not maintained by expunging the cultural, moral, or metaphysical qualities of Buddhism as one might suspect. Instead, these religious features of Buddhism are ever-present as part of the cultural context of contemplative imports. *Saṅgha* members are invited to practice meditation with as much or as little religiosity as they choose. In these multifaith communities of care, the Buddhist

[4] "Therapeutic," *APA Dictionary of Psychology*, Accessed November 14, 2022, https://dictionary.apa.org/therapeutic.
[5] Ibid.

therapeutic secular is performed by engaging with a plurality of contemplative behavioral health care practices, namely meditation and mindfulness training.

My ethnographic research in the quickly evolving terrain of contemplative communities range from substance abuse and trauma therapy to skill-building in response to systemic racism and gender-based violence. Contrary to the historical treatment of the secular mind of mental health that privilege biomedical models of the physical, genetic, and chemical head brain, my field sites reveal an alternative production of mind.[6] American internist and psychiatrist George Libman Engel coined the term "biopsychosocial" model of mental health in 1977 to account for "the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system." I argue that the biological, psychological, and social discursive territories of Buddhist therapeutics are the staging ground for the production of secular mind and its pro- and anti-neoliberal moral narratives of mental health.

As the agent of what anthropologist Webb Keane calls the "moral narrative of modernism,"[7] the therapeutic secular mind reveals an increasingly important, yet understudied, moral narrative in the United States. In the following chapters, I present the Buddhist therapeutic production of secular mind and its competing moral narratives of modern mental health. I do so in relation to a series of interconnected, virtual, and physical, contemplative communities of care innovated by Buddhist therapeutic secular

[6] George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, no. 4286 (1977), 386.
[7] Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (University of California Press, 2007), 160.

techniques during the COVID-19 global pandemic from 2020-2022. I locate the anti-neoliberal moral narrative of mental health in the production of the secular mind of mental health occurring within my field sites and describe it as a biopsychosocial phenomenon that unfolds in both private and public spheres.

I argue that the biomedical mind is defined by scientific materialism and the disciplinary preference for biological, genetic, chemical, and pharmaceutical interpretations of mental health and illness. It reflects the Euro-American Enlightenment values about mental health that privilege a Cartesian mind-body duality, rationalism, and the sovereign individual. The result is a pro-neoliberal moral narrative of mental health that historically interiorizes, individualizes, and depoliticizes mental health in the United States. I position the Buddhist therapeutic production of the secular mind and its anti-neoliberal moral narrative of mental health in contradistinction to biomedical and pro-neoliberal ones that have been institutionalized in the public sphere through the expansion colonial medicine in the modern era.

Ethnographic Field Sites: Wake Up California, Recovery Dharma Global, and The New York at the Zen Center for Contemplative Care

My first field site is located within the vast network of Plum Village, a global community of mindfulness practice centers offering retreats and teachings on Engaged Buddhism and the art of mindful living, founded by late Vietnamese Zen Master, Thích Nhất Hạnh. Of Plum Village's many *saṅghas* for both monastic and lay practitioners, including various Mindfulness Practice Centers and schools, my fieldwork illuminates the network of Wake Up *Saṅgha* for young mindfulness practitioners between the ages of 18-35 in California—all of which are connected through Deer Park in Escondido, California.[8] Since its founding in 2008, Wake Up *Saṅgha* has served the unique role of holding peer-led, group therapeutic spaces that welcome a range of multifaith, secular, Buddhists and non-Buddhists to explore the relationship between their mental health and moral behavior in society through mindfulness training. This field site illuminates the lived experiences of young, Asian-American participants who integrate Buddhist therapeutics as part their commitment to the (socially) Engaged Buddhism of Thích Nhất Hạnh. This commitment to social engagement became particularly prescient as the epistemological foundations of the present destabilized as a result of the global pandemic, subsequent anti-Anti racism fueled by "Chinese virus" claims of ex-President Trump, and Black Lives Matter protests following the murder of George Floyd by Minneapolis police on May 25, 2020.

[8] There are 123 Wake Up *Saṅgha* chapters worldwide. Since the pandemic, two Wake Up "Affinity Initiatives" have emerged: Viet Wake Up (for young adults ages 17-38 with Vietnamese heritage) and Rainbow/Queer/LGBTQIA+ *Saṅgha* (all-ages).
Wake Up International, "Find a Group - Wake Up Global Community," accessed August 11, 2022, https://wkup.org/sanghas/.

My second field site is found within the handful of *saṅghas* hosted by the New York Zen Center for Contemplative Care (NYZCCC) founded in 2007.[9] Unlike Wake Up *Saṅgha*, which was inaugurated in the Buddhist modernist lineage of Thích Nhất Hạnh's Engaged Buddhism, and my third field site Recovery Dharma, which views itself as outside of traditional religious and monastic lineages, the NYZCCC positions itself within the ancient lineage of Soto Zen (the White Plum *Asaṅga*), which dates back to the thirteenth century Japanese Zen patriarch, Eihei Dogen Zenji. According to its founders, Sensei Robert Chodo Campbell and Sensei Koshin Paley Ellison, the vision of NYZCCC focuses on caring for the most vulnerable populations. They describe their mission as: "transforming the culture of care through contemplative practice by meeting illness, aging, and death with compassion and wisdom."[10] As a multi-faith, relationship-centered approach to wise and loving action, NYZCCC has also adapted their pedagogy to digital spaces and meetings. This innovation has been imperative for members who are elderly and seeking end-of-life care in the isolationism of COVID-19.

My last field site is composed of various group therapy meetings overseen by Recovery Dharma Global (RDG), an international non-profit organization founded in 2019.[11] Their mission is to support individuals of all backgrounds on their path of

[9] Although many members of the NYZCCC attend meetings, the *saṅghas* hosted by the NYZCCC are unaffiliated to the White Plum *Asaṅga* and contribute dāna (donations) to the Center in return for lending their physical or online spaces. These groups include: Wisdom *Saṅgha* (retired/elderly), Serenity *Saṅgha* (sobriety), and *Karuṇā Saṅgha* (LGBTQ+).

[10] New York Zen Center For Contemplative Care, "What We Do," accessed October 1, 2020, https://zencare.org/our-vison/.

[11] In 2018, Against the Stream released a statement that they were investigating allegations of Noah Levine's sexual misconduct. The controversy led to the exodus of a small group of members from Refuge Recovery who founded Recovery Dharma Global in 2019.

"freedom from any repetitive and habitual behavior causing suffering" using traditional Buddhist teachings.[12] Importantly, RDG qualifies all addictive behaviors within the medical condition known as a behavioral or "process addiction," which includes addiction to alcohol, narcotics, sex, gambling, food, self-harm, codependence, etc.[13] As a self-described secular, nonfaith-based program, participants are encouraged to incorporate their non-Buddhist (often Christian) religious identity within their Dharma shares and while peer-leading the practice of renunciation or nonattachment from the desire for intoxicating experiences.

Since the suspension of in-person meetings due to COVID-19 physical-distancing regulations, each of my field sites has actually grown their presence by accommodating the needs of its rapidly growing, now global, online community. Each of my field sites now (in 2023) offer a combination of in-person and online meetings via Zoom. New forms of online meetings have emerged to meet the multifaceted and intersectional needs of their members—an innovation which had not existed in adjacent programs, like Refuge Recovery and Alcoholics Anonymous, prior to the pandemic. Some of these new groups include: BIPOC (Black, Indigenous, and People of Color), LGBTQ+ (Lesbian, Gay, Bisexual, Transexual, Queer, Plus other sexual identities), separate men's and women's groups, essential workers, and multiple mental illnesses. My fieldwork exposes

[12] Dharma, Recovery, "Addiction Recovery Meetings," https://recoverydharma.org/. Recovery Dharma, accessed October 1, 2020, https://recoverydharma.org/about/faq.
[13] There are now more than 200 active online Recovery Dharma Global meetings. The types of meetings are organized by specific groups or *saṅgha*s: Co-Dependency, Women's *Saṅgha*, High Ground (Speaker), Many Wise Friends, Eightfold Path Book Study, LGBTQIA+, Mindful Eating, Sitting Group, Women's *Saṅgha*, Book Study, Men's Group, People of Color (BIPOC), Noble Inquiry, Middle Way, Sitting Group, Inquiry (Turning the Wheel), and Quarterly Intersangha.

the ways that these intersectional groups construct the secular mind and its moral narrative of mental health care based on shared experiences of structural discrimination and identity politics.

My ethnographic data illuminates the production of knowledge for caretaking and mapping the mind in the biopsychosocial territories of the Buddhist therapeutic secular. By querying the Dharma as medicine in a social-history of psychotherapeutics—building on the work of the psychotherapist and historian of psychology Ira Helderman[14]—I argue that the contemplative pedagogies generated in my field sites reveal an anti-neoliberal moral narrative of modernity within their discourses on mental health care. I expose this new, Buddhist-centered epistemology of the secular mind as the staging ground for the invention of the modern individual. My research critiques the totalizing effects of the neoliberalism.[15] The effect of neoliberalism on public mental health discourses in the United States today continue to privilege Euro-American exceptionalism, scientific materialism, and ultimately biomedical models of mind. In the following chapters, I argue that the production of the secular mind in the biopsychosocial territories of peer-led Buddhist therapeutics reveals an anti-neoliberal moral narrative of modern mental health that confronts the pro-neoliberal cooptation of medicalized (specifically therapized) Buddhist practices.

[14] Ira Helderman provides a comprehensive study of the diverse ways that psychotherapists have related to Buddhist traditions. See: Ira Helderman, *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion* (Chapel Hill: The University of North Carolina Press, 2019).
[15] As a class ideology, neoliberalism extends the free-market and consumer choice-driven ideology of capitalism throughout the public sphere. This dissertation will render visible how neoliberalism reproduces and ethos of apoliticism and systemic discrimination in Buddhist therapeutics.

And yet, we cannot really understand the fascinating innovation of Buddhist therapeutics playing out in the field sites explored in this dissertation without some background in classical *Mahāyāna* Buddhist models of mind-body, epistemology, bondage and suffering, and liberation. Also necessary in this regard is some familiarity with a series of nineteenth and twentieth century Orientalist and Buddhist nationalist and apologetic movements known as Buddhist modernism, as well as the contours of contemporary Buddhist-influenced health care.

This introduction chapter contains two literature reviews that briefly summarize the social historical precedence and contemporary context for the success of the Buddhist therapeutic secular today. Literature Review I review presents a brief history of Buddhist epistemologies of the mind with major descriptions about watershed moments in the development and evolution of a systematic inquiry of the mind from the birth of *Pramāṇa* traditions in fifth and sixth century India to contemplative sciences in the contemporary United States. This review includes sections on: (1) *Abhidharma* and *Pramāṇa*, (2) *Mahāyāna*, *Vajrayāna*, and Zen, and (3) Buddhist Modernism.

The second literature review contained in this introduction chapter grounds the first review in the social historical context of what many preeminent philosophers like Charles Taylor and Peter Berger consider the spirit of modernism: the secular. Scholars of modernism such as these have typically drawn on this wealth of European Enlightenment-inspired treatises to historicize the secularization of the industrial Euro-America as the focal point of modernism worldwide. Following the secular's master narrative of the decline of religion from the public sphere, religious people have been

consigned into "cognitive minorities" in an ever-growing sea of secular-minded majorities.[16] Extending the counter theory that religion is actually at the root of secular individualism by Max Weber, Berger too identifies a "secularization of consciousness" that emerges from the Protestant Reformation.[17] Interrogating the secularization of consciousness or mind, I aim to complicate the boundary dividing the religious cognitive minorities and secular cognitive majority of the twenty-first century first raised by Berger.

My research thus confronts the secularist privileges afforded to biomedicine and the suppression of religious systems of medicine in the public sphere. The global decentering methods of research established by critics of modernism like Timothy Mitchell, Talal Asad, Peter Van der Veer, and Saba Mahmood are imperative towards rethinking secularized mental health care outside of its original, Eurocentric, colonial, and biomedical framework. Literature Review II includes three sections: (1) Can Buddhist Therapeutics Exist in A Secular Age? Or, Can They Exist Apart? (2) The Religion-Secular Divide, and (3) The Invention of The Secular, Secularism and Secularization. In total, this dissertation offers two years of ethnographic field research in three Buddhist therapeutic field sites. Each field site contributes to a revisionist genealogy of the secular mind of mental health. I examine these productions over the course of four territories of the secular mind: Chapter One: Dharma Medical Territory of

[16] Peter Berger, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural* (Garden City, NY: Anchor, 1970), 6.
[17] Peter Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Anchor, 1990), 108.

Mind, Chapter Two: Biomedical Territory of Mind, Chapter Three: Psycho-Medical Territory of Mind, and Chapter Four: Social Medical Territory of Mind.

Methodology

When I first started this research project at the beginning of 2020, I was thirty years old and finally past all of the course requirements and qualifying exams in my PhD program. I was pleased to be ABD (All But Dissertation) but discouraged at the state the country was in. By the end of 2019, two years after his presidential inauguration, Donald Trump was indicted with his first impeachment on charges of abuse of power and obstruction of Congress. The arrest and death of Jeffrey Epstein made the #MeToo movement more relevant than ever. And mass shooting in the United States seemed to be breaking national news headlines every couple of weeks.[18] In that contemporary moment, I decided to pursue my ethnographic research in a space that had always provided me with comfort and emotional and mental support when there was nowhere else to turn to: Buddhist therapeutic communities of care.

I chose field sites that I would start committing myself to as a participant observer based on their teaching of Buddhism as a secular therapeutic. The first was Wake Up *saṅgha*, which I was already familiar with because of my personal engagement with Deer Park Monastery in Escondido, California. The other two would contain the various *saṅghas* hosted by the New York Zen Center for Contemplative Care (NYZCCC) and Recovery Dharma Global (RDG)—both of which appealed to me because, unlike Wake

[18] According to the Gun Violence Archive, there were 417 cases of mass shootings in the United States in 2019.
"Gun Violence Archive," Accessed March 21, 2023, https://www.gunviolencearchive.org/.

Up *Saṅgha*, they targeted minoritized and traumatized communities like BIPOC (Black, Indigenous, and People of Color), LGBTQ+ (Lesbian, Gay, Bisexual, Transexual, Queer, Plus other identities), as well as people recovering from addiction and suffering from mental illness(es).

I had been a social drinker and smoker throughout my twenties, and even though I regularly had a drink and/or smoke in the privacy of my studio apartment after work, I believed that it wasn't a big deal because I was, for the most part, only drinking and smoking copiously in social settings. Then 2020 happened. The World Health Organized declared COVID-19 a pandemic originating from Wuhan, China. Black Lives Matter protests (beginning in 2013) had comeback in full force with protests and demands to defund the police erupting across the nation and globe following the murder of Ahamud Arbery, Breonna Taylor, and George Floyd. Trump received his second impeachment on charges of incitement of insurrection after the January 6 attack on the Capitol. Harvey Weinstein was convicted. And hate crimes against Asian Americans rose 77% from 2019.[19] Even after the stay-at-home and social (or physical) distancing public health policies were enacted in the United States, I continued to have a drink and smoke in the evenings after work.

I didn't tell anyone but the habit got worse before it got better. It had been a long time since I felt like my racial and ethnic identity as an Asian American (Vietnamese and Chinese American) man was a threat to my well-being. Having to deal with the resulting

[19] "2020 FBI Hate Crimes Statistics," November 17, 2021, https://www.justice.gov/crs/highlights/2020-hate-crimes-statistics.

fear and anger in isolation had only given me more reason to abuse drugs and alcohol. Soon, I wasn't trying to be a participant observer; I was one because I knew I had developed an unhealthy habit that I could no longer explain away as a product of a healthy social life. By the end of my research project in 2022, I was attending meetings for personal reasons as much as for research. At many points in between, I thought it would be too difficult to stop drinking or smoking on a daily basis. Having lived through the (often traumatic) events of 2020-2022 and gotten to know my field sites and informants, I found out it was possible and preferrable to my lifestyle prior to 2022.

What was most helpful amidst the physical isolation of the pandemic was attending various *saṅgha* meetings and listening to Dharma shares from all over the country. We weren't just commiserating with each other about how awful the world had become. We were building relationships across Zoom, collectively authenticating experiences of distress, and helping each other to render whole our mental health which seemed to be under attack in one way or another on a daily basis (by local, national, and international news, by our family, friends, coworkers, and strangers, and by the precarious state of our democracy). Those who sought out the Buddhist therapeutic communities of care that I was doing field work in did so because they felt like there was nowhere else to go for support.

Other parallel organizations, like Alcoholics Anonymous (and other Twelve Step programs), had closed their doors and were slow to adapt to online platforms. Even professional therapists and doctors that my informants had seen regularly became increasingly unreliable because of their high demand. My field sites became the

alternative secular community of care that some people at the margins needed. Because the Buddhist therapeutic secular possesses an ethos of mind training and mental health, it offered my informants the chance to make the best out of social distancing. It turned isolation into private hermitages for contemplative training and empowered my informants to critique the political state of the country from a place of mindfulness when we gathered online for meetings. Surprisingly, it also empowered my informants to (safely and courageously) engage in the public sphere rather than retreat completely into the interior of one's home and head space.

Meetings were an outlet and safe haven for discussions about the social aspects of our mental health. My informants and I came to *saṅghas* to make sense the tragedy occurring around us (e.g., family illness and death, financial and housing instability, physical and mental distress and fatigue, etc.). My role as a participant observer was to collect data based on these Dharma shares in my field sites. I did so by participating in *saṅghas* over Zoom and by frequenting my field site's Facebook pages, both of which are open to the public. Pseudonyms were applied to all of the participants from whom I collected Dharma shares. I attended meetings that my identity allowed including groups for BIPOC, LGBTQ+, men, recovery, grieving, and young adult (age eighteen to thirty-five). Moving forward, I reached out to participants via Facebook and email for interviews. Some members who became informants and were friends with members of multiple *saṅghas* helped me get in contact with other participants. In the messages I sent to potential informants for interviews, I included my IRB (Internal Review Board) approved by the University of California, Riverside (containing information about their

rights as informants) and a list of interview questions from which they could choose to engage with.

The interview questions contained major sections regarding their (1) personal information, (2) understanding of the mind in terms of mental health, (3) Buddhist therapeutic practice, (4) degree of participation in their particular Buddhist therapeutic community of care, and (5) their opinions regarding the contemporary social and political moment (e.g., COVID-19, social distancing, Black Lives Matter, #MeToo movement, anti-Asian hate crimes). All interviews were conducted over Zoom. After consenting to the interview, and whether or not I could record our interviews together, my informants were given the choice to respond or not to any of the questions I had provided them ahead of time. At the end of each interview, my informants were given the opportunity to ask me questions, including any of questions I had asked them and my research at the intersection of Buddhist Studies, Ethnic Studies, and the Medical and Health Humanities. All of the informants I interviewed were given pseudonyms. In total, I attend over two-hundred *saṅgha* meetings and interviewed forty informants (sometimes multiple times).

Following these interviews and after drafting the chapters they were positioned in, I reached out to my informants to receive feedback on these chapters and a final confirmation about whether they still consented to having their contributions be included in my dissertation. Where there were requests for the removal of, additions to, or adjustments to their Dharma shares or interviews, I was compliant. I concluded this dissertation project and my role as a participant observer by sending my full dissertation to each of my informants.

Literature Review I

I. *Abhidharma* and *Pramāṇa*

Expert on Tibetan Buddhism and contemplative science, B. Alan Wallace, argues that "to approach a full understanding of the mind, one must, I believe, include first-person perspective. It's indispensable. You can't skip it and just study the brain and study behavior and never rely on anybody's first-person account of their own experience."[20] Where the psychiatric and psychological sciences have until recently disregarded the role of a patient's subjective experience of living with mental illness in favor of the objective expert, contemplative science positions mindfulness as the premier science of introspection. Indeed, it is because Buddhist epistemologies of the mind are introspective, and not despite it, that they may help to fill the lacuna in the empirical sciences of the brain oversighted by the ideological dominance of scientific materialism in biomedicine. The success of over three decades of Mind & Life Dialogues[21] between the Dalai Lama and scientists suggests that the mutual goal to render one's mind serviceable to mental health care is possible through mindfulness training. The rigorous science of introspection is also at the foundation of normalizing the kind of biopsychosocial models of public mental health care found throughout the Buddhist therapeutic secular.

As many scholars of Buddhism have advocated, the history of systematic inquiry into the understanding of the experiences of mind in Buddhist history spans more than

[20] B. Alan Wallace, "The Buddhist Contribution to First-Person Cognitive Science," Mind & Life Institute, accessed March 14, 2022, https://www.mindandlife.org/insight/mind-and-life-xviii-session-one/.
[21] Beginning in 1987, Mind & Life Dialogues are conversations between leading thinkers and spiritual leaders addressing issues of modern life at the intersection of scientific and contemplative understanding. Mind & Life Institute, "Mind & Life Dialogues & Conversations," Accessed November 2, 2022, https://www.mindandlife.org/events/mind-and-life-dialogues/.

two thousand years. Whereas the focus of biomedical sciences of the brain, which is only in its infancy compared to Buddhist epistemologies of mind, have historically overemphasized the role of physical, biological, chemical, and genetic data based on the third-person perspective of an "objective" expert, contemplative science is founded on the first-person approach to investigating the contours of human mind. It is precisely this first-person, subjective, introspective training of mind that is vital to the Buddhist therapeutic secular and the growth success of my field sites during the COVID-19 pandemic.

My dissertation extends an analytic lens beyond the usual discourse found in contemplative science about training, techniques, and technologies to the actual production of the mind itself as an object of study, therapeutic intervention, and territory claimed by Buddhist therapeutics. Normally conducted in the absence of monastic teachers and health care professionals, my Buddhist therapeutic field sites are peer-led and self-described as "grassroots." Participants rely on communal Dharma sharing about personal experience and practice in order to gauge individual progress. My fieldwork illuminates the many ways that interior experiences are collectively authenticated[22] in the therapeutic process of generating new, immanently social and material, models of secular mind.

[22] Scholar of the sociology of religion, Jaime Kuchinskas describes "authenticity" as involving a person's assessments of what resonates or is false with regard to who they think they are. I argue that the group validation of experiences (e.g., progress in one's mindfulness training or encounter with structural inequity) in peer-led Buddhist therapeutic *saṅghas* culminates in a collective authenticity.
Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018), 164.

Although contemplative science and its epistemological legacies in Buddhist therapeutics are only a few decades old, they rely on taxonomies of mind that were systematically cataloged in three broad corpuses of literature more than a thousand years ago: (1) *Abhidharma*, (2) *pramāṇa*, and (3) *Mahāyāna*. Literally meaning "highest" or "special" Dharma in Sanskrit,[23] *Abhidharma* emerged as a systematic tradition in the last century before the Common Era.[24] It is a body of knowledge that was developed based on the collection and organization of extensive discourses attributed to the Buddha after his *parinirvāṇa*—the final awakening and release of *saṃsāra* or the cycle or rebirth upon death. It was a comprehensive attempt at a Buddhist taxonomy of the human mind and experience.[25]

A major systematic composition of the Buddha's discourses took place during the *Abhidharma* period. It included Indian epistemologies of mind to understand the person in terms of *skandhas* (psychophysical aggregates) that constitute their existence.[26] These are the five main elements that constitute the nature of one's existence and identity, which serves as the basis of the sense of self and includes the: (1) material form (*rūpa*),

[23] Buddhist terminology in my dissertation is translated from its Sanskrit derivation as it is the preferred pre-modern language of primary source Buddhist materials across my field sites.
[24] Robert E. Buswell and Donald Lopez, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 2024, 49.
[25] Amongst the scholarship analyzing the literary traditions, doctrinal tendencies, and structural methods of the Buddhist Abhidharma canon in order to expose the beginnings of systematic philosophical thought in Buddhist India, Erich Frauwallner's *Studies in Abhidharma Literature and the Origins of Buddhist Philosophical Systems* stands out. In it, Frauwallner's insights illuminate the path of meditation toward liberation, the development Buddhist psychology, and the evolution of the Buddhist view of causality and the problem of time. He provides a clear explanation of the gradual development of Buddhist thought. See: Erich Frauwallner, *Studies in Abhidharma Literature and the Origins of Buddhist Philosophical Systems*, Suny Series in Indian Thought (Albany, N.Y: State University of New York, 1995).
[26] Scholars generally believe that the canonical *Abhidharma* texts emerged after the time of the Buddha around 3rd century BCE.

(2) feelings (*vedanā*), (3) perception (*samjñā*), (4) mental formations (*saṃskāra*), and (5) consciousness (*vijñāna*).[27] Each aggregate contains multiple and overlapping facets of human experienced that are described in functional terms. *Abhidharma* approaches the mind in terms of its structure from the point of view of the specific functions of these various facets of the mind through introspection. As part of the *Abhidharma* movement, detailed taxonomies of the mind were developed, particularly within the frame of mental factors or the various modalities in which we experience the world through our mind.[28]

Perception is a central topic of discussion across the Buddhist therapeutic secular.[29] When used in the context of *Abhidharma*, it refers to sensory recognition and consciousness. Perception is understood in terms of causal process where three conditions come together: the external object (objective condition), which is the stimulus (empowering condition); the sensory faculty, like the organs; and awareness.[30] All three conditions give rise to an instance of perception according to this early pan-Buddhist

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[27] Robert E. Buswell and Donald Lopez, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 2024.

[28] Scholar of ancient Indian philosophy Sonam Kachru sheds light on *Abhidharma's* taxonomies of mind as an epistemic project. Three factors contribute to what he calls the "epistemic machinery" of *Abhidharma*: (1) ways of entextualizing knowledge; (2) epistemic structures that are appealed to in description and explanation, particularly as evidenced in arguments made in contexts of discovery and justification of knowledge; and (3) styles of knowing. See: Sonam Kachru, "Seeing in the Dark: Of Epistemic Culture and Abhidharma in the Long Fifth Century C.E.," *Journal of Dharma Studies* 3, no. 2 (October 1, 2020): 291–317, https://doi.org/10.1007/s42240-020-00088-6.

[29] Christopher DeCharms describes the usefulness of the exchange between the Dalai Lama (and Tibetan Buddhism in general) and the brain sciences by focusing on the *Abhidharma*. In *Two Views of Mind: Abhidharma and Brain Science*. DeCharms illuminates the interdisciplinary answers to Buddhist therapeutic questions related to forming a link between subjective experience and empirical science, the philosophical underpinnings and definition of consciousness, and brain plasticity and Buddhist notion of transformation. See: Christopher R. DeCharms, *Two Views of Mind: Abhidharma and Brain Science*, 1st USA ed. (Ithaca, N.Y: Snow Lion Publications, 1998).

[30] Thupten Jinpa, "Perception, Concepts, and Self: Contemporary Scientific and Buddhist Perspectives." Mind & Life Institute, accessed March 14, 2022, https://www.mindandlife.org/insight/mind-life-xxx-session-1/.

understanding of how perception arises. What distinguishes the uniqueness of each of these five sensory experiences are the uniqueness of the sensory faculties and the objects. One's awareness is the common condition to all five sensory experiences. Awareness remains the common denominator in every meditation and mindfulness practice across my field sites. The perception of racism—and public acts of harassment in particular—was often discussed in Dharma shares that raised questions based on the latest "Karen" video.[31]

The purpose of the *Abhidharma* project was to standardize and catalogue the various collections of sutras in circulation (and as a polemic against rival schools). It established the framework for the practice of meditation, *bhāvanā* (cultivation), and mental development, aimed at the attainment of nirvana and liberation. John Dunne and other authors of *Science and Philosophy in the Indian Buddhist Classics* describe the application of mindfulness in terms of eliminating four false conceptions: that the body is pure; that sensations are truly present; that experience is stable; and that there is, in relation to mind-body components, some form of absolute self. Furthermore,

> This way of interpreting mindfulness practice draws on classical accounts in the *Abhidharma* literature. In contrast, many contemporary accounts emphasize the notion of attending purposefully to the practice, but in relation to the account presented by our authors, it is much closer to a calm abiding or *śamatha* practice, especially according to the styles found in the nondual Tibetan traditions such as *Mahāmudrā* and *Dzokchen*.[32]

[31] "Karen" is a pejorative slang term for a racist white woman who uses her privilege to attack and suppress minorities.
[32] His Holiness the Dalai Lama, *Science and Philosophy in the Indian Buddhist Classics, Vol. 2: The Mind*. Edited by Thupten Jinpa, Translated by Dechen Rochard and John D. Dunne (Somerville MA: Wisdom Publications, 2020), 364.

The topic of meditation within the system out of which the *Abhidharma* emerges is most elaborated in the *Visuddhimarga* (*The Path of Purification*), the great treatise on Buddhist doctrine and meditation in the Pali tradition.[33] Based on these texts, the methods of Buddhist meditation practice are commonly divided into two broad categories: *śamatha* and *vipaśyanā*. Both *śamatha* and *vipaśyanā* are major influences on the diversity of meditation techniques that have been translated and redeveloped in the Buddhist therapeutic secular.

Often translated as "tranquility of mind," the word *śamatha* comes from the Sanskrit root *śam*, which means to become calm. *Śamatha* is thus the practice of the calming down of the mind or the stilling of all mental activities. The associated mental function of *śamatha* is to bring or collect the mind together into a state of calm concentration, or *samādhi*.[34] *Vipaśyanā* ("insight") or *vipassanā* in Pali may come from the words *vivida* and *pāṣāṇa* which mean to see in diverse ways or "special" or "excellent seeing."[35] The practice of *vipaśyanā* is closely associated with another mental function that is a counterpart of *samādhi-prajña*, which is translated as "wisdom."[36] Broadly speaking, *śamatha* and *vipaśyanā* characterize the majority of meditation practices within my field sites (e.g., empty-mind meditation and loving-kindness meditation). My research expands on the wealth of knowledge on mind training via *Abhidharma* techniques for

[33] See: Bhadantacariya Buddhaghosa, *The Path of Purification: Visuddhimagga,* Trans. Bhikkhu Ñanamoli (Onalaska: BPS Pariyatti Editions, 2003).
[34] Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press), 2013), 1827.
[35] Ibid., 2388.
[36] Ibid., 1610.

śamatha and *vipaśyanā* by focusing on the construction of the secular mind of mental health in the biopsychosocial territories of Buddhist therapeutics.

Vasubandhu (c. fourth or fifth centuries CE) was one of the great compilers of *Abhidharma* texts, and Dignāga[37] is his 5th century student who produced the first systematic writings on the theory of perception or *saṃjñā* and its implications on the relation between mind and ethics.[38] Dignāga's views were further developed and refined by Dharmakīrti's commentaries in the 7th century, particularly in a collection of texts known as the *Seven Works on Epistemology of Dignāga*.[39] Together, Dignāga and Dharmakīrti are recognized as the founders of the Indian epistemological tradition or *pramāṇa* school, including Hindu, Jain and Buddhist systems of logic. The second reservoir of knowledge that sanctions and drives both the research in contemplative science and the peer-led approach of Buddhist therapeutics is contained in *Pramāṇa* literature. *Pramāṇa* literally means "valid knowledge" or "means of knowledge" (the means by which one obtains accurate and valid knowledge about the world), but broadly

[37] A comprehensive account of Dignāga's major theories is provided by Kei Kataoka in the *The Routledge Handbook of Indian Buddhist Philosophy*. In his chapter, Kataoka investigates Dignāga's contributions to epistemology, dialectics, and semantics on the basis of his main work, *Compendium of the Means of Valid Cognition*. Key notions in his system, such as self-awareness, nonperception, the exclusion of what is other, the three conditions of a proper reason, and an antinomic reason called *viruddhāvyabhicārin*, are discussed in depth to elucidate his philosophical perspectives and historical contributions regarding what he owes and what he adds to his predecessors. See: Kei Kataoka, "Dignāga: Early Innovator in Buddhist Epistemology1," In *The Routledge Handbook of Indian Buddhist Philosophy*, 1st ed., 284–302 (Routledge, 2023).

[38] In *Dignaga's Investigation of the Percept: A Philosophical Legacy in India and Tibet*, Douglas Duckworth and authors analyze *Dignāga's Investigation of the Precept*, a short but influential auto-commentary that has had wide-ranging impacts on epistemologists for centuries in India, Tibet, and China. In it, they explore *Dignāga*'s commentaries on the relation between mind and its precepts, the problems of idealism and realism, and the nature of intentionality. See: Douglas S. Duckworth, Malcolm David Eckel, and Jay L. Garfield, *Dignaga's Investigation of the Percept: A Philosophical Legacy in India and Tibet* (New York: Oxford University Press, 2016).

[39] Ibid., 2345.

refers to the Indian tradition of epistemology (of mind) founded by the sixth century logician Dignāga and his seventh century contemporary Dharmakīrti.[40]

Two of the most consequential works on p*ramāṇa* over the last fifteen centuries are contain in the Pramāṇavārttika, another commentary by Dharmakīrti, and Nyāyabindu, a treatise by Dharmakīrti. These logicians expanded on the *Abhidharma*'s structure of human mind by exposing the cognitive processes and relationships between perception and concepts. *Pramāṇa* and its rigorous epistemology of mind continues to serve the theorical and methodical foundation of contemplative science. This dissertation illustrates the immense presence of *pramāṇa* discourses in the Buddhist therapeutic secular.

Dharmakīrtian logic assumes that our knowledge of the world can come only through two ways.[41] One is our direct valid cognition (*pratyakṣa*) and inferential valid cognition (*anumāna*) In other words, our perception and our mental formations. Dharmakīrti's world is one of unique particulars and general characteristics, which are actually unreal in terms of their status, but are constructed by our language and thought onto the real world. Perception relates to real particulars. Mental formations or concepts relate to general characteristics and are always characteristics that are extracted and imposed on the real world. The real world is only made up of very unique individuals as a

[40] Ibid., 1620.
[41] Scholar of Indian Buddhism Vincent Eltschinger identifies two features that characterize Buddhist intellectual life at the of Dharmakīrti. The first is a decline in *Abhidharmic* creativity and inter-sectarian debate. The second is the rise of the Indian epistemological school and Tantric esotericism. These simultaneous events give rise to the Dharmakīrtian logic of valid cognition and inferential cognition. Vincent Eltschinger, "Dharmakīrti," *Revue Internationale de Philosophie* 253, no. 3 (November 9, 2010): 397–440, 399.

specific time and place or momentary. To what extent can we say that perception mirrors reality? How are mental formations formed? What elements of experience are constructed by imperfect perceptions and mental formations in our mind? *Pramāṇa* exegetical traditions developed since Dharmakīrti provide systematic approaches to answering these questions through logical argumentation that sets out to prove the validity of certain kinds of knowledge over others, as a way of understanding personhood, bondage, and liberation.

Dignāga defines perception, or *pratyakṣa* ("that which is before one's eyes"), as free of conceptuality, where conceptuality involves associating names and categories or classes to its object.[42] In other words, perceptions do not involve any associations to classifications. Dharmakīrti adds that perception is not only free from conceptuality but also undistorted. Dignāga and Dharmakīrti are both proponents of a causal theory of perception, where perception is always a consequence of the object that triggers that perception. Expert in Buddhist Philosophy and contemplative science, John Dunne explains, "When perception occurs, a sensory object acts as a contributing cause for the production of a cognition in which an image of that sensory object appears."[43] The relationship is not simultaneous.

Another major aspect of perception according to Dharmakīrti is that it is free of conceptuality. Dharmakīrti argues that the initial instance of perception is free from determination or articulation of the perceptual content. It does not involve any form of

[42] Zhihua Yao, "Dignaga and Four Types of Perception," *Journal of Indian Philosophy* 32, no. 1 (2004: 57–79), 58.
[43] John Dunne, Mind & Life Institute, "Mind & Life XVIII - Session 1," accessed March 14, 2022, https://www.mindandlife.org/insight/mind-and-life-xviii-session-one/.

class-based identification nor language-based identification like, “this is red or I am seeing red.” It does not involve attributing different properties to it like, “this is attractive or ugly.” All of these classifications are subsequent to the perceptual experience. At this stage, there is no conceptual processing. It is pure sensory experience. For Dharmakīrti, perception does not determine the object in any way at all. The primary function of perception is to simply grasp or perceive. All other interpretation and articulation of the perceptual content is subsequent to that experience.

Dharmakīrti gives two broad definitions for *pramāṇa* or valid/reliable cognition. One is that for a cognition to be valid, it needs to be able to help us fulfill our desired aims. The second validates cognition only if it correctly indicates the object of perception. How then can a pure sensing of an object in front of us constitute a form of knowledge and help us fulfill our aims? Dharmakīrti responds by explaining a causal chain beginning with the object that triggers a sensory experience, which immediately gives rise to a perceptual judgment. Expert in Tibetan Buddhist Studies, Thupten Jinpa translates: “Just when one sees the object, there occurs a perceptual judgment. It’s a perceptual judgment that arises due to that awareness. And due to that perceptual judgments, practical actions occur because of one’s desire.”[44]

Despite over two thousand years of separation, the legacies of debate and systematic inquiry established by the *Abhidharma* and *pramāṇa* traditions are thriving in contemporary Dharma communities of care like those found in the Buddhist therapeutic

[44] Thupten Jinpa, “Perception, Concepts, and Self: Contemporary Scientific and Buddhist Perspectives,” Mind & Life Institute, accessed March 14, 2022, https://www.mindandlife.org/insight/mind-life-xxx-session-1/.

secular. The pandemic-related tragedies of the last several years showed how these ancient Buddhist traditions remain in constant translation and present within particular times and places. In the case of my field sites, the most salient and relevant events of 2020-2022 for my informants (COVID-19, the murder of George Floyd, Black Lives Matter protests, and anti-Asian hate crimes) make up the social historical context in which the rigorous epistemology and training of mind established by *Abhidharma* and *pramāṇa* are being translated and given renewed purpose.

II. *Mahāyāna*, *Vajrayāna*, and Zen: Philosophical Foundations

Both the *Mahāyāna* and *Vajrayāna* lineages of Buddhism are especially important to my field sites. Wake Up *Saṅgha* is a secular branch of the *Mahāyāna*, specifically Vietnamese Zen, Buddhist tradition known as Plum Village. The New York Zen Center for Contemplative Care is a part of the White Plum *Asaṅga*, a Zen Buddhist lineage from Japan. And, although they maintain no traditional Buddhist lineage originated from Asia, Recovery Dharma Global made its start as an exodus of Refuge Recovery members who wanted to start a new, grassroots Buddhist therapeutic recovery organization away from the controversies surrounding its founder, Noah Levine.

Refuge Recovery also contains major Zen elements because of Levine's training at Spirit Rock Meditation Center, although founding teacher Jack Kornfield had renounced their ties to Noah Levine in 2019.[45] Throughout my field sites, skillful means

[45] In 2019, the Spirit Rock Meditation Center's Ethics and Reconciliation Council issued a statement regarding Levine. In it, they stated that "on March 2018, we learned of allegations of rape, sexual harassment and other misconduct against Mr. Levine. […] ATS (Against The Stream) reported on the outcome of their investigation, finding that the preponderance of evidence showered Mr. Levine likely violated the Third Precept, 'to avoid creating harm through sexuality.' […] The interviews and extensive

or expedient (*upāya*), one of the most salient inventions of *Mahāyāna,* has enabled the production of secular Buddhist therapeutics. *Vajrayāna* too is ever-present as part of the religious context in which many contemplative practices appear in the Buddhist therapeutic secular. This is because contemplative science, and its endeavor to establish a science of introspection, establishes the secular bedrock on which the entire Buddhist therapeutic project stands. My field sites are built on the scientific belief and evidence suggesting that training the mind based on subjective experiences are not only possible but essential to modern mental health care.

In the wake of the Buddha's death in the late fifth BCE, questions about how to move forward with a new religious movement in the absence of its founder lead to the eventual separation of *nikāya* or early schools of Indian Buddhism, including ones which account for the origins of the three major schools of Buddhism today: *Theravāda*, *Mahāyāna*, and *Vajrayāna*.[46] The *Mahāyāna* movement in South Asia is often portrayed by Buddhist modernists as the rejection of *arhat*-ship, articulation of the *bodhisattva* path, the growth of writing technologies, and devotional practices to texts.[47] However,

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reports we reviewed are gravely disturbing, detailed, and similar in nature. They show a pattern of behavior that raise critical concerns regarding Mr. Levine's adherence to the Spirit Rock teacher Code of Ethics." "Spirit Rock Withdraws Noah Levine's Teaching Authorization - Spirit Rock - An Insight Meditation Center," Accessed August 15, 2022, https://www.spiritrock.org/news/spirit-rock-withdraws-noah-levines-teaching-authorization.

[46] In late nineteenth century, Pali scholar, Rhys Davids, and soon after Hendrik Kern, and L.A. Waddell, presented *Mahāyāna* as an altruistic reaction to the *arhat* ideal associated with *Hīnayāna*. Despite the lack of evidence presented by these scholars, assumptions about *Mahāyāna's* origins in India dominated the historiography.

[47] Preeminent scholars of Buddhist Studies like Jonathan Silk and Paul Harrison point out that there is little support for the theory that *Mahāyāna* split off from the *Mahāsāṃghika* lineage and formed a new school or sect of Buddhism distinct from other *nikāya*. In fact, these early translations show little desire to establish a new sectarian identity. In the 1970's, Heinz Berchert similarly argued that *Mahāyāna* monastics received ordination from non-Mahayana *nikāya*. Although Mahayana was long imagined to have begun with the

thinkers concerned with philosophical systems in *Mahāyāna* came to define important doctrines and provided the theoretical basis for what would become a separate *Mahāyāna* school of thought rather than a separate lineage of ordination. These systems developed largely on the theory of *śūnyatā* (emptiness) found in the *Prajñāpāramitā* or "Perfection of Wisdom" literature. The most influential concepts in *Mahāyāna* philosophy, which are still the basis for transformative techniques in contemporary Dharma communities of care, include *śūnyatā* and *vijñāna* (consciousness). The two major early schools of

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rejection of the *arhat* ideal by embracing the *bodhisattva path*, Harrison and Berchert show that some of the early translations actually acknowledges the legitimacy of *arhat*s a proper Buddhist goal.
Hirakawa Akira argues that lay people centered primarily around stupa sites. In alignment with the conventional scholarship on *Mahāyāna* as a distinct and innovative school that that formed out of a rejection of mainstream forms Buddhism, which selfishly valued monasticism, meditation, and *Abhidharma* over performing practical services to the laity, Hirakawa attempted to locate the unique space where lay network of Mahayana flourished in the worship of relics and reliquaries. Gregory Schopen has, for example, has shown that inscriptional evidence supports the fact that monastic participation in the veneration of relics and the building of stupas was a regular occurrence by ancient monks and nuns in South Asia and not uniquely Mahayana. There have been, however, many scholars who have debated the extent to which a "cult of the book" had existed including David Drewes. Drewes points out that, not only is there little evidence of actual shrines built to worship texts, Schopen's argument is based solely on a few enigmatic passages from a few *Mahāyāna sūtras*. Richard Gombrich similarly hypothesized that the rise of *Mahāyāna* is due to the use of writing and the development of writing technologies. Gombrich goes on to claim that the early Mahayana texts owe their survival to the fact that they were written down. Other texts which deviated from or criticized the mainstream forms of Buddhism would eventually become extinct because they were excluded from the canon of texts the preserved orally. Both Schopen' and Gombrich's arguments that diverse *Mahāyāna* communities formed around the perseveration of Mahayana sutras are ultimately inaccurate because many scholars since then have pointed out that there is no textual or archeological evidence that early Mahayanists formed distinct communities at all. On one hand, the recent scholarship on the origins of *Mahāyāna* in India reveals more about what it was not, than what it was. It was not a single institutional movement which emerged from the lineage of *Mahāsāṃghika*. Nor was it a movement comprised of multiple communities dedicated to different texts. It was not a popular lay movement of devotional worship towards *bodhisattvas*, stupas, or *sūtras*; nor was it a movement of elite forest dwelling monks. Paul Williams describes the imagined existence of Mahayana's institutional origins in India as an essentialist fallacy, which occurs when we take a single name or naming expression, like Mahayana, and assume that it must refer to one unified phenomenon.
On the invention of origins of the separation of Mahāyāna from *nikāya*, see: David Drewes, "Early Indian Mahāyāna Buddhism," 2 parts, *Religion Compass* 4.2 (2010): 55–65, 66–74; Richard Gombrich, "How the Mahāyāna Began," in T. Skorupski, ed., The Buddhist Forum, vol. I (New Delhi: Heritage Publishers, 1990), 21–30; Gregory Schopen, 2005. *Figments and fragments of Mahayana Buddhism in India: more collected papers* (Honolulu, Hawai: University of Hawai'i Press); Jonathan A. Silk, "What, If Anything, Is Mahāyāna Buddhism? Problems of Definitions and Classifications," *Numen* 49, no. 4 (2002): 355–405; Paul Williams, *Mahāyāna Buddhism: The Doctrinal Foundations*, 2d ed. (London and New York: Routledge, 2009).

thought in *Mahāyāna* philosophy that were of seminal importance were *Madhyamaka* ("Middle Way") and *Yogācāra* ("Practice of Yoga").

Madhyamaka and *Yogācāra* are both unique attempts to elucidate the metaphysics of emptiness and were juxtaposed against the orthodoxy of *Abhidharma* belonging to the *nikāya* or early schools of Buddhism. Little is known about Nāgārjuna, the Indian philosopher, monk, and founder of the *Madhyamaka* school, as questions about when he lived, where in India he lived, and what texts he composed remained unanswered by scholars. Scholar of Buddhist Philosophy, Jan Westerhoff suggests approaching Nāgārjuna's teachings by looking at prominent topics within the *Prajñāpāramitā* literature, which was first developed systematically in the Nagarjuna's *Mūlamadhyamakakārikā*. She suggests that there are three major recurrent themes that Nagarjuna's focuses on in his foundational text: (1) a criticism of the *Abhidharma* project, (2) the doctrine of illusionism, and (3) an explicit acceptance of contradictions.[48]

Although hardly ever referred to by name, Nagarjuna is made present in my field sites whenever ontological concepts like emptiness and duality are evoked. For example, in the context of racial politics, my field sites illustrate the ways that these concepts are deployed for both social justice and social injustice depending on the presentation of race, gender, and class as a socially-constructed phenomena. The acceptance of contradictions is also an organic part of the Buddhist therapeutic discourse in my field sites because the majority of my informants are trauma survivors and/or live with one or more forms of

[48] Jan Westerhoff, *Nagarjuna's Madhyamaka: A Philosophical Introduction* (New York: Oxford University Press), 2009.

mental illness (both professionally- and self-diagnosed). That life is worth living despite experiences of immense suffering is itself a paradox that is regularly addressed in my field sites.

The *Prajñāpāramitā* genre frequently criticize the ideals of realized practitioners of early forms of Buddhism, including arhats and *pratekabuddhas*, and focus instead on the ideal of the *bodhisattva*. The *Perfection of Wisdom in 25,000 Verses* compares the arts and *pratyekabuddhas* to "glow-worms," and the *bodhisattvas* the sun to deride the limited scope of *Theravāda's* enlightenment.[49] Although all Buddhist philosophical schools agree that Dharmas or phenomena are empty of *svabhāva*, they disagree on how they exist conventionally. The *Perfection of Wisdom in 25,000 Verses* set out to reject metaphysical doctrines of the *Abhidharma*, in particular its conception of how dharma exists conventionally. The Heart Sutra (*Prajñāpāramitāhṛ dayasūtra*), for example, states anyone who wishes to practice the conduct within the "profound" Perfection of Wisdom should observe in this way:

> He properly sees the five aggregates, and see them as empty of intrinsic nature… Therefore, Sariputra, in emptiness there is no matter, no feeling, no notion, no formations, no consciousness;
> No eye, no ear, no nose, no tongue, no body, no mind, no form, no sound, no smell, no flavor, nothing to be touched, no Dharmas.[50]

This passage summarizes the radical negation of all the categories that form the basis of *Abhidharma's* ontological theory of how dharma exist conventionally.

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[49] Edward Conze, trans. *Perfection of Wisdom: The Short Prajanaapaaramitaa Texts* (Totnes: Buddhist Publishing Group, 2003), 83.
[50] Donald Lopez Jr, *Elaborations on emptiness: Uses of "The Heart Sutra."* (Princeton University Press 1998), 24.

The revelation of its illusory nature is what remains in a world emptied of intrinsic nature. Thus, all phenomenon including all beings, dharma, the Buddha, and even *nirvāṇa* (enlightenment) are only illusions. *The Perfection of Wisdom in 8000 Verses*, for example, alludes to the fact that there are no beings that need be liberated. Some scholars, like Louis de La Vallée-Poussin, have argued that the origins of this illusionistic doctrine are not the conclusion of a set of philosophical arguments, but rather a reflection of a particular mental state experienced in meditative absorption. For example, meditation transforms the esoteric *Prajñāpāramitā* texts into an "ontologizing of meditative phenomenology."[51]

The argument about the emptiness of all phenomenon has major implications on the soteriological goal of non-*Mahāyāna* Buddhist schools as well as the orthodox distinction between *saṃsāra* (cycle of death and rebirth) and *nirvāṇa* (enlightenment and liberation from *saṃsāra*). Both views provide a strong support for the ideal of the *bodhisattva* who, driven by compassion for all beings, remains within *saṃsāra* to help others attain liberation. In a puzzling, contradictory manner, the *Prajñāpāramitā's* worldview rejects all *Abhidharma* categories on the one hand but describe *bodhisattvas* and *buddhas* that appear to exist. R.C. Jamieson sums up the contradictions that abound in *Prajñāpāramitā* literature as such: "1) One should become a *Bodhisattva*, and 2) There is no such thing as a *Bodhisattva*, or as all-knowledge, or as 'being', or as the perfection of wisdom, or as attainment. To accept both these contradictory facts is to be perfect."[52]

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[51] Jan Westerhoff, *Nagarjuna's Madhyamaka: a philosophical introduction* (New York: Oxford University Press 2010), 103.
[52] R. C. Jamieson, trans., *The Perfection of Wisdom, Illustrated with Ancient Sanskrit Manuscripts* (New York, NY: Studio, 2000), 8.

The nature of "contradictory facts" is apparent in the way that reality is often described in terms of conventional and ultimate truths in the Buddhist therapeutic secular. For example, informants who have been the victims of racist harassment will often describe race as conventional truth because ultimately, racialized characteristics of people are socially constructed and change over time and place. Yet, we must accept the contradictory fact that both exist and inform our lives in real ways.

Yogācāra is the second major school of *Mahāyāna* philosophy that continues to maintain robust legacies in the Buddhist therapeutic mappings of the mind. While *Madhyamaka* flourished in Tibet, *Yogācāra* eventually became a dominant influence in East Asian literati even after the decline of Buddhism in India. There are two *sūtra* that are often cited for containing the key ideas of *Yogācāra*. The first is the "Scripture on the Descent into Lanka" (*Lankavatarasutra* c. 350 CE). In the main part of the *Laṅkāvatāra Sūtra,* a dialogue between the Buddha and the *bodhisattva* Mahāmati takes place.[53] Elsewhere, the chapters include a diverse range of topics including the benefits of vegetarianism and descriptions of magical formulas. Importantly, the text expounds on the notion of mind-only, *cittamātra,* and the other seven kinds of consciousness.

Despite the discussion of some of the most important Yogacara concepts, the second text, *Saṃdhinirmocana Sūtra* or "Unraveling the Intent" (circa third century CE), is one of the most quoted texts by early systematic *Yogācāra* authors, like Asaṅga, the fourth century founder of *Yogācāra*, and Vasubandhu. It discusses a variety of *Yogācāra*

[53] See: Moti Lal Pandit, *The Lankavatara Sutra: A Mahāyāna Text*, translated by D. T. Suzuki (New Dehli: Munshiram Manoharlal, 1999).

notions, like the *ālayavijñāna* (storehouse consciousness), the three natures, and the turning of the wheel of doctrine.[54] Unlike the *Prajñāpāramitā Sūtra* and the *Laṅkāvatāra Sūtra*, which are reported as having been taught on earth, the *Saṃdhinirmocana Sūtra* is located in an imagined, otherworldly, palace in the text—an allusion to its primary thesis that everything is constructed by the mind.

While these sutras introduce key *Yogācāra* concepts, the systematic development of *Yogācāra* thought occurred in the hands of Asaṅga, Vasubandhu, and Dharmakīrti. They will be introduced in the following paragraphs through two major *Yogācāra* concepts: (1) the idea that everything is mental (*cittamātra*), (2) the notion of a storehouse consciousness (*ālayavijñāna*). The notion of "consciousness-only" (*cittamātra*) presents a view of all things as merely constructions of the mind, which is traditionally contrasted to the *Abhidharma*, which considers material form or basic matter (*rūpa*) as a fundamental ontological category. Much of the *Yogācāra's* relevancy to Buddhist therapeutics today is most clear in the epistemological precedence for the seedlike qualia of mental phenomena established by *ālayavijñāna* (storehouse consciousness). In my field sites, the metaphor of mental phenomena, like addiction or compassion, as seeds that will on fructify under the right conditions and require watering and care through regular mindful training is ubiquitous.

Dharmakīrtiian *Yogācāra* thinkers have developed a variety of arguments to deny the existence of material objects. Amongst them are three main groups that are correlated

[54] 84000 Translating The Words of The Buddha, "Unraveling the Intent | 84000 Reading Room," accessed August 12, 2022. https://read.84000.co/translation/toh106.html?id=&part=.

to three epistemic arguments: (1) arguments relating to the possibility of inferring material objects, (2) arguments regarding their being established by scriptural authority accepted by the Buddhists, (3) arguments concerning the possibility of perceiving such objects. In *Nāgārjuna's Madhyamaka*, Westerhoff explains that, "following the illusory themes in the *Prajñāpāramitā* texts, *Yogācāra* writers point out the phenomenological indistinguishability of everyday experience from dreams, magical performances, mirages, and visual illusions."[55] However, early *Yogācāra* thinkers do not explicitly say that there are no material objects as Buddhist Studies scholars Birgit Kellner and John Taber have pointed out. In the *Viṃśikā*, for example, Vasubandhu does not say directly that there is no matter, but that there is only mind.[56] These scholars have argued that, similar to the *Madhyamaka* position, it may be that this reticence stems from a belief that true nature of reality can only be known through meditation.

Yogācāra divides consciousness into eight kinds, including five that are correlated with senses and thinking including: visual, auditory, olfactory, gustatory, tactual, and mental consciousnesses, along with defiled mind, and the foundational/storehouse consciousness.[57] These eight kinds of consciousness are correlated with meditative states insofar as they gradually drop away as higher levels of meditative absorption are achieved. The eighth type of consciousness, *ālayavijñāna*, makes it possible to explain

[55] Jan Westerhoff. 2010, *Nagarjuna's Madhyamaka: a philosophical introduction* (New York: Oxford University Press), 164.
[56] Thupten Jinpa, "Perception, Concepts, and Self: Contemporary Scientific and Buddhist Perspectives," Mind & Life Institute, "Mind & Life XXX - Session 1," Accessed March 14, 2022, https://www.mindandlife.org/insight/mind-life-xxx-session-1/.
[57] Fernando Tola and Carmen Dragonetti, *Being as Consciousness, Yogacara Philosophy of Buddhism* (Delhi: Motilal Banarsidass Publishers, 2004), 32.

how the cessation of rational thinking and specific states of deep meditative absorption are still considered a conscious state of mind in *Yogācāra* philosophy. It also provides a way of accounting for how one mind can be reborn in a new body and why moments in one's mind can manifest as an experience resulting from intention. *Ālayavijñāna* does so by functioning as a repository where karmic seeds (*bīja*) are be deposited at the time of action. There they may manifest once the result of the action has been watered and ripened. The innovations in Buddhist epistemology made by major schools of thought like *Madhyamaka* and *Yogācāra* based a discourse of mind training and perfections that diverged from the *Abhidharma* were vital to the early separation of *Mahāyāna* from the n*ikāya*.

One novel development in thought that *Mahāyāna* brings to Buddhist epistemology is the understanding of different levels of subtlety in human consciousness. For example, there are waking states, dream states, and states of deep sleep. The waking state of consciousness is dominated by experiences of the senses thoughts that appear in the mind. In a dream state, sensory experience of the body is reduced which leads to a subtler experience of consciousness. In deep sleep, when many of the senses that are active during waking states become dormant, the opportunity for consciousness to manifest in its purer forms arises. The subtlest form consciousness, thought to arise at the moment of death, is often described as pure luminosity without any form.

Dharmottara of the 8th century is a particularly important contemporary of Dharmakīrti in the Gelug traditions and is taught at monastic universities like Sera,

Drepung and Ganden.[58] It is this revised trend in Dharmakīrtian thought that *Vajrayāna* or Tibetan Buddhism inherited. While Dharmottara departs from Dharmakīrti in many areas of debate about perception and valid cognition, he maintains faith in Dharmakīrti by upholding that perception does not determine the object by itself. It does so by turning over the function of seeing to the subsequent judgment. Therefore, the subsequent judgment gives rise to the thought, "this is red," through a complex process involving desire, prior experience of seeing red, and the visual perception of red before giving rise to the perceptual judgment of the color, like "this red is beautiful or ugly." Through these kinds of revisions, a new trend emerges in *Vajrayāna* towards greater accommodation of ordinary experience and greater realism. Dharmottara signifies a move towards providing a unified explanation of our integrated experience that continues to drive the production of the secular mind of mental health in the biopsychosocial territories of Buddhist therapeutics today.

Besides *Vajrayāna*, Zen lineages of Buddhism have also contributed much to the development of Buddhist therapeutics as a and what sociologist of religion Jaime Kuchinskas calls the "mindfulness movement" or "contemplative movement" in general.[59] The Traditional Zen Narrative (TZN) signifies an early, major attempt to

[58] Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 653.

[59] In *The Mindful Elite: Mobilizing from the Inside Out*, Jaime Kuchinskas describes the contemplative movement as new or alternative social movement beginning with the founding of the Stress Reduction clinic by Jon Kabat-Zinn in 1979 and originating from Buddhist modernism. The contemplative movement may "inspires partial change in individuals' cognitive patterns and behavior," but may not lead directly to social transformation.
Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018), 33.

historicize a distinct Chan lineage of wordless transmission—beginning with the mythologized first patriarch, Bodhidharma—and to establish an ideological canon. The TZN was developed in China during the Tang and Song Dynasty (from the seventh to thirteenth century) and remains popular across Buddhist institutions in East Asia despite the Orientalist gaze of Buddhist modernists and later critics of both TZN and Buddhist modernism.[60] The *Mahāyāna* scriptures that maintain major relevance to Zen epistemologies of the mind in Buddhist therapeutics relies on much of the canon established by TZN, including seminal *Mahāyāna* sutras like the *Vimalakīrti Nirdeśa* (second century CE), *Laṅkāvatāra Sūtra* (fourth century CE), *Avataṃsaka Sūtra* (Flower Garland Sutra, fourth century CE), *Lotus Sutra* (*Puṇḍarīka Sūtra*, fifth century CE), and *Platform Sūtra of the Sixth Patriarch* (Liuzutanjing, eighth to thirteenth century CE). In fact, references to or excerpts from the texts above occurs at least once a month in my field sites—either by rotating meeting facilitators, often right before starting a meditation, and by members in their Dharma shares.

The *Vimalakīrti Nirdeśa* or *Vimalakīrti Sūtra* introduces the protagonist and lay disciple of the Buddha, Vimalakīrti. In it, an ill Vimalakīrti emphasizes the necessity of both *prajña* (wisdom) and *upāya* (skillful means) in a sermon on "inconceivable liberation" (*acintyavimoksha*) by remaining completely silent throughout it.[61] The illogical sermon is lauded for its innovative method of introducing nonduality and emptiness and is received as a dialectical triumph of *Mahāyāna* over other sermons given

[60] Steven Heine, *Zen Skin, Zen Marrow: Will the Real Zen Buddhism Please Stand Up?* (Oxford; New York: Oxford University Press, 2007), 14.
[61] Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 2368.

by orthodox monks like Śāriputra, the Buddha's wisest disciples. The Lotus Sutra (also provides a famous lesson on *upāya*. In the parable of the burning house, a father lures his children from certain death by promising them three different carts. When they emerge, they find only a single but glorious cart. The three carts symbolize the *śrāvaka* (disciple), *pretyekabuddha* (solitary buddha), and *boddhisatva* vehicles, while the single cart represents the "one vehicle" (*Ekayāna* or *Buddhayana*).[62] The parables suggests that the previous teachings of the three vehicles (*Triyāna* or *upāya-kauśalya*) were *upāya* or merely the strategic use of teaching devices. *Upāya* remains a major justification for the secular enterprise of the contemplative movement and contemplative science to spread the Dharma by medicalizing Buddhist epistemologies of mind for global consumption.

The *Laṅkāvatāra Sūtra* contains a series of exchanges between the Buddha and the *bodhisattva* Mahāmati, an envoy of Rāvaṇa, the king of Lanka. The range of Mahāmati's questions was contextualized by major themes found in *Yogācāra*, including *ālayavijñāna*, *tathāgatagarbha* (Buddha nature or womb), and *cittamātra* (mind-only). Within this context of Zen epistemologies of mind, descriptions of the subtleties of human consciousness that culminate in the *tathāgatagarbha* or *ālayavijñāna*—the fountainhead of a person's most subtle awareness—are presented. Here, *tathāgatagarbha* is described as "intrinsically pure, endowed with thirty-two attributes and present in the bodies of all beings, and that, like a precious jewel wrapped in soiled clothing, the ever-present unchanging *tathāgatagarbha* is likewise wrapped in the soiled clothing of the skandhas, *dhātus* and *āyatas* and stained with the stains of erroneous projections of greed,

[62] Ibid., 718.

anger and delusion."[63] The Buddha clarifies, however, that *tathāgatagarbha* is empty of intrinsic self-nature, and that his description is merely a skillful or expedient means (*upāya*) of teaching the Dharma.

According to the TZN, the *Avataṃsaka Sūtra* is presumed to be the first sermon of the Buddha, and provides a comprehensive and definitive description of the Buddha's enlightenment experience while in *samādhi* or deep meditative concentration. The *sūtra* is a compilation of disparate texts on various topics, especially the *bodhisattva* path and *tathāgatagarbha*—the theory that enlightenment of the buddhas is something present in all sentient beings. It describes their relationship as such:

> All sentient beings possess within their true mind the sublime knowledge and wisdom of Buddhas. The knowledge and wisdom of Buddhas are pure, totally free from any mental discriminations, attachments and deluded notions. With this pure knowledge and wisdom, fully enlightened beings can realize the truth of all creation, understanding all phenomena of the universe.... Forever eradicating deluded notions, discriminations and attachments, sentient beings can see in their own bodies the knowledge and wisdom of Buddhas, no different from the Buddhas.[64]

In addition, the *sūtra* gives a distinctive presentation of *pratītyasamutpāda* in terms of the dependence of the whole on its parts and the emptiness of all Dharma or phenomenon.

The last of the major Zen sutras selected here that continue to inspire new translations and relevance in the secular context of Buddhist therapeutics is the *Platform Sūtra of the Sixth Patriarch*. The *sūtra* is a record of the lectures delivered by the sixth patriarch Huìnéng and includes the famous story of his triumph in a poetry competition

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[63] Daisetz Teitaro Suzuki, *The Lankavatara Sutra; a Mahāyāna Text*, (Eastern Buddhist Library. London: G. Routledge and Sons, 1959), 12.
[64] Steven Heine, *Zen Skin, Zen Marrow: Will the Real Zen Buddhism Please Stand Up?* (Oxford; New York: Oxford University Press, 2007), 58.

that wins him the Chan patriarchy. Huìnéng describes his major teachings about "sudden enlightenment" (*dùnjiǎo*)—rather than the "gradual teachings" (*jiànjiāo*) of his rival—as an approach to Buddhist training that is free from all dualistic forms of practice.[65] Huìnéng presents the Southern school of *dùnjiǎo* as that which obviates all other means of realizing the truth. Elsewhere in the sutra, *tathāgatagarbha*, *dhyāna* (meditation) and *prajñā* (wisdom) are described in an important sermon, but it is the promotion of the sudden enlightenment school of *Chán* over the gradualist school that distinguishes it from the other canonical texts described above.

III. *Mahāyāna*, *Vajrayāna*, and Zen: Twentieth Century History

Unlike the *Vajrayāna* lineage, which remained under the oversight of the fourteenth Dalai Lama Tenzin Gyatso during the ebb and flow of Orientalism in the nineteenth and twentieth century, Buddhist modernist representatives of Zen take major departures from its traditional presentations. Because of increasing fears of the erasure of *Vajrayāna*, its volumes of knowledge, and people by the People's Republic of China in the mid-twentieth century, the call-to-action to preserve *Vajrayāna's* legacy was answered by scholars of Buddhism that mobilized to archive the *Vajrayāna* corpus and protect Tibetan Buddhists from the threat of communism and other modernist forces.[66] Elsewhere, proponents of Zen Buddhism, including Buddhist nationalists like the Chinese

[65] Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 917.

[66] In 1950, China invaded Tibet. The fourteenth Dalai Lama Tenzin Gyatso fled to India following the uprising against Chinese occupation in 1959, where he has remained in exile since. In 1989, the Dalai Lama was awarded the Nobel peace Prize for the promotion of peace based on the Buddhist philosophy on reverence for all living things. His nonviolent campaign to restore peace and human rights in Tibet contributed much to the peaceful image of Buddhist modernism from the mid- to late- twentieth century worldwide.

monk Tàixū[67] and the Japanese monk Soyen Shaku,[68] were under threat of censorship by citizens in their own homelands who believed that Buddhism, and Zen in particular, would not survive the test of modernism.

Foundational concepts in Zen established by the TZN including *tathāgatagarbha* (Buddha nature), *śūnyatā* (emptiness), *upāya* (skillful means), and the Rinzai (*dùnjiǎo*) emphasis on *koan* (a riddle to provoke "great doubt") and *satori* (sudden enlightenment), were reformulated by Buddhist modernists seeking to rebrand Zen to fit and surpass the rationalist, scientific, and universal expectations of modernism. Few individuals have had a greater impact on the introduction of Buddhism in America than Daisetz Teitaro Suzuki, the Japanese Buddhist scholar who lived from the years of the Meiji Restoration in the late nineteenth century through the United States early countercultural years in the 1950's. He brought the Zen Buddhism of his former teacher, and World's Parliament of Religions representative of Rinzai Zen, Soyen Shaku, out of obscurity and into broader conversation with the pluralist Euro-American appetite for the Orient and its Asian-inflected version of universal religious experience, mysticism, meditation, and enlightenment. In response to his immense celebrity, many critics of Buddhist

[67] Tàixū is the most famous Chinese representative of the Buddhist revival, humanistic Buddhism, and anti-Japan war sentiment of the early twentieth century China. He called for the improvement and modernization of education for monastics and their participation in community and government affairs that resembled Engaged Buddhism elsewhere in the world. In his lectures on the union of Buddhism and Science, he explains how Buddhism has anticipated some of the discoveries of science.
Sueki Fumihiko and 翔翁窣□愓, "Chinese Buddhism and the Anti-Japan War," *Japanese Journal of Religious Studies* 37, no. 1 (2010): 9–20, 12.

[68] Soyen Shaku was a leading proponent of a more universal and socially engaged Buddhism during Meiji Japan. After his success at the Chicago World's Parliament of Religions in 1893, he embarked on a world tour, lecturing on Zen in Europe, the United States, India, Ceylon, and in the Japanese colonies across Taiwan, Korea, and Manchuria. His *Sermons of a Buddhist Abbot* (published by Paul Carus's Open Court press in 1906) was the first book on Zen to appear in English. See: Soyen Shaku and Taitetsu Unno, *Sermons of a Buddhist Abbot: A Classic of American Buddhism* (New York: Three Leaves, 2004).

modernism have charged D.T. Suzuki with greatly altering, misrepresenting, and oversimplifying Zen's teachings because of his nationalist desire to transmit a secularized style Zen for a larger European and American audience.

Suzuki presented what he considered the essentials of Zen with a lucidness that was palatable to American audiences in the early twentieth century. Of the many foundational Zen concepts that he translated, Suzuki's emphasis on sudden enlightenment and the techniques to experience it stands out. Suzuki prioritized the interior and private, yet universal experience of Zen, as a form of New (or modern) Buddhism over the rituals, doctrines, and impractical institutional practices that were associated with premodern Buddhism. In *An Introduction to Zen Buddhism*, Suzuki insists that, "Personal experience, therefore, is everything in Zen. No ideas are intelligible to those who have no backing of experience."[69] By distancing himself from institutional roles of traditional Zen temples in Japan and by promoting the universal goal of all religions to experience meditative states of mind, Suzuki was responsible for translating a secularized Zen practice that appealed to Americans who likely had no other reference for Buddhism besides perhaps Thomas William Rhys Davids, the founder the Pali Text Society (1881).

From his standpoint, outside of the boundaries of the TZN and the shame of premodern Japanese Buddhism, Suzuki communicated *satori* (sudden enlightenment) metaphorically in light of Euro-American Enlightenment and philosophical canons. For example, Suzuki explains that although Aristotle's law of noncontradiction suggests that any assertion can be distinguished from its contradiction, Zen Buddhists tend to view it as

[69] D. T. Suzuki, *An Introduction to Zen Buddhism* (New Ed edition. Important Books, 2013), 33.

provisional. That is to say 'A' is not always diametrically opposed to 'B'. Sometimes 'A' is also 'B'; sometimes self is non-self and dualities collapse in Buddhism. Suzuki explains that "according to the philosophy of Zen, we are too much of a slave to the conventional way of thinking, which is dualistic through and through.... Zen, however, upsets this scheme of thought and substitutes a new one in which there exists no logic, no dualistic arrangement of ideas."[70] Amidst the social and political unrest of the COVID-19 pandemic years, the nonduality of phenomenon described by Suzuki in terms of a slave-mentality to discriminatory conventions was brought up frequently in meetings—most often with topics of discussion related to the deluge of fake news and facts endorsed by former president Trump.

Imbued with the ideologies of Japanese New Buddhism (*Shin Bukkyo*) preached by his master, Soyen Shaku, Suzuki's secularized presentations of Rinzai Zen were immensely popular and filled a growing post-WWII American appetite for alternatives to conservative Christian nationalism, as well as its inequitable social hierarchies. Suzuki's translations of *upaya* in light of early twentieth century, social malaise in the United States opened the door for non-Buddhists, especially lay people, to experiment with contemplative practices, like meditation and *koans*, in order to achieve a direct experience of nonduality, emptiness, and thus the universal buddha (or Jesus) nature that exists in all sentient being. Along other major Asian Buddhist modernists and nationalists in the early to mid-twentieth century, like the Sinhalese monk, Anagarika Dharmapala,[71]

[70] Ibid., 59.
[71] Anagarika Dharmapala was born in the British colony of Ceylon in 1864 and was initiated into the Theosophical Society by Colonel Henry Steel Olcott in 1884. He established a new role for Buddhist

Suzuki laid the groundwork for the emergence of major non-Asian convert communities, meditations centers, retreats, and the medicalization of mindfulness that fueled Buddhist modernists and socially engaged Buddhists, like Thích Nhất Hạnh,[72] well into the late-twentieth century.

In all of these major *Mahāyāna* corpuses of knowledge, the mind is referred to broadly as an interior experience and includes various kinds of consciousness ranging from sensory (like visual or auditory senses) to memories of previous experiences. What binds these traditions together in a uniquely Buddhist fashion, especially juxtaposed to the Euro-American sciences, is the certainty that consciousness can be investigated through introspective experiences; thus, the existence of mind does not need to be proven through empirical experiments. Three forms of knowledge are generally agreed upon as valid or correct in Buddhism: (1) perception or empirical observation, (2) inference through on reasoning, and sometimes (3) testimony, including *sūtras*. Unlike empirical sciences of the brain that have historically hinged on biomedical evidence, psychological and social evidence in the Buddhist therapeutic secular is collectively authenticated by

laypeople by creating the category of the "anagarika" or wanderer. These wanderers were laypeople who studied texts and meditated, like monks, but remained social participants in the world of laypeople.
Michael Roberts, "Himself and Project. a Serial Autobiography, Our Journey with a Zealot, Anagarika Dharmapala," *Social Analysis: The International Journal of Social and Cultural Practice* 44, no. 1 (2000): 113–41, 116.

[72] In Vietnam in the early 1960's, Thích Nhất Hạnh founded the School of Youth and Social Service, a Buddhist university representing his Buddhist sect, the Order of Interbeing. During the Vietnam war, he promoted "Engaged Buddhism," which emphasized non-violent resistance and aid to victims of war. In 1982, he founded Plum Village in southern France to assist Vietnamese refugees and political prisoners and to teach Engaged Buddhism to a global audience.
Thich Nhat Hanh Foundation, "Thich Nhat Hanh." Accessed March 20, 2023, https://thichnhathanhfoundation.org/thich-nhat-hanh.

rigorous contemplative practices as essential to the production of the secular mind of mental health.

IV. Buddhist Modernism and Its Critics

Starting during the late-nineteenth and twentieth century, especially in the 1870's and onward, the most salient historical backdrop for the contemporary culture of meditation emerges.[73] This backdrop forms the conditions for the transmission and reception of Asian religious and medical traditions in North America and Europe. Scholar of American Religions Catherine Albanese refers to this as "metaphysical religion in American," a movement that emerges during the time period that ran parallel to mainstream, largely evangelical, religion in America.[74] Metaphysical religion in the United States included several streams, namely the transcendentalism of Ralph Waldo Emerson and Henry David Thoreau centered in New England, the spiritualism movement in the mid to late nineteenth century (which included seances, mediumships, and channeling), the Theosophical Society of Madame Blavatsky[75] and Colonel Olcott,[76] and

[73] In 1879, Sir Edwin Arnold published The Light of Asia using a French translation of an Indian biography of the Buddha. It was a poetic rendering of the life of the Buddha and was the most famous book on Buddhism in Europe throughout the late-nineteenth and early-twentieth centuries. See: Sir Edwin Arnold, *The Light of Asia* (CreateSpace Independent Publishing Platform, 2013).

[74] See: Catherine L Albanese, *A Republic of Mind and Spirit: A Cultural History of American Metaphysical Religion*, (New Haven, Conn. London: Yale University Press, 2008).

[75] Madame Helena Petrovna Blavatksy and Henry Steel Olcott are the founders and most famous figures of the Theosophical Society in New York. The organization was responsible for the introduction of Asian religions to Europe and the United States. Madame Blavatsky concluded that the modern manifestations of Buddhism had become degraded from their original form. She would go on to teach what she described as the true teachings of Buddhism or "esoteric" Buddhism.
Mark Bevir, "The West Turns Eastward: Madame Blavatsky and the Transformation of the Occult Tradition," *Journal of the American Academy of Religion* 62, no. 3 (1994): 747–67, 758.

[76] Colonel Olcott too was shocked by what he perceived as ignorance of Asian about their own religion. Olcott then tasked himself with bringing "pure" Buddhism back to Buddhist Asia, especially Ceylon. Stephen Prothero, "Henry Steel Olcott and 'Protestant Buddhism,'" *Journal of the American Academy of Religion* 63, no. 2 (1995): 281–302, 285.

others including the Ascended Masters, the New Thought Movement, and Christian Science. These metaphysical movements occurred simultaneously and in conversation with each other. They opened new pathways for Asian metaphysical religions and models of the mind-body network to enter into the early American counter-culture.

Metaphysical religion in the United States is important because these movements serve as the historical context for the emergence and reception of Buddhist and other Asian contemplative traditions during the latter part of the twentieth century. At the same time, the broader Orientalizing of Asian traditions was fueled by the Euro-American colonization of Asia. Christian missionaries were active in Asia and these interactions informed how Buddhists subsequently interacted with Europeans and North Americans. This led Asian Buddhists to mimic nineteenth century Christian missionaries and present their religion as rational, without a god, and founded by a pre-modern human scientist in a reverse Orientalist attempt to establish Asian, rather than white, supremacy.[77] These kinds of interactions have done much to transform Asian Buddhist traditions into diverse modern, hybrid, and secular forms of Buddhism—including its rise as biopsychosocial mental health care phenomenon—thanks to the contemplative movement, contemplative science, and Buddhist therapeutics. This process is called Buddhist modernism—the translation or reinterpretation of Buddhism to suit the cultural ideas and practices of the colonial or imperial nation-state.

[77] In *The Making of Buddhist Modernism*, David McMahan examines how both "westerners" and Asians developed the discourse of scientific Buddhism in various cultural contexts. See: David L. McMahan, *The Making of Buddhist Modernism* (Oxford; New York: Oxford University Press, 2008).

By the twentieth century, especially after the global media success of the 1893 World's Parliament of Religions at the Columbian Exposition in Chicago, Protestant and other European Enlightenment analytical models of religion and master narratives progress have become extremely influential to the development of Buddhist modernism around the world. Preeminent scholars in Buddhist Studies, like Robert Sharf, David McMahan, and Donald Lopez have made major contributions to the study of colonial encounters with Buddhist Asia. Importantly, these scholars described new, alternative, native, and culturally-specific genealogies of the Buddha and Buddhism that confront the racist, epistemological, and cultural hierarchies established by European and North American Orientalists.

The contemporary study of Buddhist modernism owes a great debt to the prolific works of Buddhist Studies scholars like Robert Sharf, including "Buddhist Modernism and the Rhetoric of Meditative Experience," "The Zen of Japanese Buddhism," and "Is Mindfulness Buddhist? (and why it matters)."[78] These articles invite us to interrogate the implications of Buddhism modernism when reframed as a product of Western, often neoliberal, desires. Sharf locates his study of the origins of Buddhist modernism or "Protestant Buddhism" in the emergence of New Buddhism (*Shin Bukkyo*) in late nineteenth century Japan—a time when Buddhists widely attempted to restructure and rebrand their religion from ritualistic and institutional to universally experiential and scientific.

[78] See: Robert H. Sharf, "Buddhist Modernism and the Rhetoric of Meditative Experience," *Numen* 42, no. 3 (1995): 228–83; Robert H. Sharf, "Is Mindfulness Buddhist? (And Why It Matters)," *Transcultural Psychiatry* 52, no. 4 (August 1, 2015): 470–84. https://doi.org/10.1177/1363461514557561; Robert H. Sharf, "The Zen of Japanese Nationalism," *History of Religions* 33, no. 1 (1993): 1–43.

Included in Sharf's critique of Buddhist modernism are Asian reformers, like D.T. Suzuki, who preached an urgent "return" to the religious experience of unity or oneness with everything. Suzuki argues that such universal experiences have been perfected by "Eastern" spiritual technologies like those found in *zazen* or *vipaśyanā* meditation. In reality, as Sharf points out time and time again, the hierarchy of private and interior, yet universal, experience over lived religion, religious materialism, and textual traditions had not existed before Buddhist modernism. Rather than a social evolutionary product of Buddhist progress, Sharf reveals Buddhist modernism to be the expansion of particular regimes of knowledge that have privileged the secularization of Buddhist practices divorced from historical and cultural context for Euro-American consumers.

In *The Making of Buddhist Modernism*, David McMahan articulates the ways that essentialized forms of Buddhism were produced in the global context of modernism. McMahan adopts Charles Taylor's "key elements of modernity" and reformulates it into what he calls "discourses of modernity."[79] These discourses are broadly divided into three sources of the modern self-identity: (1) Western monotheism and Protestantism, (2) Rationalism and the scientific naturalism, and (3) Romantic Expressivism. In the context of these major categories of self-fashioning the modern national subject, McMahan discusses the emergence of the master narrative of Buddhism that describes it as the preeminent universal and rational religion of the modern era. His exploration of the modern historicization of Buddhism is immensely important towards the effort to dismantle Eurocentric and Orientalist histories of Buddhism. McMahan's scholarship

[79] David L McMahan, *The Making of Buddhist Modernism* (New York: Oxford University Press, 2008), 10.

illuminates the network of exchanges across South Asia, Southeast Asia, East Asia, Europe and North America. Elsewhere, he has examined how Buddhism has encountered the secularized space of the public sphere including politics, philanthropy, and pop culture, and asks what the implications are for these cross-cultural exchanges.

One question raised by McMahan and other critics of Buddhist modernism that is central to my dissertation is: can Buddhism and science be compared with each other? And if so, what are the implications if the relationship of Buddhism (or religion in general) and science is located in culturally-specific times and places? I argue that, yes, Buddhism and science are being compared in a mutually beneficial exchange of theories and methods because they are both of socially constructed institutions that claim moral authority over public and private mental health care. My dissertation, thus, explores how the secular mind of mental health and illness are being produced the in biopsychosocial and dharmic territories of Buddhist therapeutics.

Donald S. Lopez Jr. has argued that Buddhism has been in contact with various versions of "Western" science since the late nineteenth century, when interest in the Buddhist notion of causality was still novel and appeared to be compatible with the mechanistic, deterministic, and rationalist worldview of science at the time. As the co-author and co-editor of *The Princeton Dictionary of Buddhism,* Lopez makes major contributions to the study of Buddhist modernism, including several published anthologies he has edited.[80] *A Modern Buddhist Bible: Essential Readings from East and*

[80] See: Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013).

West is an anthology of selected excerpts by figures who were influential to the formation of modernist forms of Buddhism between the late-nineteenth century and 1980.[81]

A *Modern Buddhist Bible: Essential Readings from East and West* is a collection of excerpts by historical figures, from Paul Carus to Jack Kerouac,[82] who were influential to the formation of modernist strains of Buddhism between the late-nineteenth century and 1980. Important figures contributing to the anti-colonial genealogies of Buddhist modernism in the collection of articles include the Sri Lankan monk, Gunananda; the Japanese monk, Shaku Soyen; the Chinese monk, Tàixū; and other non-European Buddhist apologists and nationalists who were directly involved in constructing a new kind of secular Buddhism that suppressed ritual and magic, and stressed equality over hierarchy, the universal over local, and the individual over community.[83]

These pioneering decentering works on Buddhist modernism, which have revealed the privileges afforded to the Protestant and European Enlightenment understanding of religion as interior experience, has made it possible to render alternative genealogies of premodern Buddhism and secular Buddhism in translation visible.[84] This

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[81] Donald S. Lopez Jr, *A Modern Buddhist Bible: Essential Readings from East and West* (Boston: Beacon Press, 2002).

[82] After attending the 1893 Chicago World's Parliament of Religions, Paul Carus became friends with several of the Buddhist representatives. As a proponent of what he called the "religion of science"—a faith believed to be purified of all superstition and irrationality—he regarded the Buddha as a radical free thinker and the first prophet of the Religion of Science.
Ibid, 24.
In 1944, Jack Kerouac met Allen Ginsberg and, soon after, William Burroughs. Together, they formed the basis of the Beat generation, which became the counter-cultural face of Zen Buddhism in the United States in the mid-twentieth century. Kerouac's most famous book that provided fictionalized accounts of their exploration of Zen and Tantric Buddhism was *The Dharma Bums* (1958).
Ibid, 172.

[83] Ibid., vi.

[84] Amongst recent decolonial scholarly contributions, *Ocean of Milk, Ocean of Blood* by Matthew King stands out. In it, King reveals that modernity in Asia was not always shaped in relationship to Europe and non-imperial and -national models of Buddhist life unfold in post-Qing China. See: Matthew W. King,

dissertation presents a new genealogy of the Buddhist diaspora in the United States by tracking the production the mind secular of mental health in Buddhist therapeutics. The current discourse on Buddhist modernism is ripe for critique when located in the ever-expanding field of contemplative science and Buddhist therapeutics.

Literature Review II

V. Can Buddhist Therapeutics Exist in A Secular Age? Or, Can They Exist Apart?

My intervention to the current scholarly discourse on the secular explores the production of contemplative pedagogies for cultivating the mind of mental health at the ethnographic intersection of Buddhism, secular therapeutics, biopsychosocial models of health care, and neoliberal technologies for self-fashioning. Hitherto under-studied by critics of secularism and Orientalism in the field of ethnography, I locate my research in peer-led Buddhist therapeutics amidst the COVID-19pandemic years between 2020-2022. My field sites demonstrate how new strategies for coping with and collectively authenticating experiences of structural inequity are managed in this historic moment of isolationism and intensified racial politics. The therapeutic locus of my field sites around mindfulness training, addiction recovery, and palliative care are organized by Wake Up California, the New York Zen Center for Contemplative Care, and Recovery Dharma Global. By engaging with the production of the secular mind and its pro- and anti-neoliberal moral narrative of mental health these major field sites, I aim to problematize

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Ocean of Milk, Ocean of Blood: A Mongolian Monk in the Ruins of the Qing Empire (Columbia University Press, 2019).

the scholarly discourse on the medicalization (or lack thereof) of Buddhist religious medicine and epistemologies of mind in the twenty-first century.

Keane describes secularism as the essential "moral narrative" of modernity. It demands an ethical and affective commitment beyond one's citizenship under the state. "The moral narrative of modernity," he explains in *Christian Moderns: Freedom and Fetish in the Mission Encounter*, "is a projection onto chronological time of a view of human moral and pragmatic self-transformation."[85] This moralization or moral narrative of History reflects a master narrative of human progress achieved through the self-mastery and emancipation from religion. Free from the fetishism and corruption of former religious institutions, human liberation becomes accessible to particular citizens in the neutralized terrain of the public sphere. In Kean's moral narrative of the secular modern, religious practice is considered a threat to the public sphere, resulting in the marginalizing religious others as outsiders of society.

When this master narrative of human progress is located in the self-mastery of mind the emancipation from mental disorders, then the moral narratives of modern mental health are revealed. My field research illustrates how production of secular mind in the Dharmic and biopsychosocial territories of Buddhist therapeutics is performed in terms of pro- and anti-neoliberal moral narratives of mental health. The pro-neoliberal moral narrative often engendered by biomedicine, the preeminent secular science of medicine, enjoys dominance in the public sphere today. It supports a model of mind that

[85] Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (University of California Press, 2007), 160.

is bounded within the interiority of the sovereign individual (typically within the head brain) and assumes a Cartesian duality between mind and body (matter) that problematically ignores the nonbiomedical aspects of mental health. A patriarchal relationship between patient and medical doctor defines the interiorization of mental illness and its care.

In Buddhist therapeutics, the secular mind of mental health is a Dharmic, biological, psychological, and social phenomenon that takes place in both private and public spheres. Its moral narrative is aimed at rendering whole the experience of mental health as a biopsychosocial phenomenon that demands the communal and mutual caretaking of mental health a public health priority. As I describe throughout my dissertation, this anti-neoliberal moral narrative requires introspection and resistance against neoliberal deployments of mindfulness by collectively authenticating the experience of structural inequity (most often race and gender discrimination) elsewhere in the public sphere (e.g., biomedical doctor's office, police station, public park).

In *Secular Translations: Nation-State, Modern Self, and Calculative Reason*, Talal Asad responds by addressing how the cultural desire for an authentic and autonomous self has been repressed, rather than liberated, by secularism worldwide. His moral/political concept of the unique, self-governing agent "generates uncertainties in reading the intentions of the 'real' self in relation to its public presentation."[86] Thus, the liberative function identified by Keane's moral narrative of modernity is problematized

[86] Talal Asad, *Secular Translations: Nation-State, Modern Self, and Calculative Reason* (Ruth Benedict Book Series. New York: Columbia University Press, 2018), 3.

under an Asadian critique of the secular's role in fashioning religiously impotent citizens. Saba Mahmood similarly identifies secularism as the cause of religious strife, rather than its solution, in *Religious Difference in a Secular Age: A Minority Report*. Despite the doctrinal commitment of secularism to free its citizens by neutralizing religious differences in the public sphere, "modern secular governance transforms—and in some respects intensifies—preexisting interfaith inequalities."[87] Following Asad, Mahmood conceptualizes political secularism as the modern nation-state's sovereign power to redraw the boundaries of religion, its content, and dissemination.

More than an innocuous moniker representing the fruition of European Enlightenment ideals and the birth of the public sphere, the secular signifies a regime of power that generates "religion" and "science" as categories. Much progress has been made by scholars to provide new genealogies that reveal the secular as the expression of particular organizations of Eurocentric, Protestant, or "Western" power. Yet, the current discourse on secularism contains unappreciated areas of study in the medical humanities. This dissertation locates secularism, and its historical narrative of progress, as an object of ethnographic investigation into the mind of modern mental health therapeutics. What new genealogies of the secular might be revealed when the secular mind is interrogated as the staging ground for the sovereign self and the public/private binary?

As an interrogation of both modernist presentations of the secular and the decentering genealogies of its critics, my research theorizes a Buddhist epistemology of

[87] Saba Mahmood, *Religious Difference in a Secular Age: A Minority Report* (New Jersey: Princeton University Press, 2016), 15.

mind—a dynamic body of knowledge that resists the biomedical expectations of the secular mind signified by the historical rupture between "scientific" and "religious" medicine. Buddhist therapeutics is an understudied, yet evocative, theoretical resource for the critique of secularism because of its perceived capacity to bridge the gaps between East vs. West, ancient vs. modern, religion vs. science, and ethnomedicine vs. biomedicine. The capacity for Buddhist traditions to navigate between these spaces is most clearly demonstrated in the medicalization of Buddhist contemplative techniques divorced from lineage, traditional institutions, and cultural context.

By approaching Buddhism in these field sites as the study of medicine, rather than religion, my research asks: (1) What does the location of Buddhism (in the context of secular therapeutics) reveal about the changing socio-historical contexts that impact the form and practice of modern mental health care? (2) How are public and private spaces constructed in the context of therapeutic techniques coded as Buddhist-inflected meditation, secularized contemplative care, and neoliberal technologies of self-fashioning? (3) What does the production of contemplative pedagogies at the intersection of secularized self-help and neoliberal technologies reveal about how racial politics are framed? And, (4) how do presentations of Buddhism as therapy confront neoliberal expectations of American Buddhist communities that individualize and depoliticize structural discrimination?

What, exactly, is the mind as the site of self-fashioning and liberation that individuals of the modern era are supposedly endowed with and obligated to exercise or otherwise endure censure? To uncover the diverse social histories of the secular mind that

frame techniques for self-cultivation within pro- and anti-neoliberal moral narratives of mental health, my dissertation examines the role of peer-led Buddhist therapeutics amidst COVID-19 between the years 2020-2022.

VI. The Religion-Secular Divide

Where does Buddhist therapeutics lie in the religion-secular divide? Buddhist modernists might suggest that the existence of Buddhist therapeutic communities for public mental health care are the natural and evolutionary product of the secular's march of progress (from primitive to modern). Critics, however, intervene by describing how these categories—religion and secular—are socially constructed and produced in culturally specific time and place. In the context of my field sites, the secular is most often defined by presence of multifaith pluralism rather than the absence religion or faith. The vast majority of my informants identify with a religion—typically Buddhist or Christian—and encourage its presence in meetings with the recognition of the multifaith aspects of community. The secular mind of mental health in Buddhist therapeutics is one that empowers the consumption (or practice) of a plurality of religiously-inflected psychotherapeutic techniques, like introspective mindfulness training, as part of one's day-to-day biopsychosocial mental health care. To better understand how Buddhist therapeutics is reclaiming the public sphere as a space wherein the secular mind of mental health care is a collective responsibility—and not a privatized one, I offer a brief history of the religion-secular divide in this section of the literature review.

As the preeminent philosopher Charles Taylor explains, the earliest applications of the word "secular" come from Latin the term *saeculum*.[88] It was used in Latin Christendom to indicate the profane or worldly domain of reality that was isolated from the sacred or supramundane realm of Christianity. Based on this dyadic relationship between the temporal and divine, religious institutions codified an ontological hierarchy that classified certain times, spaces, persons and phenomena from one another. Parish priests, for example, who operated within lay communities were considered "secular" for their distance from the purity of strict monasticism. Similarly, the Old French term, *seculer*, denotes "living in the world," "not belonging to a religious order," or "belonging to the state," and foreshadows the post-Reformation use of the term "secular" beginning in the 16th century.[89] In the wake of the Wars of Religion, "secularization" commonly referred to the process whereby property and functions of the church were transferred under the control of laymen. By the 17th century, a new conception of social life, ethics, and morality gradually came to be signified by the secular in Europe. The normalization of immanent or "this worldly" goals necessitated "new conceptions of good social/political order unconnected either to traditional ethics of perfection and the good life, or to specifically Christian notions of perfection (sainthood)."[90]

No less than the European Enlightenment philosophers, Immanuel Kant and Georg Wilhelm Friedrich Hegel, formalized theories on the emancipation of morality from religion that laid the discursive foundation for rationalist secularism to thrive in the

[88] Charles Taylor, "The Polysemy of the Secular," *Social Research* 76, no. 4 (2009): 1143–66, 1144.
[89] Ibid.
[90] Ibid.

centuries that followed. Kant presents a succinct description of his moral philosophy in *Religion within the Boundaries of Mere Reason*: "Hence on its own behalf morality in no way needs religion (whether objectively, as regard willing, or subjectively, as regards capability) but is rather self-sufficient by virtue of pure practical reason."[91] Struggling to reconcile his Christian faith and the intellectual milieu of rationalism that that occupied the theological literati of previous generations, Kant bracketed the question of proving/disproving the existence of God. He argued that universal, moral principles based on the human capacity for practical reason alone was enough to canonize moral laws in society.

Drawing on the appeal to reason that Kant makes in his moral philosophy, Hegel supports the rationalist expectation that the "mind" or "spirit" (*geist*) is imperative for the "West" to liberate itself from the exploitation of religion, and advance into the scientific future it was destined for. For its reliance on supramundane myths, Hegel explains in *The Phenomenology of Mind*, Christianity (and religion in general) has led to the self-estrangement of individuals from society. In the pre-Christian world of Hegel's imagination, moral laws were the direct product of individual minds and free will. Over time, moral laws were externalized and corrupted by institutions of oppression that promised other-worldly, rather than immanent prosperity. Thus, the commoner alienates themself from the world they created. For Hegel, it is humanity's destiny to overcome the self-estrangement imposed by the Church and redeem itself by replacing religion with the

[91] Immanuel Kant, *Religion within the Boundaries of Mere Reason* (Cambridge: Cambridge University Press, 1998 [1793]), 57.

highly Protestant rational philosophy of the European Enlightenment. Hegel presents a history of progress wherein humanity reclaims its freedom from the exteriorization of false religions by individuals who achieve "self-conscious" via the interiorization of Protestant, specifically Lutheran, rationality and ethics. [92]

Hegel's critique of religion and the role of the "self-conscious" individual becomes most influential when adopted by critics of capitalism like Karl Marx. Instead of theorizing about religion itself, Marx identifies communism as a system of thought intended to resemble and replace superstructures (like religion) in society. In his materialist history, humanity has fallen from its grace and, motivated by basic material needs for survival, it develops evermore complex modes of production. The current mode of production represented by capitalism, which perpetuates inequitable divisions of labor and networks of production, is signified by the "base" in Marx's base-superstructure model of society. Religion and the other institutions, structures, and prevailing ideologies that make up the "superstructure" are deployed as apparatuses of the bourgeoisie to prevent the working-class from realizing its "class-consciousness" as producers whose labor is exploited by the owners of capital.

When Marx describes religion as "the sigh of the oppressed creature" and "the opium of the people" in *Critique of Hegel's Philosophy on Right*, he is bemoaning its role in policing the bitter tensions that arise from class struggles. Since the rise and fall of Asiatic, ancient, and feudal modes of production in history, religion has been deployed by

[92] Georg Wilhelm Friedrich Hegel, *The phenomenology of mind* (London: GAllen & Unwin, ltd, 1931), 116.

the elite to hoard the rewards of excess labor produced by the working-class. In addition to its pacifying role in the hands of the elite, religiosity also connotes the suffering of the working-class, who are forced to struggle without alternative strategies for survival. Thus, Marx calls for "the categoric imperative to overthrow all relations in which man is a debased, enslaved, abandoned, despicable essence." For Marx, a secular utopia will be achieved when "man [not God or commodity-fetishism] is the highest being for man."[93]

Unlike the scholars previously mentioned, who typically treated religion as an effect or function of society, Max Weber theorizes a mutual relationship between the two. In *The Protestant Work Ethic and the Spirit of Capitalism*, Weber argues that there is a substantial connection between Christianity, the rise of economic capitalism, and the rise of the modern nation-state in Western Europe. He describes an "inner-worldly asceticism" of the Puritan livelihood that was first promoted by Christian reformers like Martin Luther. Weber explains that these reformers "secularized" the idea of vocation by assigning a solemnity to humble, non-ecclesiastical tasks as devotional expressions of Christianity. The orderly accumulation of wealth, for example, is a form of Puritan asceticism. Religiosity itself, according to Weber, is responsible for the secularizing effects of the Protestant work ethic when applied to worldly enterprises.

Today, the contemplative movement is under scathing critique for its failure to address the neoliberal cooptation of mindfulness training. Mark Vernon, quoting such popular Western Buddhist authors as Stephen Bachelor, wrote a 2011 *Guardian* article claiming that Buddhism, and meditation specifically, has become the "new opium" of

[93] Karl Marx, *Critique of Hegel's "Philosophy of right"* (Cambridge Eng: University Press, 1970), 118.

late-consumerist society. He states that, "Western Buddhism has a long path to travel before becoming something that resists, rather than supplements, consumerism."[94] Likewise, in a widely circulated 2012 critique, Slavoj Žižek identified Buddhist meditation as the new spirit of capitalism, which I describe as neoliberalism in this dissertation.[95] This dissertation asks: (1) does the production of the secular mind of mental health in Buddhist therapeutics reproduce structural inequity by pacifying its audience with promises of internal peace like Vernon and Zizek suggest? (2) Does Buddhist therapeutics fall victim to neoliberalism by individualizing and depoliticizing experiences of structural discrimination, thereby suppressing real social justice reform? To better answer these questions, I conclude the above short history of the religion-secular divide with a brief genealogy of the terms "the secular," "secularism," and "secularization."

VII. The Invention of The Secular, Secularism and Secularization

By the turn of the 20th century, the discourse on secularism was largely defined by two schools of thought. On one hand, "the secular" maintained an anti-clerical and progressive position that stood for the liberation of humanity from religion. On the other hand, counter narratives presented by sociologists like Weber argue that secularization is, in fact, the realization of central motifs in Protestant Christianity. The location of Christian self-reliance in the mundane activities of the layperson contained the very site

[94] Mark Vernon, "Buddhism Is the New Opium of the People," *The Guardian*, March 22, 2011, sec. Opinion, https://www.theguardian.com/commentisfree/belief/2011/mar/22/western-buddhism.
[95] Slavoj Žižek, "The Buddhist Ethic and the Spirit of Global Capitalism," Žižek.uk, August 10, 2012. https://zizek.uk/the-buddhist-ethic-and-the-spirit-of-global-capitalism/.

where the seeds of modern secularism were laid. Since then, some critics have called for the abandonment of "secularism" as misleading. Many others, like sociologist and theologian Peter Berger maintain that the term secularization "refers to empirically available processes of great importance in modern Western history."[96]

The secular has often been celebrated by preeminent scholars, like Berger and Charles Taylor, as the historical process of modernism by which rationality and parity amongst citizens culminate under the triumph of European liberal democracies. Nonetheless, Taylor expresses a persistent tension with the use of essential yet multivalent terms like "the secular," "secularization," and "secularism" in *The Secular Age.* Since its publication in 2007, the mission to define these terms in light of their diverse contexts has been assumed by scholars of the religious-secular divide including globalist scholar, Jose Casanova. Taylor describes three general modes of "the secular" or "secularity" in terms of: (1) secularized public spaces, (2) the decline of religious belief and practice, (3) new conditions of moral and spiritual belief. Casanova extends the discourse by clarifying "the secular" as a "central modern epistemic category" that is conceptually *a-priori* to the doctrinal nature of secularism.[97]

The secular can be better distinguished as the body of knowledge that emerged from the fields of theology, philosophy, legal-politics, and cultural anthropology in contradistinction to religion. It embodies the accumulation of a variety of theories, beliefs, and practices that are used to secularize reality across time and space. As objects

[96] Peter Berger, *The Sacred Canopy; Elements of a Sociological Theory of Religion (*Garden City, N.Y. :, 1969), 106.
[97] José Casanova, "The Secular and Secularisms," *Social Research* 76, no. 4 (2009): 1049–66, 1049.

of scholarship, “the secular,” “secularization,” and “secularism” all engender particular evocations of modernism. Evoked as an epistemic category, “the secular” projects an idealized state of the world as it attempts to solve the problem of how to describe and accommodate human diversity. As a theological term for distinguishing that which is not of the Church, the secular engenders an essentialist and exclusionary binary. Secularity thus draws a fixed line between: profane vs. sacred, natural vs. supernatural, immanent vs. transcendent, scientific vs. religious, public vs. private, and modern vs. premodern. I argue that when located in the production of the secular mind of mental health care, an alternative version of the secular appears. The Buddhist therapeutic construction of secular mind and its moralizations of mental health are provocative alternatives to the biomedical norm because of Buddhism’s perceived capacity to navigate freely between the categorical divides listed above.

Casanova to describes “secularization” as the conceptualization of overlapping global historical processes that define the epistemological dominance of modernism. He describes it as the process of rendering particular Protestant and European Enlightenment motifs visible in its totalizing version of History. Importantly, Casanova illustrates how secularization constructs a universal timeline of humanity that positions the modernization of Western Europe (or the “West”) at the vanguard of a global History of social (and racial) evolution. Secularization theory evokes the perceived historical patterns of separation between “the religious” and “the secular” as competing institutions of authority in an emerging public sphere beginning as early as the Scientific Revolution.

According to this master narrative of progress from primitivism to modernism, secularization signifies the process by which the production of public knowledge increasingly comes under the control of rationalist institutions. In the context of the Buddhist therapeutic secular, this rationalist institution is biomedicine, the preeminent science of medicine in the modern era. Secularization thus refers to the process of medicalization (specifically therapizing) of *saṅgha* spaces and the bodies and minds of its members. But rather than exclude the religious from their public mental health discourse, Buddhist therapeutics produces the secular mind and performs its moral narratives of mental health by ensuring that a plurality of faiths and faith-based contemplative practices are welcome as part of their biopsychosocial approach to community-based mental health care.

Finally, "secularism" evokes an ideological or doctrinal stance on the ways in which public and private spheres should be separated at the structural levels of society. It assumes that, as individuals who are subject to the law, the rights of citizens come before their rights as religious devotees in the imagined community of a modern nation-state. Casanova describes the various "secularisms" of modernity as secular world-views (*weltanschauungen*). W*eltanschauungen* "may be unreflexively held and phenomenologically assumed as the taken for granted normal structure of modern reality, as a modern dox or as 'unthought.'"[98] In other words, "secularism" denotes the ideological assumption or expectation of a secular reality in the modern era.

[98] Jose Casanova, "The Secular and Secularisms," *Social Research* 76, no. 4 (2009): 1049–66, 1051.

As a social and legal-political doctrine, secularism presupposes new concepts of human difference, religion, and medicine that codifies a boundary between private reason and public principle. The public sphere ensures the democratic access of individuals to participate in its realm of authority through the public forum. It functions to represent the collective interests of its population to the governing body without the threat of religion. However, critical genealogies of secularism have exposed how secularism creates inequity in the public sphere and access to its resources despite its egalitarian ideal.[99] This dissertation contributes to the effort to critique the public sphere (and interrogate the notion of a natural public-private divide) by locating the production of the secular mind of mental health care away from its historically biomedical center. This dissertation argues against biomedicine's pro-neoliberal moralization of mental health as a phenomenon that occurs solely within individual minds and bodies. At the margins, in the field of peer-led Buddhist therapeutics, the mind is collectively authenticated as a Dharmic and biopsychosocial phenomenon that unfolds in both public and private spheres.

Like Taylor, Berger saw secularization as the essential global phenomenon amongst modern societies. In *The Sacred Canopy: Elements of a Sociological Theory of Religion*, Berger describes both the social-structural and subjective processes of secularization in society. Beneath the material expropriation of territory from religious

[99] See: Peter Van der Veer, *Imperial Encounters: Religion and Modernity in India and Britain*, First Paperback Edition (Princeton, N.J: Princeton University Press, 2001); Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity*, 1st edition (Stanford University Press, 2003); Saba Mahmood, *Religious Difference in a Secular Age: A Minority Report* (Princeton University Press, 2015).

institutions to lay authorities, Berger also identifies a "secularization of consciousness" in the modern "West." He explains that a secularization of consciousness "produced an increasing number of individuals who look upon the world and their lives without the benefit of religious interpretations."[100] Like Weber, Berger agreed that Protestantism played a vital role in the modern West. He argued that the Protestant divestment from the Catholic emphasis on sacred-mystery, miracle, and magic has led to a secular disenchantment of the world. The secularization of consciousness is therefore the cause of pluralism and the privatization of religion as a matter of personal preference. As a result, "those who continue to adhere to the world as defined by the religious traditions then find themselves in the position of cognitive minorities—a status that has social-psychological as well as theoretical problems."[101]

The aforementioned scholars maintain the fundamental assumption that modernity and its defining feature, secularization, had emerged from the expansion of Western Europe and North America. By the late 20th century, a new critical approach to the study of the secular emerged with historians like Timothy Mitchell. They decentered the critical lens by revising the origins of modernism as the beginning of a global phenomenon, rather than the evolutionary product of European exceptionalism. In *Questions of Modernity*, Mitchell confronts the dominant narrative of modernization, which privileges the rise of capitalism, by examining the colonial dimensions of modernism beyond Europe and the United States. Instead of reiterating a unified process of modernity that

[100] Ibid., 109.
[101] Peter Berger, *The Sacred Canopy; Elements of a Sociological Theory of Religion (*Garden City, N.Y., 1969, 152.

totalizes native, indigenous, and histories under its colonial logic of progress, Mitchell argues that "we should acknowledge the singularity and universalism of the project of modernity, a universalism of which imperialism is the most powerful expression and effective means."[102] Mitchell locates alternative histories of modernism at the margins of colonial society. In doing so, he reveals the perilous terrain of new social statuses and norms that were deployed to manage the colonized subject.

In addition to the counternarratives presented by historians like Mitchell, who showed how the impact of science on the decline of religion has been grossly exaggerated, critics of Orientalism have emerged to position Islam, Hinduism, Buddhism, and other Asian religions at the forefront and center of secularization theory. In his examination of religion, secularism, and the national development of India and China, Peter Van der Veer argues that "instead of looking at secularization as a necessary process in national development, one should focus on secularism as a powerful project of intellectuals and the state in these societies."[103] For Van der Veer, statecraft is the most important process negotiating the boundaries of religion in society. In fact, religious elements were prevalent in India during the formation of Gandhian religious utopianism. Likewise, anti-consumerism existed in China during Mao's secular regime. In both unlikely cases of major religious activity, Van der Veer exposes how traditional theories of secularization that privilege the context of Euro-American Christianity are in dire need of revision.

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[102] Timothy Mitchell, *Questions Of Modernity* (Minneapolis: University of Minnesota Press, 2000), 14.
[103] Peter Van der Veer, "Religion, Secularism and National Development in India and China," *Third World Quarterly* 33, no. 4 (May 1, 2012): 721–34., 721.

American scholar of religion Jason Josephson Storm has contributed much to decenter the intellectual history of Buddhism and religion in East Asia. In *The Invention of Religion in Japan*, Storm interrogates the usefulness of the concept of "religion" itself by examining the invention of religion as social, legal, and political categories emic to Japan. He confronts the Euro-American colonialist assumption that modernist taxonomies, like religion and superstition, are universal entities and aspects of human experience. Rather, religion is culturally specific and disrupts premodern social and epistemological hierarchies. Most recently, in *The Myth of Disenchantment*, Josephson Storm traces the secular history of the myth of disenchantment in the birth of the early-modern disciplining of the academic sciences including philosophy, anthropology, sociology, psychoanalysis, and religious studies. In fact, founding figures in these disciplines were "profoundly enmeshed in the occult milieu."[104]

The critical revisionist tradition presented by critics of Orientalism like Asad, Van der Veer, Mahmood, and Storm have successfully pushed back against the monolithic colonial discourse of the secular. My dissertation extends an ethnographic vantagepoint to what Webb Keane calls the "moral narrative of modernism." What might be revealed about Buddhist modernism if the secular mind of mental health care and the secularization (or medicalization) of mind are interrogated as a moral narrative of mental health that unfolds in both the public and private spheres? It is the idealized mind, after all, that European Enlightenment philosophers, like Kant and Hegel, have identified as

[104] Jason Ananda Josephson Storm, *The Myth of Disenchantment: Magic, Modernity, and the Birth of the Human Sciences* (Chicago, IL: University of Chicago Press, 2017), cover page.

the staging ground for rational self-fashioning. As I have shown in this brief literature review, the mind continues to reappear across the development of secularization theory by its foremost authorities. For Marx, it is the revelation of class-consciousness that will emancipate us from the shackles of religion and ultimately capitalism. For Tyler and Frazer, secularization embodies an intellectual evolution of humanity that will bring "the ascent of man" to its fruition through increasingly rational systems of knowledge.

VIII. Summary of Chapters

Three of the four chapters of my dissertation are organized based on the biopsychosocial model of mental health care first conceptualized by psychiatrist George Engel in 1977.[105] Each chapter begins with a genealogy of their historical development as a discipline in the U.S. and how Buddhist therapeutics has emerged to fill the biomedical, psychological and social lacunas left by the secular hegemony of biomedicine. In light of Engel's emphasis on the impact of indirect engagement with socio-environmental factors, like cultural norms and values, on the what is/is not considered a mental health problem in the era of COVID-19 between 2020-2022, I dedicate a chapter each to what I call the: (1) Dharma-Medical Territory of Mind, (2) Biomedical Territory of Mind. (3) Psycho-Medical Territory of Mind, and (4) Social Medical Territory of Mind. I argue throughout my dissertation that models of historical development and modern subjecthood have always rested on a model of an idealized form of mind—the secular mind.

[105] See: George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, no. 4286 (1977): 129–36.

Taken together, these four chapters describe and think with quickly evolving, COVID-era Buddhist therapeutic communities and practices that are previously unknown to scholarship on secularist subjecthood. These therapeutic productions and performances of the secular mind reveal alternative moral narratives about mental health that challenge the hegemony of biomedicine and the neoliberal cooptation of Buddhist contemplative practices. In Chapter One, "Dharma Medical Territory of Mind," I critique the elite Buddhist institutions that are reimagining Buddhism in consciousness and brain studies today. How are major figures of the contemplative sciences enacting a classical Buddhist hermeneutical maneuver by leveraging Buddhist lineages and models of therapeutic practices to cement meditation and mindfulness at the frontiers of scientific consciousness studies? This chapter begins by describing the historical background for the rise of consciousness studies. I show the how contemplative science has refashioned its terrain and trajectory in the U.S. by penetrating the biomedical, psychological, and social sciences as the preeminent science of introspection.

I start Chapter Two, "Biomedical Territories of the Mind," with a brief social history of public mental health care as part of the development of the secular mind in the biomedical (including psychiatric) sciences. The mind of mental health according to biomedicine is interiorized as a private experience occurring solely within one's head brain. It privileges a Cartesian duality the mind-body network and often engenders a pro-neoliberal moralization mental health that renders it illegible and problematic in the public sphere. I argue that Buddhist therapeutics generates transcranial models of secular mind (e.g., heart and gut brain) and describe the impact that these alternative biomedical

models of mind have on the therapeutic secular. In this chapter, I introduce *saṅgha* members like Lora of Wake Up Long Beach—a thirty-six year old, Filipino American, language coordinator who lives in Southern California and began attending Wake Up to participate with the local Asian American community of Engaged Buddhists. She describes how new biomedical discourses raised in Dharma shares help to frame her mindfulness practice. Importantly, Lora's conclusions about mind portrays an anti-neoliberal moral narrative of mental health that reclaims the biomedical territories of mind located throughout the human body.

Chapter Three, "Psycho-Medical Territories of the Mind," begins with a brief history of the medicalization of the mind-body network from the perspective of the emerging sciences of consciousness studies in the United States beginning at the end of the nineteenth century. These incipient disciplines and professions included psychiatry, psychology, psychotherapy, and later cognitive science. In these contexts, chapter three emphasizes the how the secular mind of mental health has historically privileged biomedical models of mind without acknowledging the roles of subjective introspection. Contemplative science asserts itself as the premiere science of introspection. My field sites illustrate the ways that contemplative practices are being adapted for the Buddhist therapeutic secular.

This chapter offers interviews from *saṅgha* members like Brennon to expose the psychotherapeutic presence and roots of peer-led Buddhist therapeutics. Jacob is a thirty-eight year old, white, and queer social scientist who lives in Manhattan, New York. He became a member of the New York Zen Center for Contemplative Care in 2019 and

attends the LGBTQ+ *saṅgha* as part of his regular mindfulness practice. Brennon describes mind and mental health in terms of (Darwinian) evolutionary theory and Buddhist psychology. I argue that the moral narrative collectively produced by Jacob and other *saṅgha* members represent a renaissance of pluralistic and introspective psychological methods that were suppressed in the professionalization of psychotherapy because they were ultimately perceived as incompatible with the neoliberal, consumer-driven, liberation ideology of early twentieth-century America.

In Chapter Four, "Social Medical Territories of the Mind," I begin with the recent historical background for the medicalization of sociological and social scientific perspectives on public health care. I examine Dharma shares and interviews for the intersectional identities of the people involved and how it impacts their mental health and mindfulness training. After all, environmental and social adversity remains one of the biggest threats to health care—a fact that has been made evermore clear during the pandemic. I summarize and reflect on the major role that the Buddhist therapeutic secular maintains in moralizing mental health care as a social phenomenon that takes place in the public sphere amidst the pandemic-stricken landscape of COVID-19, Black Lives Matter protests, and Asian American discrimination. Major themes in this chapter emphasize the collective authenticity of the experience of discrimination and structural inequity in the public sphere. Jaime Kuchinskas describes the sociological meaning of "authenticity" as involving a person's assessments of what resonates or is false with regard to who they

think they are.[106] She goes on to explain that collective assessments of group values, actions, purpose, and strategies "enable groups to identify and enact cherished practices and values, thereby demonstrating their authenticity to members."[107] I argue that the group validation of experiences (e.g., progress in one's mindfulness training or encounters with systemic inequity) in peer-led Buddhist therapeutic *saṅghas* culminates in the collective authenticity of all members involved. Elsewhere in the public sphere, these experiences are often illegible and result in the fragmented identities and mental health of my informants.

In this chapter, I engage with the stories of members like Aaliyah to illustrate the social-cultural terrain of mental health and how Buddhist therapeutic *saṅghas* were amongst the first public spaces where her experiences of discrimination were collectively authenticated rather than silenced. Aaliyah is a fifty-one-year-old Black woman who was adopted by a white family. Aaliyah encounters with lifelong racism in her home state of New York are the cause of her past addictions. This chapter describes the demand for a secular mind and anti-neoliberal moral narrative of mental health that recognizes the impact of social and environmental factors that unfold in both public and private spheres.

My field sites were not only surviving amidst the pandemic, they thrived because the social isolationism and identity politics of the last several years have revealed all the clearer what monolithic biomedical models of mental health care have been slow to acknowledge: the secular mind of mental health care is a biopsychosocial phenomenon

[106] Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018), 164.
[107] Ibid, 168.

that unfolds in both public and private spheres. In this chapter, I describe how peer-led Buddhist therapeutic communities of care are engaging with the secular mind of mental health in ways that confront pro-neoliberal social expectations of biomedicine, Buddhist modernism, the contemplative movement, and the model minority stereotype.

Chapter One: Dharma Medical Territory of Mind

Over the last forty years, contemplative science has become the premiere science of introspection and its effects on mental health. Its discourses on training the mind to render it serviceable towards individual and community mental health care are what justify the secular role of Buddhist therapeutics in the public sphere. Founded in 1987, the Mind and Life Institute "brings science and contemplative wisdom together to better understand the mind and create positive change in the world." [108] Following the landmark founding of Mind and Life, contemplative science emerged across the landscape of scholarly institutions in the form of courses, degree programs, and centers for research. Some of the most notable centers are the University of Massachusetts Memorial Health Center for Mindfulness (formerly the Stress Reduction Clinic founded by Jon Kabat-Zinn in 1979), the Brown University contemplative sciences Initiative, University of Virginia's contemplative sciences Center and Mindfulness Center through the School of Medicine, the Centre for Mindfulness at the University of Toronto, and the University of California, Los Angeles Mindful Awareness Research Center.

The words "contemplation" and "science" may seem antithetical at first given the modern history of secular division between public and private spheres. Historically, religious and indigenous systems of medicine have been sequestered to the private sphere. Meanwhile, biomedicine has come to define the form and practice of scientific medicine in the public sphere. From the Latin "contemplatio," Alan Wallace defines

[108] Mind & Life Institute, "What We Do," accessed September 22, 2022, https://www.mindandlife.org/.

contemplation as having "total devotion to revealing, clarifying, and making manifest the nature of reality."[109]

In the context of contemplative science research, "contemplative" denotes a range of introspective activities that probe the interior subtleties of mind (i.e., consciousness, subconsciousness, and the soul or spirit). Some of the contemplative practices that regularly appear in my Buddhist therapeutic secular field sites include: meditation, mindfulness, yoga, prayer, stillness in nature, and reflective prose and poetry. In recent decades, the immense interest on the medical efficacy of contemplation on individual and population mental health and testing for which contemplative practices are most efficacious in certain contexts has led to the naturalization of contemplative practices in the public sphere via the therapeutic secular. I describe the result as the "Buddhist therapeutic secular." My informants' Dharma shares and interviews illustrate the production of the Buddhist therapeutic secular mind and its anti-neoliberal moral narrative of mental health.

Sophie is one of my informants from the San Diego chapter of Wake Up. They are thirty-three years old, Asian American (ethnically mixed Chinese-American), pan-sexual, and non-binary. Sophie teaches mindfulness meditation and yoga at Morning Sun, a Plum Village mindfulness center in New Hampshire. Their description of mind in terms of biomedicine (biology, chemistry, physiology, cognitive science, genetics, etc.) and introspection illustrates the Buddhist therapeutic production of the secular mind of mental

[109] B. Alan Wallace and Brian Hodel, *contemplative science: Where Buddhism and Neuroscience Converge* (New York Chichester: Columbia University Press, 2009), 1.

health. It does so in a discursive process that engenders an anti-neoliberal moral narrative that collectively authenticates mind and mental health as biopsychosocial phenomenon that unfold in both public and private spheres.

Sophie is also certified as a Mindfulness-Based Stress Reduction therapist although her current position at Morning Sun only recognizes the transmission of empowerments within their own tradition. Sophie does not usually consider themself "religious" but admits that they are Buddhist with reluctance because they were raised agnostic and with a healthy distrust of organized religion. As an adult, they have been exploring their personal relationship with God. Because of their experience with addiction and recovery, Sophie regularly takes refuge in the Buddha as her role model of sobriety and happiness. They are focused on keeping a daily meditation practice that addresses ancestral and generational trauma and planet-based awareness.

Question: How would you describe the territory of the "mind" that you have been exploring in your mindfulness practice?

> I'd describe the mind as both physical and chemical. It takes shape in the muscle memory and the cellular or genetic memory transmitted to me from generations. I also knowing that my mind is incredibly affected by my hormones, nutrition levels, the oxygen in my body, and the way I'm breathing. My mind is informed by everything around me, whether that's seen or unseen, from the past or from the present. I definitely don't think the mind is in the brain only. My mind is a lot more in my gut and in my sensors, like my smell, the taste, my vision, my hearing, my touch.

Question: What is the purpose of mindfulness?

> Mindfulness has an ethical purpose to be of service because otherwise it's just concentration or another energy. I think that the very surface layer of practicing mindfulness is to help us connect with flow state when we feel timeless, in the present moment, and one with our activity, like we're no longer grasping the past, or attached and obsessing about the future—as if we're aware and able to be engaged with it in a very clear honest way, with a lot of nonjudgment.

> Concentration doesn't heal trauma but mindfulness can because mindfulness has the intention of non-judgment and acceptance.
>
> I don't personally believe mindfulness is about like quieting our thoughts that we notice arise in meditation. I think it's about quieting the body enough to see the thoughts. Then, once we're reaching that layer in ourselves, we're able to be more present because we're listening to ourselves. Then we can stop running from our own thoughts and thinking that we're bad people for having destructive, suicidal or depressive moments in our lives. Then we can start working with that layer of shame and anxiety that society has pressured us into feeling by having the intention of being at peace with the present moment. Then we can make a change in ourselves and society.[110]

Sophie's responses to my interview questions illustrate the production of the secular mind and how its anti-neoliberal moralization of mental health is grounded in biopsychosocial models of mental health that encompass both contemplative science and biomedicine within the same discourse. In biomedicine, the existence of mind is the fruition of a tipping point in the brain's neurological complexity. Until recently, models of mind that locate mind solely within the confines of the head brain have dominated biomedical research on the mind-body network. My field sites have established themselves as Buddhist therapeutic secular communities of care that support transcranial models of mind that locate it throughout the body. Experiences of the mind-body network that account for at least three intrinsic nervous systems or "brains" in the body—the (1) head, (2) heart, and (3) gut brains—are collectively authenticated in my field sites through meditation and Dharma shares. However, mindfulness is not merely a neutral practice of concentration. Sophie distinguishes her practice from other forms of attention

[110] Sophie, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, Zoom recording, November 19, 2021.

training because in mindfulness, nonjudgmental concentration enables healing or making whole again.

The word "science" comes from the Latin "scientia," meaning "knowledge," and has become synonymous with the scientific method (typically consisting of a hypothesis, systematic observation, measurement, and experimentation).[111] Much like other hegemonic institutions claiming secular knowledge, science performs rationalism, objectivity, and universalism while eschewing what it inevitably creates. That is, a pro-neoliberal moral narrative of amorality, apoliticism, individualism that enables the reproduction of structural inequity in the public sphere. My dissertation illustrates how the dogmatic ideology of scientific materialism and its antithesis for introspection (and the subjective experience of patients in general) found in biomedicine has created major lacunae in mental health research. I do this by examining the ways that the Buddhist therapeutic secular has emerged to fill the biopsychosocial, including Dharmic, needs of those seeking community-based mental health support amidst the COVID-19 pandemic.

The range of scientific disciplines that embrace the impact of contemplative practices, like meditation, on human health now includes biology, physiology, psychiatry, psychology, neuroscience, cognitive science, and increasingly the humanities and social sciences. However, the biomedical and psychological sciences were once vehemently against the place of mind, morality, and introspection within the secular ken of science because they are unidentifiable as material objects in time and space. As a term,

[111] Cristian Violatti, "Science," World History Encyclopedia, accessed September 22, 2022, https://www.worldhistory.org/science/.

"contemplative science" evokes the interdisciplinary dismantling of boundaries between Buddhist medical, Buddhist epistemological, and scientific discourses of mind. Importantly, it draws heavily on biopsychosocial approaches to mental health, subjective well-being, and ultimately, long-term happiness.

In this chapter, I examine the ways that major leaders in the contemplative movement have penetrated the sciences with theories and methods based on the science of introspection in three primary fields: (1) the biomedical sciences, (2) the psychological sciences, and (3) the social sciences. In each section, I describe how a cadre of leaders in contemplative movement perform the hermeneutical maneuver to reinstate the contemporary relevance and potential of Buddhism's most salient cultural product: mindfulness. This chapter explores how mindfulness has become the premiere interdisciplinary and biopsychosocial science of introspection.

What is the "mind" of "mindfulness?" Mindfulness or "memory" is often translated as '*smrti*' in Sanskrit and '*sati*' in Pali.[112] It is "commonly used in meditative contexts to refer to the ability to remain focused on a chosen object without forgetfulness or distraction."[113] In the hands of what scholar of sociology of religion Jaime Kuchinskas coined "the mindful elite,"[114] whose goal it is to spread a secular version of the Dharma worldwide through the contemplative movement, the secular mind of mental health care is rendered accessible to the public sphere in a process of medicalization and neoliberal

[112] Robert E. Buswell Jr and Donald Lopez Jr, *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 2031.
[113] Ibid.
[114] See: Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018).

cooptation. In general, the mindful elite (of the contemplative movement) has splintered the production of secular mind into two moral narratives of mental health: (1) a pro-neoliberal and (2) anti-neoliberal moralization of mental health.

The pro-neoliberal moral narrative of mental health generated by the contemplative movement draws heavily on contemplative science and the long history of scientific testing of meditation. While a convenient and accommodationist means of bringing a formerly religious cultural import (i.e., product/service) like mindfulness meditation from the private to public sphere, it succeeds by depoliticizing structural inequity and pacifying social reform with the promise of inner-peace. Here, mindfulness is a social phenomenon that reproduces the neoliberal capitalist ideology of individual consumer choice and salvation. As a result, mindfulness has also unreflexively spawned the overlapping free-market (of meditation) between the attention economy and wellness industry.[115]

The anti-neoliberal moralization of mental health has also been ever-present since the outset of Buddhist modernism. The anti-neoliberal goal to reinvent monastic lineages atop of the contemporary social justice landscape of the contemplative movement is clearly demonstrated by the Humanistic Buddhism of *Fó Guāng Shān, Sōka Gakkai*, *Nántiān* Temple, the (Socially) Engaged Buddhism of Thích Nhất Hạnh, and more recently by the Radical Dharma of Lama Rod Owens. Yet, the issues of structural inequity related to race, gender, class, and other social hierarchies reproduced and

[115] In the 1990's, theoretical physicist Michael Goldhaber warned that the international economy is shifting from a material-based economy to an attention-economy. Thus, information is not scarce, attention is. The wellness industry encompasses activities that promote physical, mental, and often "spiritual" well-being.

resisted by the contemplative movement have remained little studied by scholars until the last two decades. Below, Sophie's interview continues. Their story about turning to mindfulness training and community as a victim and survivor of traumatic events is ubiquitous across my field sites.

Question: How can you tell if you have made progress in your mindfulness training?

> The most basic thing I could learn to hone my practice was to quiet my mind and body enough hear my whole self. The best way I could do that was by meditating with other people because otherwise I am not tapping into that animalistic social behavior of knowing that it's possible. I can go so much further and safer with the guidance of another person who's practicing. Even if they're new, their presence will still tap into something in me. And for people who can't walk, then it's just having mindfulness of laying down—the physical area that I'm inhabiting or embodying. The ability to accept what's happening sensationally, like on my skin, in my belly and my breath, is different than mindfulness because we're shifting our awareness from the breath in its natural state to another part of our body or externally and honing a skill to be able to be mindful of trauma our bodies. Trauma isn't the event, it's the reaction to the event and that's what mindfulness helps me to focus on chronic PTSD when it happens, before it gets out of control.
>
> Often times as a trauma survivor, when I first started to practice mindfulness diligently (10 minutes a day), there's this heightened sense of anxiety. I hear this from a lot of trauma survivors too and it's because I'm becoming aware of the physical sensations of the trauma, rather than just the mental experience, or vice versa, and becoming aware of how much my mood or conversations are affecting me. Some people report how peaceful they feel and that wasn't the case for me because I became aware of how much anxiety I was holding in my chest, my belly, my hips and my jaw. That's a huge marker of progress. Another internal marker that comes out externally is being able to feel embodied gratitude for being alive and for the things that I do have, but also for the pain. I used to not feel grateful for pain at all, but now it expresses itself as empathy and compassion for myself and other people. It's still such a huge work in progress.

Question: What does suffering mean to you?

> I see suffering as being in the emotional and mental world, not the same as physical pain. I would describe suffering as an inability for the body and mind to connect and act together in union. When we're overcome with an emotion or thought, and can't change the destructive recording that's being played. I think suffering can be very momentary and it can be chronic, over generations. I think

> that suffering can lead to physical pain, and that physical pain can trigger suffering.[116]

Of the two moral narratives that, I argue, define the contemplative movement, contemplative science, and the Buddhist therapeutic secular, my dissertation examines the form and practice of the anti-neoliberal moralization of mental health found throughout Wake Up California *saṅghas*, the New York Zen Center for Contemplative Care, and Recovery Dharma Global. Weekly *saṅgha* meetings enable lifelong students and teachers of mindfulness, like Sophie, to enjoy the psychosocial benefits of meditating in a peer-led, group therapeutic setting. A major feature of the anti-neoliberal moral narrative of mental health produced in my field sites is the collective authentication of the experience of discrimination and structural inequity elsewhere in the public sphere.

Sophie is one of many informants whose trauma is illegible elsewhere in public sphere, including biomedical institutions. The Buddhist therapeutic secular is one of few spaces and communities of care that recognizes trauma as biopsychosocial mental illnesses that unfold in both private and public spheres. At best, the public sphere tolerates the appearance of their trauma until it is properly managed in the private sphere. Sophie now teaches mindfulness as method of coping with trauma, thereby fortifying the Buddhist therapeutic secular as a public space that collectively authenticates experiences of trauma and other experiences of structural inequity as forms of mental illnesses, disorders, or distress. Importantly, they describe unexamined trauma as the cause of disconnection or miscommunication within the mind-body network and ultimately,

[116] Sohpie, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, November 19, 2021.

suffering. Wake Up San Diego enables Sophie to render their mind-body whole again amongst a community of peers.

Alan Wallace describes mind as an "umbrella term covering a broad range of cognitive phenomena, fantasies, perceptions, inferences, feelings, thoughts, recollections, and consciousnesses."[117] From here, contemplation has penetrated the sciences by pointing out how ways of knowing mind-body in Buddhist epistemology and medicine can fill the major gaps of knowledge that have long remained in biomedical and psychological mental health care as a result of their preference for scientific materialism. Because of their disciplinary taboo against the subjective experience of mental illness, the role of introspection and morality has been suppressed in the biomedical and psychological sciences of mind.

Contemplative scientists, and the rhetoric of contemplative movement in general, have often relied on an "East meets West" narrative as a convenient entry point into the biomedical and psychological sciences. This becomes especially problematic (and racist) when reproduced in the humanities and social sciences. I argue that when the production of mind and mental health is located in the Buddhist therapeutic secular, mindfulness training confronts these Orientalist discourses by supporting social justice activism and resistance against structural inequity. This anti-neoliberal moral narrative of mind and mental health is especially salient when confronting the model minority myth which

[117] B. Alan Wallace, *Choosing Reality: A Buddhist View of Physics and the Mind* (Ithaca, NY: Snow Lion, 2003), 167.

subordinates both Asian Americans and Asian American Buddhists beneath white American and secular Buddhists.

What is the "mindfulness" of the "contemplative movement?" This dissertation defines mindfulness as a biopsychosocial mental state achieved by directing one's attention—specifically nonjudgmental awareness—to the unfolding interior or exterior phenomena of the present moment. My informant's interviews and Dharma shares illustrate the important ways that mindfulness, as a community-based mental (behavioral) health care practice, unfolds in both private and public spheres. Jeremey W. Hayward describes mindfulness as a "state in which mind is fully present with whatever action we are executing."[118] It is a universally-applicable form of meditation—a "method to gain insights into the nature of perception"—that brings awareness to bodily sensations, feelings, moods, perceptions, and states of mind.[119] Britney is in her early thirties, bisexual, white, and is a professor of psychology. She describes a difference between mindfulness and meditation that is normative across my field sites and the Buddhist therapeutic secular in general. It illustrates the extent that the secular mind that is being trained during contemplative practices carries a moralization of modern mental health as a biopsychosocial phenomenon.

Question: Is there a difference between mindfulness and meditation?

> I learned meditation when I was fifteen because I was having panic attacks. When I was 19, I started having heavy meditating sessions. By the time I was in grad school, I decided that practicing mindfulness of whatever mundane activity I was doing counted as mindfulness meditation. Now, I think that that's not good

[118] Jeremy W. Hayward, *Shifting Worlds, Changing Minds: Where the Sciences and Buddhism Meet* (Boston, Mass.: Shambhala, 1987), 190.
[119] Ibid.

> enough—just going through your daily life at normal speed and while being mindful. It's a shallow way of being in touch with the world and with yourself. Meditation requires you to slow down and extend your focus to thoughts that just come up, including distractions. If you're doing something mindfully and you're not getting distracted, then you're probably not actually meditating because in meditation you get quiet enough to get bored. Meditation can also be a form of inquiry.

Question: How would you describe good and bad mental health?

> Good mental health is like having a toolbox of strategies to deal with life. I don't really consider myself to have good mental health because I'm chronically depressed and anxious. The optimal me would maybe have normal mood regulation patterns.
>
> When the mind is not being tended to, morality will suffer. What I've learned in my recovery is that I'm predisposed to my addictions because of my mental health issues. In my experience, over 90% of cases of mental health issues for addicts are related to complex trauma.
>
> I've known that I have chronic depression for years, but what I didn't know until the last couple of years was the root cause of it. For me, addiction and morality go hand in hand. Not that anyone who is an addict is immoral, but when I'm caught up in my addiction, I'm harming myself and others. That's an issue with morality.[120]

Britney's interview illustrates the range of mental health disorders that fall under the biopsychosocial mental health discourse of the Buddhist therapeutic secular. Importantly, Britney's examples of mental illnesses and their care pervades private and public spheres. Because of their chronic nature, her disorders are not legible to biomedical institutions; her experiences with suffering with these disorders are even less visible in biomedical institutions. The contemplative scientific role of introspection as a framework for surviving and living with complex trauma, panic attacks, addiction,

[120] Britney, Interview by Steven Quach, Recovery Dharma Global, Zoom recording, November 19, 2021.

depression, and self-harm in *saṅghas* enables Britney to mend these experiences as a simultaneously biological, psychological, and social phenomena.

As a therapeutic secular technique, mindfulness involves nonjudgmentally observing, accepting, and letting go of certain thoughts, feelings, and sensations in order to break free from patterns of thinking and behaving that contribute to chronic suffering (e.g., suffering from living with illness). The personal goal of mindfulness meditation—the premiere science of introspection according to contemplative science—is to form healthy thought patterns and behaviors that ultimately lead to more appreciation for life, subjective well-being, and long-term happiness. The interpersonal or intersubjective goal of mindfulness is to enable a collective awakening by dismantling structural inequity and discriminatory social hierarchies.

In addition to analyzing how contemplative science has secularized the Dharma in a Buddhist modernist hermeneutical strategy to establish continuity between the secular mind of mental health and the Buddha of two-thousand-five-hundred years ago, I introduce the ways that the medicalized Dharma appears at the edge of the contemplative movement—away from the authoritative gaze of monastic and scientific experts—in the quickly-evolving and global field of Buddhist therapeutics. Jacob is thirty-eight years old, of northwestern European decent or white (which he notes has an "unsavory identification"), gender nonbinary, and describes himself as secular and a six on the Kinsey scale.[121] He works at a research lab working MIT on qualitative user research and

[121] The Kinsey Scale is a heterosexual-homosexual rating scale developed by Dr. Alfred Kinsey, Wardell Pomeroy, and Clyde Martin.
"Prevalence of Homosexuality Study," Accessed November 21, 2022, https://kinseyinstitute.org/research/publications/kinsey-scale.php.

attended his first *saṅgha* meeting with his husband half a year ago. Jacob's interview is one example of how mindfulness meditation takes biomedical form and practice in Buddhist therapeutics.

Question: What do you direct your attention to in meditation?

> There are times when I'm sufficiently centered and clear that I can go right in into emptiness in meditation. I had a teacher once tell me that the breath is the inhale and exhale, it's the beating the heart, it's the blood giving its carbon dioxide to the lungs, the positive pressure in the lungs letting, and the negative pressure of letting the oxygen in. The breath has a whole complex story if your mind has to grasp something in meditation. Whether complex or simple, the breath is an entry point to come into the moment. Because I've had 20 odd years of adulthood, there's plenty of old residual pain. I'll actually ask to be taken to where there's pain and observe where it goes. It often travels around my body. It often dissipates but it's not about seeing if I can make it disappear. Oftentimes I find a clarifying second step beyond breath is to go where there's pain, and then I'll just watch and let it go. Third step, typically, is finding the emptiness underneath the pain.[122]

Like many other members of the LGBTQ+ group, *Karuṇā Saṅgha*, hosted by the New York Zen Center for Contemplative Care, Jacob turned to peer-led Buddhist therapeutics because its production of secular mind supports an anti-neoliberal moral narrative of mental health. The experience of gender discrimination and its impact on mental health is often illegible or suppressed elsewhere in the public sphere. At meetings, Jacob is empowered to render whole his experience of mental health as a biopsychosocial phenomenon that occurs in both private and public spheres. Meditations involving scanning and bringing awareness to the different parts the body with one's breathing enables Jacob to understand the residual, lingering, and chronic pain of his adulthood more clearly. The result is a Buddhist therapeutic framing of mind that reveals the

[122] Jacob, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 19, 2021.

emptiness of physical pain—that pain is also made up of non-physical or nonbiomedical components.

In the process of Buddhist modernism and the contemplative movement it spawned, translations of Buddhist medicine and epistemologies have generated the secular field of Buddhist therapeutic or "Buddhist-inspired" forms of therapy like those found in my field sites. I have opted against the commonly-used term "Buddhist-inspired therapy" in favor of the "Buddhist therapeutic secular" because the qualifications "-inspired" and "therapy" are both codes that signal the gaze of secularism. However, the secular space and mind produced by therapeutic *saṅghas* are not maintained by removing the moral or even metaphysical qualities of Buddhism from its public space as one might expect. Instead, the religious aspects of Buddhism are made accessible as part of the premodern and nonbiomedical context of contemplation should they be relevant to *saṅgha* members in a celebration of multifaith acceptance. My fieldwork illustrates the immense presence of religious pluralism in the therapeutic secular. Like many of my informants, Britney believes in a higher power and considers herself spiritual but not religious. For her, Buddhism is a scientific approach to a multifaith higher power.

Question: Are you religious?

> I believe in reincarnation pretty literally. I think of it as like the law of thermodynamics—that energy can't be created or destroyed. I believe in universal force. I think that my grandmother will come back as another being, as the exact same saucy wife but in another body. But when I think about the individuality of the souls other than that, I'd say that we're all part of an ultimate soul.
>
> When I was 18, I listened to this biography about Albert Einstein and that's what led me on to the divinity of science, particularly physics. He believed that there are more questions that remain unanswered that answered because of the limits of observational evidence. For me, that's how science that connects with and

> supports religious ideas—not the Christian story about the earth being four thousand years old, but the idea of one's soul and energy fits perfectly.

Question: How would you describe the territory of the "mind" that you have been exploring in your mindfulness practice?

> I like to described the mind as being dragged by the thought that arises to consciousness. But from a psychological perspective, the mind exists regardless of whether you're conscious. I don't think about it in terms of biology because to me that's the brain. I tend to differentiate between mind and brain. We don't know that we're experiencing our brain at work from our end. Mind is the processes of the brain that we recognize in our experience.[123]

The term Buddhist therapeutic secular more accurately portrays the diverse and ubiquitous presence of Buddhist moral and metaphysical theories and methods alongside scientific discourses. Because Britney is uncomfortable with identifying with an institutionalized religion, she identifies as unaffiliated but accepts a range of metaphysical beliefs, like the soul and reincarnation, as part of her scientific worldview. The integrationist dynamic between religion and science, and metaphysics and physics, described by Britney (where one makes up for the limits of the other) is reproduced in the Buddhist therapeutic secular in terms of the biological, psychological, social and Dharmic territories of mind and mental health care. Members like Britney turn to Buddhist therapeutics because elsewhere in the public sphere, biomedical models of mental health suppress treatments of mind as a biopsychosocial phenomenon occurring outside of the head brain.

I evoke the term Buddhist therapeutic secular to emphasize the medicalization (specifically therapization) of Buddhist epistemologies of mind as behavioral health care

[123] Britney, Interview by Steven Quach, Recovery Dharma Global, Zoom recording, November 19, 2021.

practices that support the treatment and preservation of mental health. In practice, peer volunteer facilitators of meetings (many openly Buddhist and Christian) have the freedom to draw from a range of primary and secondary source Buddhist materials of Asian and non-Asian origins. What is exactly Buddhist "-inspired" and simply Buddhist is up to each individual *saṅgha* member to decide because the therapeutic secular demands religious pluralism and multifaith acceptance. What is or is not relevant to members depends much more on individual religious identity than it does strict lines that ensure the therapeutic secular by expunging religiosity from the public sphere. In my field sites, the plural is tantamount to the secular and thus the modern. *Saṅgha* members are empowered to mend the mind of their mental health—which has been fractured by the secular's normative demand for nonoverlapping public and private spheres—as a biopsychosocial phenomenon that unfolds in both private and public spheres.

The pro-neoliberal moral narrative of mental health care engendered by the biomedical mind has failed to ensure the equity that the secular had promised with the invention of the public sphere. I argue that Webb Keane's moral narrative of modernism[124] takes a distinct form and practice when located in the production of the secular mind of modern mental health. What emerges is a moralization of mental health that either reproduces or confronts the structural inequity of neoliberal mindfulness. Contemplative science is immensely important to both the pro- and anti-neoliberal moral directions of the contemplative movement and the Buddhist therapeutic secular. In this

[124] Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (Berkeley: University of California Press, 2007), 160.

chapter, I examine the genealogy of contemplative science in the fields of biomedicine, psychology, and the social sciences and humanities. In addition, I provide excerpts of Dharma shares and interviews collected from *saṅghas* across my field sites to demonstrate the impact of the disciplining and professionalization of contemplative science at the margins of the contemplative movement—in the peer-led Buddhist therapeutic secular. What is rendered visible, I argue, is an anti-neoliberal moral narrative of the mind, mental health, and the contemplative movement that draws heavily on the contemplative science.

I. The Biomedical Dharma of Contemplative Science

The secularizing gaze of scientific materialism that pervades the physical sciences is perhaps most dogmatic and dangerous in the history of biomedicine. I describe its history in "Chapter Two: Biomedical Territory of Mind." Rather, in this chapter, I turn to the major ways that contemplative science is grounded first and foremost in peer-reviewed biomedical research which has become the scientific materialist litmus test that all systems of medicine (including indigenous and religious or derisively "ethnomedical") must pass in order to enjoy the privileges of the public sphere. Renowned American psychiatrist and psychiatric anthropologist Arthur Michael Klein employs the term biomedicine in place of "Western medicine." He does so "because it emphasizes the established institutional structure of the dominant profession of medicine in the West, and today worldwide, while also conjuring the primacy of its epistemological and ontological

commitments."[125] Thus, biomedicine represents a particular regime of knowledge about the physical health of the human body. It is the scientific gatekeeper of the secular medicine that manages which concerns and treatments about mind and mental health are rendered visible in the public sphere.

I argue in Chapter Two that the biomedical model of mind has engendered a pro-neoliberal moral narrative of mental health that privilege head brain activities typically associated with rationality, logic, intelligence, and objectivity. In reality, the biomedical model of mind that remains at the foundation of psychiatry and much of psychology is a rehearsal of European Enlightenment notions that confirm a dualistic relationship between mind and body. These models of mind problematically locate the object of mental health intervention solely within the boundaries of one's head brain. When reduced to the sole product of head brain activities, symptoms of mental illness, like irrational behavior, are often described as products of physical disfunctions in the brain without psychological and social contexts. The result is a pro-neoliberal moralization of mental health that reproduces the illusion that the public sphere ensures equity based on reason and rational (head brain) systems of government.

The illusion is revealed when (1) mental illness rhetoric is deployed to silence and remove social activism by marginalized groups from the public sphere, and when (2) structural inequity is explained away as a problem with the mental health of individual perpetrators and not with systemic discrimination. The anti-neoliberal moralization of

[125] Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine,* (Berkeley, Calif.: University of California Press, 1997), 32.

mental health engendered by Buddhist therapeutic productions of the secular reframe the biomedical territory of mind as a fully embodied phenomenon that unfolds in both private and public spheres. Processes of thought and states of mind associated with the heart and gut brains (i.e., feelings and intuitions) which are typically dismissed as unrelated to head brain activities, are made equally relevant to mental health care. Importantly, the Buddhist therapeutic secular holds space to interrogate the ways that mental illness rhetoric is deployed to either (1) silence social activism and/or (2) depoliticize problems with systemic discrimination as problems with individual cases of mental illness.

Areas of mutually productive dialogue and syncretism between contemplative traditions and the medical sciences are deeply rooted in questions about the mind-body network which has historically been presented as a Cartesian duality in biomedicine and psychiatry. That is, the body ("matter" or "atoms" in general) occupies time and space. Mind (i.e., consciousness, soul, or spirit) is ethereal and nonmaterial. Therefore, only the physical body is amenable to the scientific methods demanded of modern medical research.[126] Contemplative science is most compelling when it interrogates the ways that biomedicine privileges Euro-American canons, like the Cartesian mind-body duality, at the cost of holistic and efficacious health care.

These areas of mind-body research have largely been pioneered by followers of Transcendental Meditation, Tibetan Buddhist monastics, and physicians and scientists who wanted to use Euro-American scientific methods of investigation to test and prove

[126] Susan Blackmore, *Consciousness: A Very Short Introduction* (New York, NY: Oxford University Press, 2018), 4.

the short- and long-term physiological effects of meditation on the human body. Since the 1970's, two major trends of research in contemplative science have emerged to be preeminent; both have roots in early Indian ascetic practices. One is yoga. The other is the contemplative movement, which exploded over the last three decades and emerged from the Buddhist modernist push to secularize meditation for therapeutic applications—most notably, the treatment of stress and depression. Joseph is seventy-four years old, Caucasian, gay, a Christian Scientist, and continues to use Christian Science techniques in meditation. He is a reiki master and a retired choir singer. Joseph lives in New York City and started attending *Karuṇā Saṅgha* and other meetings hosted by the New York Zen Center for Contemplative Care a few months before the start of the COVID-19 pandemic. Below, Joseph describes how his current practice remains grounding in the Transcendental Meditation techniques he learned decades ago.

Question: What do you direct your attention to in meditation?

> Breath and I still do my mantra for my original Transcendental Meditation practice. Sometimes, I'm visualizing a candle or thinking about dinner, but usually it includes counting my breath in and out. It has to be as simple as it possibly can. Otherwise, you're going to start talking or having a conversation with yourself.

Question: What does suffering mean to you?

> I'd like to speak directly to suffering using an example from my own life—of the greatest anguish I've ever been in. That was the loss of my partner. I felt as if life had taken a shotgun and shot a hole through my belly. That expression of feeling absolutely gutted was how I felt for at least two years after his death and then it took a long time for that hole to heal. To lose the presence of their physical form was the greatest suffering and soul anguish I've ever had. And then I've also suffered from chronic pain for about a decade.[127]

[127] Joseph, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 18, 2021.

Joseph's description of chronic emotional and physical pain as the "greatest suffering" he has ever experienced illustrates the need for community-based mental health care programs that collectively authenticate the introspective and moral experience of living and suffering with chronic illness. *Saṅghas* empower members to render whole the biopsychosocial experience of mourning the loss of a life partner. Despite the exterior and psychosocial cause of Joseph's grief, the pain of loss unfolds in the interior, private space of Joseph's body as a feeling of being "gutted." Because he presents no clear disease as the cause of his physiological anguish and chronic pain, biomedicine is incapable of treating Joseph's illness and experience of illness with pharmacological and invasive treatments. The Buddhist therapeutic secular enters the fray to fill the void in Joseph's mental health care.

Starting in the late-1970's with Mindfulness-Based Stress Reduction (MBSR), psychologists have been studying and adapting mindfulness practices in biomedical settings like hospitals and clinics. These clinical applications of mindfulness to treat mental (behavioral) disorders were coupled in 1990s with the interest by neuroscientists to study the physiological effects of these mindfulness treatments as well as underlying structural mechanisms that operate within the brain during mindfulness meditation. In the early-2000s, the combination of the clinical treatment of mindfulness with the neuroscience of meditation reached an apex of popular media hype about the effects of mindfulness on the brain. Consequently, the contemplative movement has led to the unreflexive birth of the overlapping marketplace between the attention economy and the wellness industry that defines free-market meditation. Neil is in his early thirties,

Vietnamese American, and has been a regular member of Wake Up San Diego for nearly a decade. His description of the mind-body network and practical approach to meditation as a mental health care practice portrays the normative biomedical and psychological view of meditation that is founded in the contemplative movement and contemplative science.

Question: How would you describe the territory of the "mind" that you have been exploring in your mindfulness practice?

> There's a physical sensation associated with the mind. What the practice of mindfulness meditation does is show the feedback between what I view as my mind and my bodily health. The more I practice, the more there's a physical sensation.

Question: What is the purpose of meditation?

> The purpose of my meditation on a practical level, is to reduce stress, increase happiness on a bodily and spiritual level, and to understand myself.

Question: How would you describe good and bad mental health?

> The proper upkeep and address of good mental health is analogous to the proper upkeep of good physical health. Prevention of preventable mental health illnesses or injuries and quick address of a mental health issues is, I think, good mental health. I posit then that the opposite of good mental health would be to ignore those things. For myself, actions to cultivate good mental health include reducing stress with good exercise and diet.

Question: What do you direct your attention to in meditation?

> I always start with the breath and the traditional technique for watching the breath. I don't visualize objects normally although sometimes I do body scans[128] or different practices for letting go of thoughts—that is, the train station. I also make my goal to be emptiness for the most part but come back to my breath for my day-to-day meditation.[129]

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[128] The body scan meditation is a type of mindfulness meditation practice involving bringing one's nonjudgmental awareness to different sensations throughout the body in order induce relaxation or locate tension.

[129] Neil, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, Zoom recording, November 18, 2021.

When Neil describes the physical sensation of mind, he accounts for the transcranial territories of the body that mind arises from. Mind is present throughout the body and mindfulness training clarifies the communication between the two. Importantly, he frames mental health care in terms analogous to and inextricable from biomedical health care: the prevention and treatment of malfunctions. Wake Up *Saṅgha*, therefore, satisfies Neil's social demand for a secular space that collectively authenticates mental health care as a simultaneously-occurring biological and psychological practice. Neil's description of the purpose of meditation in "practical" terms signals the secular efficacy of contemplative practices to reduce stress and maximize happiness by bringing nonjudgmental awareness to breath, body, and the emptiness of mind when deep in meditation.

Some of the early scientific studies of meditation begin in the decades right before contemplative movement. Besides a few reviews in psychology journals on meditation and yoga, the first studies on meditators by neuroscientists began in the 1960's and 1970's: an early EEG study in 1961 by Bal Krishan Anand on yogis in India and a study in 1966 in Japan on Zen meditators with zazen.[130] Maharishi Mahesh Yogi introduced the practice of Transcendental Meditation (TM), a mantra-based technique that he claimed only required twenty minutes of effort a day. This technique became famous particularly

[130] Bal Kirshan Anand (1917-2007) is considered the founder of modern Neurophysiology in India. Inga B. Tøllefsen, "Transcendental Meditation, the Art of Living Foundation, and Public Relations: From Psychedelic Romanticism to Science and Schism," August 28, 2014.

because of his encounter with the Beatles in 1968, which spawned the larger encounter of American hippy and psychedelic culture with yogic culture from India.[131]

In 1963, Maharishi wrote a book on meditation that claimed it was a science. This modernist maneuver to reestablish the relevancy of meditation set the stage for much of the discourse on the "science" of meditation. Research on TM meditation flooded the emerging field of meditation studies as a radical reorientation of the mind-body network but it was based on non-peer reviewed studies that were largely privately-funded. Promotional claims about TM led the research astray. As a result of its secular marketing, TM was adopted by U.S. public schools and Airforce, which resulted in *Malnak v. Yogi* (1971) and the re-Vedicization of TM.[132] Consequently, there was a decline in meditation's presence in the sciences after the mid-1970's.

By the 1990s, "contemplative science" was coined by preeminent scholars at the disciplinary intersection of Tibetan Buddhism and neuroscience, like Alan Wallace. The formation of contemplative science was highly influenced by biomedical norms in 1970's, when Euro-American scientific theories about the mind-body network were still in their infancy. At this time, structural psychology—the first "school" of psychology to create a systematic and rigorous approach to introspection—as well as other psychosomatic, psychotherapeutic, and psychobiological fields, were widely considered

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[131] Inga B. Tøllefsen, "Transcendental Meditation, the Art of Living Foundation, and Public Relations: From Psychedelic Romanticism to Science and Schism," August 28, 2014.

[132] The Court agreed with the District Court's finding that the SCI/TM course was religious in nature noting: "careful examination of the textbook, the expert testimony elicited, and the uncontested facts concerning the puja convince us that religious activity was involved."
Global Freedom of Expression, "Malnak v. Yogi," Accessed August 11, 2022. https://globalfreedomofexpression.columbia.edu/cases/malnak-v-yogi/.

pseudoscientific or radical at best by scientific materialists.[133] Out of the counterculture and New Age movements that reflected the humanist psychology of 1960's America, like the Beat Generation and Human Potential Movement, meditation would undergo a process of medicalization that set the stage for the contemplative movement, contemplative science, and the Buddhist therapeutic secular to thrive.[134]

In 1975, American medical doctor and professor of the mind-body network, Herbert Benson published his study of Transcendental Meditation at Harvard in *The Relaxation Response*. The book was a best seller and tremendous step towards (bio)medicalizing the traditionally non-scientific practice of meditation as a method of slowing down one's metabolism.[135] Research on training the mind of mental health associated meditation with relaxation and has contributed significantly to the popular notion that meditation is designed to induce calm or peace as opposed to provoke arousal (also known as the "fight or flight response"). In reality, meditation techniques vary widely and there are techniques for both relaxation and arousal. In 1981, the first scientists to study Tibetan monks in a study that Benson conducted on *tumo*, or "heat yoga," showed that monks could intentionally manipulate their physiological core temperature.[136]

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[133] Contemplative science (or neuroscience) is an interdisciplinary field in which neuroscience tools, like fMRI, are used to study the effects of meditation. Founders of the field include Richard Davidson, Francisco Varela and B. Alan Wallace.

[134] American professor of philosophy and religious thought, Jeffrey Kripal recounts the history of Esalen and its two founders who fused sought to "fuse the spiritual revelations of the East with the Scientific revolutions of the West." See: Jeffrey J. Kripal, *Esalen: America and the Religion of No Religion* (Chicago, IL: University of Chicago Press, 2008).

[135] Herbert Benson and Miriam Z. Klipper, *The Relaxation Response* (New York: Avon, 1976).

[136] William J. Cromie, "Meditation Changes Temperatures," *Harvard Gazette* (blog), April 18, 2002. https://news.harvard.edu/gazette/story/2002/04/meditation-changes-temperatures/.

In the same year Benson published *The Relaxation Response* in 1975, Hungarian-American Psychologist, Mihaly Csikszentimihalyi coined the psychological term "flow state" to refer to the mental state in which a person performing an activity is fully immersed in a feeling of energized focus, full involvement, and enjoyment in the process of the activity.[137] Together these biomedical and psychological theories about the mind-body network have served as a vanguard for the wave of interdisciplinary research between neuroscientists and monastic practitioners that would soon come after in the 1980's and 90's. Matt is twenty-nine years old, gay, male, white, self-described as secular, and works in communications at an engineering firm. He has been a regular member of the *Karuṇā Saṅgha* hosted by the New York Zen Center for Contemplative Care for about half a year. The excerpts of Matt' and Neil's interviews below reflect this major transition in popular interest in meditation from physiological control to mental (especially emotional) regulation.

Question: What is the purpose of mindfulness and meditation?

> I came to meditation as a means of dealing with anxiety, which has been a major challenge throughout my life, and something that has been chronic over the past five years. I've been trying to address it more rigorously, but going forward, it's become less instrumental. I'm less about doing calming exercises at home now and more about a broader kind of mindful approach to existence and how to frame it, which for me, primarily comes down to the concept of emptiness. I like the term cultivating. Meditation has been really powerful in my life in terms of getting a purchase on what exactly is the mind that I'm cultivating. Sometimes I think of mind as being like a very thin and clear film that filters our experience. Sometimes I think of Buddhist practice is about being able to glimpse the fact that we are constantly judging and filtering our experience of reality. [138]

[137] See: Mihaly Csikszentmihalyi, *Flow: The Psychology of Optimal Experience* (New York: Harper Perennial Modern Classics, 2008).
[138] Matt, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 19, 2021.

Question: How can you tell when you have made progress in your mindfulness and meditation training?

> I want to avoid using the term "progress" but it has to do with observed change over time, seeing my own growth, and being less reactive in certain respects—certainly with my anxiety and how it paralyzes my body. With greater frequency, I can observe when I am in a reactive state, like when I feel angry immediately after something bad happens. With that perspective, I can take steps to come back to a baseline. [139]

For Matt, there is a natural maturation that occurs in mindfulness training: from managing the physiological or exterior symptoms of mental or interior distress, like chronic anxiety, towards a fuller experience of emptiness and nonseparation or interbeing. Neil's response to the same question is below.

Question: How can you tell when you have made progress in your mindfulness and meditation training?

> I think it's fairly obvious in my own mindfulness practice when I am making progress although it's not linear. For me, progress means that I'm able to react to my internal thoughts and the external world without getting carried away with my emotions. If it had to be done in a quantitative way, I would set a timer in my mind and see how quickly I'm able to refocus. [140]

Question: Has your mindfulness and meditation practice affected your worldview or politics since you started practicing?

> The practice has impacted the way I understand the world family in terms of my sense of humanistic equality when it comes to structural racism and sexism, and nonseparation between ourselves and the planet.[141]

Matt and Neil both describe the practical benefit of mindfulness meditation as cultivating and refining the practice of returning to a "baseline" or homeostasis—a belief rooted in the biomedical language of Herbert Bensons' research on the relaxation

[139] Matt, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 19, 2021.
[140] Neil, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, Zoom recording, November 18, 2021.
[141] Ibid.

response nearly five decades earlier. Since then, the clearest indication of improvement in the Buddhist therapeutic secular is commonly described in terms of emotional regulation, coping strategies, and learning to react to external stressors by quickly easing into a state of relaxation or equanimity. The prevention of spiraling out of emotional control by managing biomedical symptoms is a prerequisite to wider—psychological and social—applications of mindfulness that demand the recognition of nonduality in one's worldview.

In 1979, Jon Kabat-Zinn started the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts which is widely accepted as a watershed achievement in the biomedicalization of the contemplative science.[142] It was designed to treat chronic pain as a method of stress reduction—a problem that remains largely unsolved by traditional biomedical institutions because chronic illnesses often demonstrate symptoms with no clear or single cause. MBSR presented a practical formulation that led to the application of mindfulness in clinical and medical treatments in a variety of conditions. Because MBSR was designed as a discipline program with a curriculum that can be taught, and applied in a controlled manor in the course of eight weeks, scientists have been able to replicate the program and design research studies. The impact of MBSR on the scientific research on mindfulness meditation is profound because it presented a formerly religious contemplative practice in a systematic, programmatic, universal, and secular fashion. Below, Sophie too describes a general

[142] John Kabat-Zinn is an American professor emeritus of medicine. MBSR programs are now offered by medical centers, hospitals, and health maintenance organizations across the US. The MBSR program is described in his 1990 book *Full Catastrophe Living*.

understanding of mental health that draws heavily on MBSR research on emotional regulation and the necessity of preventive mental health care that is grounded in community. Importantly, the mind-body is unified site of both mental distress and healing.

Question: How would you describe good and bad mental health?

> I think good mental health has something to do with resilience and being able to self-soothe or soothe others after a traumatic event to discharge that cycle from the body on a very physical level. I also think mentally, it means being able to feel emotions and not ascribe good or bad or judgments to them. I feel like good mental health means being able to touch joy, peace and understanding and to also give those things to others because we're social animals.[143]

At the same time the Dalai Lama was meeting with neuroscientists, like Francisco Varela, in the 1980's in what would soon culminate into the field of contemplative science, other neurobiologists who were adjacent to the contemplative movement, like Eugene d'Aquili and Andrew Newberg, were also pioneering the field of "neurotheology" or "spiritual neuroscience." Neurotheology locates on the study of the mind-body network in the context of religious experiences, including those occurring in Buddhist meditation and Christian prayer.[144] In the 1990's, they coined the term "Absolute Unitary Being" (AUB) to refer to a range of intense religious experiences often associated with mystical states of mind, a disembodied sense of oneness with the divine, and losing one's sense of time. To no surprise, AUB is associated with the simultaneously activation of the relaxation response in one's physiology and flow state in

[143] Sohpie, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, November 19, 2021.
[144] Eugene G. D'Aquili and Andrew B. Newberg, "The Neuropsychological Basis of Religions, or Why God Won't Go Away," *Zygon*® 33, no. 2 (1998): 187–201, https://doi.org/10.1111/0591-2385.00140.

one's psychology. Despite being at the periphery of the contemplative movement, AUB serves an important interdisciplinary role in pluralizing, and thus secularizing, the public discourses on religious experiences. Joseph, a Christian Scientist, describes it as a oneness with God achieve via mind.

Question: How would you describe the territory/space of the "mind" that you have been exploring in your mindfulness practice?

> That's actually where Christian Science comes in for me because they talked a lot about God and the mind. There is just one mind, and we are all part of this mind, and so I've been able to translate the word God or Supreme Being as a kind of universal intelligence. Then in meditation, I'm seeking to become more aligned with it. It is mental but there's also a physical component to it which I can't really explain. I just feel it when it happens.
>
> I think that training the mind is just is not really possible. It feels more like a wrestling match. I notice progress when it gets quieter—when my mind isn't throwing darts at me all the time.

Question: What is good and bad mental health to you?

> Good mental health is being able to be productive in the present moment, but also being able to have the presence of mind to make good decisions. I think enlightenment is being more aware of how all the pieces fit together in a larger whole and rather than focused entirely on personal life and not the rest of the world.

Question: What is the purpose of meditation to you?

> The purpose of meditation is to be more accepting myself. I've found myself meditating the last couple of weeks and going back and examining the judgments I made when I was young. I try to look back and then be compassionate with myself for the judgments I made.[145]

In Joseph's interview, an image of mind that exceeds the biomedical limitations of the body is clarified. Biomedical explanations for the development of mind suggest

[145] Joseph, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 18, 2021.

that it is a biproduct of the head brain's neurological complexity. Rather, individual minds are pieces of the mind of God; meditation enables the communication and alignment between the two. Despite not believing in the efficacy of training mind, Joseph describes a kind of enlightenment that emphasizes the awareness of the interconnected nature of reality—a version of enlightenment that is similarly codified by other informants with terms like "emptiness," "interbeing," "dependent origination," "oneness," and Absolute Unitary Being. Although there is a physiological component, for Joseph, the day-to-day practice of meditation that leads to one's alignment with God is grounded in the cultivation of self-compassion.

Today The Mind & Life Institute welcomes physicists, cognitive scientists, neuroscientists, psychologists, social scientists, and other experts in fields related to the interdisciplinary study of the mind-body network. The institute began hosting Mind and Life Dialogues in 1987 as an exploration of how the scientific methodology of studying mind can be enriched by incorporating the introspective, subjective, or first-person approach found in Buddhist epistemologies of mind. They are now at the vanguard of new models of mental health care that premiere the biopsychosocial model of contemplative practices. In the year 2000, Mind and Life Dialogue VIII marked an intentional shift in two respects:[146] (1) by honing the focus of discussion on the scientific investigation of meditation, and (2) by extending the dialogue beyond theoretical discussion to implementation of neuroscience and cognitive science research programs in

[146] Venerable Thubten Chodron, "The Mind and Life VIII Conference: Destructive Emotions," August 12, 2022. https://thubtenchodron.org/2000/03/harmful-thoughts/.

laboratories that test lay and expert meditators. The impact of this research reinvigorated the contemplative movement and justified the role of contemplation in the mind sciences.

In a second wave of contemplative research beginning in the 1990s, several mindfulness-based intervention programs, largely inspired by MBSR, emerged in hospital and clinical settings. Namely, Mindfulness-Based Cognitive Therapy was devised to treat depression in 1991.[147] In the late-1990s there was new interest in meditation and by the early-2000s, the first fMRI and PET scans at Harvard began conducting neuroimaging of the brains of meditators. This marked another major transition from physiological study of meditation to the neuroscientific study of the head brain as mind in research labs.

In 2001, the first major neuroscience study of an advanced Buddhist meditator from within the emerging field of contemplative science itself was conducted with French born Tibetan Buddhist monk Matthieu Ricard.[148] This study detected gamma wave activity in an fMRI study during meditation on "non-referential compassion" (*maypa*).[149] This is the first measurement of high gamma waves in a study of meditators and the test results of monks were thirty times stronger than the control group. Gamma brain waves are associated with the "feeling of blessing" reported by experienced meditators, with

[147] MBCT is an approach to psychotherapy that uses cognitive behavioral therapy methods in collaboration with mindfulness meditative practices. In 1991, John Teasedale created MBCT based on Interacting Cognitive Subsystems research he conducted with Philip Barnard.
[148] The ways of yogis and meditators have deployed brain-scanning technology as a means to scientifically authenticate and promote spiritual nationalism since the 1970s is critiqued by scholar of medical anthropology, Joseph Alter. See: Joe Alter, *Yoga in Modern India: The Body Between Science and Philosophy,* 2004.
[149] *Maypa* meditation cultivates an unbiased form of compassion without an object.

peak concertation, and with extremely high levels of cognitive functioning.[150] Matt's excerpt below illustrates the fruition of contemplative science's place amongst other scientific institutions that gatekeep which medical systems get to enjoy the secular privileges of public sphere. Buddhism is not only complementary to the brain sciences; it is itself a scientific approach to studying mind.

Question: Do you think Buddhism is a religion or science?

> I subscribe to a neuroscientific model of the brain. I don't see a conflict between that and Buddhist practice. I think they complement one another. I see a lot of what the Buddha said as a scientific approach to understanding mind.[151]

Early neuroscience studies of advanced meditators were coupled by a new understanding in brain sciences called neuroplasticity. In 2004, meditation training was formally linked with neuroplasticity—one of the great paradigm-shifts in modern brain sciences. The question became: can the brain be trained to alter a person's neurological make-up? The popular media slogan of this endeavor became "train your brain" and helped to reproduce a reductionist and scientific materialist neuro-centric (or head brain-centric) view of meditation; the head brain and meditation had one to one correlation. This reductionist portrayal of meditation and the narrative that "you are your brain" circulated widely in the media. As a result, neuroscience's focus on identifying neural correlates during meditation has led to great strides in research but not without major setbacks. The secular gatekeeping of the public sphere via biomedical institutions, like

[150]Antoine Lutz, Lawrence L. Greischar, Nancy B. Rawlings, Matthieu Ricard, and Richard J. Davidson, "L1ong-Term Meditators Self-Induce High-Amplitude Gamma Synchrony during Mental Practice," *Proceedings of the National Academy of Sciences - PNAS* 101, no. 46 (2004): 16369–73.
[151] David, Interview by Steven Quach, *Karuṇā Saṅgha*, November 19, 2021.

neuroscience, has resulted in the suppression and erasure of nonbiomedical and premodern models of mind and medicine.

II. The Psychological Dharma of Contemplative Science

The contemplative movement would not have been able to penetrate the psychological sciences without the major strides in biomedical research that tested and confirmed the efficacy of contemplative practices on physiological health. The medical objectification or reification of interior states of mind (like arousal, relaxation, and stress) in terms of their correlation to exterior, measurable states of body (like metabolism, heart rate, and activation or deactivation of areas in the brain) secured the role of contemplation—and introspection—in psychology. By extension, mindfulness becomes a major source of critique on the Cartesian mind-body duality that remains dominant in psychiatry and much of the psychological sciences today.

I argue that a pro-neoliberal moral narrative of mental health is engendered by psychological models of secular mind for two main reasons. As a discipline, (1) psychology has historically objectified the secular mind as an object of mental health intervention without acknowledging the subjective experience of the patient. This is because of the secular demand for psychology to maintain the objective authority of the scientist or psychologist. Thus, the subjective roles morality and introspection is rendered illegible rather than incorporated as part of normative research on mental health in psychiatry and psychology. As a result, (2) the profession of psychology also presented the appearance of amorality and apoliticism despite the ethos of consumer salvation it facilitated within the psychotherapeutic free market.

The Buddhist therapeutic production of secular mind, I argue, engenders an anti-neoliberal moral narrative of mental health by collectively authenticating the importance of (1) the patient's subjective experience of mental illness and (2) introspection. These features of my field sites empower individuals to reach their own conclusions about what it means to live and suffer with mental illnesses, disorders and disfunctions. Approaches to mental health care that emphasize narrative medicine and metaphors to clarify the meaning behind living with illness are effective methods of reclaiming the nonbiomedical and subjective psychological territories of mental health care.

The contributions made by physicians and neuroscientists using EGG, fMRI, and other brain scanning technology established a precedence for the interdisciplinary study of the mind-body network and justified the place of contemplative experts, including monastics and other religious adepts, alongside scientists in the unified pursuit of the future of mental health care. The media assumption that "ten thousand hours"[152] of meditation training leads to a level of mastery that is measurable in supranormal brain density and activation is a testimony to the ways that contemplative science has reshaped the mind-body discourse in biomedicine.[153] The impact of contemplative science's intervention to psychology is clearly illustrated below in Jacob's description of mind as a biomedical and psychosocial phenomenon that unfolds in both interior and private and exterior and public spheres.

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[152] In the book, *Outliers*, English-Born Canadian journalist and author Malcolm Timothy Gladwell popularized the notion that an individual needs to invest about ten thousand hours in practicing a skill to become a master of it. See: Malcolm Gladwell, *Outliers: The Story of Success*, Reprint edition, (New York: Back Bay Books, 2011).

[153] Andrea Miller, "Matthieu Ricard's Journey to Compassion - Lions Roar," Accessed September 22, 2022, https://www.lionsroar.com/matthieu-ricards-journey-to-compassion/.

Question: How would you describe the territory/space of the "mind" that you have been exploring in your mindfulness practice?

> The territory of the mind is mental. That is, it is associated with the nervous system, which some are now suggesting include the digestive tract and other groups organs, so I would resist the mental-physical dichotomy. The Buddha teaches that life is suffering so you're going to have mental, emotional, psychological, and social aspects of life that are impacted by the systems we live in—geopolitical, political, economic, cultural—and I think it all contributes to suffering. The Freudian audience would say that the problem is within: 'Let's try to get that ego conforming to external norms so that we can strengthen it above those non-aggressive or aggressive drives below.' Then I think others, say Herbert Marcuse, would say like that it's society that's what's causing suffering. That's what leads to these incredible traumas, disjunctures, and tensions that are necessarily associated with gender/sexuality, race, class and social position.[154]

Like many *saṅgha* members, Jacob acknowledges the theory that transcranial and independent nervous systems—and therefore minds—are found throughout the body (typically described as the heart and gut brains). The conception of mind as the culmination of head, heart, and gut brains amongst my informants is very common and is reflected in Jacob's suspicion of a mind-body duality. Suffering that occurs in the body is thus the product of psychosocial phenomenon and contexts, including the dynamic and tension between self and society.

As a field of psychology, contemplative science's critique on the mind-body network begins with the mind itself (rather than the biomedical body) as the primary object of study. Similar to the process of disciplining and professionalization that codified structural discrimination against non-materialist (non-biological, -physiological, -chemical, -genetic, -neural, etc.) sciences under the hegemony of biomedicine, psychology distinguished itself as a proper science in contradistinction to the biomedical

[154] Jacob, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 18, 2021.

field of psychiatry. Psychiatry has historically prioritized the treatment of brain pathologies or diseases using drugs and invasive treatments, like surgeries. Major fields of psychology, including Euro-American consciousness studies and psychotherapy, have long distinguished themselves as proper sciences of mind because they affirm the third-person, expert opinion of the psychologist to perform non-invasive and therapeutic interventions for mental illness. Yet, because of the secular gaze of biomedicine, psychology has historically rejected the possibility of a rigorous scientific method of introspection and morality.

Contemplative scientists argue that minor schools of psychology that had incorporated introspective methods have largely been unsuccessful in the history of Euro-American psychology. This is because (1) the biomedical taboo against the subjective authority of patients (the experience of living with the suffering of illness), and (2) the lack of a rigorous and systematic epistemology of mind at its disciplinary foundation. In Buddhism, there is no such taboo against the subjective experiences of mental states because introspection into the subtleties of mind—involving mind observing itself unfold—is essential to in contemplative training. Contemplative science strategically positions itself as the authoritative scientific method of introspection and morality in the psychological sciences and the study of mind, mental health, and its care. Constance is in her fifties, white, queer, and now attends meetings hosted by NYZCCC entirely virtually. For members of these Buddhist therapeutic *saṅghas* like Constance, subjective and intersubjective experiences of the secular mind of mental health is a psychosocial phenomenon that takes place in both private and public spheres.

Question: What is the purpose of mindfulness training?

> For me, the purpose of mindfulness training is to come back to a very centered place, to remind myself of my being—that I am far more than my body, feelings, thoughts or physical sensations. Also, to keep experiencing a very deep well of peace inside me which I can then consciously emanate out to others: 'may all beings be happy across the world.' This is the huge power of mindful meditation to me—that there are millions of us meditating at any one point in time, which also lifts the frequencies and the vibrations of the energetic systems that were part of.

Question: How can you tell if you've made progress in your mindfulness and meditation training?

> I think the signs of progress for me appear when I'm able to be still with no desire. Also, in situations which are challenging or triggering, I see progress whenever I'm able to stay calm and speak with compassion.

Question: How would you describe good and bad mental health?

> In the context of the mind, bad or negative mental health is when you let yourself get carried away by your own thoughts or feelings to the point where you're unable to get perspective or a sense of balance, which leads to bad decision-making.
>
> I find there's something different about the activities I'm engaged with after my *saṅghas* meetings. They're more focused and my mental health actually feels a great deal better. I also have a daily practice that I've had for the last since 2018 called deep mind journaling, which is a practice that comes from Barbara Marx Hubbard, the visionary and futurist. I've noticed a huge difference since I've been doing that practice because now, I feel deep mind or emptiness in Buddhism.
>
> In my 20s, when I hadn't met Jane and hadn't realized I was lesbian, I didn't realize how depressed I was. My mind was telling me I had to live and do things a certain way, and with the wrong person—with the wrong gender. I wasn't following my heart's deepest desires, but then I found my community. I found my home with women and then I found my incredible partner. That's when my life changed dramatically. My major chronic depression in my twenties was because I was out of alignment with my true nature.[155]

[155] Constance, Interview by Steven Quach, *Karuṇā Saṅgha,* Zoom recording, November 18, 2021.

The ways that Constance describes the territory of mind illustrates a clear departure from the interviews thus far. Despite Constance 's efforts to conform her mind to the biomedical expectations her gendered body as a woman, she was depressed throughout her life. It was not until Constance reframed her gender and sexuality in psychological and social contexts that exceeded biomedical body and its moral narratives. Mindfulness training enables Constance to encounter deep mind or emptiness and experience her "true nature," which is a desireless wellspring of compassion. Importantly, mental health care is rooted in a regular practice of community-based moral introspection.

The interdisciplinary approach to the study of mind before the invention of contemplative science was dominated by the decentralized study of consciousness or consciousness studies. Consciousness would be recognized as one of the most important unexplored frontiers of science by the early-2000's, but the interdisciplinary study of consciousness has long been an object of elite philosophical discourse since the European Enlightenment. Some of the most celebrated figures who theorized the relationship between consciousness (mind) and matter (body) include Rene Descartes (1596-1650), Baruch Spinoza (1632-77), John Locke (1632-1704), Gottfried Leibniz (1646-1716), George Berkley (1658-1753). Yet, empiricist gatekeepers of what would be known as experimental and clinical psychology in the nineteenth-century, like Immanuel Kant (1727-1804), were not far behind to affirm the mathematical and experimental standards

of the scientific method—standards which the amalgam of consciousness studies failed to meet at the time.[156]

At the turn of the nineteenth century, introspection remained a fringe experimental method in psychology. In 1913, American psychologist John B. Watson attempted to eliminate (1) the need to reference consciousness and (2) the use of introspection as a necessary method of accessing subjective experiences of mind from the field of psychology altogether by declaring a new school of psychology: behaviorism. As a behaviorist, Watson replaced introspection with the analysis of "verbal behavior" or "thinking aloud," a form of "meta-cognition" that invites the patient to reflect upon and report on their thoughts out loud, hence providing a first-person perspective without the need for introspection.[157] American Psychologist John Searle argues that "the idea that there might be a special method of investigating consciousness, namely 'introspection,' which is supposed to be a kind of inner observation, was doomed to failure from the start, and it is not surprising that introspective psychology proved bankrupt."[158]

Although ultimately unsuccessful in its endeavor to eradicate introspection from the vast field of consciousness studies, and specifically psychology, it would take the founding of an entirely separate science of consciousness dedicated solely to first-person experience of the subtleties of mind that introspection would be received as a rigorous scientific method. This new and quickly-evolving field is contemplative science, an

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[156] Eric Watkins and Marius Stan. "Kant's Philosophy of Science," *The Stanford Encyclopedia of Philosophy* (Metaphysics Research Lab, Stanford University, 2014), https://plato.stanford.edu/archives/fall2014/entries/kant-science/.
[157] Chris Frith and Geraint Rees, "A Brief History of the Scientific Approach to the Study of Consciousness," *The Blackwell Companion to Consciousness* 7–22, 2007, 12.
[158] John R Searle, *The Rediscovery of the Mind* (Cambridge, MA: MIT Press, 1994), 97.

invaluable pillar of the Buddhist therapeutic secular and my field sites. Wyatt is in his fifties, Hispanic-white, and has been a staple member at Recovery Dharma's men's *saṅgha* for the last year because it teaches the use of systematic introspection as a tool to mend the secular mind of mental health care as a biological, psychological, and social phenomenon, rather than a biomedical one occurring solely within the interior confines of the head brain. In one Dharma share, he explains,

> Something that came to mind during the shares was the kind of self-harm I did when I was using and trying to change the way I felt with certain chemical or behaviors. Part of my recovery with meditation is about exploring, pealing back in layers, uncovering, and recovering where the source of a lot of that self-destruction is from. Before I shared my situation of being adopted and I'm still dealing with abandonment issues. Even at this late stage of life, those wounds are still there. But they aren't as tender, which relates that to the amount of [meditation] practice I'm putting in. Being able to sit with things as they are has improved the way I'm feeling. Recognizing the ideas of self-hatred, self-loathing, accepting them for as they are, trying to discern the truth, the reality from the delusion, and the lie that I had been telling myself is all part of the practice for me.[159]

Addiction is not only a biomedical illness that engenders physical self-harm. It is intimately tied to self-destructive behaviors and is thus also a psychosocial phenomenon that unfolds in both private and public spheres of life. As many of my informants know, trauma is a chronic illness that recurs throughout one's lifetime and well into adulthood. Living with the suffering of trauma and addictions demands the treatment of biological symptoms with nonbiomedical approaches to mental health care. Buddhist therapeutic communities that teach moral introspection via mindfulness meditation and other

[159] Wyatt, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, June 6, 2020.

contemplative practices fulfill a psychosocial lacuna in the long-term mental health care of members like Wyatt.

One major area of critique that psychology has received is that, as a field, there is a historical emphasis on the study of mental illness rather than mental health. The 1998, American psychologist and then president of the American Psychological Association Martin Seligman chose the incipient field of "positive psychology" as the theme for his term.[160] Together with Hungarian-American psychologist Mihaly Csikszentmihalyi, Seligman defined positive psychology as "the scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and global dimensions of life."[161] Positive psychology began as a reaction against the traditional preference to focus on maladaptive behaviors and negative thinking by humanists like Abraham Maslow, Rollo May, James Bugental, and Carl Rogers, who emphasized the therapeutics of happiness, well-being, and self-actualization.

Today, positive psychology is most known for its study of eudaimonia, positive affect and subject well-being. Aaliyah is fifty-one years old, Black, Christian, and cisgender woman with thirteen years of sobriety. Like much of the incipient Recovery Dharma Global community, Aaliyah was a former member of Refuge Recovery before 2019. As a child, she was adopted by a white family, raised in a white neighborhood and attended predominantly white schools. She describes the root of her alcoholism as racism

[160] Martin Seligman, "Martin Seligman: The New Era of Positive Psychology | TED Talk," accessed September 22, 2022. https://www.ted.com/talks/martin_seligman_the_new_era_of_positive_psychology.
[161] Martin Seligman and Mihaly Csikszentmihalyi, "Positive Psychology: An Introduction," *The American Psychologist* 55 (February 1, 2000): 5–14, 5.

in “Chapter Three: Sociomedical Territory of Mind.” Below, I refer to her reason for turning to Buddhist therapeutics to illustrate the far-reaching impact of positive psychology on the discursive ethos of addiction recovery and the therapeutic secular. She says in an interview,

> In the Twelve Step programs I always heard, “we thought there was a kinder, gentler way to recovery but there isn’t.” But there is and it [Buddhist therapeutics] is here in Recovery Dharma.[162]

Aaliyah’s description of how Recovery Dharma Global’s approach to addiction recovery is gentle and life-affirming compared to the one traditionally found in Twelve Step programs, for addiction to alcohol, drugs, or gambling for example, is a reflection of how positive and negative psychology frame differences between addiction recovery programs. Alan Wallace positions contemplative science in direct alignment and mutually-productive dialogue with positive psychology by also claiming authority over the medical study of happiness, subjective well-being, and likewise by distinguishing itself from the hedonism. In *Contemplative Science*, Wallace explains that,

> Genuine happiness is a way of flourishing that underlies and suffuses all emotional states, embracing all the vicissitudes of life, and it is distinguished from “hedonic pleasure,” which is the sense of well-being that arises in response to pleasurable stimuli. […] Developing mental balance in ways that fortify the ‘psychological immune system’ so that one rarely succumbs to a wide range of mental afflictions.[163]

By “psychological immune system,” Wallace is evoking the presence of biomedicine and its authoritative models of the body. It signals contemplative science’s amenability to

[162] Aaliyah, Interview by Steven Quach, BIPOC *Saṅgha*, Zoom recording, November 17, 2021.
[163] B. Alan Wallace and Brian Hodel, *contemplative science: Where Buddhism and Neuroscience Converge* (York Chichester: Columbia University Press, 2009), 2.

scientific materialist ways of knowing mind. The medicalization of happiness as subject well-being—and distinguished from hedonism—lends itself to the anti-neoliberal moralization of mental health found in the contemplative movement.

With positive psychological affirmation of the study of happiness, research in areas previously taboo like morality, altruism, compassion, love, and belonging have burgeoned in the psychological and contemplative sciences. An area that has remained obtuse to change in consciousness studies is the biomedical preference in cognitive psychology to map the subjective behavioral and neural correlates of mental phenomena in the head-brain from a third-person, objective perspective of a medical expert. As Wallace explains, the fact that consciousness studies is dominated by the scientific materialist dogma of biomedicine "does not impede physical sciences but constricts medicine, especially cognitive sciences."[164] As a result, the "modern West" has developed a sophisticated science of mental illness based on externalized symptoms of pathologies and an expanding science of (positive) mental health. Unfortunately, it is almost solely constructed in terms of head brain functioning and lacks the vital role of introspection and morality to studies of mind.[165] As the premiere science of introspection and morality, contemplative science enters the fray by fulfilling this longstanding methodological lacuna in psychology. As Matthieu Ricard explains,

> Scientific and contemplative knowledge are not antagonistic to one another. However, there is a hierarchy not to be overlooked. Science gives priority to understanding outer phenomena and acting on the world, while contemplative traditions emphasize inner peace, the elimination of mental suffering, and make

[164] Ibid., 61.
[165] Ibid.

> the mind lucid, serene, and altruistic. One experiences with things, the other with consciousness.[166]

Thus, contemplative science position mindfulness as the scientific method of introspection par excellence. Together with morality, introspection reclaims the healing aspect of health care that is often missing from the biomedical and pharmacological treatment of mental illness. Although many leaders of the contemplative movement, including those at the vanguard of contemplative science, like Wallace, have minimized their intentions to spread the Dharma behind the sterilized language of scientific medicine, others like Ricard are open about their religious intentions. Jeremy W. Hayward too believes that Buddhism (and other contemplative traditions) can serve as the foundation for a science of happiness because its production of mind is grounded in a radical pluralism. According to Hayward, this new science (of happiness) is required to: (1) recognize the relativity of all belief systems, (2) recognize the interdependence of the universe and mind, (3) possess a technique by which nonduality could be directly experienced, and (4) refrain from giving itself a special and objective status.[167]

These criteria frame the secular plural that define my field sites in Buddhist therapeutics. Gary is a cisgender Mexican man in his forties and has been a regular member of the BIPOC *Saṅgha* since its founding a year ago. In the Dharma share below, he describes his journey with recovery as rooted in developmental disorders having to do with emotional regulation and coping strategies. Importantly, the therapeutic secular is

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[166] Ibid., 278.
[167] Jeremy W. Hayward, *Shifting Worlds, Changing Minds: Where the Sciences and Buddhism Meet* (Boston, Mass.: Shambhala, 1987), 44.

produced and performed by *saṅgha* members like Gary who collectively authenticates mindfulness training as a behavioral health care approach defined by plurality of multifaith contemplative practices. In his Dharma share, he says,

> One thing that recovery has taught me was that I was emotionally a drunk way before I picked up destructive behaviors. A hallmark of my recovery is when I can cry because before recovery all I felt was sadness or anger and hatred. I did not allow myself to cry because it was unhealthy tradition in my family; we would make fun of each other if there was any genuine emotion. I know that when I cry, I'm working my program or my program's working me.
>
> I honor that glow in you and all of us for being able to grieve without being consumed by the grief. A mentor of mine said don't say a prayer, become a prayer. So in Buddhism, I don't pray to the Buddha, but allow myself to become the Buddha in my own path. I did not expect that at all. I wanted a drive-through recovery. I wanted drive-through awakening. I wanted other people to walk the path because they really needed to wake up, but I didn't want that for myself.[168]

The nondual and multifaith aspects of pluralism put forth by Hayward's secular Buddhism is most perhaps most well-received by contemporary popular media when translated in terms of evolutionary psychology. In his controversial book*, Why Buddhism is True: The Science and Philosophy of Meditation and Enlightenment*, American journalist Robert Wright describes how the role of introspection and nonduality is essential to overcoming our evolutionary design to survive despite our happiness.[169] They are major "naturalistic" and "common core" features of Buddhism that are radical in worldview but "fall squarely within modern psychology and philosophy."[170] In his assessment of Darwinian evolution, Wright states that "natural selection doesn't "want"

[168] Gary, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, June 6, 2020.
[169] See: Robert Wright, *Why Buddhism Is True: The Science and Philosophy of Meditation and Enlightenment* (New York: Simon & Schuster, 2017).
[170] Ibid., xi.

us to be happy, after all; it just 'wants' us to be productive."[171] The evolutionary psychological theory at the center of Wright's argument is widely accepted by my informants, like Jacob, who also conceive of mindfulness training as a method of coping with the unavoidable suffering that comes with the evolutionary instinct to reproduce below.

Question: What does suffering mean to you?

> We are essentially programmed to undergo both physical and emotional pain associated with having physical bodies and mental and emotional lives that have evolved to maximize the probability of the propagation of our genes, or genes like ours, in the next generation. We are perhaps programmed to maximize the probability that we imitate and are imitated through our collective behaviors, thoughts, and ideas. Perhaps in the social realm we add to that kind of inherent suffering by institutionalizing them. All of that is suffering so I don't think that suffering in the context of mind is something from which we exit. It is an inherent condition of mind that we do suffer generally.[172]

According to Wright, "Western science" has provided humanity with a "Darwinian self-consciousness without deep happiness."[173] In other words, the compulsive pursuit of hedonistic pleasure (sex, violence, eating, stealing, lying, status, etc.) driven by the natural selection of our genes and culture may have provided particular advancements in the reproduction of the human species but are now counterproductive towards achieving happiness. This is where the line is typically drawn in the sciences—right before the solution to the existential paradox is explored because scientists have historically distanced themselves from the role of introspection and

[171] Robert Wright, *Why Buddhism Is True: The Science and Philosophy of Meditation and Enlightenment* (New York: Simon & Schuster, 2017), 7.
[172] Jacob, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 18, 2021.
[173] Robert Wright, *Why Buddhism Is True: The Science and Philosophy of Meditation and Enlightenment* (New York: Simon & Schuster, 2017), 12.

morality in the study of mind and mental health. In contemplative science, the newest and most rational iteration of Buddhist modernism coming out of the contemplative movement, these aspects are central aspects to their secular mind of mental health.

Not everyone can dedicate their lives to the atypical and happiness-affirming lifestyle of monasticism, where vows of abstinence against sex, lying, cheating, stealing, violence, becoming intoxicated, and the pursuit of worldly status are a daily practice. However, as the foremost scientific method of introspection in contemplative science, mindfulness carries with it the radical ontology and worldview of nondualism and pluralism described by Wright. Mindfulness is "true" as a science of happiness insofar as its production of the secular mind and its moral narrative of mental health demand the practice of interdependence as a way to dismantle the dualistic (ultimately suffering-inducing) ways of thinking that have been naturally-selected by evolution for the survival (but not happiness) of the species.

III. The Social Scientific Dharma of Contemplative Science

While contemplative science has successfully established its role in the biomedical and psychological sciences as the foremost authority on the use of introspection in study of the mind-body network, the impact of mindfulness as a new social movement has been met with scathing criticism by scholars of Secular Studies, Religious Studies, Buddhist Studies, Ethnic Studies, and Asian American Studies. The most urgent interrogations of the contemplative movement were all the more relevant in the COVID-19 pandemic years of my ethnography between 2020-2022: (1) does mindfulness reproduce the Orientalist social and epistemological hierarchies of Buddhist

modernism? My dissertation specifically asks, (2) does mindfulness reproduce the model minority stereotypes amongst Asian Americans, American Buddhists, and Asian American Buddhists? (3) Does mindfulness reproduce structural inequity by de-politicizing systemic discrimination as a problem that occurs within and amongst individual (and irrational) persons? (4) Does mindfulness suppress real social justice reform by pacifying its audience with the neoliberal promise of consumer driven inner peace and salvation?

When these longstanding questions are located from within Orientalism and Buddhist modernism, the answers can easily trend overwhelmingly toward a pro-neoliberal moral narrative of mind and mental health. In the worst cases, pro-neoliberal social scientific and humanities historical treatments of the contemplative movement have led to the simultaneous cooptation of Buddhism and disenfranchisement of Asian American communities. I qualify this discourse as aspects of the model minority stereotype or myth. The negative psychological and social effects of the model minority stereotype on the Asian American community cannot be overstated. It continues to enable pro-neoliberal moralizations of mental health that erroneously frame Asian Americans as the archetypal example of an extremely well-adjusted and apolitical minority group. In this portrayal of Asian American, low rates of mental illness and upward social mobility are the rewards of acculturation, specifically assimilation. In exchange for these second-hand privileges afforded to Asian Americans by the model minority myth, the prevalence of mental illness (e.g., anxiety, depression, addiction, and suicide ideation) amongst

Asian Americans has become illegible to the public sphere, especially related to psychiatric and psychological preventative care and diagnosis.

The model minority stereotype, which supports a pro-neoliberal agenda, impacts my field sites at the intersection of race and religion. Thus, Asian American, Buddhists, and Asian American Buddhists are all disenfranchised in culture-specific ways. One of the ways that the Buddhist therapeutic secular has enabled the Asian American community to confront and dismantle the stereotype is with the creation of identity-specific and intersectional subcommunities that represent the diversity of Asian American backgrounds and concerns. Wake Up *Saṅghas* will often take field trips—in-person and over Zoom—to other *saṅgha* affiliated with Deer Park Monastery in Escondido California and the Plum Village in general. These include groups for BIPOC, men, women, first- and second-generation Vietnamese Americans, Asian American youth, young adult, adult and elderly. Because the Asian American population is much smaller across the *saṅghas* hosted by the New York Zen Center for Contemplative Care and Recovery Dharma Global, BIPOC groups are the primary site for the empowerment of Asian American diversity. However, because these two field sites are intended to serve traumatized, recovering, grieving, and marginalized populations in general, the topic of culturally-embedded models of mental health and illness that collectively authenticate the role of race, gender, and class is ubiquitous.

As one of the major token ethnomedical system from Asia,[174] Buddhism—and mindfulness specifically—reproduces the model minority myth when deployed as part of pro-neoliberal moral narratives of mental health. In the same way that Asian Americans are depicted as the model racial minority because of our neoliberal work ethic and apoliticism, Buddhism too has been made into the model religious minority because its amenability to science and neoliberalism. Although mindfulness and convert communicates of care have enjoyed the apolitical ethos and privileges of secular Buddhism, the concerns of Asian American Buddhist communities are often ignored. My field sites demonstrate how the Buddhist therapeutic secular has empowered Asian Americans and Asian American Buddhists to reclaim their presence in the public sphere through social activism.

The underlying goal of contemplative science to spread the Dharma and its pro-neoliberal or anti-neoliberal moral narratives unintentionally and intentionally by indoctrinating mindfulness as a scientific method of introspection must not be underrated. Contemplative science secures its presence within the secular fields of biomedicine and psychology as the solution to the interdisciplinary study of happiness. Within the medical discourse of positive psychology, happiness is codified as "subject well-being," the self-reported measure of happiness (also emotional well-being, positive affect, and quality of life), and is often used as the closest approximation to happiness by psychologists.[175] A

[174] Other major token ethnomedical systems from Asian include ayurveda, yoga, reiki, and tai chi. What distinguishes Buddhist mindfulness is its presentation as the premier science of introspection by the field of contemplative science.
[175] Ed Diener, "Subjective Well-Being: The Science of Happiness and a Proposal for a National Index," *American Psychologist* 55 (2000): 34–43.

major goal of the contemplative movement, and contemplative science specifically, is to illuminate a forthcoming contemplative social science of mindfulness for the masses.

Luna is in her late twenties, white, and bisexual. She recently went back to school and works as a diagnostic medical center technician. Since her parents are practicing Buddhist-Catholics in the Plum Village tradition, Luna grew up with frequent visits to Deer Park and Plum Village for meditation retreats with her family. Luna doesn't consider her Catholic anymore and has been a part of Wake Up San Diego for three years. She describes how meditation enables her to re-establish the awareness and experience of interbeing (also variously described as interdependence, nonduality, emptiness, etc.), which is at the heart of contemplative science research on long term well-being or happiness.

Question: What are you doing in meditation?

> A lot of the meditation practice for me is finding the links between and connecting my mind to everything else and actively seeing that they are connected—first of all to my body. The way we're all raised is normally disconnected with the body so a big practice for me is seeing my body as a whole. Sometimes I realize how interconnected my body is when I've had stomach problems because it affects my mood and happiness. The gut brain network is real so mind isn't something just up here, it's this whole body. From there, I can expand my mind or self, which is made up of non-self-elements, like my ancestors, my teachers, the society I live in, etc. It can also be very concrete, like eating meditation and recognizing that this food is also made up of non-food elements. In the Plum Village traditions, it's called 'interbeing.'[176]

Importantly, the contemplative practice of dwelling in or saturating mind with the feeling interbeing in meditation is both a deconstructive and reconstructive process of introspection. In Luna's description, mind—which is tantamount to self—is dismantled

[176] Luna, Interview by Steven Quach, Wake Up *Saṅgha*, Zoom recording, November 17, 2021.

of the normative biomedical assumptions that describe mind as the sole product of the head brain's nervous system. The secular mind of mental health is then reconstructed as a biopsychosocial phenomenon that unfolds in both private and public spaces. The mind is found throughout the body and the result of the genes and traditions inherited from our ancestors. Mind or self is also the product of education and social environment.

Research coming out of Buddhist modernism that pioneered the social scientific and humanities study of meditation in the Euro-American context relied heavily on an East vs. West Historical narrative of globalization. Conveniently, it occluded the transnational networks of exchanges that Buddhism and Buddhists enabled that trouble the supposed universalism and objectivity of the Oriental and Occidental divide. Two broad categories of Buddhists have emerged to be predominant in scholarship despite the Orientalist and Buddhist modernist narratives they are guilty of reproducing. Throughout the mid-twentieth century, and until the 1990's, the normative taxonomy of Buddhism in the American diaspora had been divided between non-Asian (typically white) "convert" Buddhists and "ethnic" or "immigrant" Buddhists. Asian American Buddhists were also variously referred "cradle Buddhists," "religious Buddhists," and derisively "ethnic" or "baggage" Buddhists by scholars including Charles Prebish, who first coined the term "two Buddhisms" in 1978, Paul Numrich, and Helen Tworkov.[177]

[177] See: Charles S. Prebish, *American Buddhism* (North Scituate, MA: Duxbury Press, 1979); Paul Numrich, *Old Wisdom in the New World: Americanization in Two Immigrant Theravada Buddhist Temples* (Knoxville: University of Tennessee Press, 1996); Helen Tworkov, "Many Is More." Tricycle: The Buddhist Review, Accessed March 13, 2022, https://tricycle.org/magazine/many-more/.

In her pioneering ethnography on *Theravāda* Buddhism (a Thai temple and a non-Asian Insight Meditation center) in the U.S., sociologist of religion Wendy Cadge provides the first systematic comparison of how immigrant and convert Buddhists understand, practice and adapt Buddhism in the United States.[178] Cadge found that while there are indeed two distinct forms of practice, the boundaries that were thought to distinguish convert from immigrant Buddhism, like interest in meditation or belief in enlightenment, were overexaggerated. Today, these racialized biases resurface in discrimination and structural inequity against Asian American Buddhists maintained by the model minority stereotype. First generation Asian American Buddhists who emigrated from outside the U.S. are often categorized by tradition, rituals, holidays, language and cultural preservation, superstition, prayer, worship, belief in gods, and neighborhood temple stewardship. However, their neighborhood temples are a multi-use center for immigration, housing, insurance, job, and elderly assistance for local communities.

Unfortunately, this East vs. West narrative continues enjoy dominance in the contemplative movement and contemplative science because of dialectic convenience. As a result, "Buddhism" has ironically become a major source of anti-Asian racism when deployed by those who positioned themselves atop this Orientalist social hierarchy of neoliberal mindfulness in America. To distinguish their secular Buddhism from the religious Buddhism of Asian Americans, converts rehearse the ethos of the European

[178] See: Wendy Cadge, *Heartwood: The First Generation of Theravada Buddhism in America* (Chicago, London: University of Chicago Press, 2004).

Enlightenment, Protestant Reformation and European scientific revolution: individual sovereignty, rationalism, the scientific method, biomedicine, and psychology, and the capitalist worldview and apolitical morality of neoliberalism. Convert or secular Buddhism caters largely to a population of white, upper-class Americans whose primary goal is meditation and mindfulness training as a form of community-based mental health care. Although the terms are used interchangeably, not all secular Buddhist are converts to Asian Buddhist traditions who have undertaken vows and other ritual processions as a declaration of faith.

Most secular Buddhists maintain their original faith or non-faith tradition and see Buddhist contemplative practices as cultural commodities that have been made accessible to them as consumers of free market meditation. Secular Buddhists often do believe in canonical ethics (e.g., the Four Noble Truths, Eightfold Path, taking refuge and vows of faith, and precepts) and metaphysical theories in Buddhism (e.g., *karma*, *saṃsāra*, nonduality, interdependence, enlightenment). At the foundation of secular Buddhism is the pro-neoliberal moral narrative of the contemplative movement to consume meditation (or not) as a contemplative behavioral health care practice stripped of cultural, moral and political context.

Alice is a second generation Filipino American in her mid-twenties. In one Wake Up San Diego meeting, she attributes the model minority myth to the cultural erasure of colonial legacies. In one interview, she describes the lack of historically-informed identity that remains after the deconstruction of these imposed social categories and hierarchies.

Question: Does mindfulness address structural inequity?

> I think there needs to be an awareness that mindfulness can be colonial space too because anyone can have white man's values. It's not immune to disparity and there is a huge whiteness to the space. There needs to be an awareness that to truly practice Dharma is to truly practice equality. It is intrinsically woven in to the practice. I don't even think "Asian" should be a term. I want to link us together but Southeast Asians experience "Asianess" very differently and I think there should be more awareness of each group. I think Asian is a colonial term because it was a white person who decided we were Asian. As a Filipino, our community is a diaspora and its difficulty for us to find community. The term Filipino is literally a colonial term. We don't even have a real identity. Filipino is named as King Philip. Who am I? How much of my ancestry has been erased? I want to link up but I think it's difficult. We were colonized for three hundred years and that real effects on us—our mental health. Trauma is inherited to us from our ancestors.
>
> Racism is embodied in all bodies. It's not just Black and white. I think the role of Asian Americans is to not be quiet model minority anymore. We need to speak out for all equality, all BIPOC, while highlighting issues that are specific to us. I think it's sad that it had to take COVID to up our activism voices, but I hope we don't just retreat afterwards because we are also non-white. The status of model minority is a status given that could be taken at any time.[179]

Much like the term "Filipino," the model minority myth was never coined by Asian communities themselves. For Alice and many other of my informants, the racial category "Asian American" is itself problematic for the same reasons: cultural erasure and structural inequity. The term Asian American was created by historian Yuji Ichioka in 1968 during the founding of the Asian American Political Alliance with the intention of reframing a new "inter-ethnic-pan-Asian American self-defining political group." Ichioka intended it to push back against the pejorative word "Oriental" in recognition of the ways it marginalized Asian American communities in an East vs. West worldview.[180]

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[179] Alice, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 17, 2021.
[180] Kathleen Odell Korgen and Maxine P. Atkinson, *Race and Ethnicity: Sociology in Action* (SAGE Publications, 2021), 280.

Yet, despite its roots in civil rights, the term has lost its efficacy for many Asian Americans today, like Alice, who are trying reconstruct their identity and repair their mental health by exposing the diversity of Asian American experience while showing strong solidarity with BIPOC communities.

While a convenient, but immensely problematic, trope as a means of identifying common ground between contemplative religious traditions and the biomedical and psychological sciences, the unreflexive reliance on the East-West dichotomy in the contemplative movement has led to naturalization of the model minority myth and exploitation the Asian American and Asian American Buddhist communities. As a result, mindfulness has led to the development of two major and overlapping social problems. The first is the reproduction of the convert vs. ethnic social hierarchy, which furthers the racialized and classist tension between Asian American and non-Asian American Buddhists. The second is the pro-neoliberal moralization of the secular mind of mental health. Here, mindfulness is deployed as a universal self-help therapeutic that pacifies social justice reform by de-politicizing and individualizing structural inequity as a personal matter that should be coped with by disengaging with the public sphere and retreating to the private sphere of introspection.

Jaime Kuchinskas describes the contemplative movement as new or alternative social movement that "inspires partial change in individuals' cognitive patterns and behavior," but may not lead directly to social transformation.[181] Worse, critics of

[181] Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018), 33.

mindfulness as a social phenomenon argue that it has been hijacked by a the white, upper-class, elite who deploy it as part of the pro-neoliberal moral narrative to maintain the status-quo. Scholar of Asian American religion in America Joseph Cheah sees the contemplative movement (and by extension contemplative science) as a continuation and preservation of this racial hegemony in the contemporary slippage between cultural and racial rearticulations in Euro-American Buddhist modernism.[182] The Buddhist modernist "two Buddhism" typology is variously labeled Western vs. Eastern Buddhism, secular vs. religious Buddhism, and convert vs. immigrant or cultural Buddhism. As the newest scientific and medicalized iteration of Buddhist modernism in the contemporary moment, contemplative science inherits the social problems of its predecessors in the contemplative movement. The question remains: Does the contemplative movement, contemplative science, and Buddhist therapeutics reproduce racial hierarchies that privilege white Buddhists and disenfranchise Asian Buddhists?

Peer-led Buddhist therapeutics is a rich, yet understudied, location for the critique of mindfulness as a social phenomenon because it is both at the margins of the contemplative movement—away from the authoritative gaze of scientific and monastic experts of meditation—and at the center of the pro- and anti-neoliberal divide that is unfolding in the contemplative movement right now. I argue that contemplative science, specifically mindfulness, has become the token secularized "ethnomedicine" of Buddhism in ways that reproduce the model minority myth. The model minority myth

[182] Joseph Cheah, *Race and Religion in American Buddhism White Supremacy and Immigrant Adaptation*, Academy Series (New York; Oxford University Press, 2011), 4.

provides Asian-Americans and Buddhists with the second-hand privileges of the white elite at the cost of our civil liberty to speak out against structural inequity in the public sphere (e.g., politics and media). Asian American Buddhists are thus impacted by the model minority myth from two directions—at the intersection of race and religion. The growing number of Asian American youth of Buddhist family backgrounds who are choosing to identify as secular is arguably a social strategy to escape a major source of the model minority myth from both public and private spheres.

Jeff Wilson explains that "being able to approach mindfulness as a technique of personal spirituality and also having the option of seeing it as a biological or psychological process related to health and science expands the possibilities for mindfulness in American, providing familiar access points to most of the population regardless of their individual religious or secular backgrounds."[183] The model minority myth extends its Buddhist modernist and Orientalist racial hierarchy into the field of the contemplative science (the newest iteration of secular Buddhism) via the pro-neoliberal moral narrative of the contemplative movement and mental health in general. One major way that previously religious contemplative practices, like mindfulness, have been disciplined for use in the public sphere is by ingratiating contemplation within the medical sciences: biomedicine, psychology, and social science.

Another strategy is to render the mindfulness a cultural commodity that is amenable to the consumer salvation driven morality of neoliberalism. More than a

[183] Jeff Wilson and Tom Pile, *Mindful America*, Unabridged edition (Audible Studios on Brilliance Audio, 2015), 77.

capitalist economic paradigm for the unregulated free market and the illusion of unlimited consumer choice, I employ the term neoliberal to evoke the act of rendering structural inequity: (1) private as an individual problem, (2) apolitical as illegible to the public sphere, and (3) natural as part of the status-quo and current social hierarchy. The Dharma shares below by Jack and others in one RDG meeting illustrates the ways that peer-led Buddhist therapeutics attempts to address each of these three major problems with neoliberal mindfulness. Rather, my field sites hold spaces that collectively authenticate the secular mind of mental health as a deeply social phenomenon, as well as a biological and psychological one, that unfolds in both private and public spheres.

Jack was invited as a guest to speak about his experience with addiction and lifelong practice of recovery. He's white, Catholic, and in his late-forties. In his Dharma share, he explains,

> I saw true hopelessness knew clearly that I needed to change, but I did not believe that I had the ability within me to do so. This is where I'd become stuck, attached, clinging to the idea that I was shit, defective, and unworthy of the divine grace offered by the God of my childhood catechism. Some of the conditions of my upbringing were very traumatic and violent. I was sexually abused by an older woman. When I started to address my denial of it, I began to really grow and heal, so when I read the Recovery Dharma book, I was happy to see that there's a lot of stuff on trauma-informed discussions. I've tried hypnosis but I'm not receptive. I also tried EMDR, cognitive behavioral therapy, behavioral therapy. Later I found Narcotics Anonymous, which had an element that was missing from AA [Alcoholics Anonymous], and that was how to identify with one another on the basis of feelings and empathetic exchange. That helped me a lot because I believed that it was inconsequential whether or not I destroyed my life having fun if I was just going go to hell anyways. I did what I wanted for a long time and I suffered severe consequences—some of which I'm still suffering today.[184]

[184] Jack, Fieldnotes by Steven Quach, Recovery Dharma Global, May 3, 2020.

Lydia is white, Christian, married with two kids, and in her late thirties. She's a recent member of RDG and attends with her husband from their living room. She adds,

> I resonated with your share as I have a brother who served in Baghdad and I'm from a Catholic, Irish, Italian, military family. When I went through the AA recovery program, I thought that PTSD [Post-traumatic stress disorder] was only a military thing because I've seen my brother go through it. I'm now learning a lot about that and have been dealing with it. And I appreciate anybody here who has to go through it and try and overcome it. I am so grateful for your share today.[185]

Michael is white, in his mid-twenties, and is new to RDG. He responds,

> I am a trauma survivor as well and had been in and out of cognitive behavioral therapy for eight years. I tried prolonged exposure as well. In the past four years, I've been trying to get into mindfulness meditation for trauma reasons. Right now, I feel like this is the only way that I'm able to function in the real world without using a substance to get me through the day.[186]

On this occasion, Luke is attending for the first time. Luke is white, married with four kids, and in his fifties. He used to be a functional alcoholic and joins the day's meeting to celebrate fourteen years of sobriety from alcohol addiction. He is a retired nurse and joins the meeting from Saint Louise, Missouri. His family background is Christian and Luke now considers himself agnostic. Luke is an avid reader about the intersection of biomedical health and meditation. At meetings, Dharma shares enable reflection on scientific and Buddhist discourses by using first-person experiences as evidence. He says,

> I went through sexual abuse as a child, and I acquired PTSD [posttraumatic stress disorder] when I was a paramedic for a few years. I'm also a finicky addict. I worked the AA [Alcoholics Anonymous] and those sort of stuff programs and still do participate in them, but because after my last treatment I was desperate enough to try mindfulness and it actually worked. I started to acquire periods of peace.

[185] Lydia, Fieldnotes by Steven Quach, Recovery Dharma Global, May 3, 2020.
[186] Michael, Fieldnotes by Steven Quach, Recovery Dharma Global, May 3, 2020.

> Today, I still have PTSD, but it doesn't control me. I think that's the difference. I'm somebody that has it, but it doesn't have me. I'm a survivor rather than victim. The best thing I could do was meditate, to get to know myself, and to make friends with myself.[187]

Olivia is white, in her early-thirties and also attending RDG for the first time. She says,

> Trauma and PTSD make it really hard to meditate. They just don't go away because you want them to. They're there and sitting with that stuff is the real work. It's the private work that you do yourself, but through identifying with other people's stories, I know I can make progress. I've had a rough six weeks. Relationships stuff is my greatest trigger at the moment. When I'm disturbed, I avoid going to work, and my food addiction thing within recent weeks has been pretty extreme. But I know I'm not alone when I can relate to a diversity of people and my common humanity that's beyond the addict. It's not really about the addict. It's about the life beneath the addict, my true nature, my Buddha-nature.[188]

Some of the recurring themes above that illustrate the psychosocial territory of mind, mindfulness training, and mental illness include: childhood trauma, sexual abuse, PTSD, violence in the household, and relationships as triggers which I explore in more detail in "Chapter Three: Social Territory of Mind." One feature that draws people to the multifaith space of the Buddhist therapeutic secular is the common experience of chronic and lifelong mental distress and disorders. Another feature of Recovery Dharma is that members often to turn to Buddhist therapeutic communities as a last resort because other therapeutic programs fail to help for one reason or another. And third is the collective authentication of mental illness as a complex phenomenon composed of deeply social experiences alongside biological and psychological ones. Elsewhere the public sphere, the secular institutions entrusted to guarantee the equitable treatment (e.g., biomedicine and the criminal justice system) of my informants have failed to recognize the social,

[187] Phil, Fieldnotes by Steven Quach, Serenity *Saṅgha*, May 3, 2020.
[188] Olivia, Fieldnotes by Steven Quach, Serenity *Saṅgha*, May 3, 2020.

cultural, and environmental aspects of addiction and long-term recovery. In the Buddhist therapeutic secular, the biopsychosocial territories of mental health care are rendered legible and collectively authenticated in a community-based, behavioral health care, support-group setting. I return to this in "Chapter Three: Sociomedical Territory of Mind," where I examine how collective authenticity forms the foundation to social justice activism in local communities.

Professor of Management Ron Purser and Scholar of Zen Buddhism David Loy satirize the invention of neoliberal mindfulness by derisively labeling it "McMindfulness." However, they submit scathing critiques on secular mindfulness without acknowledging the existence of its anti-neoliberal moral narratives at the margins of the contemplative movement. Purser and Loy identify three major overlapping concerns: (1) the first is that mindfulness has developed into a "lucrative cottage industry" that recruits new members by making unfounded promises.[189] "Buddhist-inspired" organizations achieved this by declaring themselves secular propagators of ancient teachings while rejecting any affiliation to traditional Buddhist lineages originating from Asia. (2) Second, the decoupling of Buddhist meditation from its religious contexts has left the mindfulness movement bereft of ethics. Purser, Loy, and similar critics argue that there are right and wrong applications of mindfulness. The contemplative movement is wrong insofar as it has surreptitiously enabled the commoditization of contemplation as a tool of neoliberal capitalism (e.g., workplace

[189] Ronald Purser, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality* (London: Repeater, 2019), 164.

efficiency or military training). (3) And third, mindfulness must relieve suffering of the collective and not merely the individual. Otherwise, this individualized and depoliticized accommodationist approach to change will only stall the march of real social justice reform.[190]

In order for contemplative science to prove itself as a social science (as it has as a science of introspection and morality within the biomedical and psychological sciences), it must address the scathing interrogations made by critics of secular Buddhist traditions. Is the secular mind of mental health produced by contemplative science, and the Buddhist therapeutic communities it inspires, capable of transforming the contemplative movement into a social science of happiness without reproducing structural inequity? Is it possible to create a secular mindfulness without becoming McMindfulness? When the locus of critique is centered on the commoditization of mindfulness by the meditation free market and capital generated around them (e.g., mindfulness practice and research centers, academic peer-reviewed journals, university course, degree programs, meditation apps and new media technology, wellness coaching, etc.), then McMindfulness appears to be the inevitable downfall of Buddhism rather than the modern fruition of skillful means (*upāya*).

In fact, anti-neoliberal moral narratives of mental health and mindfulness that directly address Purser' and Loy's concerns have always existed in the lifespan of the contemplative movement. I argue that it is particularly salient in peer-led Buddhist therapeutics where the secular mind of mental health is collectively authenticated as a

[190] Ibid.

biopsychosocial phenomenon that unfolds in both private and public spheres. Although mindfulness as a new social movement predates the emergence of contemplative science, there remains a dearth of social scientific research to suggest that mindfulness has long-term positive impacts on the communities and societies it is practice in. Michal Pagis states that "although early sociological studies on Buddhism and Buddhist practice reference meditation practice, until recently this was of secondary interest. […] This literature focuses on institutions, groups, and communities and thus does not emphasize the individualization of religion."[191] Yet the process of individualization—of identity politics and structural discrimination, for example—has become ever-more important to the social scientific study of mindfulness amongst micro- and macro-populations (in the household, local community, and as a new social movement). Too often, "individualization" belies a neoliberal agenda that merely reproduces the status quo.

Over the last decade, there are have been the small efforts by sociologists from within the contemplative movement who have argued for the partnership of mindfulness, as the scientific method of introspection, and social work. Because research in mindfulness as a social phenomenon remains minor, Steven F. Hick and Charles Furlotte describe four areas of congruence between mindfulness and the structural, critical, anti-oppressive goal of social justice as a point of departure: (1) awareness of social relations, (2) nondualism and dialectic, (3) consciousness, and (4) self-reflection.[192] I argue that these areas of dialogue serve as central themes for Dharma talks and shares in the

[191] Michal Pagis, "The Sociology of Meditation," *The Oxford Handbook of Meditation* 2019, 569, 1.
[192] Steven F. Hick and Charles R. Furlotte. "Mindfulness and Social Justice Approaches: Bridging the Mind and Society in Social Work Practice," *Canadian Social Work Review / Revue Canadienne de Service Social* 26, no. 1 (2009): 5–24, 11.

Buddhist therapeutic secular, thereby enriching the anti-neoliberal moral narrative of the contemplative movement.

Below is part of an interview with Sally that depicts captures the ways that peer-led the Buddhist therapeutic secular supports the anti-neoliberal moralization of mindfulness and mental health by fulfilling each of the four areas of congruence with social justice identified by Hick and Furlotte. Sally is 37 years old, able-bodied, white, of German descent, queer (or lesbian), and married. She's a Senior Policy Analyst on a team that provides child welfare consulting at the University of Chicago. Like many of the members of *Karuṇā Saṅgha*, Sally doesn't practice with the New York Zen Center for Contemplative Care, which lends its space (and medical ethos) to the *saṅgha* in exchange the modest *dana* (donation) collected from members. She began practicing with *Karuṇā saṅgha* eight years ago (before the *saṅgha* had changed hosts from the Shambhala Meditation Center) and has been a group leader or facilitator for four years. She considers herself openly religious and a practicing Buddhist in a "left-hand tradition."

Question: What does suffering mean to you?

> I think of when a baby takes its first breath. Prior to that moment the baby is in amniotic fluid and completely attached to its parent. It's one with its parent. One moment, it doesn't have an experience of separation because it doesn't have something outside of itself. Then, from that moment of entering its life is an experience of separation. That's the feeling that you have in myriad, countless ways for the rest of your life. Some of those are really acutely painful and some of them are really subtle, but all of that is suffering to me. It's like a continuum of duality.[193]

[193] Sally, Interview by Steven Quach, *Karuṇā Saṅgha*, Zoom recording, November 18, 2021.

Sally's description of the unfolding experience of duality beginning with our physical separation from our mothers in the womb illustrates how the introspection into the feeling nonduality that once existed in the womb can enable social reimagination and action. Elsewhere, sociologists have studied mindfulness as a way to ask larger questions about social experiences and society. Rather than focus on the effect of meditative states of mind on human physiology, mental health, or subjective well-being, sociologists interrogate mindfulness as a new social movement. They explore the ways that mindfulness functions as an institution of knowledge that claims authority over the science of happiness in micro- and macro-populations. Some of the major questions that sociologists have asked about the social practice of meditation that remains in urgent need of intervention from the humanities include: "Who practices meditation? What are the justifications and accounts people use in order to explain their meditation practice? Who are the social agents and networks that advocate and adapt meditation to new social contexts? Where do people practice meditation and with whom? And what is the connection between meditation practice and social relationships?"[194]

Conclusion

In this first chapter, I have described the major ways that contemplative science has established itself in the public sphere by justifying its role as the progenitor of a new secular field of research dedicated solely to the scientific study of introspection. In the process of secularization, specifically medicalization and therapization, contemplative science positioned itself as a partner alongside the biomedical and psychological sciences

[194] Michal Pagis, "The Sociology of Meditation," *The Oxford Handbook of Meditation* 2019, 569, 4.

in a unified approach towards effective, long-term happiness—or its closest approximation in positive psychology, subjective well-being. Contemplative science's success at performing the modernist hermeneutical maneuver to re-establish the importance of Buddhism in the contemporary moment suggests that a new social scientific area focus in contemplative science research is on the horizon. As of now, however, the study of the mindfulness as a social phenomenon is rife with concerns about whether its pro- or anti-neoliberal moral narrative of mental health will guide the future of the contemplative movement.

Pro-neoliberal mindfulness has enjoyed the secular privileges of the public sphere by overemphasizing the individualistic and apolitical aspects of its Buddhist modernist translations. Despite the dominance of free-market meditation, anti-neoliberal moral narratives of mind, mindfulness, and mental health continue to empower social justice activism against systemic discrimination at the margins of the contemplative movement. Away from the authoritative gaze of scientists, monastics, and wellness entrepreneurs, this grassroots movement is clearly demonstrated in Buddhist therapeutic secular.

Chapter Two: Biomedical Territory of Mind

Historically, biomedicine has been a major scientific materialist gatekeeper of secular medical and health care institutions in the United States. Whether an alternative or new system of medicine gets to enjoy the privileges of the public sphere is often determined by their amenability and contribution to the material sciences. These include disciplines founded on the European Enlightenment assumption of a mind-body duality: biology, biochemistry, genetics, and the cognitive and neuro- sciences. As a result, nondual models of mind and body constructed by religious systems of medicine that locate the seat of mind (or consciousness) in transcranial (non-head brain) territories of the body have been censured in the public sphere. Because of this dogmatic preference for the diagnosis and treatment of pathology or disease maintained by biomedicine, the most widely accepted model of mind and mental health in scholarship and popular culture remains bounded within the physiological structure of the head (i.e., cranial or cephalic) brain.

Dualistic models of mind that privilege the head brain as the sole command center of one's entire neural network and conscious and unconsciousness thoughts are dominant in psychiatry, cognitive psychology, and neuroscience today. Unfortunately, the head brain model has rendered invisible the diversity of what I call "transcranial" models of mind found in premodern systems of medicine and more recently in the nondual Buddhist therapeutic production of the mind-body network. I deploy the term transcranial to evoke the immense presence of a three brain theory of mind—composed of the (1) head brain, (2) heart brain, and (3) brain—in my field sites. This chapter describes how these nondual

medical discourses about the mind and body produce the biomedical territory of mind and the anti-neoliberal moral narrative of mental health in the Buddhist therapeutic secular.

Historically, the biomedical head brain theory has engendered a pro-neoliberal moralization of mental health that frames mental disorders, like schizophrenia, depression, attention deficit/hyperactivity disorder, and substance abuse, as biological brain diseases. The behavioral symptoms of which are often described in terms of their taboo against the assumed rationality secured by the public sphere. In reality, the policing of irrational or non-rational, dysfunctional, and insane behavior in the public sphere is historically rooted in discrimination and the policing of minoritized populations. For example, in 1952, the American Psychiatry Association Committee on Nomenclature and Statistics developed the first manual of mental health focusing on clinical diagnoses and care. Included in the category of "sociopathic personality disturbances" was "sexual deviation," which included "homosexuality, transvestisim, pedophilia, fetishism, and sexual sadism."[195] It was not until 1973 that LGBTQ+ protests were heard and homosexuality was declassified as a mental illness.[196]

When irrational and behavioral disruptions appear in the public sphere, biomedicine is often deployed to contain and remove it. I argue that biomedicine conveniently positions mind and mental health care within the private sphere as an

[195] American Psychiatric Association, *Diagnostic and Statistical Manual Mental Disorders,* 1nd edition American Psychiatric Association, 1951, 39.
[196] Committee on Nomenclature and Statistics of the American Psychiatric Association, *DSM-II Diagnostic and Statistical Manual of Mental Disorders*, 2nd edition. American Psychiatric Association, 1968, 44.

intimate matter between oneself, their doctors, and their family. Mental illness is also deployed as a way of minimizing the pervasiveness of structural discrimination amongst public institutions like law enforcement. For instance, on a June 11, 2020 roundtable in Dallas, Texas, former President Trump rehearsed the pro-neoliberal moral narrative of mental health in response to the murder of Black bodies and defunding of the police in the U.S. by warning Americans against "falsely labeling" people as racists. He said, "You always have a bad apple no matter where you go… I can tell you there are not too many of them in the police department."[197] The apolitical framing of police racism and violence as an "apple" problem amongst individual officers, rather than an "orchard" problem with law enforcement itself, draws heavily on a discourse of mental illness as a biomedical phenomenon that requires relocation to the private sphere. Thus, the secular facade of a rational public sphere wherein politics appears to be an objective science is reproduced by biomedical models of mind and mental health. In reality, the form and practice of politics in the public sphere is inextricable from processes of thought typically associated with private and non-head brain activity, like feeling and intuition (e.g., outrage, anger, fear, distrust, racism, scapegoating).

I argue that the Buddhist therapeutic production of secular mind engenders an anti-neoliberal moral narrative of mental health that addresses apolitical individualism and structural inequity. The Buddhist therapeutic biomedical model of mind-body portrays a holistic and unobstructed communication between and experience of the head,

[197] NBC News, "Trump: 'You Always Have a Bad Apple' but 'Not Too Many of Them in the Police Department,'" https://www.nbcnews.com/now/video/trump-says-police-departments-always-have-bad-apples-but-not-too-many-84900421564.

heart, and gut brains. It engenders an anti-neoliberal moralization of mental health that positions transcranial and non-rational thought processes typically associated with the heart and gut brains (e.g., feelings and intuition) alongside head brain activities. The Buddhist therapeutic secular mind acknowledges that rationalism or the public performance of rationality is not tantamount to mental health. Likewise, irrationality and the public performance of emotions, especially outrage, are not objective signs of mental illness bereft of psychosocial context.

My field sites collectively authenticate the fundamental role of heart and gut brain activities in the Buddhist therapeutic production of secular mind. Mental health is framed as a biopsychosocial phenomenon that takes place in both private and public spheres. And so, the ways mental health impact one's politics is often discussed in my field sites. As we will see in this chapter, heart and gut brain processes and states of mind reflect living and suffering with mental illnesses rooted in psychosocial problems: racism, class discrimination, gender discrimination, and other forms of structural inequity in the public sphere.

In a 2004 interview with The Christian Science Monitor, the American physician and public intellectual, Dr. Leon Richard Kass said, "the benefits of biomedical progress are obvious, clear, and powerful. The hazards are much less well appreciated."[198] Kass' statement echoed the Christian Scientific system of medicine that was first described by Mary Baker Glover's as "spiritual regeneration" in *Science and Health with key to the*

[198] Christian Science Monitor, "Biotechnology: How Far Should Researchers Go?" (January 5, 2004). https://www.csmonitor.com/2004/0105/p11s01-stss.html.

Scriptures in 1872.[199] It also signals the growing popular critique of the biomedical industrial complex that resonates with both: (1) communities of care that rely on nonbiomedical, premodern, and alternative systems of medicine, like Christian Science and Buddhist therapeutics; and (2) people who encounter inefficiency or structural inequity with biomedical institutions.

For decades, the medical workforce has endured increasingly high amounts of stress and burnout related to hyper competition, inequality, lack of diversity and loss of early and mid-career scientists.[200] In the aftermath of nationwide stay-at-home orders and amidst widespread COVID-19 public health concerns, the medical infrastructural strengths and weaknesses of biomedical institutions have been magnified. Despite the high consumer confidence and demand for vaccinations and other biomedical services, hospitals across the United States are facing economic precarity. The American Hospital Association has described the pandemic as having "taken a significant toll on hospitals and health systems and placed enormous strain on the nation's health car workforce."[201] As a result, some of the major challenges that hospitals and other biomedical institutions confront include "historic volume and revenue losses, as well as skyrocketing expenses."[202] It is actually because of the overwhelming demand for biomedical services that the "care" aspect of "health care" has languished behind advancements in

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[199] See: Mary Baker Eddy, *Science and Health with Key to the Scriptures*, Reprint edition (Boston, Mass: The Christian Science Board of Directors, 1994).
[200] Erick Messias, Molly M Gathright, Emily S Freeman, Victoria Flynn, Timothy Atkinson, Carol R Thrush, James A Clardy, and Purushottam Thapa, "Differences in Burnout Prevalence between Clinical Professionals and Biomedical Scientists in an Academic Medical Centre: A Cross-Sectional Survey" (*BMJ Open* 9, no. 2, February 3, 2019): e023506.
[201] "Costs of Caring | AHA," Accessed December 31, 2022, https://www.aha.org/costsofcaring.
[202] Ibid.

biotechnology. The pandemic has revealed the financial pressures that American hospitals and health care systems have historically faced as the demand for medical equipment and supplies, like personal protective equipment, continue to raise the additional costs that hospitals must assume.

Ultimately, these hazardous structural symptoms of biomedical hegemony have led to a major failure in terms of providing community-based mental health care resources as part of holistic, preventative, and long-term treatments for illness. What are the problems with a structural reliance on biomedical models of and approaches to mental illness, health, and health care? How has it restricted the advancement of social welfare support for community-based, behavioral health care programs in the United States? How, in response to such restrictions, have alternative, non-institutional, and hybrid therapeutic models developed, such as those found in the proliferation of what I call the "Buddhist therapeutic secular."

In this dissertation, I locate new territory in the negotiation of the U.S.' ongoing medical crisis not in the hospital, nor even the body, but in the negotiation of sovereign claims over the "mind"—its functions, flourishing, and health—as a secular object of knowledge and mastery. On the basis of my prolonged, multi-sited ethnographic research among quickly developing Buddhist therapeutic movements, I argue that the secular mind, as the core of what I am calling an enduring moral narrative of modernity, is itself being questioned by pandemic-era quasi-religious, decentered, and often virtual groups and contemplative practices.

This chapter introduction provides a history of the rise of the biomedical model of health care in the United States. I argue that a pro-neoliberal moral narrative of mental health is enacted by the ostensibly secular face of biomedicine. In reality, the culture of biomedicine and its presentation of amoral and apolitical "facts" about the body and mind, are immensely important to the ways that a patient's physiological health are psychologically and socially constructed and treated. Of the major reasons that my informants provide for turning to Buddhist therapeutics amidst the COVID-19 pandemic, the most common was the demand for preventative and long-term community-based resources to support their biomedical treatments.

Peer-led Buddhist therapeutic communities have thrived during the pandemic because its production of the secular mind collectively authenticates mental health as biopsychosocial phenomenon that unfolds in both private and public spheres. The Buddhist therapeutic secular mind of mental health (1) collectively authenticates psychological, social and other nonbiomedical causes and conditions of mental illness. At the same time, it also (2) legitimizes and remains committed to biomedical models of mind and body. This dissertation works experimentally at the disciplinary and analytical intersections of the Medical and Health Humanities, Anthropology, Religious Studies, Buddhist Studies, Asian American Studies, and Ethnic Studies. In order to best contextualize the ethnographic case studies examined below, I first provide a general survey of the evolution of biomedical and Buddhist models of the mind-body network. I also sketch some of the major scholarly conversations with which I will engage, though

in the chapters that follow I will regularly return to and deepen my engagement with them in the context of my case studies.

The Rise of Biomedicine: From Parisian Hospital Medicine to World War II

Biomedical ideologues and apologists often present biomedicine as an objective science of the diagnosis, treatment, and prevention of diseases. In prevailing biomedical anatomical models, the human organism is portrayed as either functioning "normally" as in healthy or "abnormally" as in diseased. Famous for his formulation of the biopsychosocial model of health, American psychiatrist George Libman Engel explains,

> The dominant model of disease today is biomedical, with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. It leaves no room within its framework for the social, psychological, and behavioral dimensions of illness. The biomedical model not only requires that disease be dealt with as an entity independent of social behavior, it also demands that behavioral aberrations be explained on the basis of disordered somatic (biochemical or neurophysiological) processes.[203]

In this model of human health, the priority is to diagnose the patient's disease and treat its symptoms—the absence of which verifies whether the disease has been treated. A longstanding weakness of the biomedical approach is that because (good) health is defined as the absence of biological disease, a patient may still feel ill even after the disease—the supposed underlying physical cause of the illness and its symptoms—is treated. In biomedicine, a patient's illness denotes something subjective, feelings of malaise or pain. Illness includes nonbiological factors that may impact the experience of

[203] George L. Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Psychodynamic Psychiatry* 40, no. 3 (September 2012: 377–96. https://doi.org/10.1521/pdps.2012.40.3.377), 380.

the disease but are considered unrelated to its development and cure.[204] A patient's psychological and sociocultural (including moral and environmental) contexts are typically disregarded as inconsequential in the diagnoses and treatment of diseases in the biomedical model of health care. Thus, while a patient's mind might experience illness, it is not considered an object or site of biomedical intervention.

Prior to the global standardization and expansion of the biomedical model of health care through Western European, especially French, and American modernist projects in the 19th-century, it was common to find separate wards for the wounded or ill at religious institutions like temples or churches. Day-to-day health care was typically carried out either by healers at these institutions or by traditional local healers that visited a patient's home. Importantly, both institutional and local healers provided holistic, pre-biomedical prescriptions for the ill including overlapping modalities and combinations of what would today be considered biological (dietary, nutritional, herbal, etc.), psychological (behavioral and affective) and sociocultural (environmental) forms of "medicine" or "health care" that often demanded religious and community-oriented actions. For example, in ancient Greece and the wider Hellenistic and Roman world, Asclepieia—dedicated to Asclepius, the first doctor-demigod in Greek mythology—were designed as healing temples where the ill could find "a great doctor for every disease."[205] Treatment at these temples centered on promoting healthy lifestyles (cleanliness and

[204] Roy Porter, *The Cambridge Illustrated History of Medicine*, Cambridge Illustrated History (Cambridge; Cambridge University Press, 1996), 82.
[205] Maria Mironidou-Tzouveleki and Panagiotis Tzitzis, "Medical Practice in the Ancient Asclepeion in Kos Island," *Hellenic Journal of Nuclear Medicine* 17 (November 12, 2014 https://doi.org/10.1967/s002449910140), 167.

proper diet) and ritual methods that might be regarded as "faith healing" today including prayers, sacrifices, and religious purifications.[206]

The history of medical discourse in Buddhist Asia is also rich with what is now increasingly considered compatible with the biopsychosocial model of health care. A variety of examples can be found in Pierce Salguero's two volume anthologies on the premodern and modern sources of Buddhism and medicine. In a chapter on the eighteenth-century Mongolian treatise on smallpox inoculation, Professor of medical anthropology, Volker Scheid describes a short text contained within the medical treatise *The Method of Preparing Oil-Based "Basam" Medicine*.[207] In the text, "The Practice of Preparing medicine for the Planting of Heaven's White Flower (1785)," the healer prescribes a variety of pre- and post- treatment rituals or "obedience and restrictions" that the patient must perform (e.g., paying homage to the Three Jewels, throwing away filthy items, staying away from impurities; and avoiding unethical speech, producing impure odors, visitation from strangers, and negative words).[208]

Between the French revolutions of 1789 and 1848, the Parisian design for hospital medicine, and the clinical values of its community, became the standard by which modern health care institutions were modeled.[209] Modern European nation states, especially France, Italy, and Germany, were amongst the first to develop and

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[206] Michael T. Compton, "The Union of Religion and Health in Ancient Asklepieia," *Journal of Religion and Health* 37, no. 4 (1998: 301–12), 303.
[207] Batsaikhan Norov, Vesna A. Wallace, and Catchimeg Usukhbayar, "An Eighteenth-Century Mongolian Treatise on Smallpox Inoculation," *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources* (New York: Columbia University Press, 2019), 33.
[208] Ibid., 35.
[209] Dora B. Weiner and Michael J. Sauter, "The City of Paris and the Rise of Clinical Medicine," *Osiris* 18 (2003): 23–42, 23.

institutionalize the in-patient bed design of hospital medicine in the public sphere. As a result of colonial and imperial medicine, the in-patient bed design became the reigning standard not only in Europe but around the globe because of the occupation of British and European colonial settlements in the Global South. In turn, a secular body of knowledge about medicine and health care based on the verification of laboratory experiments, rather than the experience of individual physicians or local healers, was canonized. What followed was the cultural suppression of indigenous, religious, and local ways of knowing medicine, health, and caretaking the ill. Despite being premodern, these systems of medicine often incorporated prescriptions and treatments that are now recognizable under the biopsychosocial model of health care hundreds of years later.[210]

In the aftermath of European colonial settlements across Asia, the spread of biomedicine (also 'Western,' 'cosmopolitan' or 'colonial medicine') via hospitals extended the modernizing reach of colonial nation-states into areas of institutional health care by restricting the expertise of indigenous and local Buddhist healers.[211] In premodern Tibet, traditional Buddhist medicine is classified by a broad spectrum of healing praxes involving different healers working in overlapping modalities including: doctors of the elite Tibetan medicine, acupuncturists, subtle energy healers, performers of ritual and ceremony, and counselors.[212] The establishment of the first British hospital at

[210] George L Engel, "The Need for a New Medical Model: A Challenge for Biomedicine," *Science* 196, no. 4286 (1977), 386.
[211] Waltraud Ernst, "Beyond East and West. From the History of Colonial Medicine to a Social History of Medicine(s) in South Asia," *Social History of Medicine - SOC HIST MED* 20 (October 9, 2007): 505–24. https://doi.org/10.1093/shm/hkm077, 8.
[212] Alex McKay, "'The Birth of a Clinic'? The IMS Dispensary in Gyantse (Tibet), 1904–1910," *Medical History* 49, no. 2 (April 1, 2005): 135–54, 138.

Gyantse in southwestern Tibet in 1904 marked the introduction of biomedicine in the Himalayan region. With it came the capitalist exchange-value of professionalized medicine and a new social hierarchy of health and public health care norms based on the censorship of previously existing non-biomedical discourses.

As explained earlier, examples of premodern religious systems of medicine that frame mind-body health as a biopsychosocial phenomenon that problematize the secularist divide between public and private spheres are legion across colonial Buddhist Asia, from Siberia to Vietnam and Ceylon, and an extensive survey cannot be given here. What we must note at this point is that these varieties of overlapping medical modalities have largely languished, or else been transformed, by the state and institutional privilege given to biomedicine. Even so, I will show that biopsychosocial models of mental health inspired by Buddhist epistemological and religious medical traditions are undergoing an extensive revival in the decentered and non-institutional settings as part of a variety of movements I qualify under the Buddhist therapeutic secular.

Once penicillin and other antibiotics were synthesized in hospital labs by the end of World War II, biomedicine secured itself as the secular foundation of medical research across "nearly all the Western countries" (i.e., North American and Western Europe).[213] For many, the expansion of the biomedical model of health care via hospitals signified the fruition of Euro-American Enlightenment aspirations for a science of medicine. On the one hand, colonial medicine was mobilized as part of the protectionist narrative to

[213] Ilana Löwy, "Historiography of Biomedicine: 'Bio,' 'Medicine,' and In Between," *Isis* 102, no. 1 (2011): 116–22. https://doi.org/10.1086/658661, 117.

treat and prevent the spread of diseases amongst native populations. From the colonial perspective, contagious diseases and epidemics, like cholera, and mass death was a major threat native populations and thus the incipient capitalist economy.

On the other hand, biomedicine—the professionalized medicine of the colonial enterprise—demanded that "civilized" or "modern" individuals perform its pro-neoliberal moralization of health by adopting public health behaviors that signal the secular or else otherwise become anachronistic "cognitive minorities."[214] In reality, these public health campaigns reflected the values and prejudices of the colonial and white elite. For others, namely the colonized or imperialized, the biomedical foothold that hospitals and clinics established was an act of epistemic violence, occupation, and cultural erasure. Preeminent scholars of medical history like Stephen Kunitz have described how, in general, European colonialization has led to the proliferation of illness and higher mortality rates amongst indigenous and local populations who live in the colony or state.[215]

The expansion of colonial medicine via biomedical institutions in the public sphere has resulted in the suppression and privatization of native, local, and religious systems of medicine. The battle for medical supremacy in the public sphere continues today. Amidst the COVID-19 pandemic, the ideological chasm between white Republican Christian nationalists—who demonized corrupt scientists for threatening their civil liberties to abstain from public health policies (especially related to facemasks, social distancing, and vaccinations)—and Democrats who trust in the current institution

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[214] Peter L. Berger, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural*, 1st edition (Garden City, NY: Anchor, 1970), 6.
[215] See: Stephen Kunitz, *Disease and Social Diversity: The European Impact on the Health of Non-Europeans* (New York: Oxford University Press, 1994).

of public health care became the all the clearer.[216] According to a 2020 Gallup survey, 61% of Democrats say they "always use masks outside their homes." In contrast, a majority of Republicans "say they wear masks infrequently—either sometimes (18%), rarely (9%) or never (27%)."[217] This is because to Christian nationalists, pandemic-related public health policies are pacifying a naïve population by steadily removing their civil liberties. As of May 2022, white Evangelical Christians represented nearly a third of unvaccinated adults in the U.S.[218] To pro-public health Americans, however, these anti-vaxxers[219] have become the contemporary cognitive minorities who are out of step with the secular demands of biomedicine.

While the vast majority of my informants were Democratic, pro-mask, pro-vaccination, and anti-Trump, I also describe these participants of the Buddhist therapeutic secular as cognitive minorities because they subscribe to a biopsychosocial model of mind that engenders an anti-neoliberal moral narrative of mental health. Unlike the pro-neoliberal moralization of mental health supported by biomedicine and adopted by Christian nationalists, the Buddhist therapeutic secular recognizes the ever-present non-rational, emotional and intuitive, dimensions of identity politics and public health policy in the public sphere. In my field sites, the psychosocial need for community-based,

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[216] Katie E. Corcoran, Christopher P. Scheitle, and Bernard D. DiGregorio, "Christian Nationalism and COVID-19 Vaccine Hesitancy and Uptake," *Vaccine*, October 2, 2021, https://doi.org/10.1016/j.vaccine.2021.09.074, 6614.
[217] Gallup Inc. "Americans' Face Mask Usage Varies Greatly by Demographics," Gallup.com, July 13, 2020, https://news.gallup.com/poll/315590/americans-face-mask-usage-varies-greatly-demographics.aspx.
[218] Jeanine P. D. Guidry, Carrie A. Miller, Paul B. Perrin, Linnea I. Laestadius, Gina Zurlo, Matthew W. Savage, Michael Stevens, et al, "Between Healthcare Practitioners and Clergy: Evangelicals and COVID-19 Vaccine Hesitancy," *International Journal of Environmental Research and Public Health* 19, no. 17 (September 5, 2022): 11120, https://doi.org/10.3390/ijerph191711120.
[219] A person who opposes vaccinations.

preventative and long- term mental health care resources—in addition to biomedical regiments—is collectively authenticated and regularly fulfilled.

The Lens of the Medical Humanities: Biomedicine is "Ethnomedicine"

Over the last five decades, scholars in the interdisciplinary study of medical and health humanities have contributed much towards the denaturalization of biomedicine as the de-facto model of health care in the modern world. Such scholars have shown that, in reality, biomedicine signifies a particular regime of knowledge about the human body, mind, and its care. For example, Australian historian and medical doctor, Warwick Anderson has made major strides in the study of colonial and postcolonial biomedical legacies.[220] Turning to the history of scientific ideas about race and place in Australia from the time of European settlement through World War II, Anderson chronicles the extensive use of biological theories and practices in the construction and "protection of whiteness."[221] Elsewhere, Anderson describes the role of science and medicine in the American colonization of the Philippines from 1898 through the 1930's. He shows how colonial scientists and doctors came to view the Filipino people as a contaminated race which required public health initiatives to reform their personal hygiene and social practices.[222] In Australia and throughout the colonized world, Anderson reveals how biomedicine was, and remains, a thoroughly naturalized regime for becoming "modern."

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[220] See: Anderson Warwick and Ian Mackay, *Intolerant Bodies: A Short History of Autoimmunity* (Baltimore: Johns Hopkins University Press, 2014); Anderson Warwick, *The Collectors of Lost Souls: Turning Kuru Scientists into Whitemen* (Baltimore, USA: Johns Hopkins University Press, 2008).
[221] See: Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia*, Illustrated edition (Durham: Duke University Press Books, 2006).
[222] See: Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, New edition (Durham: Duke University Press Books, 2006).

Prominent historians and anthropologists of medicine in the U.S., including Roy Porter, William Bynum, and Michael Byrd, have explored the ways that the social construction of biomedicine is no different from the kind of "ethnomedicines" from which its idealogues distinguished themselves.[223] For example, the invention of the American insane asylum has been studied as a failed biomedical institution because of its dogmatic preference for the organic or biological model of madness. Porter explains that ignoring the psychosocial causes and conditions of mental illness has led "mad doctors," "alienists," and later "psychiatrists" to bleed patients, used drugs (e.g., opiates, alcohol, laxatives), mechanical devices, and other invasive technologies to pacify the body and calm the mind.[224]

Despite being conceived as almshouses or infirmaries for the sick by the United States in the mid-18th century, hospitals increasingly became the primary site for the development of a competitive commercial market for medical services that would burgeon into the biomedical industrial complex. By the late nineteenth century, with the instrumental help of U.S. Founding Fathers like Benjamin Franklin—who were embraced by French aristocrats and literati as the personification of the New World Enlightenment—the culture hospital medicine and its professionalization of health care gradually replaced the culture of bedside medical care and the notion that responsible

[223] See: W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Illustrated edition (Cambridge: Cambridge University Press, 1994); W. Michael Byrd and Linda A. Clayton, *An American Health Dilemma: A Medical History of African Americans and the Problem of Race: Beginnings to 1900*, 1st edition (New York: Routledge, 2000); Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*, 1st edition, (New York: W. W. Norton & Company, 1999).
[224] Roy Porter, *The Cambridge Illustrated History of Medicine*, Cambridge Illustrated History (Cambridge; Cambridge University Press, 1996), 290.

families and communities took care of their own.[225] Much of the diverse psychological and sociocultural bodies of knowledge about mind and body, and health and illness, have been lost as a result of the cultural erasure of premodern and nonbiomedical, religious systems of medicine.

Biomedicine is the professionalized or secularized ethnomedicine of the "West." It originated from the culture of Parisian, and broadly Western European, hospital and laboratory medicine at the turn of the nineteenth century.[226] And this has often been deeply tied to the extension of imperial and state power, in many cases to terrible effect. The ways that biomedicine has been deployed by nineteenth- and early-twentieth century racist and nationalist movements is clearly described in Bynum's account of the Nazi eugenics' movement. Under the Nazi regime, public health initiatives mobilized an ethos of environmentalism and concern for overpopulation against Jews, Gypsies, and other marginal groups with slogans such as "get rid of dirt, overcrowding, and the slovenly morals that they engendered, and the populace would be healthier."[227]

In terms of illuminating the history of African-American health care amidst the rise of traditional white American medicine, Byrd's critical race-centered study is a major contribution.[228] Viewing his sources through an Afrocentric filter and under the lens of public health professionals, Byrd describes the pre-and post-Civil War medical

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[225] Lisa Gensel, "The Medical World of Benjamin Franklin," *Journal of the Royal Society of Medicine* 98, no. 12 (December 2005): 534–38.
[226] Robert A. Hahn and Arthur Kleinman, "Biomedical Practice and Anthropological Theory: Frameworks and Directions," *Annual Review of Anthropology* 12 (1983): 305–33, 306.
[227] W. F. Bynum, *History of Medicine: A Very Short Introduction*, Very Short Introductions (Oxford: University Press, 2008), 99.
[228] See: Linda A. Clayton and W. Michael Byrd, *The American Health Dilemma*, Vol. 2 (Routledge, 2015).

construction of scientific racism. For instance, he describes the period approaching the Civil War as one where "a significant percentage of the facilities that provides care for Blacks, both slave and free, were affiliated with medical school teaching in some manner. This transformed the Black disadvantage due to U.S. health policies of racial hierarchy into fertile soil for medical exploitation."[229] The unethical experimentation on Black patients for training and research purposes and other acts of scientific racism has persisted well into the late twentieth century. Unfortunately, the most dominant models and narratives about health and illness in the U.S. today continues to reflect the worldview of nineteenth century hospital medicine despite its legacies of structural prejudice.

Today, the inability of physicians to treat patients who present illnesses and symptoms without demonstrable diseases (termed "medically unexplained symptoms") remains a major weakness of the biomedical moral narrative of modern health.[230] Historically, women and people of color are not listened to (with the same level of gravitas as white men) when they relate non-visible illness. The rapid spread of the biomedical industrial complex after World War II, and the vast networks of global commercial market exchange it generates today, often overshadow the extent to which biomedicine alone has been ill prepared for problems of modern health care. In light of recent epidemiological transitions suggesting that chronic illnesses will continue to replace infectious diseases as the major cause of death in the modern world, biomedicine

[229] Ibid., 265.
[230] Robert C., Smith and Francesca C. Dwamena, "Classification and Diagnosis of Patients with Medically Unexplained Symptoms," *Journal of General Internal Medicine* 22, no. 5 (May 2007): 685–91. https://doi.org/10.1007/s11606-006-0067-2, 685.

remains the hegemonic ideology of secular health care in the world. While infectious diseases remain the major cause of death in the non-industrialized world, wealthy countries like the U.S. are in much greater danger of noninfectious or chronic illnesses, which often have multiple causes that recur over a lifetime. One of the biggest and most complicated threats to the health of Americans today are related to high blood pressure and obesity.[231] Lifestyle choices and stress management are now the most widespread threats to good health amongst Americans. Thus, the need for psychological and sociocultural medical support systems that offer mental—specifically behavioral—health care practices in community-based therapeutic settings, like those found in the Buddhist therapeutic secular, are more important than ever.

Despite the most recent epidemiological transition, public concerns about health care reform are silenced by the economic powerhouse of the medical industrial complex and the supply and demand for pharmacological medicine and other biomedical interventions it generates. Amidst widespread concerns about the spread COVID-19 and developing herd immunity in the United States between the years of 2020 and 2022, pharmaceutical and biotechnology companies like Moderna, Johnson & Johnson, and Pfizer, became more important than ever towards shaping public health discourse.

The public health response to effectively establish herd immunity while widely distributing vaccines was one of many early strategies that biomedical models of health care promoted. To ensure the efficacy of vaccines and long-term preventative care, other

[231] "Heart Disease and Stroke | CDC," September 8, 2022, https://www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm.

public health care initiatives were enacted to address the psychosocial aspects of living safely amidst COVID-19 in the public sphere. Aimed at generating social demand for vaccinations, the Centers for Disease Control and Prevention recommended reaching out to people where they live, work, learn, pray, play, and gather.[232] Likewise, the American Psychological Association built vaccine confidence through community engagement through their Equity Flattens the curve Initiative.[233] Where would we be if not for public health mandates for face-covers, physical distancing, and hygiene in addition to vaccinations (which were made available to the public in 2021)? Where would we be if not for the grassroots communities of care, like those led by the Buddhist therapeutic secular, that found ways to provide members with psychological and social support to each other amidst isolation and crisis? After the start of COVID-19 pandemic, the need for a therapeutic secular that acknowledges health, and mental health especially, as a biological, psychological, and sociocultural phenomena that unfolds in both private and public spheres is clearer than ever but not new.

In 1948, the World Health Organization was chartered by the United Nations and adopted a definition of health that has remained unchanged since: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[234] In recognition that basic biological, psychological, and social needs must be

[232] CDC, "How Health Departments Can Increase COVID-19 Vaccinations," Centers for Disease Control and Prevention, August 24, 2022, https://www.cdc.gov/vaccines/covid-19/health-departments/generate-vaccinations.html.
[233] "#EquityFlattensTheCurve | Join the Network," Accessed October 5, 2022, https://pages.apa.org/equity-flattens-the-curve/.
[234] "Constitution of the World Health Organization," Accessed August 15, 2022, https://www.who.int/about/governance/constitution.

met in an integrated model of care, public and private insurance plans in the US began offering coverage for mental health care in the 1950's.[235] In support of the economic and infrastructural benefits of community mental health centers that fulfilled psychological and social medical needs of patients—which could reduce the increasingly high cost of maintaining inpatient hospitalization—states like New York passed the Community Health Services Act that enabled local communities to establish mental health boards for the delivery of community-based inpatient and outpatient care.[236]

The Johnson administration (1963-1969) made great strides towards expanding the mental health care aspects of the New Deal in the decades that followed, including the creation of the Mental Health Study Act with the Joint Commission on Mental Illness and Mental Health.[237] With national attention shifted towards alcohol and drug abuse, the Community Mental Health Centers Construction Act (1963) was amended in 1968 to include funding for alcohol abuse treatment and programs, like Alcoholics and Narcotics Anonymous.[238] Since the 1970's, and especially in the aftermath of the Reagan administration's divestment from social welfare programs, federal and state facilitated state initiatives for people with mental illness has been in stark decline.[239]

The result has been the vast field of mental health-oriented communities of care to compensate for the oversights, erasures, and structural obstructions of biomedicine. For

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[235] Cynthia D. Moniz and Stephen H. Gorin, *Health Care Policy and Practice: A Biopsychosocial Perspective*, 2th edition (New York, NY: Routledge, 2007), 43.
[236] NY State Senate, "NY State Senate Bill S5474," March 8, 2021, https://www.nysenate.gov/legislation/bills/2021/s5474.\
[237] Ibid.
[238] Ibid., 163.
[239] Timothy P. Melchert, *Biopsychosocial Practice: A Science-Based Framework for Behavioral Health Care*, 1st edition (Washington, DC: American Psychological Association, 2014), 277.

many Americans, the COVID-19 pandemic only exasperated distrust in the limits of biomedical institutionalism. In an interview with MIT News, Professor emeritus of economics and a practicing physician Jeffrey Harris explains that "the pandemic has revealed the American health care system to be a non-system. In a genuine system, health care providers would coordinate their services. Yet when Elmhurst Hospital in Queen was overrun with patients, some 3,500 beds remained available in other New York hospitals. […] U.S. hospitals were in financial shock and fee-for-service-based physician practices were devastated."[240] As a result, therapeutic secular movements that draw upon the authority of biomedicine, but which also draw strategically upon a variety of other models of body-mind, systems of medicine, and holistic models of psycho-physical health, are thriving in the decentered possibilities of social life afforded by virtual communities of care, especially in the lockdown period in which the majority of ethnographic case studies examined below took place.

The Buddhist Therapeutic Secular in The Shadow of Biomedicine

Despite the mixed federal success of community-based, mental health support programs in the United States, the lasting success of programs like Alcoholics Anonymous and Narcotics Anonymous have demonstrated the widespread appetite for and efficacy of psychosocial therapeutic communities of care. Access to psychosocial mental health resources to support biomedical treatments has expanded since the Affordable Care Act (2010) under the Obama administration (2009-2017). The ACA

[240] MIT News | Massachusetts Institute of Technology, "What Has the Pandemic Revealed about the US Health Care System — and What Needs to Change?" https://news.mit.edu/2021/what-has-pandemic-revealed-about-us-health-care-what-needs-change-0405.

mandates "coverage of mental health as one of ten essential health benefits in nearly all health plans."[241] Connectedly, the Buddhist therapeutic secular represents the flourishing of grassroots organizations developed for peer-led group therapeutics that describe mind, mental health care, and its care as biopsychosocial phenomena.

As I explained, I use the term "Buddhist therapeutic secular" to evoke the medicalization of Buddhist epistemologies of mind according to the biomedical, psychological, and social mental health sciences. "Buddhist-inspired" communities of care rely on a presentation of contemplative practices that suggests that the religious aspects of Buddhism—and religion in general—have been expunged from its discourses and spaces. My field data suggests that the opposite is transpiring. In fact, the secular mind of mental health is produced and performed throughout my multifaith field sites by participating in a plurality of behavioral health care practices centering on introspection. Ostensibly Buddhist, Jewish, and Christian metaphysics and moral narratives are normative ways of framing mental health in my field sites. As we will see, what distinguishes pluralism from the neoliberal cooptation of religious systems of medicine in the therapeutic secular is whether it results in a pro- or anti-neoliberal moral narrative of mental health. My field sites illustrate how pluralism resists neoliberal cooptation when deployed towards the awareness of structural discrimination and social activism.

Although many Buddhist therapeutic *saṅgha*s claim no religious affiliation to lineages from premodern Asia, I position Buddhist therapeutics within the histories of

[241] Brendan, Saloner, Sachini Bandara, Marcus Bachhuber, and Colleen L. Barry, "Insurance Coverage and Treatment Use Under the Affordable Care Act Among Adults With Mental and Substance Use Disorders." *Psychiatric Services* 68, no. 6 (June 2017): 542–48. https://doi.org/10.1176/appi.ps.201600182.

Buddhist medicine originating from premodern models of the body-mind network and systems of health. This is because the Buddhist therapeutic secular is the product of two major phenomena in the era of Buddhist modernism. (1) One is the contemplative movement as a new or alternative social movement; (2) the other is the invention of contemplative science. Contemplative science has become the preeminent face of secular Buddhism because it takes the "mindfulness" of the "contemplative movement" and codified it as the premier scientific method of introspection—something which biomedicine, psychology, and social science have all lacked because of the scientific materialist taboo against subjectivity. With contemplative science ingratiated amongst the sciences, the rigorous Buddhist epistemologies of mind first presented by *Abidharma* and *Pramāṇa* traditions, and then expanded by *Mahāyāna*, *Vajrayāna*, and Zen traditions operate today under an alternative model of secular mind. In this chapter, I describe how the Buddhist therapeutic secular mind of mental health constructs a nondual biomedical model of mind and body.

The increasing demand for Buddhist therapeutics amidst the isolationism and racial politics set ablaze by the pandemic and murder of George Floyd illustrates how biopsychosocial models of mental illness have thrived despite the United States' historical lack of federal-state investment in community-based resources for mental health care. The remainder of this chapter examines the ways that my informants have developed nondual biomedical discourses about their mind and mental health in light of broader psychological and sociocultural causes and conditions. This chapter focuses on the ways that mind (i.e., consciousness and cognition) is located in throughout the body

by participants. Despite the dominance of dualistic biomedical models of the human body that posit the seat of consciousness solely within the boundaries of the head brain in the U.S., nondual models of mind found in premodern religious traditions re-entered the professional medical landscape beginning the 1990's. Since then, orthodox theories about the biomedical brain as a singular body part have been met with new research that locate the "brain" in three major centers for conscious and unconscious activities. In the burgeoning field of Buddhist therapeutics, the three brain theory—including the head, heart, and gut brains—are often deployed implicitly and explicitly in my informants' Dharma shares and interviews.

The following interviews and Dharma shares illustrate the many dozens that I encountered in my fieldwork. They exemplify the multiple registers of a threefold definition of mind often at play in the Buddhist therapeutic secular. This alternative biomedical model of secular mind consists of the (1) head, cranium, or cephalic brain; (2) heart or cardiac brain; and (3) gut, stomach, or enteric brain. Importantly, it engenders an anti-neoliberal moral narrative of mental health that denaturalizes the biomedical and secular assumption that: (1) politics is a rational discourse ensured by the public sphere and (2) nonrational states of mind and thought processes, like feelings and intuitions, should be relegated to the private sphere. Although a recent development in the biomedical sciences, and pop-science literature like, *Three Brains: How the Heart, Brain, and Gut Influence Mental health and Identity* by naturopathic medical expert, Dr. Karen Jensen,[242] evidence of a non-encephalometric (brain-centered) or transcranial model of

[242] See: Karen Jensen, *Three Brains: How the Heart, Brain, and Gut Influence Mental Health and Identity*

mind have long existed in the corpuses of medical knowledge found in both premodern and modern Buddhist traditions. All of which lay prominently in the background of contemporary Buddhist therapeutics.

I. Wake Up *Saṅgha* California

A few years before I started this research project, I had been introduced to the San Diego chapter of Wake Up *Saṅgha* by a longtime friend who continues to be a staple member on Friday nights over Zoom. Starting as early as 2013, meetings were hosted in person at the Wake Up San Diego House by a group of four housemates who wanted to create an "intentional community" and local hub for Dharma practice in the lineage of Thích Nhất Hạnh, Plum Village and Engaged Buddhism.[243] I wish I could tell the story of a moving experience I had in the house that Dharma built, but by 2020, the statewide stay-at-home order was in full enforcement in California. Instead, I was moved by the vulnerability and adaptability of the *saṅgha* members who migrated to weekly Zoom meetings. What Zoom meetings had lacked in material and sensory gravitas, it made up for with accessibility and convenience. Unlike my other field sites, Wake Up *Saṅghas* are not intended to serve primarily traumatized or minoritized populations, although this is often the case. These meetings are intended for secular mindfulness training in the tradition of Plum Village and long-term and preventative mental health care is a major aspect of this discourse. In addition, Wake Up *Saṅghas* in California rarely saw increases with the number of participants at meetings except on special occasions, like retreats or

(Mind Publishing, 2016).

[243] Wake Up Community, "The Real Wake Up House - San Diego," Wake Up International, August 2, 2013, https://wkup.org/the-real-wake-up-house-san-diego/.

holidays. Instead, Wake Up *Saṅgha*s saw a steady ebb and flow of former members who had moved out of San Diego and would occasionally visit through Zoom.

Neil is thirty-three years old and a second-generation Vietnamese American whose parents were refugees of the Vietnam War. His dad now produces a popular conservative radio show in Orange County, California. Now that his job has been made remote, Neil is working even harder at his full-time job as a configuration analyst. He works, attends social events, and does calisthenics on a daily basis. Although Neil's family's background is Buddhist, he started attending the San Diego chapter of Wake Up *Saṅgha* only after discovering Deer Park Monastery (Escondido, CA) in college. Neil's life story about coming to terms with his Buddhist identity beginning in young adulthood is illustrative of many common experiences shared by Asian Americans in Wake Up *Saṅghas*.

After a live, twenty-minute meditation together led by the facilitator of the week, the remaining time—forty minutes or sometimes more—at *saṅgha* is usually left open for Dharma sharing. Every week Dharma shares provide a judgment-free and advice-free space for reflection on one's mindfulness and meditation practice or progress and topics raised by the facilitator. This week, Neil describes a state of disconnection between his mind and body that has become so naturalized over time that only intentionally still moments of silence allow feeling the exhaustion to breach his consciousness awareness. He says,

> It's surprising how meditation can put me back in touch with my body. Because of a very demanding job, I've gotten used to pushing myself with frenetic energy, but as soon as my body gets a moment of full awareness, exhaustion washes over me. During meditation, I was rocking back and forth because I was so tired. It's a

> good reminder that I'm disconnected with my body on a regular basis in the course of trying to achieve my goals.[244]

Embedded within Neil's story about the Asian American work ethic and how the model minority stereotypes impact mental health (discussed in Chapter Four) is a major discursive element that my research encountered again and again. It concerns how mind is constructed and mapped by lay members who make up the population of peer-led Buddhist therapeutics found in Wake Up *Saṅghas*. Neil's Dharma share demonstrates the normative and dualistic biomedical model of mind-body that often appears implicit in American English ways of self-describing identity. When Neil says that he is feeling disconnected with his body, he is intentionally lamenting at the false dichotomy experienced between his (1) body that experiences the sensation of exhaustion, and his (2) mind that overrides his need for bodily rest. Importantly, his share signals the presence of an overarching pro-neoliberal moral narrative of mental health—one promotes a "mind over matter" (or body) work ethic. Like all of my informants, Neil had grown up with the normative dualistic biomedical model of mind and mental health that distinguishes it from the mechanistic body and bodily health. Because the biomedical body is framed as a machine, its exhaustion or illness can be overridden with a rational and willing mind.

I had assumed that regular *saṅgha* attendance on top of a heavy workload and healthy social life would be draining, but Neil argues the opposite is true. Rather, weekly meditation and Dharma sharing has become an essential part of Neil's day-to-day mental

[244] Neil, Fieldnotes by Steven Quach, Wake Up San Diego *Saṅgha*, January 22, 2020.

health care. The Buddhist therapeutic secular mind authenticates his experience of mental health care as a biopsychosocial phenomenon that unfolds in both private and public spheres—at work and home. Unlike the dualistic model of mind-body, which permeates the culture because of the biomedicine, my field sites reveal the production of a nondual biomedical model of mind and body. Despite the ubiquity of nondual representations of the mind-body network found in the therapeutic secular, the Cartesian theory of a mind-body duality maintains canonical status in biomedical institutions for mental health.

The history of the mind-body duality is decorated with European "fathers" of philosophy, often including Plato, Aristotle, Galen of Pergamum, and Rene Descartes.[245] Of these, the most referenced and debated in consciousness studies is the Cartesian duality of substances. For Descartes, the world is made of two fundamentally incompatible classes of substances: *res extensa* (extended substance), which extends through space; and *res cogitans* (thinking substance) which has no extension in space.[246] The body, including the brain, is classified as part of the mundane, physical realm of matter and therefore occupies space. In contrast, the mind or consciousness, is classified as part of the mental or ethereal realm and therefore occupies no space. Despite Descartes baseless proposal that the locus for the interaction of the mind—sometimes described as soul, anima, or spirt—and body is in the pineal gland found within the brain, his version

[245] See: Aristotle, *Aristotle's on the Soul*, (Grinnell, Iowa: Peripatetic Pr., 1981); Rene Descartes, *Meditations on First Philosophy*, Translated by Donald A. Cress. 3rd edition (Indianapolis: Hackett Publishing Company, 1993); R. J. Hankinson, "Galen's Anatomy of the Soul," *Phronesis* 36, no. 2 (1991): 197–233; Plato, *Dialogues of Plato*, Enriched Classic edition (New York, NY: Simon & Schuster, 2010).
[246] Stephan Schleim, "To Overcome Psychiatric Patients' Mind–Brain Dualism, Reifying the Mind Won't Help," *Frontiers in Psychiatry* 11 (June 30, 2020): 605. https://doi.org/10.3389/fpsyt.2020.00605, 605.

of mind-body duality continues to enjoy hegemonic approval in cultures of biomedicine.[247]

A plurality of (1) dualistic models of mind and body (e.g., Cartesian dualism or interactionism and parallelism), as well as (2) Buddhist nondual (or monistic) models (idealism and materialism) abound in my field sites. The Buddhist therapeutic treatment of mental health relies on a range of nondual theories and practices that enable transcranial (non-head brain) territories of one's secular mind to appear throughout major areas of the body, especially in the heart and gut. Because the ethos of exoticism and sensationalism that the contemplative movement has inherited from Buddhist modernism, one might assume that the Buddhist therapeutic secular would perpetuate the normative "mind over matter," "spirit over body," or "I am not my body" dichotomy established by the biomedicine's pro-neoliberal moralization of mental health.

What Neil and my fieldwork reveal is an alternative biomedical map and treatment of mind and mental health that does not demote the body or parts of the body in a hierarchy of form and matter, wherein the head brain is supreme. Rather, this particular secular mind of mental health is produced throughout the body. Contemplative practices such as Buddhist meditation and mindfulness training clarify their intimate relationship. Elsewhere in the public sphere, like the workplace, burnout is seldom acknowledged as a mental health concern. *Saṅgha*s hold space for members to collectively authenticate the secular mind of mental health and its care as an embodied experience. Thus, Neil's work-

[247] Eliasz Engelhardt, "Descartes and His Project of a Fantasized Brain," *Dementia & Neuropsychologia* 15, no. 2 (2021): 281–85. https://doi.org/10.1590/1980-57642021dn15-020017, 283.

induced bodily exhaustion is reframed in terms of mental health. In Chapter Three and Four, we will see how the anti-neoliberal moralization of mental health matures in terms of their psychological and sociocultural territories.

As I attended different chapters of Wake Up *Saṅgha*s in California remotely, it became clear that the dualistic theory of mind-body that permeates the biomedical sciences was not regarded with the same relevance by both lay Buddhists, self-described "secular Buddhists," and monastics. One feature that Zoom meetings enabled was the convenience of integrating digital media by sharing screens to watch, listen to, read, recite, and reflect on in meditation and discuss in Dharma sharing. In the Winter, we watched live streams or video segments of the Rain Retreat Dharma Talks for the large part of our meetings.[248] The kinds of topics discussed at monastic Dharma talks range from quantum physics and karma to racial politics amidst the COVID-19 pandemic. Indeed, Plum Village and Wake Up *Saṅgha*s are immersed in constant dialogue and translation with North American and European scientists, especially in the cognitive and neural sciences.

Lora is one of my informants at Wake Up Long Beach. She is thirty-six years old, Filipino American, recently married, and a works in elementary school settings. She is also a language coordinator and tests kids on their English language proficiency. Lora started coming to Deer Park where she began her mindfulness practice seven years ago

[248] Plum Village, "Dharma Media Type: Dharma Talks," Accessed August 15, 2022. https://plumvillage.org/library/dharma-talks/.

after surviving a nearly fatal car accident. In one Dharma share, she reflects on the livestream talk on right and left brain functions given by Sister Dang Nghiem:

> I enjoyed the analysis from this talk because I've talked a lot about my anger in the past and seeing it in a new light is powerful. With COVID and the lockdown, I have realized that I am very left-brain dominant, and I have a difficult time trusting the right side. And then COVID happens. And now I'm going through these realizations that I have to listen, not just to my head, but also to the other parts of my body, like my heart and stomach, that have been struggling. I want to be able to lean into that kind of right-brain function more as an intention moving forward.[249]

That day's Dharma talk on "The Diamond Sutra: Cultivating the Right Brain" was given by Sister Dang Nghiem. Her major points included: the evolution of the human brain, the "reptilian" and "mammalian" brains, the limbic system and fight or flight response, right-left brain functions, and the gut brain. She explained that President Trump was preying on our brains' most base survival instincts to "trigger" divisive and emotional responses.[250] Citing *A Stroke of Insight*, Sister Dang Nghiem recounts the story of American neuroanatomist Julie Bolte Taylor's stroke as one portrayal of the disembodied experience of *anatman* (no-self) and the emptiness of phenomena.[251] Framed in terms of left-right hemisphere brain functions, Sister Dang Nghiem describes the left brain as primarily concerned with rational activity. This includes language, an embodied and linear sense of self, and the creation of categories signifying objects other than the self.

According to Sister Dang Nghiem, modern society has become dangerously left-brain dominant as a result of an overreliance on technology and the capitalist culture of

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[249] Lora, Fieldnotes by Steven Quach, Wake Up Long Beach Saṅgha, January 10, 2021.
[250] *The Diamond Sutra | Sr. Dang Nghiem, 2020-2-27, Deer Park Monastery*, 2020. https://www.youtube.com/watch?v=ASKhIwAqoPI.
[251] Jill Bolte Taylor, *My Stroke of Insight: A Brain Scientist's Personal Journey,* Illustrated edition (New York, N.Y: Penguin Books, 2009).

productivity. I describe these as characteristics, not of the left-brain, but of the pro-neoliberal moral narrative of mental health that has been historically engendered by biomedicine. Sister Dang Nghiem describes the right hemisphere of the brain as the fertile soil wherein the "seeds" of experience for the disembodied self, higher levels of consciousness, and the *tathāgata* lie. Her metaphorical and narrative framing of the right-brain empowers lay members, like Lora, to develop their own transnational lived experience of mind.

Away from the supervision and authority of monastics and health care professionals, Wake Up *Saṅgha* holds space for subjective reflections on the mind and its biopsychosocial territory inside and outside the head brain. The Buddhist therapeutic secular empowers members to render their mind amenable to mental health care that unfolds in both a private and public spheres. Lora describes how the changes in her sociocultural and environmental context instigated by COVID-19 has unveiled an overreliance on her left-brain function—or at least its representation as the seat rational thought and productivity by Sister Dang Nghiem. The regular appearance of biomedical topics, like the brain, in fields related to cognitive science, neuroscience, contemplative science, and consciousness studies in Dharma talks across Plum Village *Saṅgha*s are a strong example the of interdisciplinary discourses that transpire in the Buddhist therapeutic secular. What emerges, I argue, is a secular mind of mental health that queries what it means to think, feel, intuit, and process "thoughts." Do we think only with our head—as biomedicine has historically upheld—or does mental activity and care occur elsewhere in the body?

In the same talk, moving on from the left-right model of the brain located in the head, Sister Dang Nghiem introduced the neurogastroenterology theory of the "gut brain" (or enteric brain) in order to further broach the possibility of coming to an awareness of multiple brains throughout the body that culminate in a unified mind.[252] Her use of term "brain," much like the three brain theory argued by naturopathic author Karen Jensen, evokes a broad denotation meaning "mental activity," "intellect," and "cognition." Transcranial theories that locate the multiple brains that each play different roles in the fruition and experience of mind throughout the body such as these are highly resonate with the Wake Up members who live in multigenerational households like Mari. Mari is in her late twenties, Mexican American, Catholic, and works at a university. She started attending the Wake Up Long Beach *Saṅgha* a few years ago to practice deep listening to the messages being sent from throughout her body. She reflects on Sister Dang Nghiem's talk as follows:

> I liked how Sister Nghiem talked about the body and how there are different kinds of brains in the body. I didn't know that the brain has more synapses for receiving information from the rest of body than for outputting information. There's some part of me that has struggled for a long time to understand the wisdom of what my body feels, but this week I've been trying to listen to my body.
>
> When I saw the pictures of what was happening in the capital this week, the first place I reacted was in my stomach. The first place I felt it was in my heart. These parts of my body were telling me about how much I care about what's happening before my brain even got to it.

Like Neil and Lora, Mari also attends weekly Wake Up meetings regularly in order practice behavioral and emotional regulation and coping techniques in a peer-led

[252] *The Diamond Sutra | Sr. Dang Nghiem, 2020-2-27, Deer Park Monastery*, 2020, https://www.youtube.com/watch?v=ASKhIwAqoPI.

therapeutic community of care. The appetite and need for *saṅgha* s to address the experience of collective cognitive dissonance—like those ignited by COVID-19-related public safety protocols, the murder of George Floyd, and anti-Asian hate crimes—and openly dialogue with cutting-edge research on neuroanatomy is greater than ever because the mind-body problem remains a major impasse in the biomedical sciences. Mari experiences the immediate bodily sensation of reacting to alarming news, not in the head which is typically associated with top-down processing, but in the stomach, followed by the heart, and then the head. The phenomenon of feeling logically or intellectually paralyzed via the head brain in the face of overwhelming stress is one that is well recognized, collectively authenticated, and taught to manage at *saṅgha*. Rather than assuming that their whole bodies have become completely disengaged, members are encouraged to practice deep listening to other parts of the body that also play a major in processing sensory input in ways that impact their immediate mental health.

Mari's case is a recurring example of the kind of seemingly minor, but ubiquitous and often chronic, expressions of mental distress that are acknowledged as a major mental health concern at meetings but seldom discussed by members in other public spaces—as patients visiting biomedical institutions like the local family medical practice or clinic for example. In many cases, *saṅgha* members have diagnosed themselves as having long-term mental health disorders that have been left undiagnosed by biomedical experts for a variety of reasons related to intimacy, perceptions about what is and is not a treatable mental illness, and whether the patient's subjective and intersectional experiences will be considered as part of the diagnosis. These are concerns about

structural inequity that are collectively authenticated by the community as part the anti-neoliberal moral narrative of mental health engendered by the Buddhist therapeutic secular.

I argue that the secularization of health care as a result of biomedical hegemony has stoked a pro-neoliberal moral narrative of mental health which consigns preventative and long-term mental health care to the private sphere and to improvised forms of communities of care, such as Buddhist therapeutics. My fieldwork illustrates the production and performance of the therapeutic secular mind in ways that critique the status-quo by reclaiming the public domain of mental health in Dharma shares. This was demonstrated to me on another occasion by Lora:

> This rain retreat has helped me process a lot of things during the pandemic. I think I'm at the point where I'm good at recognizing my feelings, but I don't really know what to do with them. Is this a feeling you need to have action with? Is this something that you just need to sit with and struggle with? Especially as a woman, is this something that I should already be happy with? Or is it okay to want more?
>
> I'm trying to not intellectualized everything by living in my body and seeing how my heart feels, how my stomach feels, and how my gut feels. I recognize that I'm the type of person that lives in my head. When I make decisions, I start in my head and don't take my body into consideration, or how my heart is feeling, or what my gut says. It usually causes me greater suffering. I'm trying to be more balanced and I have to do a better job of checking in with my whole self, not just my head. I'm hoping that this will bring me more insight for how I want to continue to be in the world.[253]

Lora's Dharma share shows how non-head brain processes of thought and states of mind typically associated with the heart and gut, like feelings and intuitions, are treated with equal importance to rationality and logic. Elsewhere in the public sphere,

[253] Lora, Fieldnotes by Steven Quach, Wake Up Long Beach *Saṅgha*, January 31, 2021.

these questions about the role of feelings are suppressed as signs of irrational behavior and therefore mental illness. Feelings and intuitive thoughts based in the heart and gut are also often gendered as feminine ways of thinking and acting. Thus, the interrogation of gender roles by Lora engenders an anti-neoliberal moral narrative of mental health. It denaturalizes the privileges that rationality, logic, intelligence, and other masculine modes of thinking associated with the head brain has enjoyed in the public sphere. Pro-neoliberal moralizations of mental health engendered by biomedical models of mind-body assume that happiness is dependent only on the rational activities that occur in an individual's head brain.

Lora's Dharma share illustrates how mental health and ideas about happiness are, in reality, gendered in ways that privilege historically masculinized mental traits like rationality in the public sphere. At the same time, they suppress feminized traits like emotions to the private sphere. Dharma shares collectively authenticates and renders whole the experience of a nondual three brain model of mind made up of the head, heart, and gut brains. Sister Dang Nghiem also offers meditations on "listening to our body brain," "listening to our gut brain," "listening to our lung brain," and "listening to our heart brain" in the Plum Village digital archive. [254] These guided meditations contain gentle exercises for directing one's compassionate awareness to central parts of the body with the assumption that they play a major role in one's neuroanatomy and holistic experience of mind.

[254] *The Diamond Sutra | Sr. Dang Nghiem, 2020-2-27, Deer Park Monastery*, Accessed August 15, 2022. https://www.youtube.com/watch?v=ASKhIwAqoPI.

Physical and emotional feelings associated with the gut, for example, like the feeling of knots or insecurity, are brought to the fore of awareness while breathing in and then releasing through each out-breath in the meditation. What Sister Dang Nghiem is well aware of because she's an avid consumer of scientific literature and news is the three brain theory (i.e., head, heart, and gut brains) which has popularized by authors like Karen Jensen, who consolidated much of the peer-reviewed, cutting-edge research by neurocardiologists and neurogastroenterologists in her 2016 book.[255] Its major presence in monastic Dharma talks and local Dharma shares reveals the normality that traditionally non-Buddhist subjects, like neuroscience, enter the pluralistic therapeutic discourse in my field sites.

Like the brain that is encased in the skull, the gut and the heart are also control centers for neural networks that contain five-hundred million neurons and forty-thousand neurons respectively.[256] Each "brain" is capable of learning, functioning, and acting dependently or independently of the head brain because they each possess their own dedicated nervous systems. Director of research at the Heartmath Institute Rolling McCraty explains that there is more information going from the heart to the brain than vice versa. This information influences regions in the head brain that affect decision making, creativity, and especially emotions. Historically, biomedicine assumes that the body is a top-down or downward system, but 85-90% of all neural fibers carry information from the body to the brain. A major source of this information comes from

[255] See: Karen Jensen, *Three Brains: How the Heart, Brain, and Gut Influence Mental Health and Identity* (Mind Publishing, 2016).
[256] J. Andrew Armour, "The Little Brain on the Heart," *Cleveland Clinic Journal of Medicine* 74 Suppl 1 (February 2007): S48-51. https://doi.org/10.3949/ccjm.74.suppl_1.s48.

the heart via the vagus nerve.[257] Only 10% of all neural fibers runs from the head brain to the heart and gut. In fact, the heart and gut brains can manage the majority activities without any interference, while the head brain seems to depend on vital information from the heart and gut.

Research over the last two decades by prominent neuroanatomists, like J.A. Armour, Emeran, Mayer, and McCraty, suggest that the brain is not a singular body part. Rather, there exist multiple brains located throughout the body including the heart and gut. Framed in the context of Buddhist therapeutic techniques for emotional and behavioral regulation by monastics like Sister Dang Nghiem, these neuroscientific theories consistently reappear in Dharma talks in a transnational process of translation. What emerges from the translation, I argue, is the biomedical territory of the Buddhist therapeutic secular mind of mental health—variously and collectively located in the head, heart, and gut brains.

In a meeting I attended with Jane described below, we watched a Dharma talk by Brother Pháp Linh about how to better deal with uncomfortable emotions by training to undergo them with the wisdom that we as individuals share the same substances as our ancestors, the earth, and the stars.[258] After the group viewed the video and sat for a thirty-minute silent meditation, the space was held for Dharma sharing and reflection on the topic of dealing with negative emotions. Jane is a white, cisgender woman in her mid-

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[257] Rollin McCraty, and Maria A. Zayas, "Cardiac Coherence, Self-Regulation, Autonomic Stability, and Psychosocial Well-Being," *Frontiers in Psychology* 5 (September 29, 2014): 1090. https://doi.org/10.3389/fpsyg.2014.01090.

[258] *Embracing Pain | Brother Phap Linh (Mindfulness & Science)*, 2021. https://www.youtube.com/watch?v=WU1fqTiL8gc.

thirties. She moved to San Diego from the Midwest almost a decade ago and started attending Wake Up San Diego to learn about how mindfulness practice can help her manage anxiety and depression and meet new friends. She comes from a Christian background and does not consider herself a Buddhist. Instead, Jane has adopted Thích Nhất Hạnh as one of her "spiritual teachers" and Plum Village as her tradition of mindfulness. Jane is now a regular facilitator at the San Diego Wake Up *Saṅgha*. Below, Jane describes her regulation of anxiety and how it is expressed throughout her body in ways that have an overwhelming impact on her immediate concentration and health. She says,

> I feel as though the way Brother Linh described uncomfortable feelings was right on for me because I'm in a constant battle with my anxiety. Some days my anxiety wins and when it does, it feels like it creeps into every corner of my space—my throat, my chest, my stomach—and I contract around it and become inflexible. I'm almost like a stone, paralyzed with anxiety. When that happens, sometimes it feels like I can't hold it on my own. It's impossible. The feeling is either too strong or I feel an emotion too deeply.
>
> I've learned over time that the emotion goes away eventually, whether it's in a couple of hours or after a good night's sleep. But man, is it uncomfortable sitting it out until that feeling passes! I want to squirm right out of it, or take my stomach out of my body and leave it on the floor so I don't have to hold that feeling anymore. That's going to be my homework for the next time whenever I have a moment of intense feeling come up—to see if I can ground my feet with the earth or my ancestors and remind myself that I'm not alone in holding it.[259]

Jane's Dharma share illustrates how uncomfortable feelings like anxiety appears in transcranial locations throughout the body. The effect is often paralyzing and overwhelming. The Buddhist therapeutic secular mind produced by Wake Up San Diego *saṅgha* broaches the possibility of drawing on the interdependence of our being for the

[259] Jane, Fieldnotes by Steven Quach, Wake Up San Diego, November 15, 2021.

strength to outwait anxiety. These meditations that center on "interbeing," and especially one's connection to the earth and their ancestors, are called "grounding exercises." Grounding exercises such as these are often accused of enabling pro-neoliberal interpretations of mindfulness that interiorize mental health as a biomedical experience that unfolds only in the private sphere of individual brains. I argue that Jane performs the anti-neoliberal moral narrative of mental health engendered by the Buddhist therapeutic secular. By rendering whole the nondual experience of mind and body, she resists the privileges unreflexively afforded to rationality in the public sphere. In addition, Jane's description of grounding herself with the earth and her ancestors illustrates the importance of nonbiomedical, environmental, and sociocultural contexts to holistic mental health care.

A range of contemplative practices that direct members to visualize the location of their conscious and unconscious activities within different areas of the body appear ubiquitously in the Buddhist therapeutic secular. What these deep listening meditations reveal is an alternative, nondual biomedical territory of the mind-body that incorporates both (1) the conscious activities associated with the head brain and (2) the unconscious activities associated with the heart and gut brains. Members like Jane find catharsis through simple but effective mindfulness practices that clarifies her existence as a small puzzle piece in a vast tapestry of interdependence with the universe—past, present, and future. The implicit connection that we have to our ancestors is often discussed in terms of genetic inheritance by monastics and lay members.[260]

[260] *How to Love and Understand Your Ancestors When You Dont Know Them? | Thich Nhat Hanh*, 2015.

These moments of translation and mediation between Buddhism and science produce nondual biomedical models of mind-body, wherein the wholeness of mind is experienced as product of the head, heart, and gut brains. Visualization practices that ask us to direct our awareness to something as microscopic as the genes in our bodies are common in my field sites. For members who make this a part of their regular practice outside of meetings, like Jane, individual minds are parts of a collective consciousness that contains information from our ancestors. Jane suggests that a transcranial biomedical model of mind extends to a collective mind via our genes, and both ancestral trauma and love are part of that genetic inheritance.

II. New York Zen Center for Contemplative Care

Unlike Wake Up *Saṅgha*, many of the s*aṅghas* hosted by the New York Zen Center for Contemplative Care target traumatized and minoritized populations. Of the intersectional group meetings that NYZCCC receives *dana* for, I attended the *Karuṇā Saṅgha* for LGBTQ+ members, the Serenity *Saṅgha* for fellowship recovery from (behavioral) addiction, and the Bereavement *Saṅgha* most regularly. The mass migration to Zoom enabled new members like me to attend dozens of meetings between 2020-2022. On a typical night, a local Wake Up *Saṅgha* meeting might draw a group of six to eight people who are mostly composed of regular and returning members. A typical night at a NYZCCC *saṅgha* might draw anywhere from ten to thirty members over Zoom—a big boost in attendance due to the online membership they now attract from out of state and

https://www.youtube.com/watch?v=pdodGeRNjt0.

international attendees who could have never dropped in otherwise. The average age range of regular attendees is anywhere from mid-thirties to retired and elderly age.

The NYZCCC and the communities of care it supports echo the ways that the biomedical territory of mind has been mapped throughout the body by Wake Up *Saṅghas*. The Dharma shares and interviews below offer another angle to examine the Buddhist therapeutic secular's production of transnational and interdisciplinary biomedical models of mind. They also tell a story about mind-body from the perspective of heart and gut-centered emotions, affects, and intuitive processing, rather than from the perspective of head brain rational thinking. What distinguishes the NYZCCC from my other field sites is their involvement and contributions to the study of contemplative science, palliative, and end-of-life care health care. It is no wonder why the members who return every week are so familiar with and eager to talk about Buddhism, evolution, and neuroscience in the same Dharma share. Participants come to be a part of the exciting new discourses about the secular mind and the anti-neoliberal moralizations of mental health being produced at their meetings. I examine the Dharma shares and interviews below in light of the contributions towards mapping the biomedical territory of mind throughout the body made by NYZCCC and the White Plum *Asaṅga* lineage. Such contributions suffuse meetings with a strong ethos of scientific compatibility.

I first introduced Joseph in Chapter One. Although Joseph only started attending Karuna *Saṅgha* (LGBTQ+) meetings about year ago, he has been a longtime member of the Community Meditation Center and was introduced to Buddhism through Transcendental Meditation. Joseph describes one of the many real-life applications of

mettā meditation, one of the many cultivation techniques that members practice at meetings. Unlike the pro-neoliberal moral narrative of mental health that depicts mindfulness as a tool aimed at pacifying consumers by de-politicizing structural issues and profiting off of free market meditation, Joseph's excerpt reminds us that the Buddhist therapeutic secular enable the development of behavioral practices to ameliorate the physiological symptoms of mental distress, like chronic stress and anxiety. He says,

> I started my new church singing job this weekend at a famous church in Times Square. Yesterday was the first time I've sung in a chorus in almost two years. We have these special masks for singing. When we had an enormous amount of music learn, I found my brain exploding with the amount of concentration required in rehearsals. Anyways, there were long stretches in the service where I could put myself into my own private meditation. I've been doing *mettā* meditation in the middle of the service and cultivating compassion for myself in the face overwhelming tasks. Whereas I could have easily made myself physically ill with worry, I was able to breathe and move on. [261]

Joseph describes how brief personal meditation practices have helped him to maintain, not only his biomedical health, but also his psychological and social health amidst the pandemic. He locates the sensation of the immense pressure and stress he was enduring during rehearsals in the head brain. The head brain contains 86 billion neurons and is the central location wherein (1) synapses, (2) electrical impulses, and (3) hormones communicate with each other.[262] The combination of these three elements allows for conscious, aware, and analytical thought. Based on Joseph's experience, it is no surprise that the head brain is essential to cognition, perception, language, communication, and also the ability to identify objects, patterns, and organize sensory input. It is both the

[261] Peter, Fieldnotes by Steven Quach. Karuna *Saṅgha*, October 3, 2021.
[262] Suzana Herculano-Houzel, "The Human Brain in Numbers: A Linearly Scaled-up Primate Brain," *Frontiers in Human Neuroscience* 3 (November 9, 2009): 31. https://doi.org/10.3389/neuro.09.031.2009.

fountainhead of creativity and a bottomless pit of anxiety. Joseph's experience illuminates the everyday ways that psychological and social conditions produce the physiological sensation of worry in the head brain. The therapeutic tool he relies on most to maintain his mental health is a *mettā* meditation that locates the practice of cultivating loving-kindness in the heart. His interview illustrates how meditations that bring awareness to the transcranial and non-rational areas of the mind-body, like the heart brain, can impact the head brain in real time.

Sheila is a white, cisgender, Christian woman in her early-forties. She started attending the Serenity *Saṅgha* (recovery) hosted by the NYZCCC when it was made available via Zoom in 2019. The meetings are an important community-based resource that supports her long-term sobriety from alcohol and food addiction. Her Dharma share below highlights the ways that traumatic experiences with negative affect regulation in childhood development continue to impact the lives of middle-aged adults. Her lifelong habit freezing in the face of personal anger or anger directed at her is widely shared amongst *saṅgha* members. It reflects the scientific and popular cultural discourses on "fight or flight response" and its counterpart the "relaxation response."

Panic-induced paralysis in response to aggression is widely accepted as a psychosomatic or psychobiological effect of (mis)communication between the mind and body today. But it was met with staunch skepticism from the biomedical scientific community even after American physiologist Walter Cannon coined the term "fight or flight response" in 1915.[263] And it was not until after pioneer in mind-body medicine

[263] See: Cannon, W. B. *Bodily Changes in Pain, Hunger, Fear and Rage: An Account of Recent Researches*

Herbert Benson coined term "relaxation response" in 1976 that contemplative practices, like Transcendental Meditation, were taken seriously as complementary health care practices to traditional biomedical and pharmaceutical treatments.[264] Cannon's theory states that when animals naturally react to states of hyperarousal or acute stress with a general discharge of the sympathetic nervous system, priming them for fighting or fleeing. Physical paralysis is a result of being overwhelmed by the sudden and jarring shift from homeostasis in the body to a state of emergency. Sheila explains,

> I've never been able to get angry and expressive as a child. I always froze in the face of anger directed at me. Three days ago, I was in a Zoom meeting with a group of old friends and one of them started yelling at me. But this time, I didn't freeze. I just asked her to tell me what was going on and we talked about the deaths of three people close to us in the last two months and another separate funeral for their friend who died last year.
>
> I'm feeling tears now, which is good because I find myself getting busier than ever. I think that's a way of not feeling. I could have responded to her from numbness of not feeling, but I feel like it had to do more with the work of being present. The poem that you shared brought this back to me. And while my parents never fought openly, my father would get angry and then no one would speak in the house for two weeks. I resonate with the lifelong habit of freezing in the face of anger. This meeting is bringing up a lot in me and I feel like I'm finally opening up to grieve.[265]

I argue that the Buddhist therapeutic secular mind engenders an anti-neoliberal moral narrative of mental health. It enables communal confession, reflection, authenticity, grieving, healing and ultimately, empowers members to treat anger paralysis as a mental disorder. It also renders whole the biological, psychological, and social dimensions of paralysis. These dimensions permit members to share and collectively

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into the Function of Emotional Excitement, Second Edition (D. Appleton and Company, 1929).
[264] See: Herbert Benson and Miriam Z. Klipper, *The Relaxation Response* (New York: Avon, 1976).
[265] Sheila Merle, Fieldnotes by Steven Quach. Serenity *Saṅgha*, October 15, 2021.

authenticate how social adversity and psychological trauma based on events that occurred decades ago can continue appear as biological symptoms, like anger-induced paralysis. Elsewhere in the public sphere, Sheila's psychosomatic disorder is illegible and untreatable under because pro-neoliberal moralizations of mental health. Her case speaks to the many complex and chronic illnesses that go undiagnosed by traditional biomedical—especially pharmacological—institutions because of their psychosomatic and intimate nature.

Janett also experiences the kind of fight or flight response that is triggered by anger, as described by Sheila, but in specific parts of the body. Janett is white, in her mid-thirties, and recently moved from Maine to New York because of domestic and drug abuse. Her family background is Christian and Janett is an atheist. She turned to Buddhist therapeutic recovery programs because she was turned-off by its Christian presentation in Narcotics Anonymous. Below, Janett recounts the traumatic events of her childhood that continue to affect her day-to-today emotional regulation and relationships. She says,

> The dinner table was a place of argument and violence although we liked to call it debate. In my family, you could have two emotions: anger or happiness, nothing else. No one talked about it as mental illness when I was growing up. I moved out of the house in Maine because of the anger. But I carried a lot of those traits, which I used to call bickering, into my relationships.
>
> I recently had a breakup and the photo was of me with the person I broke up with. I've been feeling mostly sad about it, but I was feeling angry when those photos popped up just before this meeting and my blood pressure rose. I have a headache still so when we did the meditation, I couldn't sit still. There is this physical aspect to anger so I did walking-meditation during the sit and tried to do the breathing while walking.[266]

[266] Janett, Fieldnotes by Steven Quach, Serenity *Saṅgha*, October 15, 2021.

For Janett anger manifests as a headache and is ameliorated with walking meditation. Her Dharma share illustrates how chronic anger and violence are often minimized as acceptable emotional and behavioral traits, rather than treated as symptoms of mental illness, distress, or disfunction, when located in the private sphere of the household.

This is in part because biomedical models of mental health that focus on the diagnosis and treatment of brain diseases normalize aggressive and passive-aggressive personality disorders. It does so by deploying a biomedical and pro-neoliberal moral narrative of mental health wherein mental illness is either a diagnosable brain disease (or impairment) or assumed healthy. That aggressive personality disorders and other mental illnesses was never broached and diagnosed in Janett's family despite patterns of violence illustrates a major weakness with biomedical models of secular mind. Their dualistic models of mind too often assume that mental illness is the sole result of disfunctions in the brain without psychological and sociocultural contexts.

Rather than rely solely on pharmaceutical treatments, my informants attend *saṅghas* to treat the debilitating biomedical symptoms of anger, like paralysis, migraines, and hyperventilation, that are the result of past or present social and psychological triggers. Peer-led training in mindfulness, meditation, and other contemplative practices, like writing poems and communal grieving, offer preventative and long-term care towards the amelioration of chronic bodily symptoms of illness resulting from mental distress and negative affect. Members are given permission to confront their fight or flight responses by intentionally activating the relaxation response via contemplation in the Buddhist therapeutic secular.

One can appreciate the strides that mind-body research has made since the 1970's by witnessing the interdisciplinary discourses produced by Dharma shares. A closer look at the prolific authors who have been ordained in the White Plum *Asaṅgha*, in addition to the founders of the NYZCCC, reveals a long history of scholarly research in the fields of consciousness studies and contemplative science. Most notably, Professor Psychology and Neurology Alfred W. Kaszniak helped lead and published the first Tucson Discussions and Debates on the science of consciousness in Tuscon, Arizona in 1996.[267]

The questions that were raised at this dialogue remain immanently relevant to participants at meetings hosted by the NYZCCC more than twenty-five years later. Is consciousness based on a non-physical aspect of reality (dualism)? Does it emerge electrochemical interactions of tens of billions of neurons (cognitive neuroscience), which have now been confirmed to exist in three major nervous systems in the body—the head, heart, and gut brain? And how can third-person and first-person evidence collected from "spiritual" practice and nonstandard medical practices, like mind-body medicine, help produce an ontological theory of consciousness? When these questions are asked in light of the introspective evidence provided by *saṅgha* members, it becomes clear that the Buddhist therapeutic secular has much to offer conscious studies.

The above Dharma shares illustrate the ubiquitous experience of overwhelming negative affect manifesting in the head brain and the therapeutic techniques used to sooth

[267] *Toward a Science of Consciousness* marks the first major gathering devoted entirely to consciousness studies. It engages research from disciplines including: philosophy, cognitive science, medicine/pathology, neurology, subneural biology, quantum theory, and phenomenology. See: Stuart R Hameroff, Alfred W. Kaszniak, and Alwyn Scott, *Toward a Science of Consciousness: The First Tucson Discussions and Debates* (MIT Press, 1996).

it by rendering whole the mind of mental health as a product of one's entire biological, psychology, and social contexts. As noted by Australian philosopher and cognitive scientist at the Tucson Discussions, Kaszniak's claims that need for a new kind of nonreductive science of consciousness that extends the discourse past the performance of brain functions is greater than ever. Kaszniak's major role in such public scholarly dialogues not only positions the White Plum *Asaṅgha* —and its affiliated organizations like the NYZCCC—squarely at the center of consciousness studies, it establishes a welcoming ethos for the production of nondual biomedical models of mind-body and biopsychosocial models of mental health.

III. Recovery Dharma Global

Of my three field sites, Recovery Dharma Global (RDG) is the newest and most secular public-facing, Buddhist therapeutic organization. Like the New York Zen Center for Contemplative Care, RDG *saṅghas* target traumatized and minoritized populations. It is the only field site dedicated solely to aiding the long-term sobriety of its now global and online community by providing behavioral health care support through contemplative practices. Before the pandemic, I would have had to attend local RDG meetings in regional chapters and might have seen about ten attendees per meeting on a regular night. After the migration to Zoom meetings attendance doubled across chapters as non-local and international membership grew. Like my other field sites, RDG now offers Zoom meetings in addition to in-person *saṅgha* meetings.[268] As a result of the boom in the diversity of its membership, RDG has expanded its online presence and began offering

[268] In-person *saṅghas* often broadcast their meetings over Zoom.

new *saṅgha* groups based on intersectional identity beginning in early 2020—a structural innovation that remains much less common in Twelve Step programs, like Alcoholics Anonymous, and other adjacent recovery programs, like Refuge Recovery.

Unlike Wake up *Saṅgha* and the NYZCCC, which are branches of the Plum Village and White Plum *Asaṅga* lineages respectively, RDG claims no single author or founder of their handbook, and no premodern affiliations to any Buddhist traditions except for the Buddha, Siddhartha Gautama. RDG's pedagogical tradition of teaching recovery does, however, have deeps roots in American Buddhist psychology. The following Dharma shares and interviews illustrate the ways that American Buddhist psychology informs the ways that RDG members construct transcranial maps of mind that appear throughout the body and the subversive, anti-neoliberal moral narrative of mental health it suggests.

James is forty years old, Asian American, ethnically Chinese and Vietnamese, and gender fluid, although he typically uses he/him pronouns and is attracted to women. He has a stigma against religious organizations and leans towards spiritual or secular affiliation. He has been a member of RDG since its founding in 2019 and is an active member and leader in a number of *saṅgha* meetings. He started his recovery twelve years ago with the Twelve Step programs. He still attends Alcoholics Anonymous and Narcotics Anonymous but is most committed to Recovery Dharma Global because he can talk about his other major addictions—to porn, nicotine, caffeine, and sugar—and how it affects his overall recovery without stigmatization. Thomas' story reminds us that losing

and the finding hope or motivation to recover and stay sober is often dependent on biomedical and pharmaceutical treatments:

> I'm going to list my reasons for why I had doubts about ever recovering because I "worked hard and partied hard" every night for the last twenty years. I thought that I would never be able to be happy again without my poison of choice. I thought that I had done so much destruction to my brain—that the serotonin receptors have been damaged so badly—that I felt I could never recover. It was a dark place like an eclipse. It was an infinite moment, cold, lonely and isolating. Then I got honest with the doctors after going to Narcotics Anonymous, and they helped me increase or change my medication. Then I started believing that guy over there who had ten years of sobriety. Then I started to find role models, many of them in Recovery Dharma and realized that we can recover. I can recover.[269]

Thomas' treatments benefit greatly from alternative biomedical models of mind-body that are collectively authenticated in Dharma shares. His explanation for why he was using and unhappy is biomedical and emphasizes the neurochemical anatomy of the brain. What James learns through mindfulness practice is that in order to repair the physical brain damage caused by substance abuse, he needs to change his psychological and social relationship to substances and addictive behaviors. In other words, if the brain is made up of non-brain elements, then healing the brain requires treatments that extend well beyond the biomedical boundaries of head brain and into psychosocial territories of one's mental health. James continues to be a staple at meetings even after more than a year of sobriety, not only because he believes in preventative and long-term mental health care that the Buddhist therapeutic secular provides to its communities of care, but because he aims to help others in their recovery as part of his mindfulness training.

[269] James, Fieldnotes by Steven Quach, Thursday International Book Study *Saṅgha*, April 30, 2020.

James is not my only Asian American informant who laments about the neoliberal capitalist work ethic to "work hard and play hard." Below is another informant, Chakrika, who openly shares her addiction the party lifestyle. Chakrika is black, queer, and in her forties. She is originally from the United Kingdom and now lives on the East Coast of the United States. She regularly facilitates the BIPOC *Saṅgha* hosted by the NYZCCC. Although Buddhist communities of care have not historically been an ethnically diverse spaces, Chakrika converted to Buddhism almost twenty years ago because it contained safe-havens for queer folk. Chakrika regularly evokes the anti-neoliberal moralization of mental health by starting meetings with a five minute breathing exercise that frames the body as a site of historical trauma. She says,

> Let's begin with a five-minute breathing space and a five-minute grieving space. Place our hands upon our hearts or upon the belly. Know that this hand is giving you kindness. As you breathe in, receive the kindness from your own hand. As you breathe out, breathe out kindness throughout the whole body. As you grieve, breathe out kindness throughout your whole body. Begin with feeling the sensation of your hand upon your body. This is the first sensation of kindness. Really experience the kindness as you breathe in and as you breathe out. Our minds will wander. That's ok. Catch the mind thinking, wandering, and come back to the touch of the hand on your body.[270]

Meetings that hold spaces of marginalized groups, like BIPOC and LGBTQ+, often begin with a five-minute guided meditation to publicly acknowledge and collectively authenticate the experience of discrimination. Breathing and grieving breathing spaces reclaim the public sphere as healing space for the historically marginalized, rather than a site of epistemic violence. Experiences with racism are a major trigger for behavioral addiction and contribute to a range of physical and mental

[270] Chakrika, Fieldnotes by Steven Quach, BIPOC *Saṅgha*. May 9, 2020.

illnesses, and are all open for discussion at meetings. The act of placing "our hand on the heart or belly" is brief but important because it directs our intentional awareness to areas of the body that also contain "brains" which communicate in a three brain model (i.e., the head, heart, gut brains) of the biomedical mind.

In the genealogy of Recovery Dharma Global's pedagogy, Noah Levine was a major, if controversial, figure. Much of the founding community that built RDG from the ground up were originally members of Refuge Recovery. Levine is the American Buddhist author who blended American Buddhist psychology with punk culture to form the Dharma Punx, Against the Stream Meditation Center, and Refuge Recovery. Levine was trained by Jack Kornfield of Spirit Rock Meditation Center which has since renounced Levine as a teacher in their lineage. [271] An investigation conducted by the Spirit Rock Meditations Center's ethic and Reconciliation Council concluded that Levine has likely violated the Third Precept, "to avoid creating harm through sexuality" and was followed by the dissolution of the Against The Stream Meditation Center.[272] Controversies aside, Levine, Kornfield, and the American tradition of Buddhist psychology are ever-present in the architecture of RDG's meetings, literature, and pedagogical approach to the Buddhist therapeutic secular mind of mental health.

The RDG handbook is intentionally succinct and practical with its approach to the mindful recovery. It shows how Buddhist psychology has been synthesized and produced anew by a grassroots community of lay people—rather than the usual meditation experts,

[271] "Spirit Rock Withdraws Noah Levine's Teaching Authorization - Spirit Rock - An Insight Meditation Center," Accessed August 15, 2022, https://www.spiritrock.org/news/spirit-rock-withdraws-noah-levines-teaching-authorization.
[272] Ibid.

monastics, scientists, and health care professionals that saturated free market meditation. As a result, much of the discourse in the literature lacks the philosophical depth and details of its predecessors. The two brain theory of the heart-mind (*citta*), for example, appears throughout Buddhist traditions, especially in East Asia where the Daoist heart-mind (*xīn*) theory was already familiar. It reappears in the Buddhist psychological tradition made popular by American Buddhist converts and authors, like Jack Kornfield, Joseph Goldstein, and James Baraz.

Kornfield's translation of *citta* as "heart-mind" illustrates the connection between the head and heart brains. It is evident in his analysis of the universal mantra for compassion, "*oṃ maṇi padme hūṃ*" or "the jewel of mind rests in the lotus of heart."[273] As he explains, liberation requires the fulfillment of both the diamond-like clarity of an awakened mind and discrimination-free compassion of an awakened heart. When the two join, the heart-mind act in unison to produce thoughts, feelings and emotions, responses, intuition, temperament, and mind (consciousness).[274] Levine dedicates a chapter to the heart-mind in his book *Refuge Recovery*. He states that, "the path to uncovering our heart's positive qualities is […] fraught with the demons of the heart/mind that in Buddhism we call Mara. Mara is the aspect of heart/mind that creates roadblocks, gives excuses, procrastinates, and urges us to avoid all the unpleasant mind states that accompany the healing of awaking."[275] Like Kornfield, Levine's interpretation of the heart-mind requires directing one's awareness to the mind itself as the embodied process

[273] "The Mind and the Heart," Jack Kornfield, September 16, 2014, https://jackkornfield.com/mind-heart/.
[274] "The Mind and the Heart," Jack Kornfield, September 16, 2014, https://jackkornfield.com/mind-heart/.
[275] Noah Levine, *Refuge Recovery: A Buddhist Path to Recovering from Addiction*, First Paperback Edition (San Francisco: Harper One, 2014), 90.

of both conscious and unconscious "thinking" and communication between the head and heart.

RDG makes no explicit mention of the heart-mind like its pedagogical predecessors. However, fundamental meditations, like the "awareness of processes of the mind meditation," expose the implicit influence of Kornfield' and Levine's Buddhist psychological presentation of heart-mind. I argue that these presentations of mind and body signal the presence the head and heart brain theories. In meetings, we are asked to "notice where the mind goes, in terms of thoughts: liking or disliking; perceptions or sensations; hearing of sound; feelings of peace sadness, joy, frustration, or anticipation."[276] Like Wake Up *Saṅgha* and NYZCCC, the use of "thoughts" by RDG suggests that "thinking" involves a process of listening to the processes of mind and its embodied territories (i.e., three brain theory)—a stark contrast to the traditional biomedical model of the head brain as the sole location of cognition. RDG meditations feature "raw thoughts"—an umbrella term that subverts the kind of rational and intellectual model of head mind maintained by biomedicine. It is a subtle, but bold, rhetorical invitation to explore the mind as a collection of thoughts including feelings, intuitions, and sensations typically associated with the heart and gut brains. When one's awareness of the collection of thoughts communicated by the head, heart, and gut brain is clear and unobstructed, then the secular mind of mental health is rendered whole.

[276] Recovery Dharma, *Recovery Dharma: How to Use Buddhist Practices and Principles to Heal the Suffering of Addiction* (Independently published, 2019), 78.

I first introduced Luke in Chapter One. While not mentioned explicitly, Benson's relaxation response theory makes regular appearances in the background of Dharma shares as members draw widely from biomedical and Buddhist sources to track their own progress as meditators. Luke explains,

> I liked the meditation today. It goes with some stuff I was reading earlier today about breathing techniques. One of the techniques was to take in a breath and then double the seconds it takes to exhale. It affects the parasympathetic nervous system. One thing I've always wondered about is why we have a voluntary and involuntary breath. I think it's because the involuntary acts as the baseline, while the voluntary is what we use with intention. It's about whether we use it intentionally when we're in the middle of craving or some other type of anxious situation. We've got the capacity to employ the voluntary breath in order to let us ease or sink back into that baseline. When I'm focused on my breathing, I'm not focused on the craving. Really, it's hard to focus on two things at once. I think it's a lot like compensatory mechanisms that the body has.[277]

Meetings hold space for members like Luke to come to his own understanding about how intentional breathing in meditation affects his attention, addiction, and anxiety in terms of the parasympathetic nervous system. Importantly, the Buddhist therapeutic production of secular mind enables members to discover their own "baseline" state of mental health with mindfulness training. Like Phil, Elijah turned to meditation because most recovery programs were "too Christian" and nothing else seemed to help with his addiction. Elijah is white and thirty-one years old. He is in active recovery from alcohol and narcotics and struggles with chronic and multiple mental illnesses. He describes his recent bout of anxiety below:

> They say that 80% of people with addiction also struggle with some kind of mental health issue. I certainly picked some up during my use and other traumatic experiences. Part of the reason we created this group was so people could talk about medication or other things they may not feel comfortable talking about in

[277] Luke, Fieldnotes by Steven Quach, Thursday International Book Study *Saṅgha*, May 14, 2020.

> other meetings. I chose this meditation because I've been struggling with a lot of anxiety lately. I don't know if it's because what's going on in the world or the changes to my medication, but recently, I've been waking up very anxious.
>
> For me the meditation on connecting to my body—staying grounded in my body—has been very helpful in managing that anxiety, rather than turning to some kind of chemical or unhealthy behavior, like eating lots of sweets or drinking too much coffee, which obviously do not help with the anxiety. Meditation is helping me to become aware of the anxiety as my object of meditation that appears in my body. It's true that when anxiety arises, it tends to get a little bit stronger, but then does fade away. That has been really helpful for me, especially over the last few weeks.[278]

The management of anxiety and craving are common themes in both Phil' and Elijah's Dharma shares and in RDG in general. Both show how contemplative practices act as a central entry point for broader discussions about the psychosocial contexts that impact the biomedical mind-body. Elijah's Dharma share illustrates how meditation help him to ground himself in his body and to endure overwhelming emotions. It shows how chronic symptoms of anxiety may have multiple and undiscernible causes related to biomedical (medication and diet), psychological (trauma), and sociocultural (environmental and social triggers) aspects of mental health care.

Conclusion

In the United States, biomedical models of mind continue to rely on a Cartesian mind-body duality that locates the seat of cognition solely within the head brain. Importantly, it engenders a pro-neoliberal moral narrative of mental health that essentializes the mind into a mechanistic object made up of rational and intellect-driven processes of thought. As a result, the presentation of non-intellectual forms of mental

[278] Elijah, Fieldnotes by Steven Quach, Thursday International Book Study *Saṅgha*, September 30, 2020.

activity based on the heart and gut brains, like feelings and intuition, are often illegible or worse, perceived as signs of mental illness that requires intervention or policing. I argue that the that ubiquity of three brain models of mind—consisting of the head, heart, and gut brains—in my field sites inscribe the secular mind with an anti-neoliberal moral narrative of mental health. This moral narrative that emerges from three brain theory suggests that mind arises from major areas of the body that express "thoughts" including rational and non-intellectual forms of thinking like sensing, feeling, and intuition.

It sometimes comes as a surprise to new members the immense volume of scientific, and specifically biomedical, discourses that make its way into Dharma shares. *Saṅgha* meetings hold spaces for members to discuss their mental health care in light of a range of biological, psychological, and sociocultural causes and conditions without the backlash of biomedical reductionism they face elsewhere in the public sphere.

Chapter Three: The Psycho-Medical Territory of Mind

In chapter two, I described the how the Buddhist therapeutic production the secular mind of mental health reveals a three brain model of mind composed of the head, heart, and gut brains. I argued that the privileges afforded to dualistic models of mind-body and biomedical head brain-centric models of mind in the public sphere has engendered a pro-neoliberal moral narrative of mental health. This narrative reproduces the myth that the public sphere is made up of up rational minds, discourses, structures, and institutions—therefore securing equality and equity for all citizens. In reality, the language of rationality, and other thought processes associated with the head brain, reproduces a pro-neoliberal moral narrative of mental health that is deployed to manage, silence, scapegoat, and excuse non-rational behavior in the public sphere as signs of mental illness. Nondual and Transcranial descriptions mind-body, such as the three brain model of mind, engenders an anti-neoliberal moralization of mental health by reclaiming the important role of non-rational processes of thought, like heart brain-centric emotions and gut brain-centric intuitions, in both public and private spheres.

This chapter explores how the interiority of the nonmaterial mind has been made into an object of scholarly investigation and noninvasive medical, namely psychological and psychotherapeutic, intervention. With the great strides that the psychological sciences have made in research and popular culture, it is hard to imagine a time in the Euro-American History of science and medicine that looked down on psychology—and the study of the intangible mind through the introspection—as a pseudoscience. Yet, the shadow of scientific materialism has, until the twentieth-century, loomed heavily

throughout the historical background of biomedicine and newer professionalized sciences of mind like psychiatry and psychology.

As a result, non-materialist studies of mind that focus on behavioral and affective symptoms and therapeutic interventions (rather than the haptic search for the physics of the brain) were widely constrained to branches of philosophy until the late-nineteenth century. German physiologist and pioneer of psychology, Wilhelm Maximilian Wundt (1832-1920) founded the first psychological laboratory in Leipzig in 1875.[279] The field of experimental psychology that emerged from the lab was based on introspection, also known as experimental self-observation.[280] Importantly, introspection rendered visible and relevant the first-person experience of mental illness by the patient. Elsewhere, in the biomedical sciences of mind, like psychiatry, the subjective, narrative, and moral experience of illness are often disregarded by medical experts as superfluous to the objective process of diagnosis and treatments.

In everyday use, introspection is a way of looking inward and examining one's internal thought processes. As a research method, the process required highly controlled and structured experiments. In 1879, Wundt opened the Institute for Experimental Psychology at the University of Leipzig in Germany.[281] Histories of clinical psychology that position introspection as the first method used to study psychology in labs are based on this watershed event. To address the common criticism that the introspective

[279] Edwin G. Boring, *A History of Experimental Psychology*, D. (Appleton-Century, NY, 1929), 317.
[280] Robert S. Harper, "The First Psychological Laboratory," *Isis* 41, no. 2 (1950): 158–61, 158.
[281] Andreas Sommer, "Normalizing the Supernormal: The Formation of the 'Gesellschaft Für Psychologische Forschung' ('Society for Psychological Research'), c. 1886–1890," *Journal of the History of the Behavioral Sciences* 49, no. 1 (January 2013): 18–44. https://doi.org/10.1002/jhbs.21577, 18.

experiences and observations made by patients were ultimately too subjective for any scientific application, Wundt outlined specific requirements for introspection to be a rigorous method of research. He required his students to be heavily trained and maintained controlled environmental conditions for his studies to be repeatable.

In addition to Wundt, there have been several pioneers of psychology who have displayed sustained interest in introspective methods. Of these preeminent early psychologists, those who specifically engaged with and made commentaries on Buddhist contemplation include William James, Carl Gustav Jung, Sigmund Freud, and Gordon Allport.[282] By the 1920's, however, the inherent lack of objectivity at the foundation of introspection and a new generation of experimental and behavioral psychologists sequestered its pathway in psychology to the pluralistic domain of psychotherapy and the therapeutic secular in general. Several psychological disciplines today use introspection as a psychotherapeutic approach to research and treatment, including cognitive psychology, experimental psychology, and social psychology. The result, I argue, is a pro-neoliberal moral narrative of mental health that objectifies introspection into a therapeutic secular commodity. By locating self-liberation in the consumption of introspective experiences, contemporary psychotherapeutics have unreflexively engendered a pro-neoliberal, consumer self-driven therapeutic secular. As I will show, it is one that is responsible for the depoliticization and individualization of mental health issues that often have systemic causes and conditions.

[282] See: Hiroki Kato, "The Relationship between the Psychology of Religion and Buddhist Psychology," *Japanese Psychological Research* 58, no. S1 (2016): 70–84. https://doi.org/10.1111/jpr.12121.

In this chapter, I argue that an anti-neoliberal moral narrative of mental health centering on the introspective experience of living and suffering with mental illness is clearly demonstrated when located in the Buddhis therapeutic secular. What distinguishes the role of introspection in my field sites is the peer-led and subjective nature of *saṅghas*. Rather than objectified as the ultimate neoliberal and therapeutic commodity, introspection is the first step in confronting systemic discrimination and generational trauma. The normalization of introspection psychology and the meaning-making of mental illness owes much to the early professionalization of psychotherapy. This is relevant, since such social histories provides the community-based mental health foundation of the Buddhist therapeutic secular which I am exploring. For this reason, before returning to my field sites, I provide some intellectual history of medicine—particularly the controversial place of introspection in psychology—to better set into relief the references (and departures) of many engaged in the Buddhist therapeutic secular today.

Lost Orientalist Roots of Psychology

The early disciplining of psychology in the late-nineteenth century as a scientific and marketable profession was earned by purging the subjective and introspective methods of investigating a patient's mind. Perhaps most famous of the diatribes against introspection was by John Broadus Watson (1878-1958) who stated, "Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness

with which they themselves to interpretation in terms of consciousness."[283] Two major reasons account for the disciplinary suppression of a patient's introspective experiences of mental illness, like self-reports, as a valid scientific method of investigating their mind.

One is the patriarchal culture of skepticism or stigma against the relevance of a patient's emotional, moral, narrative, and social experience of mental illness according the normative biomedical dynamic between medical doctor and patient. The other reason is because much of these introspective techniques that were designed for patients to explore their own conscious and unconscious activities drew heavily on Orientalist and early psychological appropriations of meditation and yoga, which would have invalidated the scientific authority and legacy of renowned psychotherapists like William James, Carl Gustav Jung, and Franz Alexander.[284] Today the psychotherapeutic method of introspection is undergoing a renaissance in the Buddhist therapeutic secular. Importantly, my field sites illustrate how an anti-neoliberal moral narrative of mental health is engendered by transforming introspection into a means of resistance and subversion against the status-quo.

The term "psychiatry" was coined in 1808 by German professor of medicine Johann Christian Reil to describe the evolving discipline of treating mental alienation in patients who were considered deviants or a nuisance to society.[285] The custodial asylums which housed these patients became the basis for the growing trade in containing lunacy,

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[283] John B. Watson, "Psychology as the Behaviorist Views It," *Psychological Review* 20 (1913): 158–77. https://doi.org/10.1037/h0074428, 158.
[284] Harold G. Coward, *Jung and Eastern Thought*. Annotated edition (Albany, N.Y: State University of New York Press, 1985), 98.
[285] Robert Jean Campbell, *Campbell's Psychiatric Dictionary* (Oxford University Press, USA, 2004), 532.

insanity, or madness in therapeutic asylums. The notorious mistreatment of patients at these asylums, however, received scathing criticism from early advocates of humane treatment for the mentally ill like Benjamin Rush (1745-1813), who published *Medical Inquiries and Observations Upon Diseases of the Mind* in 1812, the first American textbook on psychiatry.[286] These campaigns for humane management of asylum patients led to the rise of moral therapy in late-eighteenth century Euro-America.[287] Moral therapy distinguished itself from pre-existing medical therapies by de-emphasizing physically coercive or intrusive medical procedures (drugging, vomiting, bloodletting) and by drawing heavily on association psychology—which postulated that the "faulty mental associations of insanity could be carefully re-educated in the human and orderly regime of a reformed asylum."[288]

The etymology and use of "psychology" is rooted in Euro-American philosophy and appears in a wider variety of nonbiomedical discourses. The first print use of the term is dated to multiple works in the mid-sixteenth century, including German philosopher Rudolf Gockel (1547-1682) and Croatian humanist Marko Marulic (1450-1524), but did not enter common vernacular until the publication of *Psychologia empirica* in 1732 by German Rationalist philosopher, Christian Wolff (1679-1754).[289] Beginning in the

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[286] See: George Grote, *Medical Inquiries and Observations Upon the Diseases of the Mind* (Forgotten Books, 2012).
[287] Graham, Bowrey and Ciorstan Smark, "Measurement and the Decline of Moral Therapy," *Faculty of Health and Behavioural Sciences - Papers (Archive)*, January 1, 2010, 168–76, 168.
[288] Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*. 2nd edition. New York: Basic Books, 2017, 442.
[289] See: Rodolphus Goclenius, *Psychologia hoc est: de hominis perfectione, animo et imprimis ortu hujus, commentationes ac disputationes quorundam theologorum et philosoprum, nunc corr. et auct*. Paulus Egenolphus, 1597; François H. Lapointe, "The Origin and Evolution of The Term 'Psychology,'" *Rivista Critica Di Storia Della Filosofia* 28, no. 2 (1973): 138–60; Christian Wolff, *Christiani Wolffii Psychologia empirica*, His Gesammelte Werke 2. Hildesheim: Olms, 1968.

1840's—still before the existence of professional psychology and psychology departments—these theologians and psychiatrists, later including Frederick Augustus Rauch (1806-1841), Soren Kierkegaard (1813-1855), and Forbes Benignus Winslow (1810-1874), began publishing widely on psychology as a separate field of the study of mind away from the biological-reductionist search for the pathology or physiology of mental illnesses prioritized in the psychiatric sciences.[290]

Because it engaged widely with nonsecular and nonbiomedical (derisively ethnomedical) typologies of mind and body, especially from religious traditions, the emerging discipline of psychology was largely regarded by the biomedical community as an unscientific and pointless quest to understand the immaterial processes linking mind to mental illness. In his immensely popular 1962 book, *The Structure of Scientific Revolutions,* preeminent American philosopher Thomas Kuhn argues that psychology is caught in a pre-paradigmatic state that lacks the unitary codification of facts found in mature sciences like chemistry and physics.[291] Today, critics from within the field of psychology itself, like Scott Lilienfeld (1960-2020) and Sam Vaknin, argue that because some areas of the research rely on subjective (derisively "soft") research methods (like surveys, questionnaires, and self-reports), psychology falls short as a true objective, valid, and rigorous field of science.[292]

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[290] See: François H. Lapointe, "The Origin and Evolution of The Term 'Psychology,'" *Rivista Critica Di Storia Della Filosofia* 28, no. 2 (1973): 138–60.
[291] See: Thomas S. Kuhn, *The Structure of Scientific Revolutions*, Fourth edition (Chicago; The University of Chicago Press, 2012).
[292] *Psychology Not a Science, Never Will Be (Grannon-Vaknin Convo)*, 2020. https://www.youtube.com/watch?v=STbCjdv7oMM. See: Lilienfeld, Scott O., *Science and Pseudoscience in Clinical Psychology*, Edited by Steven Jay Lynn, and Jeffrey M. Lohr, Second edition (New York: The Guilford Press, 2014); Sam Vaknin, *Why Psychology Will Never Be a Science (University Lecture)*, 2020,

In the late 19th century, two early milestones in the codification of psychology as an independent scientific discipline, and not a branch of philosophy or worse a pseudo-science, were achieved when Wilhelm Wundt published "Principles of Physiological Psychology" in 1873, and when William James (1842-1910), the quintessential American psychologist and philosopher, began teaching the first psychology courses in 1875 in the United States.[293] In the years that followed, Wundt and James would bring experimental psychology to the lab and establish psychology's first two great schools: structuralism and functionalism. In structural psychology, the goal is to understand mind or consciousness in terms of the simplest classifiable components and how they combine to form complex experiences that correlate to physical behaviors and symptoms.[294] It aims to map the individual and irreducible elements that make up the structures of the mind. Despite the harsh criticism they would later receive from behavioral psychologists, Wundt and James were early pioneers of integrating introspective methods, like the self-reports of patients, as integral part of their psychotherapeutic treatments.

Behaviorism is primarily concerned with explaining the function or purpose of exterior human behavior in terms of its causal relationship to interior mental activities, like perception, memory, and feeling.[295] Behavioral psychologists vehemently rejected the notion that conscious and unconscious experiences are worthy topics of scientific

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https://www.youtube.com/watch?v=_RlnoPxBMwU.

[293] See: Wilhelm Max Wundt, 1832-1920, *Principles of Physiological Psychology* (Wentworth Press, 2016).

[294] "Structuralism," *APA Dictionary of Psychology*, Accessed October 6, 2022, https://dictionary.apa.org/structuralism.

[295] "William James," *Department of Psychology*, Accessed October 6, 2022. https://psychology.fas.harvard.edu/people/william-james.

investigation. Afterall, how could a scientist—let alone an untrained patient—make an objective measurement of the subjective mind and its processes? Despite the obvious skepticism of the biomedical community, functional psychology appealed to the growing fanbase of mid- to late-eighteenth century evolutionary theories because a vital piece to James' theory of psychological evolution was Darwin's model of natural selection.[296] Why are certain behaviors, as individuals and a society, selected to survive amidst ever-changing environmental conditions? What are the mental causes and benefits of those selected behaviors? How do components of mental processes function as a whole to ensure our survival? These are the type of questions about the role of mind in human evolution that compelled James to theorize the "stream of consciousness" in his 1890 classic, *The Principles of Psychology*.[297]

The role of Asian religious traditions in the formation of early schools of psychotherapy or "talk therapy" has been obscured in major histories of psychotherapy that conveniently ignore its Orientalist foundations. According to scholar of religion and psychology Ira Helderman, "psychotherapists have conceived of the relationship between psychotherapy and religious traditions from the inception of talk therapy as a healing discipline."[298] Psychotherapy is the "non-invasive treatment of those mental or emotional states understood by the patient and therapist as pathological or maladaptive."[299] In

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[296] Lucas McGranahan, "William James's Social Evolutionism in Focus," *The Pluralist* 6, no. 3 (2011): 80–92.
[297] See: Wilhelm Max Wundt, 1832-1920, *Principles of Physiological Psychology* (Wentworth Press, 2016).
[298] Ira Helderman, *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion* (Chapel Hill: The University of North Carolina Press, 2019), 58.
[299] Sander Gliman, "Psychotherapy." *Companion Encyclopedia of the History of Medicine, Vol. 1-2* (London; New York, 1993), 1029.

psychotherapy, therapists may or may not be a biomedical doctor and patients may not always manifest symptoms that are defined as "mental illness" in standard handbooks like the *Diagnostic and Statistical Manual of the American Psychiatric Association*.

As scholar of the American religions David Scott have shown, William James makes explicit references about Buddhism when discussing topics related to (1) consciousness, (2) integration, and (3) criteria of truth claims in his works and annotations.[300] In his *Varieties of Religious Experience*, he cites books such as Carl Koeppen's Die *Religionen des Buddha* (1857) for an accurate rendering of Buddhism's *dhyana* or "meditation" levels. Annotations can also be found in the margins of James's copies of *Buddha* by Hermann Oldenberg, *Buddhism in Translation* by Henry Warren, and *History of Ancient Sanskrit Literature* by Max Müller. Scott circumscribes this period of James's fascination with Buddhism—and attitude towards religion in general—between 1890 and 1910 as a product of a particular brand of American pragmatism.[301]

Other scholars of American Philosophy like John J. Kaag have also made strides in the reconstruction James's commentaries and notes on Buddhism. In looking at James's exploration of Buddhism's development in China, Kaag identifies two areas that James is most drawn to based on his copies of Paul Carus's *Buddhism and its Christian Critics* and Warren's *Buddhism in Translation*. One is the concept of emptiness found in the *Chán* descriptions of meditative experience, which James translated to

[300] David Scott, "James and the 'East': Buddhism and Japan." In *The Jamesian Mind*. Routledge, 2021, 333.
[301] See: David Scott, "William James and Buddhism: American Pragmatism and the Orient," *Religion* 30, no. 4 (October 1, 2000): 333–52. https://doi.org/10.1006/reli.2000.0292.

"selflessness."[302] The other is the Pure Land practice of prayer, which he described as a personal and collective ethical act of "transcendence."[303] In *Principles of Psychology*, consciousness is not a static or substantive capacity. Rather it is characterized by "flights" and "perches" of experiences that are only temporarily stable.[304]

In his 1902 publication of another landmark book, *The Varieties of Religious Experience,* James provides a philosophical and psychological justification for the survival benefit of certain universal experiences in the lives of religious people everywhere.[305] In it, he says that "Religious rapture, moral enthusiasm, ontological wonder, cosmic emotion, are all unifying states of mind, in which the sand and grit of selfhood incline to disappear, and tenderness to rule."[306] These locations of James' psychological investigation in mysticism are important, not only because it establishes a precedent for studies in the psychology of religion, but because it supports religious pluralism by universalizing and essentializing these experiences across diverse religious traditions.

A famous event regarding Buddhism's ingratiation within the emerging discipline of psychology transpired when William James invited the monk Anagarika Dharmapala (1864–1933) to speak to one of his classes at Harvard University. When Dharmapala was

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[302] John J. Kaag, "Emptiness, Selflessness, and Transcendence: William James's Reading of Chinese Buddhism." *Journal of Chinese Philosophy* 39, no. 2 (2012): 240–59. https://doi.org/10.1111/j.1540-6253.2012.01716.x, 240.
[303] Ibid.
[304] Ibid., 249.
[305] See: William James, *The Varieties of Religious Experience: A Study in Human Nature*, Edited by Martin E. Marty, Later Printing edition (Harmondsworth, Middlesex, England; New York, N.Y: Penguin Classics, 1982).
[306] William James, *The Varieties of Religious Experience: A Study in Human Nature*, Edited by Martin E. Marty, Later Printing edition (Harmondsworth, Middlesex, England; New York, N.Y: Penguin Classics, 1982), 212.

visited in December 1903, James said to Dharmapala, "Take my chair, and I shall sit with my students. You are better equipped to lecture on psychology than I am." Dharmapala explained some elements of Buddhist doctrine, after which James remarked, "This is the psychology everybody will be studying 25 years from now."[307] Like James, his contemporaries in psychology and pioneers of psychoanalysis, Carl Jung (1875-1961) and Franz Alexander (1891-1964), turned to Asian religious traditions for non-European and nonbiomedical corpuses of knowledge about the mind and how to describe it.[308]

American psychiatrist and psychiatric anthropologist, Arthur Michael Kleinman explains that although Asian medical systems appear weak in methodological rigor and unconducive to empirical testing, their categories represent a plurality of active categories of relationships that helps to avoids the reductionist pitfall of biomedicine, which Kleinman argues is ultimately "dehumanizing."[309] For example, Traditional Chinese Medicine attempts to account for physiological, psychological, moral, and ecological phenomena through the use of dialectical and process-oriented methods of diagnosis.[310] Attempts to reconceptualize and integrate Asian religious models of mind into the emerging field of psychotherapy took place when early twentieth century Orientalists and German psychiatrists, like Friedrich Heiler (1892-1867), Oskar Schmitz (1873-1931), and

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[307] Anagarika Dharmapala, *Return to Righteousness: A Collection of Speeches, Essays, and Letters of the Anagarika Dharmapala*, Anagarika Dharmapala Birth Centenary Committee (Ministry of Education and Cultural Affairs, Ceylon, 1965), 681.
[308] Ira Helderman, *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion* (Chapel Hill: The University of North Carolina Press, 2019), 70.
[309] Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley, Calif.: University of California Press, 1997), 32.
[310] Ibid.

Johannes Heinrich Schultz (1884-1970), began drawing strong parallels between psychoanalysis and meditative techniques to promote self-healing.[311]

The most celebrated scholar in the East-West discourse in the field of psychotherapy is C.G Jung (1875-1961), though his debt to Asian religious traditions, including Daoism, *Mahāyāna* Buddhism, especially Zen, and Indian yoga has been historically suppressed by Jungian purists for fear that it would discredit his scientific legacy. After voraciously reading translations of esoteric Asian religious texts, Jung set out to explicitly build "a bridge of psychological understanding between East and West."[312] Jung carefully selected beliefs and practices from *Mahāyāna* Buddhism as evidence to support his theory that the interior space of the psyche corresponds to the exterior space of human behavior. Some of Jung's major essays and lectures in these areas of study included "The Discourses of the Buddha," "Yoga in the West," "The Psychology of Eastern Meditation," and "The Holy Men of India."[313]

Jung wrote several works commenting on Asian religion and philosophy including his forwards to *The Secret of the Golden Flower* (1962), the *I-Ching* (1950), and *Memories, Dreams, and Reflections* (1957). He most directly sought to ground his psychological theories and methods in Buddhism. In Jung's foreword to the *Tibetan Book of the Dead* in 1935, he likens the concept of Buddhist enlightenment to his

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[311] See: Friedrich Heiler, *Die buddhistische Versenkung* (1922) (Wentworth Press, 2018); Oscar A. H. Schmitz, *Psychoanalyse und Yoga* (1923) (Verlag Edition Geheimes Wissen, 2019); Johannes Heinrich Schultz, *Le training autogène*. 12th edition (Presses Universitaires de France, 2001).
[312] IAAP. "Volume 13: Alchemical Studies." Accessed August 31, 2022. https://iaap.org/resources/academic-resources/collected-works-abstracts/volume-13-alchemical-studies/.
[313] Michele Daniel, "Jung's Affinity for Buddhism: Misunderstandings and Clarifications." *Psychological Perspectives* 50, no. 2 (November 30, 2007): 220–34. https://doi.org/10.1080/00332920701681718, 222.

psychological belief that "the creative ground of all metaphysical assertion is consciousness."[314] He goes on to equate the notion of *karma* with his conception of the collective unconsciousness.[315] Importantly, Jung argued that the *Tibetan Book of the Dead* conceptualizes mental illness in the same way as "Western psychology."

In his foreword of D.T. *Suzuki's An Introduction to Zen Buddhism*, Carl Jung says, "I treat satori first of all as a psychological problem. […} It is not, therefore, a question of 'actual fact' but of spiritual reality; that is to say, the psychic occurrence of the happening known as satori."[316] He goes on to explain that "As far as Western mysticism is concerned, its (Buddhism's) text are full of instructions as to how man can and must release himself from the 'I-ness' (*Ichaftigkeit*) of his consciousness, so that through the knowledge of his being he may raise himself above it and reach the inward (godlike) man."[317]

Jung believed that Euro-American culture had evolved to value extraversive personalities which led to the unrivaled acquisition of scientific knowledge of and power over the natural world, but has consequently led to the feeling of loss of meaning and other mental illnesses, disorders, and disfunctions. Like D.T. Suzuki, Jung believed that the cultures spreading eastward had evolved in the opposite direction towards introversion, mastery of the inner realms, and thus had much to contribute to psychotherapy and the rebalancing of the European psyche. Of Jung's many theories

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[314] C. G. Jung, Lama Anagarika Govinda, and John Woodroffe. *The Tibetan Book of the Dead*. Edited by W. Y. Evans-Wentz. 3rd edition (Oxford Univ Press, 1975), xxxix.
[315] Ibid., xliii
[316] Carl Jung Suzuki and D. T., *An Introduction to Zen Buddhism*. Reissue edition (New York: Grove Press, 1994), 15.
[317] Ibid., 16.

which were influenced by Buddhist epistemologies of mind, this chapter illuminates the ways that collective unconscious and its foundation in *ālayavijñāna* (storehouse consciousness) continues to take new shape in Buddhist therapeutics.

Sigmund Freud (1865-1939), the Austrian neurologist and founder of psychoanalysis, eventually ended his mentorship and friendship with Jung in no small part because of Jung's robust interest in religion, mysticism, and Asia. In *Civilizations and Its Discontents*, Freud assesses Asian mystical practices, like trance states, that lead to what Romain Rollands describes as the "oceanic feeling," a feeling of "eternity" or "oneness with the universe." In Freud's reductionist analysis, the oceanic feeling is no more than the artifact of one's "primitive," "primary," or early phase of "ego-feeling" from infancy which preceded the creation of the ego and normally exists until the mother ceases breastfeeding.[318] Unlike Jung, he believed that there was no room for metaphysical elements in the proper science of psychoanalytic therapy and that the belief in them were signs of mental illness.[319] Comparing religion to "childhood neurosis," Freud argues that "religion is an illusion and it derives its strength from its readiness to fit in with our instinctual wishful impulses."[320]

Franz Alexander (1891-1964), the Hungarian-American founding father of psychosomatic medicine and psychoanalytic criminology, is another major figure who contributed to the pathologization of Asian religious and cultural behaviors, and the

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[318] See: Sigmund Freud, Christopher Hitchens, and Peter Gay, *Civilization and Its Discontents* (1930). Edited by James Strachey, Reprint edition (New York: W. W. Norton & Company, 2010).
[319] Stan Spyros Draenos, "Psycholanalysis, Evolution and the End of Metaphysics," *CTheory* 2, no. 2 (August 30, 1978): 31–54, 31.
[320] Sigmund Freud. *New Introductory Lectures On Psycho-Analysis*, 1933. http://archive.org/details/in.ernet.dli.2015.49982, 4772.

expansion of imperialism in Asia via the institutionalization of biomedical medicine—the professionalized, secular ethnomedicine of Euro-America. Alexander, for instance, translated the goal of nirvana in Buddhism as a symptom of narcissism, and meditative states the symptoms melancholia, catatonia, or schizophrenic dementia.[321] Although racist, the objectification of Buddhist beliefs and practices under the secular gaze of the psychology justified the entry of religious activities into the purview of medical sciences.

In such ways, Orientalism provided important contexts for psychotherapy's founding moments. Many founding figures further helped normalize the pathologization of Asian Buddhist practices like Franz. Both he and Jung and remain major influences to the therapization of Buddhist medicine in the field of psychology. The presence of Buddhism in psychotherapeutic discourses established by psychologists such as these justified the compromise of Freud's secular vision of a science of psychology with religious models of mind and alternative moral narratives of mental health. In the process of translation, psychotherapists believed that they were disciplining Asian Buddhist practices within the framework of early-twentieth century biomedical standards of mental health and illnesses.

Jung concludes that the inadequacies of both religion and science can be transcended in the innovative and holistic space of psychotherapy—where psychological theories about mind that were once dominated by the soteriology of the Christianity, Cartesian philosophy, and biomedicine could be improved in conversation with Buddhist

[321] See: Franz Alexander, "Buddhistic Training as an Artificial Catatonia: Biological Meaning of Psychic Occurrences," *The Psychoanalytic Review (1913-1957)* 18 (January 1, 1931): 129–45.

traditions. According to Jung, "there is not conflict between religion and science in the East, because no science is there based upon the passion for facts, and no religion upon mere faith; there is religious cognition and cognitive religion."[322] In the study of mental illness, Jung and Franz position psychotherapy and the introspective methods they adopted from Buddhism as superior therapeutic to both traditional religious healing practices (derisively ethnomedicine) and biomedically-driven psychiatry.

Potentially and Inherently Therapeutic Buddhism

In the era of Orientalism and Buddhist modernism that transpired most aggressively throughout the twentieth century, the popularity of psychotherapy in the rapidly growing field of psychology would wane. Buddhist modernism is characterized by the invention of: secular Buddhism, Buddhist apologetics and nationalism, non-Asian Buddhists converts, Beat Buddhism, Buddhist psychology, meditation centers and retreats, mindfulness-based intervention programs, and, I argue, contemplative science and the Buddhist therapeutic secular.

The ethnographic examples of my informants' lived experiences of mental illness, distress, and disfunction offered in this chapter demonstrates how the Buddhist therapeutic secular reveals a rich overlapping territory of Buddhist modernism and psychotherapy. It is one that endorses introspection psychological techniques as part of an anti-neoliberal moral narrative of mental health by reclaiming the patient's subjective experience and narrative meaning of mental illness. I describe the presentation of Buddhism's role (specifically the role of Buddhist mindfulness training) in health care as

[322] C. G. Jung, *Psychology & Religion* (New Haven: Yale University Press, 1938), 763.

either (1) potentially and (2) inherently therapeutic. The psychotherapeutic treatment of Buddhist models of mind made famous by Orientalists like Jung illustrate the secular Buddhist belief that the combination of "Western" psychology and "Eastern" models of mind constructs a balanced approach to mental health care where one tradition compensates for what other lacks. Contemporary examples of this potentially therapeutic representation of Buddhism include the tradition of American Buddhist Psychology, its instrumental figures like Jack Kornfield and Sharon Salzberg, the development of meditation centers like Spirit Rock, and fields like Mindfulness-Based Cognitive Therapy, and contemplative science.

By the time MBCT was developed in the 1990's by cognitive psychologists Zindel Segal, Mark Williams, and John Teasdale with support from the creator MBSR Jon Kabat-Zinn, the health benefits of meditation and Buddhism in popular news and media was in full hype. Before *Time Magazine's* famous 1997 publication of "America's Fascination with Buddhism," which showcased headlining articles like "Two new movies, celebrity coverts and hundreds of books add zest to Zen," and "Up close with Brad Pit, star of *Seven Years in Tibet,*"[323] major Buddhist leaders (including the Dalai Lama, Thich Tre Quang, and of course, Siddhartha Gautama Buddha) had already appeared on the cover of *Time* over three separation magazines. To date, over a dozen covers featuring Buddhist-related subjects, including three covers specific to meditation or mindfulness, have been published by *Time* since the 1960's.

[323] TIME.com, "TIME Magazine Cover: Brad Pitt - Oct. 13, 1997," Accessed October 7, 2022. https://content.time.com/time/covers/0,16641,19971013,00.html.

MBCT was originally designed for use in psychotherapy as a way to address persistent maladaptive thought processes that predict negative thought patterns and behavior and lead to depressive episodes in a contemplative process of "decentering," thereby reducing the recurrence of depressive episodes.[324] What the founders of MBCT discovered was that "the more 'chronic' cases [of depression] benefited more from the program than those with a shorter history of depression."[325] Furthermore, Teasdale's research on MBCT concluded that "implicit holistic meanings, derived intuitively from experience, are the most closely involved both in creating and healing unhealthy emotions."[326]

The medicalization of mindfulness training into a behavioral health care practice of training one's working memory to create new holistic, implicit, and healthy meanings from experiences that normally trigger unhealthy affect marks a watershed moment in the complementary history between Euro-American psychological and Buddhist traditions. Teasdale argues that "mindfulness is characterized by configurations of cognitive processing in which working memory for implicit, intuitive meanings plays a central role; when mindfulness transforms suffering by changing the way experience is processed or viewed, the integration of information into new patterns within this working memory plays a central role."[327] The tide of MBCT's success added much scientific legitimacy to the growth of contemplative science—a new interdisciplinary field, including monastic

[324] Zindel V. Segal, J. Mark G. Williams, John D. Teasdale, and Jon Kabat-Zinn, *Mindfulness-Based Cognitive Therapy for Depression, Second Edition*, 2nd edition (New York: The Guilford Press, 2012), 62.
[325] Ibid., 63.
[326] John D. Teasdale, and Michael Chaskalson (Kulananda), "How Does Mindfulness Transform Suffering? II: The Transformation of Dukkha," *Mindfulness* (Routledge, 2013), 109.
[327] Ibid., 107.

and scientific experts, that is dedicated to the study of core capacities, processes, and states of mind modified by contemplative practices.[328]

The inherent therapeutic presentation of Buddhist epistemologies of mind has been most successful in meditation retreats like Vipassana Meditation retreats, mindfulness-based intervention programs like Kabat-Zinn's MBSR program, and peer-led Dharma communities like those found at my field sites. These programs render Buddhist bodies of knowledge about mind serviceable to secular models of health based on the assumption that the Dharma and contemplative practices are intrinsically therapeutic. The kind of peer-led meetings that define my field sites are the result of the combination of two methods in the history of psychotherapy: (1) group therapy and (2) self-psychology.

Prior to WWII, self-dominating psychological theories normalized by Freud, his students, and followers enjoyed immense cultural popularity in the United States. After World War II, the immense influx of soldiers seeking mental health care necessitated the invention of group therapy—a form of psychotherapy emphasizing self-understanding and maturation, raising morale, and addressing feelings of isolation by promoting strong group belonging with slogans, affirmations, rituals, testimonials, and the public recognition of progress.[329] As a result, self-liberation theories soon replaced self-dominating ones in professionalized psychology. This shift in the psychotherapeutic milieu from self-domination to self-liberation ignited the growth of the pluralistic

[328]"What Is Contemplative Science?" *The Center for Contemplative Research* (blog), March 19, 2021. https://centerforcontemplativeresearch.org/contemplative-science/what-is-contemplative-science/.
[329] See: Edgar Jones, "War and the Practice of Psychotherapy: The UK Experience 1939–1960." *Medical History* 48, no. 4 (October 1, 2004): 493–510.

psychotherapeutic market and the pro-neoliberal moralization of mental health. This moral narrative reproduces an apolitical and individualistic ideology of consumer choice and, ultimately, consumer liberation. Thus, mental health is reduced to a problem of consuming the right type of therapeutic experience—a solution that locates the responsibility to maintain mental health in the private sphere of the individual mind and their conception of the therapeutic self. The commodification of interior, and specifically introspective, experiences as products and services of the therapeutic secular market has since been a major pillar of the pro-neoliberal moral narrative of mental health.

The expansion of group therapy organizations has been gradual in the United States because of the biomedicine's cultural emphasis on the privacy of doctor-patient dynamics and the overall lack of federal investment in social welfare programs for community-based mental health care programs, including Alcoholics Anonymous—where recovering alcoholics organize to help themselves—and other Twelve Step programs. In 1981, President Ronald Reagan pushed a political agenda through Congress to repeal of Mental Health Systems Act of 1980, which supported and financed community mental health support systems, and which coordinated with general health care, mental health care, and social support services.[330] Most recently, the Trump Administration reduced funding for the Substance Abuse and Mental Health Services Administration's mental health and Substance Abuse Treatment Programs by $600 million.[331]

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[330] James R. Jones, "H.R.3982 - 97th Congress (1981-1982): Omnibus Budget Reconciliation Act of 1981," Legislation, August 13, 1981. 1981/1982, http://www.congress.gov/.
[331] Mental Health America, "How Trump's Budget Will Affect People with Mental Health Conditions," Accessed October 7, 2022, https://mhanational.org/blog/how-trumps-budget-will-affect-people-mental-

Self-psychology was a psychoanalytic movement based on introspection psychology that recognized empathy as an essential aspect of the therapeutic process to address human development and continues informs contemporary psychotherapy today.[332] Conceived by Austrian-American psychoanalyst Heinz Kohut (1913-1981) beginning in the 1960's, self-psychology requires the psychotherapist to understand a patients' psyche from within their subjective experience via "vicarious introspection" of the self. Of his many departures from Freud, Kohut considered the "adaptive value of narcissism" a crucial part of child development.[333]

The Scientific Method of Contemplative Introspection

The peer-led Buddhist therapeutic groups with whom I spent time for this project owe much to the early and recent history of psychology and psychotherapy. As a scientific discipline and profession, psychotherapy codified many of the psychoanalytical models of mind that continue to contextualize the production of the therapeutic secular today including the stream of consciousness, subconsciousness, collective unconsciousness, and also importantly techniques for introspection which have historically been dismissed by biomedical materialism. Despite the biomedical taboo against the validity of a patient's subjective and narrative experience of illnesses, a diversity of introspective techniques involving mindfulness training are thriving in the

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health-conditions.

[332] Arnold Wilson and Nadezhda M. T. Robinson, "Self Psychology," In *Encyclopedia of Psychotherapy*, edited by Michel Hersen and William Sledge, 615–20 (New York: Academic Press, 2002), https://doi.org/10.1016/B0-12-343010-0/00195, 615.

[333] See: Heinz Kohut, "Forms and Transformations of Narcissism," *Journal of the American Psychoanalytic Association* 14, no. 2 (April 1, 1966): 243–72, https://doi.org/10.1177/000306516601400201, 243.

Buddhist therapeutic secular because no such taboo exists in Buddhist systems of medicine and epistemologies of mind. This chapter's interviews and Dharma shares explore the ways that the pluralistic field of psychotherapy and its use of introspection have been reimagined in the Buddhist therapeutic secular.

A great deal of research has been done interrogating how the secular has impacted the public and private lives of individuals in the modern epoch. In *A Secular Age* and *Christian Moderns*, Charles Taylor and Webb Keane critique the ways that modernist projects are fueled by secularism—the quintessential moral narrative of modernity. Keane argues that "the moral narrative of modernity is a projection onto chronological time of a view of human moral and pragmatic self-transformation."[334] As a moral imperative, the secular is traditionally founded on the suppression of religion and other "unmodern" artifacts of humanity from the public sphere to the privacy of our homes and interior lives. It demands that citizens adhere to secular institutions and cultural behaviors that presuppose a narrative of rationality (i.e., science and technology), individual agency, and freedom of choice. I describe this as the progenitor of the pro-neoliberal moral narrative of mental health set into motion by the disciplinary taboo against introspection in psychology as a scientific discipline.

The ways the secular and neoliberal apoliticism continues to justify the segregation, disenfranchisement, and exploitation of non-secular, especially non-Christian, peoples around in world has been well documented by critical scholars of

[334] Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (Berkeley: University of California Press, 2007), 160.

secularism like Peter Van der Veer, Talal Asad, and Saba Mahmood.[335] As Van der Veer reminds us, "secularization theory is a particular argument about the changing place of Christianity in the modern world and not about religion as such."[336] The genealogy is complex or inapplicable when the production the secular is located in the transnational histories of Islam, Hinduism, and Buddhism—and evermore complicated when located within the scope of religion and medicine. In *Secular Translations: Nation-State, Modern Self, and Calculative Reason*, Asad advises that the anthropological study and genealogy of secularism should start with a skeptical curiosity about the doctrine and practice of secularism:

> How do attitudes to the human body (to pain, physical damage, decay, and death to physical integrity, bodily growth, and sexual enjoyment) differ in various forms of life? […] What discursive spaces does this work of definition and regulation open up for grammars of 'the secular' and 'the religious?' […] How do all these sensibilities, attitudes, assumptions, and behaviors come together to support or undermine the doctrine of secularism?[337]

When located in the therapeutic secular, the answers to the questions are negotiated in a discursive space that redefines the secular by ensuring that a plurality of biomedical and nonbiomedical models of mind are welcome. Importantly, the subjective, narrative, and moral experience of living with mental illness are at the fore of Dharma talks in the Buddhist therapeutic secular, rather than obscured behind the historically sterilized language of biomedicine—the secular medicine of modern nation-states.

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[335] See: Peter Van der Veer, *Imperial Encounters: Religion and Modernity in India and Britain*, First Paperback Edition (Princeton, N.J: Princeton University Press, 2001); Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity*, 1st edition (Stanford University Press, 2003); Saba Mahmood, *Religious Difference in a Secular Age: A Minority Report* (Princeton University Press, 2015).
[336] Peter Van der Veer, "The Secular Production of Religion," *Etnofoor* 8, no. 2 (1995): 5–14, 5.
[337] Talal Asad, *Secular Translations: Nation-State, Modern Self, and Calculative Reason* (Columbia University Press, 2018), 3.

In the same critical vein, Mahmood warns that secularism is the "rearticulation of religion in a manner that is commensurate with modern sensibilities and modes of governance."[338] Secular rationality has come to define law, statecraft, the production and distribution of economic markets. It also has come to define the form and practice of mental health care in modern world. I argue that my field sites represent a return of the religiously repressed from the private sphere of apoliticism and individualism to the public sphere where the role of moral narratives are collectively authenticated by peers as inseparable from mental health care and its body and mind politics.

I argue that the production of secular mind in my field sites reveals an anti-neoliberal moral narrative of mental health—one that demands that introspection and the subjective experience of living with mental illness is heard in the public sphere. As Professor Bioethics Arthur L. Caplan explains, "health, in itself, is often interpreted as a sign of good moral character and individual worth, whereas disease is often equated with moral failure. […] Disease and disability become the object of concern in Western society because they are seen as a threat to equal opportunity, and in turn, the moral foundation of economic life."[339] In terms of the public sphere, illness is a matter of civil rights and necessitates treatment insofar as it undermines the secular and democratic commitment to equity of competition in the free market.

The professionalization and economic objectification of medicine thrusts health care theories and methods at center stage of the public sphere in developed nations that

[338] See: Saba Mahmood, "Religious Reason and Secular Affect: An Incommensurable Divide?" *Critical Inquiry* 35, no. 4 (2009): 836–62. https://doi.org/10.1086/599592.
[339] W. F. Bynum, and Roy Porter, eds. *Companion Encyclopedia of the History of Medicine, Vol. 1-2,* London (New York, 1993), 234.

are organized around competitive and capitalistic markets. What is and is not codified as a disease or dysfunction is inseparable from the economics of power and authority amongst medical professionals. Biomedical health care providers have the authority to enfranchise some members of society with social privileges. They also have to power to excuse behavior that might otherwise be objectified under judicial laws of civil conduct. For example, recovering addicts of alcohol and gambling, like those found throughout my field sites, have fought to medicalize behavioral addictions as a "disease." My fieldwork suggests that the production and performance of the therapeutic secular mind exposes an anti-neoliberal moral narrative of modern mental health care that confronts the hegemony of biomedical models of mind.

The location of my fieldwork in Buddhist therapeutics provides a seldom approached angle to interrogate the extensive effects of secularism on mental health discourse and regulation. I focus on how it enables a valuable dialectic between Buddhist and biomedical models of mind and body. That is not to say that the redrawing of religious and scientific boundaries in the Buddhist therapeutic secular does not lead to other forms of social hierarchies via othering. It does, however, contribute the kind of universalization and essentialization—in this case, medicalization and specifically therapization—of contemplative traditions that culminate into free market meditation.

My fieldwork shows that the secular mind is produced, not by purging the presence of Buddhist metaphysics and ethics from mindfulness training but by holding space for *saṅgha* members to render whole their experiences of mental health as a biopsychosocial phenomenon that accounts for the role of religion and morality. The

Buddhist therapeutic secular does so by making accessible the twofold and overlapping aspects of Buddhism's production within free market meditation: (1) Buddhism *à la* religious product, and (2) Buddhism *à la* psychotherapeutic product. The troubling ways that the secularization of Buddhism fuels neoliberal deployments of mindfulness as a tactic to depoliticize structural inequity and pacify social activism has been well argued by critics of the contemplative movement, like Ron Purser and Jaime Kucinskas.[340] However, this research is faulty because it ignores the voices of groups at the margins of the contemplative movement who mobilize the Buddhist therapeutic secular as a space of resistance against systemic oppression and mental health care. I locate these spaces in groups that target and serve marginalized communities including: BIPOC, LGBTQ+, recovery, and elderly.

I. Wake Up California *Saṅgha*

Larger *saṅghas* affiliated with Wake Up and Deer Park Monastery, like Blooming Heart LA,[341] often see new participants come and go. At one meeting of about forty participants, one of the newcomers—a first generation Korean American woman in her thirties—asked if she could attend *saṅgha* even though she is an active Christian. The excerpts below contain responses from some of the regular members. Plum Village's affiliated organizations like Wake Up *Saṅgha* engage widely with non-secularized Buddhist discourses, including metaphysical theories like karma, reincarnation, and the

[340] See: Ronald Purser, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality* (London: Repeater, 2019); Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018).
[341] Because of COVID-19, Blooming Heart LA *Saṅgha* opened its doors and welcomed new membership from smaller Wake Up *saṅghas* in the Los Angeles area that had temporarily suspended meetings.

soul, in Dharma shares. These Dharma shares depict the innovative of ways that the secular mind of mental health takes form and practice in Buddhist therapeutic contexts.

I argue that the Buddhist therapeutic construction of secular mind engenders an anti-neoliberal moral narrative of mental health that has given new life to introspection psychology. It compels and empowers members to explore the plurality of psychotherapeutic and religious products, like mindfulness training, made accessible by free market meditation as core aspects of the therapeutic secular. What distinguishes it from the pro-neoliberal moralization of mental health is its location at the margins of the contemplative movement. Blooming Heart LA serves a predominantly Asian American and BIPOC community. Meetings often touch on subjects related to culturally-informed mental health care and the organization of social activism.

Tracy is white and in her mid-thirties. She is a retired nurse and starting attending various Deer Park events and *saṅghas* to learn about meditation to mitigate the stress and emotional burden of working in health care more than ten years ago. She is now proud to consider herself as a "Christian Buddhist" without any irony or conflict between religious commitment. Tracy's Dharma share is illustrative of how introspection and "being free to do what calls your heart" enables the psychotherapeutic commodification of self-liberation in my field sites. It reflects the therapeutic secular ethos of religious pluralism and anti-institutionalism that enables Buddhism to maneuver between religion and philosophy. Tracy explains,

> I am a Christian Buddhist. I don't see Buddhism as a religion. It's a philosophy. There's no deity that we're praying and bowing down to but there is a teacher. There are many teachers, including all of us on this Zoom. I go to church first before I come to *saṅgha*, and I don't feel there's a conflict. I don't feel there's a

> conflict with any religions even if you see Buddhism as a religion because it's about being free to do what calls your heart. I can't imagine any God saying this is bad if you are being kind and compassionate and honest. No guilt.[342]

Similarly, Bhaskar describes Buddhism and the act of practicing the Dharma in a community of care as spiritual rewarding. Bhaskar is also in his mid-thirties and works as a software engineer. I position his framing of the Dharma, as a "spiritually rewarding experience," as a product of the psychotherapeutic commodification of self-liberation which has been transpiring since WWII. In the plural free market of meditation, introspection becomes the ultimate experiential and therapeutic secular commodity because the amount of spiritual reward yielded is directly correlated with the amount of investment in individual and private mindfulness training. As I will show, what separates my field sites from others in the secular therapeutics is how introspection is a means to an end (self-liberation) and not an end in itself. I argue that my field sites engender an anti-neoliberal moral narrative of mental health because self-liberation from mental illness, distress, and disfunction is only possible when introspection leads to community engagement and social activism against systemic inequity. He explains,

> I'm practicing Hindu. Much like the others have mentioned here, I found that all the practices in *saṅgha* and Thay's (Thích Nhất Hạnh)[343] teachings have helped to deepen my faith. It's been such a spiritually rewarding experience every week that I couldn't imagine not continuing to do it.[344]

Chrysanthemum is in her late thirties and a second-generation Chinese American. She is a journalist for an online news agency for Asian American pop culture. She has

[342] Tracy Gray, Fieldnotes by Steven Quach, Blooming Heart LA *Saṅgha*, January 24, 2021.
[343] "Thay" is Vietnmease for "teacher" and is often used to refer to the Master Thích Nhất Hạnh
[344] Bhaskar Krishnamachari, Fieldnotes by Steven Quach, Blooming Heart LA *Saṅgha*, January 24, 2021.

been a part of Blooming Heart LA for almost a decade and is proud to see so much diversity in weekly meetings. Her rehearsal of the Buddhist modernist strategy objectify religious experience into a therapeutic secular commodity defines the pluralistic ethos of my field sites. The language of complementary faith traditions is grounded in the universal experience of religion that is revealed through meditation and other contemplative practices that support introspection.

> How awesome is our *saṅgha*? We are from all different walks of life and religions, and yet we're able to come together and share such a beautiful practice together. I've come from a very Christian, Chinese family. My grandfather was a pastor, and I had some kind of trepidation about whether I was a Buddhist, but I have a saying with my parents: "they love me when I'm a buddha." Doesn't matter what you call it, religion or philosophy. It's a way to lead you to the Buddha, Christ, or Krishna in you. Thích Nhất Hạnh wrote a book called *Living Buddha and Living Christ*, and it's about how different faiths are complimentary. To me all faiths in world are like different paths to the same apex. I can cultivate listening to that voice for my own truth at this *saṅgha* with meditation.[345]

Tracy, Baskar, and Chrysanthemum all identifying with non-Buddhist religions and welcome Buddhist and non-Buddhist participants in the pluralistic spirit of multifaith humanism and community-based mental health care. Wake Up *Saṅgha*'s secular ethos offers an entry point for non-Buddhists to explore introspection via contemplative practices without the obligation to adopt the usual identity markers and responsibilities of institutional religious affiliation. This phenomenon is not new and is indicative of the totalizing influences of neoliberal capitalism as an overarching ideology of individual autonomy and consumer driven self-liberation in the United States. The effect of American capitalism on the landscape of religious pluralism has often been framed as a

[345] Chrysanthemum, Fieldnotes by Steven Quach, Blooming Heart LA *Saṅgha*, January 24, 2021.

religious market or economy by American scholars of sociology, religion, and economics like William Sims Bainbridge, Roger Finke, and Laurence Iannaccone. In the religious marketplace, consumers are enabled to shop for religious products (and services) in a competitive cultural bazaar of unregulated supply and demand.

I argue that a similar phenomenon had occurred with the professionalization of psychotherapy beginning in early twentieth century Euro-America. The medicalization and codification of emotions as "mental illnesses"—a parallel category to physiological illnesses—by psychotherapists created an "exchange-value to be placed on states of mind."[346] Psychotherapy justified its new role as a medical profession in quickly-growing the American capitalist economy by supplying psychotherapeutic products and services for the treatment of the mental illnesses which they themselves invented and diagnosed.

Ultimately, this has led to the normalization of a pro-neoliberal moral narrative of mental health that prescribes the consumption of increasingly privatized and interior introspective experiences as part of the self-liberation culture of contemporary psychotherapeutics. In the wake of World War II, D. W. Winnicott's object-relations theory and Heinz Kohut's of psychodynamic school of psychotherapy would overtake Freud's self-denying theories in the United States' popular interest in psychology. Unlike Freud, both Winnicott and Kohut placed the self— "a masterful and bounded, emotionally expressive, attention-seeking, entitled, self-centered way of being"—at the center of modern social life.[347]

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[346] Philip Cushman, *Constructing the Self, Constructing America: A Cultural History Of Psychotherapy*, First Edition (Cambridge, Mass.: Da Capo Press, 1996), 153.
[347] Ibid., 281.

The shift in cultural appetite away from the self-dominating psychological theories made popular by Freud's successors and towards self-liberating theories in post-WWII America unsurprisingly aligned with the rise of consumer capitalism and patriotic consumerism. In the overlapping landscape of Buddhist modernism occurring simultaneously in the twentieth century, meditation and mindfulness would emerge as products on the religious and psychotherapeutic marketplaces in the United States. In reality, the borders between these two economies are porous because they are inseparable agents of what I call the Buddhist therapeutic secular.

Unlike the New York Zen Center for Contemplative Care and Recovery Dharma Global, Wake Up *Saṅgha* is not intended to primarily serve minoritized and traumatized populations related to recovery and trauma. However, mental health is one of the major—if not the prevailing—reason for why my informants had first turned to mindfulness training in a community of peers. Wake Up is a secular branch of Plum Village intended for young adult Buddhists and non-Buddhists to learn about the Dharma, specifically the Five Mindfulness Trainings, and how to promote a healthy and compassionate society in the lineage of Thích Nhất Hạnh's Engaged Buddhism. Like my other field sites, Wake Up performs and signals the secular with the strategic use of pluralistic language in its literature:

> The Wake Up movement is inspired by Buddhism's long tradition of wisdom and practices which help cultivate understanding and love; it is not based on beliefs or ideology. The spirit of our practice is close to the spirit of science; both help us cultivate an open and non-discriminating mind. We honor everyone's diverse spiritual and cultural roots. You can join as a Christian, a Jew, a Muslim, as an agnostic or atheist, or member of any other spiritual or religious tradition.[348]

[348] Wake Up International, "About Wake Up," Accessed August 31, 2022. https://wkup.org/about/.

I argue the above secularization—in this case therapization—of the Five Precepts into Five Mindfulness Trainings generates an anti-neoliberal moral narrative of modern mental health by confronting the systemic causes and conditions of mental illness. By confronting the self-liberation culture of apoliticism and individualization found in the (psycho)therapeutic secular, the Buddhist therapeutic production of the secular mind situates introspection firmly in the Five Mindfulness Trainings and, ultimately, the embodiment interbeing. With practice in accordance to the Mindfulness Trainings, introspection will eventually open the door to the lived experienced of interbeing. Interbeing forms the foundation of community and social engagement. Thích Nhất Hạnh explains, "I have translated these precepts for modern times, because mindfulness is at the foundation of each one of them. […] To practice the Five Mindfulness Trainings is to cultivate the insight of interbeing, or Right View, which can remove all discrimination, intolerance, anger, fear, and despair."[349] Below, I examine the ways that Dharma shares construct the secular mind of mental health in light of the Five Mindfulness Trainings.

Each of the trainings— (1) Reverence for Life, (2) True Happiness, (3) True Love, (4) Loving Speech and Deep Listening, and (5) Nourishment and Healing—begins with a statement acknowledging the suffering around us. True Happiness, the first mindfulness training, for example, is as follows:[350]

> Aware of the suffering caused by exploitation, social injustice, stealing, and oppression, I am committed to practicing generosity in my thinking, speaking, and acting. I am determined not to steal and not to possess anything that should

[349] Plum Village, "The Five Mindfulness Trainings," Accessed August 31, 2022, https://plumvillage.org/mindfulness/the-5-mindfulness-trainings/.
[350] Plum Village, "The Five Mindfulness Trainings," Accessed August 31, 2022. https://plumvillage.org/mindfulness/the-5-mindfulness-trainings/.

> belong to others; and I will share my time, energy, and material resources with those who are in need. I will practice looking deeply to see that the happiness and suffering of others are not separate from my own happiness and suffering; that true happiness is not possible without understanding and compassion; and that running after wealth, fame, power and sensual pleasures can bring much suffering and despair. I am aware that happiness depends on my mental attitude and not on external conditions, and that I can live happily in the present moment simply by remembering that I already have more than enough conditions to be happy. I am committed to practicing Right Livelihood so that I can help reduce the suffering of living beings on Earth and stop contributing to climate change.[351]

I first introduced Mari in Chapter Two. Below she describes the experience of swinging from one emotion to another, between hope and despair, because of the overwhelming stress heightened by the COVID-19 pandemic. At meetings, Buddhist theories about suffering are positioned, not only as a universal condition of human life, but as a general symptom of unbalanced mental health and antithesis to happiness. In other words, the mind is predisposed to suffer and suffering is the ultimate symptom of mental illness (and all illnesses in general). Mari continues,

> This week, I found out that one of my cousins' daughters, who is two and a half, has COVID. My cousin lives with her and my aunt, who is eighty years old. My brain started spinning out of control. It took me a while to realize that I had to sit with the feelings that were happening in my body, before my brain could settle down to make sure everybody's okay. I also had to acknowledge that I could feel both sadness and happiness once in my body.
>
> The one hand, there's all the suffering in the world and in our families, there's the continuing political situation here in the United States, and there's the COVID numbers around the world. On the other hand, there was this feeling of hope for me this week when I got my parents on the vaccination list. I feel like in the past I've vacillated and swung wildly between despair and hope. I'm coming to a place where I understand that both are true. Before I felt like I had to choose one. It sounds weird to say that they can co-exist by being because I can be grounded in the truth of suffering, and yet be also hopeful for the possibility of change. It speaks to what the sisters and brothers were also saying about how practicing

[351] Plum Village, "The Five Mindfulness Trainings," Accessed August 31, 2022. https://plumvillage.org/mindfulness/the-5-mindfulness-trainings/.

> mindfulness doesn't mean that your problems go away. It just helps you stay grounded and live your life in a way that reduces that suffering in small ways.[352]

The first mindfulness training illuminates Mari's emotional confusion in light of introspection psychology. It medicalizes happiness and suffering as "mental attitudes and not external conditions," although external conditions are often the causes of suffering.[353] By framing mindfulness training as a behavioral health care practice that promotes happiness, well-being, and prevents suffering, members like Mari are empowered to practice healthy coping strategies to deal with the anxiety of having to navigate the pandemic. They come to their own conclusions about their often-paradoxical emotional states of mind.

On occasion, *saṅgha* members will share their written reflections with the group. Kim is a second-generation Vietnamese America, thirty years old, and currently lives with her family in a multigenerational household. She first turned to mindfulness training and meditation as a last resort attempt to cope and live with the trauma of childhood domestic and sexual violence. Kim's Dharma share below reminds us that the Buddhist therapeutic secular spaces that make up my field sites are in fact "secular" because they collective authenticate introspective experiences that blur the lines between religion and science, and what is and is not modern mental health care. Kim begins,

> Today I wanted to share with something from my journal entry about my meditation last week: I close my eyes and journeyed inward, not knowing what will arise, no agenda or expectation. But on this rainy morning, a magical surprise unfolded. My sense of breath, long and smooth, dissolved in breathlessness as I melted into the vastness of the universe. No-self, pure bliss and oneness with all

[352] Mari, Fieldnotes by Steven Quach, Wake Up Long Beach *Saṅgha*, January 17, 2021.
[353] Plum Village, "The Five Mindfulness Trainings," Accessed August 31, 2022. https://plumvillage.org/mindfulness/the-5-mindfulness-trainings/.

> there is, my whole-body buzzing, tingling, vibrating with the universe. Calm, relaxed and at ease. Heart spacious and open. Tears streaming down my face and deep gratitude for this moment. This breath, this body, this life, this earth. Savoring each second to second, moment-to-moment, limitless spaciousness. I opened my eyes, smile on my face, knowing that this too will fade. Trusting my own inner wisdom to guide the way to this path of freedom. Again, tears rolling down, embracing this beautiful moment of seeing the world through the eyes of a newborn baby.[354]

The experience of no-self or oneness in meditation that Kim and many other *saṅgha* members recounts is described most often in Wake Up *Saṅgha* and Plum Village literature as "interbeing." The end of the fifth mindfulness training, Nourishment and Healing, is as follows: "I will contemplate interbeing and consume in a way that preserves peace, joy, and well-being in my body and consciousness, and in the collective body and consciousness of my family, my society and the Earth."[355] Rather than couched in a language of metaphysical emptiness and extinguishment, interbeing is described in terms of expanding one's mind or consciousness in order to connect with oneness of humanity's collective consciousness (past, present, and future).

The ways that Thích Nhất Hạnh's theory of interbeing takes form and practice in Wake Up *Saṅgha* is a product of Buddhist modernism and the attempt to translate several esoteric, metaphysical theories like *anātman* (no-self) *ālayavijñāna* (store-house consciousness), *śūnyatā* (emptiness), and *pratītyasamutpāda* (dependent-origination) to non-Buddhist audiences. I argue that interbeing provides an endpoint to Jung's theory of collective unconscious—itself a product of his fascination with *ālayavijñāna* and the

[354] Kim, Fieldnotes by Steven Quach, Wake Up South Bay *Saṅgha*, January 22, 2020.
[355] Plum Village, "The Five Mindfulness Trainings," Accessed August 31, 2022. https://plumvillage.org/mindfulness/the-5-mindfulness-trainings/.

genetic (evolutionary) inheritance of psychological traits. In the collective unconscious, there exists a part of the mind that contains memories and impulses of which the individual is not aware. These unconscious elements originate from the inherited structure of the brain that is common amongst all humans across time and space. Mental illnesses are driven by the unawareness of how these unconscious elements affect our unhealthy behavioral traits.

I first introduced Luna in Chapter One. Below, her excerpt illustrates how interbeing characterizes an aspirational response to Jung's collective unconscious. She describes enlightenment as "the embodiment of interbeing." For Luna, interbeing is an emotional experience of the interconnected nature of existence which includes her extant family, ancestors, society, and humanity across time and place. The experience of embodied interbeing in mindfulness training, however brief or expansive, offers an introspective psychological endpoint to the psychotherapeutic task of excavating the collective unconscious. I argue that, of Jung's twelve primary archetypes,[356] interbeing represents the Buddhist modernist fruition of "the sage" who achieves awareness of the collective unconscious. As *saṅgha* members are healed by the practice of embodying interbeing in group meditation, they enact the transformation or awakening of their collective unconscious into the collective conscious. Luna explains,

> The purpose of meditation for me is about coming back to the awareness that of the non-separate self or interbeing. Enlightenment is the embodiment of interbeing. In meditation I feel like I can expand the mind. This person that I am is made up of non-self elements, like my ancestors, my teachers, the society I live in. It can be very concrete but then it can be more theoretical.

[356] See: C. G. Jung, *Psychology of the Unconscious* (Mineola, N.Y: Dover Publications, 2003).

> Personally, suffering is very emotional, like the feeling of stickiness and reactivity without the ability to pause or stop. It's also super physical because I'll feel it in my body. I'll feel overwhelmed by emotion, anger, or trauma, and flatline. My body becomes numb like I can't feel anything else, and then I freeze. Understanding more about trauma has definitely helped me in my practice to relieve suffering.
>
> What objects I use to focus on in meditation changes, but the breath and body are always huge anchors. Thay (Thích Nhất Hạnh) teaches the Sixteen steps to mindful breathing; it starts off with breath, body, feelings and mind, and then becomes more abstract. Sometimes I'll use like different techniques to feel a lot of compassion. I have this technique of bringing up someone that loves you or you love. I think of my brother when he was a baby, and it allows this flood of oxytocin. Sometimes I'll just bring up that feeling and like sit in that compassion and then try to expand it to other people I care about and myself, and then to people that I'm having a problem with, etc. It can create a lot of internal spaciousness, as if the feeling of connectedness and interbeing is saturating my body. There's a euphoric feeling of something cracking open sometimes.[357]

Addressing lifelong trauma and other stress-related disorders that have gone undiagnosed and untreated for of a variety of reasons (ranging from intimacy to biomedical illegibility) are common topics of discussion at meetings. The most common of these are self-described as having post-traumatic stress disorder and adjustment disorders. Members across my field sites often explain that the first time they have made any progress with treating their trauma was when they first joined a *saṅgha*. Luna recognizes that trauma is a major cause of her suffering and employs the use of a variety of cultivation techniques as part of mindfulness training to ameliorate it. Plum Village's sixteen methods of breath can be divided into four groups of four methods each. The first group employs the body as the object of Full Awareness; the second employs feelings; the third employs the mind; and the fourth, the objects of the mind.[358]

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[357] Luna, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, Zoom recording, December 1, 2021.
[358] Plum Village, "The 16 Exercises of Mindful Breathing," November 6, 2020.

What Luna realizes on her own terms by visualizing her baby brother as an object of meditation to cultivate and expand love is that interbeing has the power to deconstruct the mind-object duality that has enjoyed canonization within biomedicine's hegemonic hold on health care. When Luna imagines her brother as baby in meditation, it is a practice of abiding in the feeling of a unified mind in terms of both the subject of consciousness (Luna) and the seemingly external object that appears in one's stream of consciousness (Luna's baby brother). The love that she is able to cultivate for her baby brother is real even though he is no longer a baby. In fact, mind (both conscious and unconscious) cannot exist without an object to illuminate its awareness to life. In meditations where Luna visualizes her brother as a child, the love she generates and expands provides introspective evidence towards better understanding the experiential richness of interbeing. The embodiment of interbeing in mindfulness training facilitates the expansion and reconnection to people in our lives that exceeds time and space. In the Buddhist therapeutic secular, introspection is a means of address systemic inequity and generational trauma by training one's mind to grasp interbeing—the basis of Engaged Buddhism. Thus, the Buddhist therapeutic production of secular mind engenders an anti-neoliberal moral narrative of mental health.

II. New York Zen Center for Contemplative Care

The New York Zen Center for Contemplative Care was founded on the mission to heal and palliate the most the marginalized people in society including the elderly and

https://plumvillage.org/library/songs/the-16-exercises-of-mindful-breathing/.

terminally ill, as well as their grieving families.[359] The Zen approach to contemplative care is not a prerequisite for participants of meetings hosted by the NYZCCC, which lends their physical and cyber spaces for grassroots, peer-led, and therapeutic secular *saṅghas*. Rotating peer-facilitators and members come from diverse religious and cultural backgrounds, and most do not identify as Buddhist. The plural and pragmatic ethos of the *saṅghas* hosted by NYZCCC have much to do with the Center's founders, Chodo Robert Campbell Sensei and Koshin Paley Ellison Sensei. In this chapter, I highlight the ways that key ideas from Koshin Play Ellison's book, *Whole Hearted* (2019), provides a foundation of introspection in which the boundaries of the psychological territory of mind in the Buddhist therapeutic secular are negotiated.[360]

In the excerpt below, Chris recounts his experience with avoiding childhood trauma for his entire adult life. He has been openly queer for thirty years and is now a retired mailman. He attends *Karuṇā Saṅgha* to regularly practice breathing meditation in addition to therapy. The mental phenomenon of arguing with yourself that Chris describes is defined by leading scholar in psychobiography Dan P. McAdams as a product of an unhealthy narrative self-identity.[361] Narrative identity is the internalized and selectively reconstructed story of the self that a person creates to make sense and meaning out of their life. Simple breathing meditation helps Chris to acknowledge the

[359] New York Zen Center for Contemplative Care, "New York Zen Center - Grounded in the Dharma. Devoted to Contemplative Care," Accessed August 31, 2022. https://zencare.org/.
[360] See: Koshin Paley Ellison, *Wholehearted: Slow Down, Help Out, Wake Up* (Somerville, MA: Wisdom Publications, 2019).
[361] See: Dan P. McAdams, "Narrative Identity," In *Handbook of Identity Theory and Research*, edited by Seth J. Schwartz, Koen Luyckx, and Vivian L. Vignoles, 99–115 (New York, NY: Springer, 2011).

multiple narratives that are fighting for supremacy at any moment and to patiently outwait his negative feedback loop by concentrating on his breathing. He says,

> I realized this week that I've been skirting around looking at childhood trauma for a long time and have decided to begin to work on that at age 62. I think it's time because I get in these places of panic and can't get out of them. The panic doesn't really seem related to what's going on. I bring this up because I think my meditation practice and being involved in *saṅghas* like this has allowed me to become aware of how I'm responding to things and how there's possibility for change. Focusing on the breathing alone can help me, but it's not enough. I reached out to my therapist and started working on that. I argue with myself and need to breathe instead of look the other way. Thoughts arise and if I can be with those thoughts, then I'm not arguing with them anymore. It's just what's happening and that's okay.[362]

Saṅghas permit members, at whatever stage in life they are in, to engage with the subtle layers of their mind using introspection, namely through contemplative methods, for peer-led, group therapy. For Chris, the psychological territory claimed by mind is elusive but mapped in ways that are thematic across my field sites. Introspection renders visible this territory. The Buddhist therapeutic psychological territory of the secular mind of mental health not only encompasses one's memories, thoughts, and emotions, but maintains an unwieldy authority over our healthy and happy selves. These descriptions of self-liberation based on mental health discourses are described by my informants as our "Buddha-nature." I argue that Koshin Paley's translation of the Sixteen Bodhisattva Precepts in *Whole Hearted* produces a version of introspection based on contemplative methods for treating unprocessed trauma. What is revealed in this process of Buddhist therapization are the ways that introspection cultivates and signals good mental health, which *saṅgha* members are encouraged to discover on their own terms.

[362] Chris, Fieldnotes by Steven Quach. Karuna *Saṅgha,* November 14, 2021.

Dallas is a retired army veteran and recent member of Serenity *Saṅgha*. He started attended when social distancing policies were enacted in New York and he could no longer attend his local Alcoholics Anonymous meetings. He describes his anger in relationship to addiction as such:

> I too have had that blur of anger in my eyes and that great adrenaline high that comes with it. For a long time, the only real emotion I allowed myself to feel was anger so I didn't have to be sad. And when I didn't want to think, I used. What always happened after was the hangover and the shame of having to go back and apologize. All of those things really started coming up in today's meditation. I've been slowly realizing that I have other emotions for the first time in probably 40 years.[363]

Similarly, Jose describes anger as the center of domestic instability and difficult relationships with family and friends. Jose is a Mexican American bartender in his early-thirties. He also recently started attending Serenity *Saṅgha* because his normal support groups were inactive and he was starting to use again. Dallas' and Jose's Dharma shares illustrates how introspection takes form and practice in the Buddhist therapeutic secular in ways that confront undiagnosed trauma and other lifelong mental illnesses. Jose explains,

> Anger is very confusing for me because growing up, anger was not allowed. I grew up thinking that my anger would be lethal to people around me. There was no room for it whatsoever in my family so I never learned how to be angry in a healthy way. I'm starting to learn how to recognize what the actual feelings underneath that anger are and where it's okay to feel my own healthy anger.[364]

In terms of childhood trauma, anger, and the development of emotional regulation and coping techniques are major recurring theme in Dharma shares. Koshin describes

[363] Dallas, Fieldnotes by Steven Quach, Serenity *Saṅgha*, October 15, 2021.
[364] Jose, Fieldnotes by Steven Quach, Serenity *Saṅgha*, October 15, 2021.

anger as one of many emotions that one naturally feels at any moment. Yet, in the context of mind, anger can be neutralized of its self-destructive force and let go of. Koshin, the NYZCCC, and the various *saṅghas* it hosts compels its members to "think for a moment about what it would be like to not blame anyone for your own feelings. What would it be like to use anger as something to move with, rather than hold on to?" Together with Dharma sharing and mindfulness training, these kinds of self-reflective questions and reports make up the core introspective methods found across my field sites. Camila is in her mid-thirties and white and Mexican American. She works at a nail salon and has been a member of Serenity *Saṅgha* for two years and has been sober from alcohol and narcotic addiction ever since. She says,

> I wrote something down that you said which I loved. It was when you were talking about your exaggerated attachment. I don't know if you even said that intentionally, but it was beautiful because I think that it's a part of the addiction for me anyway. I'm really kind of easy going about my environment, but I have more of an exaggerated attachment to how things should be in terms of my perception of fairness, and I drink when things aren't fair.[365]

With her usual endearing frankness, Camila offers a Dharma share that is rich with introspective psychological insight. In these secularized Buddhist therapeutic spaces, addiction is often translated as an unhealthy or "exaggerated" attachment to mental and behavioral patterns that contribute to suffering—the ultimate symptom of mental illness. I argue that the process of translating mental disorders, like addiction (e.g., substance abuse disorder), in terms of Buddhist attachment is, in fact, an act of secular production because it promotes pluralistic models of mind that blend religion and

[365] Camila, Fieldnotes by Steven Quach, Serenity *Saṅgha*, October 1, 2021.

science.[366] *Saṅgha* members perform secular mind by engaging with the plurality of ways that addiction can be understood as a mental illness in the Buddhist therapeutic secular.

From inside the Buddhist therapeutic community, the reframing of "addiction"—a secular term—into a form of attachment (*taṇhā*)—a historically religious term—is natural and healing. To critics, it can appear to be a dangerous process of reverse-medicalization or reverse-secularization. However, this process of translation in my field sites is one founded on the psychotherapeutic method of introspection and pluralism. Like Camila, Jacob too navigates between scientific and Buddhist discourses in his interview with ease.

Jacob has been a member of the NYZCCC and the LGBTQ+ *Saṅgha* it hosts since 2020. He identifies as secular and describes the mind in terms of evolutionary psychology. Jacob describes the mind as shaped by the natural selection of biological, psychological, and social traits in the evolution of the brain and the endless quest for self-reproduction through "genes and memes." Importantly, Jacob constructs pluralistic models of mind that render the biomedical, self-replicating, and memetic mind analogous with the Buddhist "monkey mind," and the "Freudian id-driven aggressive mind" in the secular space of Buddhist therapeutics. The silence of meditation offers perspective on the primordial and unconscious part of mind that drives base survival instincts. Deep silence creates a cathartic distance from it with the spaciousness of nonjudgmental patience and compassion. In my interview with Jacob, he continues:

[366] See: Mayfair Yang, *Re-Enchanting Modernity: Ritual Economy and Society in Wenzhou, China* (Durham: Duke University Press Books, 2020).

The mind is what the brain does. We know that we're a design function of variation, selection and retention, that whole genetic triad. I am curious about the idea that was put forward by Dan Bennit and Susan Blackmore—that the other things that do that are the very things that use us as a replicator, like the behaviors, thoughts, and patterns that we inscribe in various musical forms and technological forms, so called names. I'm exploring something that is mind and I suspect that mind maybe parasitized. Not that I can necessarily get beyond my mind, but it may be that I can observe the ways that it is kind of hijacked by the particular forms that had been selected for. That is, forms that persistently are thinking, craving, feeling anxiety, uncertainty, and feeling a need to look into the future and get out of the present. All those impulses I suspect were put there by some combination of genetics and memetics, the thing of which we are a design function.

What I'm doing with meditation is trying to create some space between my memetic mind or Buddhist's say monkey mind and perhaps an older, less compulsive or less unconscious mind. If you wanted to talk about it spatially, I would say it acts a kind of foothold, a place to stand outside of my monkey mind, meme mind, or Freudian id-driven aggressive mind.

The Freudians would say that the problem is within; "let's try to get that ego conforming to external norms so that we can strengthen it above and over those libidinal and aggressive drives below." Then I think the others say, Herbert Marcuse, would say, "no it's society that's causing suffering; that's what leads to traumas, disjuncture and tensions that are so unnecessary-associated with say gender, sexuality, race, class, social position." I'd say it's both. We are essentially programmed to endure physical and emotional pain associated with having physical bodies and having mental and emotional lives that are involved to maximize the probability of the propagation of our genes or genes like ours in the next generation. And perhaps programed to maximize the probability that we copy one another-that we're imitating and that we are imitated (behaviors thoughts ideas). Then, perhaps in that invitation, at least in the social realm, we add to those kinds of inherent sufferings by institutionalizing it. All of that is suffering so I don't think that suffering in the context of mind is something from which we exit as Buddhists or humans, but it is something we can engage with and can consciously not add to nor propagate. I'd say the preponderance of suffering is evadable with practice, but it also an inherent condition of mind that we do suffering to some degree.

In the contemporary neuro-pharmacological understanding mental health, I think we're basically articulating functionality in a checklist of boxes and the lack of functionality as associated with or constituting disorder. I think mental health in context of mind might have something to do with an ability and willingness to recognize the harm that might cause you or others when presented with moments

> where the mind is clearly hungry for something, even if something small like procrastination. I'd think that mental health constitutes an ability and willingness to consider the choice to not act impulsively.
>
> I think enlightenment is associated with the combination of conscious avoidance of evitable suffering, clarity regarding the continuous felt awareness of the oneness of the species, and everything that came out of the Big Bang, a sense of a strong sense of nonduality, and also a surrender to the natural flow of life. For Emerson, he talks about how great men in history were conduits allowing the life force to act through them.[367]

In the plural staging ground of the Buddhist secular therapeutic mind, mental health is constructed based on a blend of biomedical and nonbiomedical, and scientific and religious, discourses ranging from evolutionary theory and psychoanalysis to nonduality and American Transcendentalism. In *saṅghas*, enlightenment is primarily described as an unbroken experience of embodied interbeing or the "oneness" of the collective consciousness. Importantly, the introspective goal of interbeing as an experience of well-being is also a performance of its secular imperative to engage with a plurality of behavioral health care practices—namely contemplative practices—made accessible to members through the therapeutic secular market.

Sally represents a large number of members—sometimes half—who attend weekly meetings but do not participate in any of the regular processions held by NYZCCC or identify with its White Plum *Asaṅga* lineage. Rather, Sally is one of the handful of second-generation American converts in the LGBTQ+ *Saṅgha* who is actively involved in a separate, *Vajrayāna* branch of Buddhism. In Sally's account of the mind, mental activity, and the awareness of such processes occurs throughout the body and is

[367] Jacob, Interview by Steven Quach, Karuna *Saṅgha*, Zoom recording, November 19, 2021.

inseparable from the experiences of the world outside of the body. The ways that mind can span time and place through memories and visualization practices, and across "people" in the "past, present, or future" in Sally's excerpt below echoes the qualities of interbeing which is at once a nondual, collective, and boundless state of mind.

As a student and teacher of meditation, Sally makes a distinction between the mindfulness and meditation that is commonly accepted in the Buddhist therapeutic secular. She describes mindfulness as a mundane behavioral health care practice of non-judgmentally observing a phenomenon unfold in our lives. The observational quality creates emotional distance for the observer that enables them to pause and consider how they can proceed in the healthiest way possible in the moment at hand. Progress in meditation, on the other hand, is marked by experiences of non-self, nonduality, emptiness, oneness, or interbeing—an experience where the layer of nonjudgmental observation fades into the subtler layer collective consciousness. Sally explains,

> English doesn't have a lot of words for the interiority of the human experience so it's hard to describe it accurately. I've been meditating for about ten years. When I first started meditating, I was practicing at the Shambhala Center in that tradition until it fell apart. I was exploring an awareness of mental activity, and the absence of mental activity. To me, that's not a physical space. It's also not enclosed in my skull. It's more than the electrical signals in my brain. It's the space in which all phenomena unfolded, and that includes what's inside of my own body, my unique experience, my everyday perception of things that are outside of me like people that in the past, present or future.
>
> Mindfulness is a gateway to meditative experience, but I think meditative experience can encompass a lot of different technologies. There's something that happens that turns mindfulness into meditation. I think that's the dissolving of the experience of being an observer. I took this mindfulness teacher training and when you learn to teach secular mindfulness, you're introducing students to an awareness. Then they build and strengthen that awareness-muscle when they're in the present moment. When their mental activity is tethering them to an experience in the past or future, or a concept about the present or the past or the future, it's

almost like you're looking through your own eyes at yourself. There's an observational quality about mindfulness. I think the meditative experience of it can dissolve that aspect of standing behind yourself. I think that mindfulness is designed to be very mundane practice. There’s a feeling of merging into non-separation in meditation.

Secular mindfulness gives you universal starting point, especially if it's done in a trauma informed way. I want to make a distinction between mental health disorders that are derived from chemical imbalance in the brain, and the kind of mental health concern that can be mitigated by therapy. Part of the experience of deepening meditation practice is that feeling of joy in nonduality because it can be jarring no matter what your mental health is. I think good mental health versus bad mental health dichotomy is hard for me to define. I would say that for someone with a cognitively normative experience in general, that good mental health is when one’s mental state is not a barrier or hindrance to achieving their goals and being fulfilled.

I work in child welfare I have a pretty deep understanding of trauma and what trauma does to the mind-body connection. The Buddha said that life is suffering or it's been translated as that in English this way. I think a better translation is life is dissatisfactory because suffering sounds like a pretty high bar. I think that it makes meditation and Buddhism in the western context seem really intense. Life is dissatisfactory. Ignorance, passion, aggression is a good framework of good Buddhist framework for suffering. Basically, to me, suffering is any time when you experience a separation between yourself and something else-when you're not resting in awareness of the ground of being, we're not resting in a place of non-dual connection. I think of when a baby takes its first breath. Prior to that moment the baby is in amniotic fluid and completely attached to its parent. It's one with its parent. It doesn't have an experience of separation and doesn't have something outside of itself. Then that moment of entering its life is an experience of separation. That's the feeling that you have in myriad, countless ways for the rest of your life. Some of those are really acutely painful and some of them are really subtle, but to me all of that is suffering; it's like a continuum.

I truly believe that we're already enlightened, that that the mind is temporarily obscured and that you can experience those moments of enlightenment in everyday life. I think that enlightenment is that feeling or that experience of suchness or essence. I always think of the space inside of a bubble, and then the bubble pops—that experience. I think someone who is enlightened, in the traditional sense of the word, would have this unbroken experience of complete connection in the present moment with no sense of time. They would transcend the misperceptions that most human beings experience due to having the mind tethered to a human body.

> It's not the same every time because I am doing a series of practices and I cycle through them, so it sort of depends. Because I'm practicing *Vajrayāna*, a lot of the practices do have visualizations which I'm objectively like not good at. I don't tend to see images in my mind. It's really difficult or someone's like, "visualize the bunny" and I can't see anything. But when I do mindfulness meditation or non-narrative forms of meditation, I practice *mahā mudra*. It's a non-dual practice and so it's kind of that last option-resting into the experience of awareness. I've been working on this more subtle form of practice that is more like Being. I taught Tilopa's Six Nails. I read them when I led Karuna *Saṅgha* and that's a Maha mudra text.
>
> It's funny because the sutras expound on the Bhumis of the path. You read the first one and you're like, "ok, I can do this." Then you read the second one and you're like, "I'm never going to achieve any of these." Setting that aside, to me, the everyday experience of mindfulness is when a strong emotion, or what the literature would call a *kleśa*, is triggered and I have an awareness of it even if I can't stop it. It's when you're really angry and can't reel yourself in but you're very aware of it. It's having more awareness of my body in space, the way that I feel, my emotions, my mental activity, like when I can tell I'm circling the drain. I think that I can see the strength of my practice in the amount of time it takes to become aware of what's happening in the present moment, whether that's internal or external. Ultimately, I hope that I'm kinder, more empathetic, and more equanimous.[368]

Despite being hosted by a Rinzai Zen organization, Sally enjoys curating meditations and topics for discussion from her personal practice in a Vajrayana sect of Buddhism. In this meeting, she introduces the *saṅgha* to a *Mahāmudrā* meditation, a Tibetan *haṭha* yogic practice that premiers Tilopa's Six Nails or words: "Don't recall. Don't imagine. Don't think. Don't examine. Don't control. Rest."[369] When the individual elements of contemplative practices of Zen, Tibetan, and other schools of Buddhism are selectively brought into the therapeutic secular alongside biomedical discourses, the anti-neoliberal moral narrative of modern mental health emerge. For both Jacob, who

[368] Sally, Interview by Steven Quach, Karuna *Saṅgha,* Zoom recording, November 17, 2021.
[369] Justin von Bujdoss, "Tilopa's Six Nails," *Tricycle: The Buddhist Review*. Accessed August 31, 2022. https://tricycle.org/magazine/tilopas-six-nails/.

complements his evolutionary worldview with Buddhist models of mind and introspective practice, and Sally, whose deep practice in meditation shapes her lived experience as child welfare worker, the psychological territory of mind generated in Buddhist therapeutics reframes their cohabitating interpretations of suffering (ultimately, a symptom of mental illness, disorder, or distress) and enlightenment (interbeing) in a universal hierarchy of modern mental health care.

Buddhist therapeutics discourses enables members to perform the secular mind of mental health by exploring the plurality of introspective behavioral health care practices (contemplative practices) made accessible to them as mental health care products/services by the meditation free market. Unlike other therapeutic secular fields, the Buddhist therapeutic production of secular mind engenders an anti-neoliberal moral narrative of mental health. It does so by treating introspection as a means of rendering visible the role of undiagnosed mental illness and trauma in one's preventative and long-term mental health care. As I will show in Chapter Four, introspection is the first step towards community engagement and social activism against structural inequity.

III. Recovery Dharma Global

I argue that peer-led Buddhist therapeutics produces the secular mind of mental health by embracing both the psychotherapeutic and contemplative sciences of introspection. Critics of cultural appropriators of Buddhism claim that contemplative communities of care are actually products of the totalizing effects of secularism, biomedicalization, and neoliberal capitalism in the guise of grassroots, group, and self-therapy. Of my three field sites, Recovery Dharma Global is perhaps the best

representation of how community-based mental health care movements problematize generalized critiques against the Buddhist therapeutic secular. Nowhere else is the goal to ameliorate the suffering caused by uncontrollable desire more evident that in the diversity of intersectional *saṅghas* that were developed by Recovery Dharma Global at the peak of the pandemic.

Dan is white, thirty-seven years old, and a recent member of Recovery Dharma Global. He started attending meetings a few months ago after being released from a rehabilitation clinic. He describes the ubiquitous experience of feeling out of place at Twelve Step Alcoholics Anonymous programs. A lot of *saṅgha* members admit to never completing each of the twelve steps because of its inherent faith elements and are left with unanswered questions about addiction and sobriety. Hardly any of my informants in RDG identify as Buddhist, but they rely on Buddhist models of mind and introspection to bridge the gaps between their understanding of addiction as a biomedical disease, mental disorder, and behavioral practice. Dan shares,

> I'm also an alcoholic and this is also my first time being here. Twenty-seven days clean and doing pretty good. To answer the question, "what action have I taken?" One thing was coming to this meeting and trying this out. I've been to a lot of AA meetings, but it's not really for me because of a lot of reasons, but the higher power sort of thing is too built into it. When I was in a rehab clinic for a while, I did various kinds of meditation and found that it was the most helpful thing I could do. Glad that the guided meditation was on addictive eating guided meditation because I struggle that. I'm also doing some other outpatient stuff through another group four times a week where we also do meditation. I'm just hoping to flex that muscle because, at this point, it's probably one of the only things that works for me.[370]

[370] Dan, Fieldnotes by Steven Quach, Noble Truth Inquiry *Saṅgha*, April 27, 2020.

Dean is white, in his mid-forties, and sometimes attends meetings with his wife, Stef. Like Dan, Dean and Stef see RDG as secular alternative to Alcoholics Anonymous. Dean has been in and out of recovery his entire adult life. He attributes his spotty track record in part to the lack of community-based recovery programs, aside from various Twelve Step programs. Below, he describes a period of relapse and how introspection into the Four Noble Truths has offers support:

> This is my second meeting, but my wife does this all the time. We actually met in recovery and back in 2007. Glad that you said that about AA because it was the same experience for me. Philosophically it didn't really jive with me. Too much focus on giving power over to someone else, which I always felt was wrong because you have to do it yourself through deep reflection. You have to make the decision.
>
> Anyway, I just wanted to say I've found these meetings refreshing lately. I've had the experience of going through the Twelve Steps and that process was good for me, but it also left me with a lot of unanswered questions. My wife and I lost our first child in 2012, which led us down a path of ultimately relapsing. Anyways, I always wanted something more than faith in God and I really identified and liked the way those questions (about the Four Noble Truths) were laid out in the reading.[371]

Peer-led Buddhist therapeutic discourses produces and performs the secular mind in ways that authenticate the embodiment of pluralism by blending biomedical and nonbiomedical behavioral health care practices in a syncretic or gestalt model of modern mental health. The success of Recovery Dharma Global is due largely to its ability to meet the demands of those in long-term recovery who feel unfulfilled by the normative biomedical regiment and require group therapeutic communities of care. In most states,

[371] Dean and Stef, Fieldnotes by Steven Quach, Noble Truth Inquiry *Saṅgha*, April 27, 2020.

the Twelve Step program remains the primary or only option for community-based mental health care resources related to addiction.[372]

There are two twenty-minute guided meditations on forgiveness that are offered on Recovery Dharma Global's Insight Timer page, which has over four thousand followers.[373] Insight Timer is a meditation app that connects teachers or coaches with students in a social network and marketplace for wellness. One of the audio recordings, entitled "Forgiveness," is offered by Matt Campbell, a regular facilitator across RDG s*aṅghas*. This meditation is tagged under the key terms: "addiction, visualization, secular, forgiveness meditation, recovery & healing, and secular mindfulness."[374] The other audio is offered by Sean Kelly, another regular facilitator at RDG who provides the meditation, "Forgiveness Meditation From Recovery Dharma," on his professional Insight Timer page rather from than the RDG homepage.[375] Kelly is an Insight Timer teacher and his biography illustrates the ways that Buddhist therapeutic discourses enables the production of secular identities in an overarching ethos of pluralism. His biography is as follows:

> Sean Kelly is a secular, scientifically-minded, Buddhist practitioner of mindfulness specializing in meditation especially in the areas of recovery from addiction. Sean embraces many forms of meditation and promulgates a mindset of health that embraces the spiritual and psychological along with the sociological and biological. He doesn't hesitate to mention actual neurotransmitters or brain structures, finding refuge in mindful practice and the science to back it up.[376]

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[372] "Community-Based Mental Health Services Using a Rights-Based Approach," Accessed August 31, 2022, https://www.who.int/news-room/feature-stories/detail/community-based-mental-health-services-using-a-rights-based-approach.
[373] Inc, Insight Network, "Recovery Dharma | Insight Timer," Accessed August 31, 2022, https://insighttimer.com/recoverydharma.
[374] "Forgiveness | Recovery Dharma, Insight Timer," Accessed August 31, 2022, https://insighttimer.com/recoverydharma/guided-meditations/forgiveness-15.
[375] Ibid.
[376] Inc, Insight Network, "Sean Kelly | Insight Timer," Accessed August 31, 2022. https://insighttimer.com/nutjob4life.

Unlike the RDG meditation page on forgiveness, Kelly's page also includes the tag "Buddhism," which might seem obvious but emphasizes Kelly's position at the secular intersection of Buddhism and science. Critics of neoliberal Buddhism would argue that secular Buddhist practitioners like Sean are merely medicalizing Buddhism and thereby whitewashing of its cultural contexts. My fieldwork suggests the simultaneous or overlapping occurrence of the opposite phenomenon: the re-enchantment of the biological, psychological, and social sciences of mind based on the Dharma, including varying degrees of Buddhist ethics and metaphysics.

In fact, in the fringe introspective traditions of Jung's psychotherapy, both science and religion are secularized by reimagining their theories and methods in a mutually-beneficial, unified, and plural discourse on mental health. This is because in the secular therapeutic, the separation between science and religion is an irrational bias that is itself the unscientific result of biomedical hegemony. To members of Buddhist therapeutic *saṅghas* who have been unfilled by their normative biomedical and Twelve Step regiments—which are often described as over-dependent on imperfect medication or too faith-based—it is more rational to believe that in the future, a pluralistic theory of everything will account for seemingly conflicting disciplines like science and religion. After all, what is the secular if not a master narrative about the unyielding and universal march of progress?

Marie is white, happily married, in her mid-fifties, and is a publishing editor. She has been struggling with addiction for several decades regardless of having worked the Twelve Step program multiple times. Below, Marie describes learning how to cultivate

compassion and forgiveness for the first time in Recovery Dharma Global meetings despite having worked the Twelve Steps throughout her adult life. She explains,

> I have been doing Twelve Step program for twenty-six years and am glad to have found Recovery Dharma because I was a square peg trying to fit into a round hole, and beat myself up a lot for my defects. Then, here, I learned compassion for the first time. I literally cried two weeks ago in a meditation on forgiveness, asking myself for forgiveness, and then asking my children for forgiveness. I cried like a baby and this is after twenty-six years of working the twelve steps ten times. Now I know that I can learn to forgive myself for what I've done.[377]

Lori is forty-eight, white, recently divorced and lives Colorado. She shares the ubiquitous experience of starting her recovery with Twelve Step programs many years ago. Lori's addiction is to food and describes her struggle as illegible to traditional programs until she found Recovery Dharma Global in 2020. Here, introspection is a contemplative practice designed to target undiagnosed trauma related to substance abuse. She explains,

> I'm still in the Twelve Step recovery group, but I'm here because I too felt like a square peg in a round hole and I'm really glad that I could take I liked and leave the rest from the Twelve Step program because if I hadn't, I'd be dead. I'm a food addict. I really was killing myself with food. When I started my recovery almost nine years ago, I weighed three-hundred-fifty-four pounds. You can't tell from what you're seeing in this video screen right now, but I'm only 5'5". I couldn't stop eating even if I wanted to so I can definitely see the areas where Twelve Step recovery was not everything I needed, but it was enough to save my life. I'm glad that I made here on that boat because of the way this program has been able to round out my recovery. Even though I worked the Steps five times, I still felt like there was more depth that I could get into.[378]

Recovery Dharma Global fulfills its own clarion call for a more plural, and thus modern, study of mind and its care by empowering *saṅgha* members to explore a

[377] Marie, Fieldnotes by Steven Quach, Noble Truth Inquiry *Saṅgha,* April 27, 2020.
[378] Lori, Fieldnotes by Steven Quach, Noble Truth Inquiry *Saṅgha*, April 27, 2020.

plurality of introspective behavioral health care practices—namely contemplative practices—as an essential psychosocial and spiritual supplement to their normative biomedical regiments. Like Marie, Lori describes finally finding closure in Recovery Dharma Global after years of struggling through Twelve step groups.

Conclusion

Historian of Chinese medicine, Paul Unschuld, claims that monotheism, specifically Protestant Christianity has had a deterministic effect on biomedicine that distinguishes it in a fundamental way from Asian medical systems.[379] The monotheistic ideological preference for a single, underlying, universal truth, and unitary paradigm has resulted in a longstanding intolerance of non-biomedical models of mental health in the psychiatric and psychological science. In this chapter, I described the ways that psychotherapy has confronted the intolerant culture of biomedicine by adopting unconventional—even Orientalist—methods, especially introspection. In my fieldwork, the secular is performed in Buddhist therapeutic spaces by engaging with a plurality introspective behavioral health care practices in ways that reflect the dynamic, dialectical, and process-oriented systems of healing in Buddhist medicine.

While these medical systems have been portrayed introspection as methodologically convoluted and unamenable to empirical scrutiny, their categories represent active categories of relationships that account for the role of an anti-neoliberal moral narratives of mental health—something which the biomedical materialistic gaze has suppressed in psychology except in psychotherapeutics. Rather than bracket or

[379] Paul U. Unschuld, *Chinese Medicine* (Brookline, Mass.: Paradigm Pubns, 1998), 2.

dismiss the patient's subjective experience of suffering mental illness as unrelated to its proper diagnosis and treatment, the narrative meaning is at the fore of the Buddhist therapeutic secular. In my field sites, the meaning of living with mental illness itself is a central goal that is actively pursed through introspection.

Chapter Four: The Social Medical Territory of Mind

The Mental Hygiene Movement

The ways that biomedical and psychological models of secular mind care have historically engendered a pro-neoliberal moral narrative of mental health are overshadowed by their ethos of scientific materialism and therefore unbiasedness. One day, contemplative science may invent a social science of mind and mental health that avoids the reproduction of neoliberal apoliticism and individualism. Until then, the contemplative movement is the predominant social expression of mindfulness. Far from being an objective science, the social phenomenon and impact of mindfulness has been accused by both critics and scholars of Buddhism alike of pacifying its practitioners with the promise of individual, consumer-driven salvation, and inner peace. What distinguishes my field sites from other mindfulness communities of care is its location at the margins of the mindfulness movement. When located in minoritized and traumatized populations, a narrative of resistance and subversion against the status quo emerges.

In this chapter I argue that the social scientific territory of mind produced by the Buddhist therapeutic secular engenders an anti-neoliberal moral narrative of mental health. Rather than disengage its participants, my field sites collectively authenticate experiences of discrimination and how it impacts and contextualizes to their mental health. Elsewhere in the public sphere, the relationship between these experiences and mental health care are illegible or worse, silenced. Before engaging with my informant's Dharma shares and interviews, I provide a brief history of the mental hygiene movement

and its legacies in public mental health discourses which loom in background of the therapeutic secular.

The mental hygiene movement, which was started in 1908 by former psychiatric inmate Clifford Beers (1876-1943), captures the privileges afford to neoliberalism by the sciences of mind. It illustrates how social and public health norms about the meaning of mental health and illness are entrenched in the legacies of Euro-American exceptionalism and supremacy.[380] By 1912, the incipient movement to reform American asylums had expanded and recruited new leaders including famous psychologists and physicians Adolf Meyer (1866-1950), William James (1842-1910), and Thomas Salmon (1876-1927). After Salmon arranged for federal funding, the new mission of the National Committee for Mental Hygiene would be to spread preventative health care education in the public sphere through training programs and campaigns at community mental health centers, hospitals, grade schools, and universities.[381]

In the last chapter, I discussed how the professionalization of psychotherapy had medicalized interior emotional states which psychotherapists then provided treatments for. Similarly, mental hygienists constructed a public discourse about mental illness—then called "mental handicaps"—that objectified a range of human behaviors as abnormal and relegated people deemed "mentally deficient."[382] By doing so psychiatry cemented

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[380] See: Clifford W. Beers, *A Mind That Found Itself*, 1st edition (Pittsburgh, Pa: University of Pittsburgh Press, 1981).
[381] See: Manon Parry, "Thomas W. Salmon: Advocate of Mental Hygiene," *American Journal of Public Health* 96, no. 10 (October 2006): 1741. https://doi.org/10.2105/AJPH.2006.095794.
[382] See: Jonathan Toms, "Mind the Gap: MIND, The Mental Hygiene Movement and the Trapdoor in Measurements of Intellect," *Journal of Intellectual Disability Research: JIDR* 54, no. 0 1 (March 2010): 16–27. https://doi.org/10.1111/j.1365-2788.2009.01234.x, 16.

its role as the foremost interventionist program in the United States and would be responsible for the codification of mental and emotional distress alongside acts of public disruptions within the hegemonic ken of psychosomatic disorders and ultimately, biomedicine. In reality, the management of mental deficiency in the public sphere enabled the policing of marginalized peoples. Based on the dynamic psychological assumption that mental health issues could be prevented by practicing normative health interactions, particularly within the family, mental hygienists "applied bourgeois values of quantification, objectification, sanitation, and cleanliness to the realm of emotional and psychological complaints."[383] Thus, mental hygiene reified the mind into an object of public health management upon which the secular's medicalizing and sterilizing effects could be mobilized through the public sphere.

The National Committee for Mental Hygiene served as an extension of psychiatry's institutional role in public health education by promoting their moral narrative of modern mental health from the early-twentieth century until the 1960's.[384] Under the belief that mental illness could be eradicated through prophylactic public health practices rooted in health family dynamics, it shared with the psychiatric asylums it sought to reform the fundamental idea that clean living was key to mental health policy. Since then, the reform movement has received enormous criticism by scholars who have exposed the ways that mental hygienists contributed to and profited from the modernist

[383] Philip Cushman, *Constructing the Self, Constructing America: A Cultural History Of Psychotherapy*. First Edition (Cambridge, Mass.: Da Capo Press, 1996), 152.
[384] "Origins of Mental Health | Johns Hopkins | Bloomberg School of Public Health," Accessed February 7, 2023, https://publichealth.jhu.edu/departments/mental-health/about/origins-of-mental-health.

trend to medicalize—and quantify in a capitalist free market—social deviances as behavioral symptoms of psychopathologies or mental diseases.

The mental hygiene movement has been indispensable to the rise of pro-neoliberal moral narratives of mental health that suppressed systemic inequity based on gender, class, race, religion, and other intersectional markers of identity. Historians and psychiatrists, like Jonathan Metzl, have for example, shown that Black men are more likely to be diagnosed with schizophrenia than white despite any biomedical evidence for why.[385] BIPOC and LGBTQ+ communities, like those found in my field sites, have historically been deterred from accessing mental health services for fear that their mental illnesses would not be equitably diagnosed and treated given their lived intersectional experiences of discrimination.

The National Committee for Mental Hygiene was the predecessor to the National Mental Health Association which became Mental Health America in 2006. Since then, it has continued to be instrumental to organizing federal and state legislative reform regarding mental health programs in the United States.[386] Importantly, the century-long and ongoing lifespan of what began as the mental hygiene movement illustrates the ways that pro- and anti-neoliberal moral narratives of mental health developed as a result of the secularizing effects of medicalization and not in spite of it. It shows how dominant moralizations of mental health care change over time, adapt to evolving social demands, and impact the organization of public spaces and the social hierarchies they maintain.

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[385] See: Jonathan Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Illustrated edition (Boston, Mass: Beacon Press, 2011).
[386] Mental Health America, "Our History," Accessed September 8, 2022, https://www.mhanational.org/our-history.

Around the same time as the mental hygiene movement, from the 1920-40's, psychotherapists were faced with two theoretical pathways of conceiving the social that portrays as a metaphorical battle for the soul of psychotherapy between American psychiatrist Harry Stack Sullivan and European psychoanalyst Melanie Klein. American historian and psychologist Philip Cushman describes how the popular cultural preference for Klein's object-relations theory unintentionally fueled the rise of the neoliberal capitalist self in post-WWII America.[387] By locating the realm of social interaction within the self-contained individual—where built-in psychic structures determine one's emotional reactions to others—Klein prepared a new generation of psychologists and pop culture psychologists to further reify what Cushman describes as the "empty" self. The psychotherapeutic empty self can be fulfilled, repaired, or actualized through the consumption of increasingly efficacious and exclusive experiences as commodities, including therapeutic introspection.

Sullivan's interpersonal psychiatry represents the worldview that lost the moral battle over the soul of professional psychotherapy throughout the twentieth century. Unlike the narratives embedded in the moral hygiene movement and Klein's object-relations theory, which were founded on the belief that the purpose of psychology is to heal or restore the self, the interpersonal self stands against the neoliberal, self-contained individual. Instead of maintaining the status-quo by liberating one's self through the consumption of therapeutic secular experiences, Sullivan believed that the science of

[387] Philip Cushman, *Constructing the Self, Constructing America: A Cultural History Of Psychotherapy,* First Edition (Cambridge, Mass.: Da Capo Press, 1996), 170.

psychology should be applied towards the alleviation of racism, economic injustice, and nuclear war.[388] Interpersonal psychiatry exposes another moral narrative—an anti-neoliberal one—that identifies the self as a process or system rather than reified medical object in need of consumer salvation. For Sullivan, the moral goal of psychology is to deconstruct the self-system because it is ultimately an impediment to one's accurate perception and normal, healthy functioning.[389]

The Consumer Liberation Ideology of Neoliberalism

In this chapter, I show how, despite losing the ideological battle over the future of professional psychotherapy, the anti-neoliberal moral narrative of mental health engendered by interpersonal psychiatry has found a new life at margins of the contemplative movement, namely in the Buddhist therapeutic secular. The contemplative movement bears many resemblances to the mental hygiene movement. I argue that the contemplative movement has also engendered a pro- and anti-neoliberal moralization of mental health based on the secularization of Buddhist meditation that began in Buddhist modernism. Much like the mental hygiene movement, the contemplative movement reified contemplation, introspection, and other interior states of mind-body by assigning them exterior behavioral health practices, like meditation. The contemplative movement is also rooted the reform movements related to Buddhist Asian nationalism and Orientalism. Like the mental hygiene movement, the contemplative movement literati

[388] Ibid., 160.
[389] Harry Stack Sullivan, *The Interpersonal Theory of Psychiatry,* First Printing of This Edition (New York: W. W. Norton & Company, 1968), 11.

had to negotiate the North American, now global, landscape of free market capitalism and the neoliberal culture of consumer-driven personal salvation.

Post-WWII United States was an era of great prosperity and middle-class expansion. Its insatiable consumer culture demanded new ways of understanding the secular mind of mental health that reflected the values and ideologies of the middle-class, including what would become commonly known as neoliberalism in the 1970's. Amidst a decline in religiosity in the wake of the mass atrocities of WWII, there was a growing cultural appetite for psychosocial models of mind based that were compatible with the secular fulfillment of the empty self and the expansion of the unregulated free market. The rise of corporations, brand names, and patriotic consumer culture paved the road for the emergence of two trends in psychotherapy that formed a major pillar of neoliberal ideology. Cushman describes these trends as: (1) "self-liberation through compulsive purchase" and (2) the "consumption of goods, experiences, and celebrities."[390] The mental hygiene movement and Klein's object-relations theory have unsurprisingly survived the secularizing gaze of biomedicine because they reify the empty, quantifiable, and psychosocial self as an object of psychotherapeutic intervention.

I argue that Sullivan's interpersonal-self has been reinvented as part of the social territory of mind produced by the Buddhist therapeutic secular. Whereas this psychotherapeutic school of thought has been eclipsed in the histories of psychology and psychiatry, its anti-neoliberal moral narrative of mental health has been expressed

[390] Philip Cushman, *Constructing the Self, Constructing America: A Cultural History Of Psychotherapy*, First Edition (Cambridge, Mass.: Da Capo Press, 1996), 244.

variously in the Asian histories of Buddhist nationalist reform movements and the American Beat and Hippie counterculture movements. This is due in no small part to the Asian and non-Asian Buddhist modernists and Orientalists who promoted the secular Buddhist mind as the universal staging ground for transgressive and subversive experiences. Some of the most famous of these Buddhist apologists include: Paul Carus, Anagārika Dharmapāla, D.T. Suzuki, Tàixū, Mahasi Sayadaw, Allen Ginsberg, and Jack Kerouac. They laid the groundwork for the secular mind of mindfulness meditation and mental health to be made an object of biomedical, psychological, and social scientific intervention and consumption. I argue that the contemplative movement—and the renaissance of introspection psychology and interpersonal self-development that it stimulated in the Buddhist therapeutic secular—was ultimately successful because of Buddhism's perceived amenability to the apoliticism, individualism and consumer liberation ideology of neoliberalism.

Much like the moral battle over the social direction of the secular self in psychotherapy, the contemplative movement encountering a similar junction over the direction of the secular mind of mental health in the United States. Historically the mind of mindfulness has been complicit to the totalizing culture of neoliberalism and thrived in free market of therapeutic secular cultural products. Because of Buddhist modernism and the precedence for secular Buddhism it established, the deployment of contemplative practices in service of neoliberal projects to objectify, monetize, and even militarize attention training are more popular than ever but not without harsh disapproval. Critics from first- and second-generation Buddhist communities, Buddhist Studies, Ethnic

Studies, and the Secular Studies have interrogated the countless ways that Buddhist modernism and the contemplative movement have aided the use of meditation as a tool for de-politicization and pacification, rather than a tool for real social and political reform.

That secular mindfulness removed of cultural context has permeated nearly every corner of the attention economy raises no serious social or political concerns according to pro-neoliberal moral narratives of mental health. As part of the model minority myth—which objectifies Asian Americans in a racial hierarchy that suppresses non-model minorities in exchange for the second-hand privileges of the white, upper-class elite—I argue that the invention of secular mindfulness too objectifies Buddhist medicine into the token secularized "ethnomedicine" of the nonWest. As social categories that negotiate identity politics and social hierarchies in the United States, the production of "Asian Americans," "Buddhists" and "Asian American Buddhists" are invaluable dynamic sites for the study of the model minority myth.

How does secular mindfulness reproduce the status-quo in ways that run parallel to the model minority myth? The genealogy of the Buddhist therapeutic secular reveals that it has many roots in psychotherapy, which has enabled the objectification and commodification of psychosocial phenomena. The widespread pro-neoliberal moral narrative of mental health suggesting that one can fulfill their empty self by consuming "healthy" products/services remains the most potent litmus test for determining the success of which productions of secular mind survive in the public sphere. Cushman describes how psychotherapeutic theories have inadvertently mirrored the American

capitalist landscape by medicalizing and normalizing its "necessary ingredients such as the empty self, and explained away its unavoidable consequences, such as emotional isolation, selfishness, drug addiction, and the nihilistic use of others."[391] He explains,

> Psychotherapy theories consider these consequences to be anomalies, deviations from the healthy norm, and therefore we set out to heal them. If we were to historically situate our practices, we might consider that these consequences are in fact not anomalies but the norm, and that when we medicalize and pathologize the norm, we ignore the dangers of the status quo and unknowingly perpetuate it.

History repeats itself as the contemplative movement mirrors the pro-neoliberal moral narrative of mental health by unreflexively reifying the very psychotherapeutic, empty self that justified the ideology of consumer driven liberation in pop culture psychology. As the attention economy continues to monopolize introspection and expand the wellness industry into the twenty-first century, the moral narratives of mental health that have survived the secularizing gaze of biomedicine reflect neoliberal apoliticism and individualism more than ever. My field sites illustrate how the Buddhist therapeutic secular has promoted a comprehensive interactionist, historical, and culturally-grounded model of the mind and self in order to re-politicize systemic forms of suffering—something that mainstream psychotherapy has historically been silent about.

When neoliberalism masquerades as a biomedical, psycho-medical, or sociomedical science, it adopts the objective ethos of secularism to hide the moral narratives of mental health that it mobilizes in the public sphere. Contemporary psychotherapy is guilty of framing itself as a universal, liberationist enterprise operating irrespective of moral, religious, or political creed. Doing so only reproduces the status

[391] Ibid., 278.

quo by fortifying the therapeutic, masterful, sovereign, and empty, neoliberal self through the medicalization of "normal" and "abnormal" social behavior according to interior states of mental health and illness. A product of self-psychology and group-psychotherapy, the Twelve Step programs that were invented the late-twentieth century featured apolitical and universal psychiatric models of addiction and nonsectarian (Christian) spirituality that engendered a pro-neoliberal moral narrative of mental health similar to that of the mental hygiene movement.

This chapter frames the Buddhist therapeutic secular as a renaissance of introspection psychology and Harry Stack Sullivan's interpersonal self. The many problematic and dangerous ways that the Dharma has been rendered complicit to neoliberal, self-help models of consumer liberation ideology has been well-described by critics. I argue, however, that at the margins of the contemplative movement, away from monastic and medical experts—where self-described "secular *saṅghas*" hold spaces for Dharma shares—peer-led Buddhist therapeutics emerges as the premiere site for the construction of anti-neoliberal moral narratives of mental health. In the following chapter, I examine the ways that my field sites have embraced the moral and political by collectively authenticating intersectional experiences of discrimination and structural inequity and by enabling social activism as part of the social territory of mind and mental health care.

I. Wake Up California *Saṅgha*

Preventative and long-term mental health care are dependent on interventions and resources that target multiple determinants of health. A recent study by the World Health

Organization suggests that 30-55% of health outcomes are attributable to social and environmental factors—more than biomedical care services in many parts of the United States.[392] Medical experts and critics have long-agreed that biomedical and pharmaceutical services alone have a limited impact on long-term health and well-being. In 1971, preeminent social philosopher and Austrian Roman Catholic theologian Ivan Illich published the immensely popular *Limits to Medicine. Medical Nemesis: The Expropriation of Health* wherein he provides a scathing interrogation of the institution of professional medicine (i.e., biomedicine). In it, he warns that "the medical establishment has become a major threat to health."[393] This chapter's Dharma shares and interviews illuminate the powerful ways that social experiences and conditions—both traumatic and cathartic—have impacted the form and practice of community-based mental health care amidst the COVID-19 pandemic.

Below, I examine the ways that the interior and introspective experiences of mind are externalized and rendered visible via contemplative behavioral health care practices in my field sites. This chapter critiques the identity politics that arise out of the competing moral narratives of modern mental health in the production and performance of the Buddhist therapeutic secular. The ways that one's mind and self-identity are constructed based on social phenomena in my field sites problematize the pro-neoliberal apoliticism and psychotherapeutic, empty, consumer self that secular Buddhism is often accused of fomenting.

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[392] "Social Determinants of Health," Accessed September 8, 2022, https://www.who.int/health-topics/social-determinants-of-health.
[393] Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York: Pantheon, 1982), 1.

Jenae is in her late twenties, white, a professional psychologist, and is new to the San Diego chapter of Wake Up *Saṅgha*. She describes the trauma of being sexually assaulted by a close friend in her home and the powerlessness of having no recourse in the public sphere—legal or otherwise. She says,

> When we were reading about the idea of nonviolence—it's something I feel very conflicted about. I want to share a very personal and vulnerable experience I had; it's felt like something I can't work through. I was hurt by a close friend, one of my closest friends, someone who I really, really trusted. A good friend of mine sexually assaulted me while I was sleeping a couple of months ago. It was probably one of the most traumatic things that happened in my life because I trusted him. In some sense I've regained some power, but at the end of the day, he didn't really have to pay for it.
>
> I don't think the justice system is set up to protect women. I felt that I couldn't even report anything because there was no proof. I have a lot of hate for him and I don't think that that hate will go away until he's hurt. I don't feel like I can use nonviolence with this particular person because there's such an imbalance of power. I'm a psychologist and I know that when trauma occurs, a big factor in being able to work through it is the way that someone deals with the aftermath of the trauma symptoms. A lot of times it's trauma that hurts the most—it's the hopelessness after the tragedy kills us.[394]

Turning to the *saṅgha* is not only about coping strategies and emotional regulation. These Buddhist therapeutic spaces enable the negotiation of a secular mind of mental health that is inseparable from one's social life. Sexual assault is an assault on one's biological, psychological, and social person. However, because Jenae has no way of providing any scientific material evidence, her lived experience of injustice is illegible in the public sphere. Here, the subject of nonviolence acts is not a pacifying agent of pro-neoliberal apoliticism and individualism. Rather than treat trauma as an individual problem of nonattachment, nonviolence becomes a platform for members to speak out against

[394] Jenae, Fieldnotes by Steven Quach, Wake Up San Diego *Saṅgha*, January 26, 2021.

experiences of injustice that are silenced in the public sphere. For Jenae, the feeling of violence towards her assaulter is a natural symptom of trauma and worsened by the fact that he will never be held responsible by the law or in the public sphere in general.

Saṅghas members acknowledge the systemic inequity experienced by witnessing them in Dharma shares. One Dharma share about trauma and injustice often inspires others to share their recent or historical encounters. The snowball effect culminates in the collective authentication of structural discrimination without anyone having to give advice. Dylan is in his early-thirties, a first generation Vietnamese American, and now works in the Bay area. As an Asian American Buddhist, Dylan is impacted by the model minority stereotype at the intersection of race and religion. Thus, the pro-neoliberal moral narrative of mental health that so often depoliticizes and individualizes structural discrimination is confronted in his Dharma share. And while their experiences of discrimination in public and private spheres are collectively authenticated by their peers as social dimensions of their mental health—which necessitate social actions—incidences of discrimination are not always resolved because elsewhere in the public sphere, their cases are illegible.

Much like Jenae, Dylan returns to *saṅgha* meetings because it is one of few safe spaces where grievances about social issues that problematize the boundaries between public and private spheres of interaction are communally acknowledged. He details his continued encounter with racist harassment:

> I've been trying to let go of something that happened with this racist guy last year. Despite multiple interventions, this guy has been harassing me again over the past few months. Recently, before my final exam, he sent me a text and sarcastically wished me good luck. It was infuriating because I've been trying to do so many

> things to stop it and my friends have gotten involved, but he seems determined to invade my space. I feel like there's a fundamental thing about people not having respect for Asian Americans that's coming out. I wanted to let things go, but things keep coming back to me. I'm glad I can be in this space to breathe and remember that I'm actually safe.[395]

As a first-generation immigrant who moved to California in high school, Dylan experiences the kind of acculturation stress and discrimination that many Asian Americans members do outside of Wake Up *Saṅgha*. Acculturation (or acculturative) stress "refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process."[396] Because Wake Up *Saṅgha* serve a predominantly Asian American, especially young adult, Vietnamese American population, Dharma shares illustrating experiences of Asian American discrimination are a recurring theme. The pandemic made this evermore clear. That Dylan shares his experience with harassment in meetings is an act of resistance against the model minority stereotype that Asian Americans and Buddhist Americans are apolitical and individualize experiences of structural inequity. As is often the case, members like Jenae and Dylan come to the Buddhist therapeutic secular as a last effort to render visible their experiences and collectively authenticate their mental health as a (biomedical, psychology and) social phenomenon that unfolds in both private and public spheres.

If the form and practice of mind reflect, and impact the secular boundaries of private and public life, as I argue, then what moral narrative of mental health do Jenae and Tay's territories of mind echo in their desperate calls for justice? Sadly, it is one that

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[395] Dylan, Fieldnotes by Steven Quach, Wake Up San Diego *Saṅgha*, January 26, 2021.
[396] Scott Compton, Marianne A. Villabo, and Hanne Kristensen, eds. *Pediatric Anxiety Disorders*, 1st edition (London, United Kingdom: Academic Press, 2019), 461

reveals the social and deeply gendered and racial reality of abuse, injustice, suppression, and lifelong trauma. Over the last several decades, "trauma" has become a catchall phrase that designates a range of abuse and other unnoticed or unarticulated mental illnesses.[397] In clinical psychology, trauma "is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea."[398]

Some psychologists are beginning to critique the way that the term is being diluted to become a catch all term that signifies pain and discomfort. Psychotherapists have also warned that the increasingly exclusive reliance on trauma theory is an expression of neoliberal consumerism. Cushman explains that "post WWII era has been dedicated to building a masterful, bounded self, which many psychological theories believe develops through the ingestion and metabolism of proper emotional supplies provided from external sources, especially parents."[399] This biomedical brand of consumer self-liberation that frames historical background in which the Buddhist therapeutic production of secular mind intervenes. It is one that has historically de-politicized structural inequity by reducing and privatizing social problems into individual problems of mental health care.

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[397] Philip Cushman, Constructing the Self, Constructing America: A Cultural History Of Psychotherapy, First Edition (Cambridge, Mass.: Da Capo Press, 1996), 341.
[398] https://www.apa.org. "Trauma." Accessed February 8, 2023. https://www.apa.org/topics/trauma.
[399] Philip Cushman, Constructing the Self, Constructing America: A Cultural History Of Psychotherapy, First Edition (Cambridge, Mass.: Da Capo Press, 1996), 342.

Rather than reproduce the status quo by remaining silent as critics of secular Buddhist therapeutics might assume, Jenae and Dylan confront the individualist ideology of neoliberalism by bravely sharing their experiences in Dharma shares. *Saṅghas* hold safe spaces that collectively authenticate intersectional experiences of inequity that are illegible or silenced in under the gaze of pro-neoliberal moral narratives which individualize structural injustice within isolated and depoliticized minds and bodies.

Jenae (who is joining the meeting via cell phone at a public park) is retelling her story at *saṅgha* because it is not acknowledged in other public spaces secured by the secular. Like many other members who have experienced the kind social inequity that is unaccountable by the police and other judicial institutions, Jenae challenges the naïve idealism that fuels neoliberal Buddhist pacifism with real life experiences of structural inequity. How can we forgive these tragedies when there is no hope for justice? In reality, the pacification of Jenae' and Tay's need for justice is enacted, not by Buddhist therapeutics, but by the justice system which has failed to protect them as victims of sexual assault and racist aggressions.

While the Buddhist therapeutic secular is entrenched in Buddhist modernist discourses which lends itself to neoliberal cooptation, it illuminates the diversity of secular lineages that are produced in ways that enable public critiques of and resistance against neoliberal individualism, apoliticism and the consumer-driven, therapeutic, and empty self. Although my field sites have been shaped by and benefit from the neoliberal cooptation of Buddhist contemplative practices, members of peer-led *saṅghas* are far from the elite class of mindfulness leaders depicted by critics of neoliberal Buddhism.

Jaime Kuchinskas argues that the cultural changes initiated by the contemplative movement are driven by a "mindful elite" (e.g., professionals, intellectuals, celebrities, the affluent, etc.) or what some scholars have called the "new brahmins."[400] My field research uncover how Wake Up *Saṅghas* have engendered an anti-neoliberal moral narrative of mental health from the margins of the contemplative movement.

Amy is in her mid-thirties, Asian American, Buddhist, and lives in an intergenerational household. In this Dharma share, she describes her experience with filing a report with the police about sexual assaults that occurred more than twenty years ago. Amy too shares her journey as a survivor of sexual abuse and lifelong trauma in *saṅgha* because there are not many other safe, free, and peer-led, public spaces that collectively authenticate the complexity of unresolved trauma and support communal healing. Only after years of sharing with friends and a community of care did Amy choose to file the subsequent police report. Mainstream psychotherapeutic theories might suggest that trauma-based pathologies are caused by the consumption or internalization of unhealthy products or experiences—in this case, sexual assault. But Jenae and Amy are not simply victims who are helpless to prevent posttraumatic reoccurrences and then unconsciously act to liberate the therapeutic self by consuming healthy, introspective, or increasingly rare therapeutic experiences as commodities. I argue that, despite its overlapping genealogy alongside the many appropriations of Buddhism, the Buddhist therapeutic secular produced in my field sites illustrates the anti-neoliberal moral

[400] Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018), 262.

narrative from the margins of contemplative movement because it disrupts the neoliberal status quo. Amy's share is below:

> I'd like to share something I did last week. As some of you guys know, I brought up childhood sexual abuse a lot of times in this *saṅgha*, and it was very difficult for me to make this step. I had to really practice self-soothing. When I got to the police station, I had to tell everything in graphic detail, and I found myself having to leave my body because of that. I made the report for myself. It was an act of standing up for myself that hadn't been able to do when it happened throughout my childhood. The last time it happened was like over 20 years ago. So much time passes and you kind of think maybe it's not worth talking about anymore because it's been so long. But being in this *saṅgha* has been so healing because everyone brings their true selves to the *saṅgha* that I thought it was time.[401]

While the mindful elite remain unaware of their privileges and the negative long-term effects of their programs on structural inequity, grassroots organizations like Wake Up *Saṅgha* illustrate the pervasiveness of the anti-neoliberal moral narrative of mental health. At the margins of the contemplative movement—in communities of care that target traumatized and minoritized populations—the Buddhist therapeutic secular empowers its members to engage with community and wider social activism. In Plum Village, this tradition is represented by (Socially) Engaged Buddhism, a Buddhist social movement that emerged in Asia in the twentieth century. First coined by Thích Nhất Hạnh in the 1950's, the movement sought to apply the Dharma—especially its moral narratives alongside meditation—to the problems of modernity including social, political, environmental, and economic suffering.[402] I argue that Engaged Buddhist production secular mind engenders an anti-neoliberal moral narrative of mental health that critiques

[401] Amy, Fieldnotes by Steven Quach, Wake Up Long Beach *Saṅgha*, February 7, 2020.
[402] Plum Village, "Mindfulness, Suffering, and Engaged Buddhism," October 7, 2003. https://plumvillage.org/about/thich-nhat-hanh/interviews-with-thich-nhat-hanh/thich-nhat-hanh-on-mindfulness-suffering-and-engaged-buddhism/.

the model minority myth. It continues to be the lifeblood of affiliated *saṅghas* like Wake Up.

A social movement is defined by how they act "with some degree of organization and continuity outside of instructional or generational channels for the purpose of challenging or defending extant authority, whether it is institutionally or culturally based, in the group, organization, society, culture, or world order of which they are a part."[403] In *The Mindful Elite*, Kuchinskas describes aspects of the contemplative movement that sets it apart as a "new social movement." New social movements tend to act out the movement's tactics individually rather than in large groups, thus blurring the line between individual and collective. Rather than a formal hierarchy of membership They are likely to have a decentralized and segmented structure, members of new social movements may appear to be less unified because members come from different socioeconomic backgrounds. In Wake Up, members gather in local *saṅghas* because they share pragmatic, moral, social, and political values that are grounded in the Dharma and mindfulness training.

Alice is twenty-five years old, Filipino American, Buddhist and has been a part of San Diego Wake Up *Saṅgha* for a year, although she started attending meditation retreats at Deer Park since she was nineteen years old. Although Alice does not deploy the usual tactics associated with social justice movements (like civil disobedience and other radical tactics intended to disrupt the status quo), she relies on consensus-based tactics to

[403] Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out*, (New York: Oxford University Press, 2018), 12.

mobilize in public spaces as Engaged Buddhists. Critics argue that the mindfulness movement has typically lacked a broader sociological imagination about how they could address underlying root problems (like structural and institutional inequity) that systemically cause individual suffering. Are mindfulness communities of care merely pacifying individuals by helping them to cope with systemic stressors? Are they a part of the solution or the problem when it comes to social reform? As the facilitator this week, Alice begins by reading the updated Five Mindfulness Trainings which have been revised in light COVID-19 and these social justice questions it intensified below:

> We're going to start with a reading on the five mindfulness trainings. This revised version was written by ARISE *Saṅgha*, which stands for Awakening through Race, Intersectionality and Social Equity. They rewrote these and specifically called out the practice of five mindfulness trainings for a new paradigm for racial injustice in the global pandemic. It's my last day at my job. I think I just want to sit in that for a little while and just enjoy this. Excited to make some space for doing some work in racial justice. My partner is involved and I was helping organize some protests. I carried a lot of guilt in me because I wasn't helping, but I honestly didn't have any space for it. I was just barely keeping my face above water with work. There's this group called Asian Solidarity Collective that I found so if anyone's interested, reach out to me, I'll share my contact info.[404]

The role of Engaged Buddhism in racial justice is nowhere else more evident than in the revised version of the Five Mindfulness Trainings edited by leaders in the ARISE *Saṅgha* (Awakening through Race, Intersectionality, and Social Equity) Marisela Gomez and Valerie Brown in June 2020. In "Contemplations on the Five Mindfulness Trainings, A New Paradigm For Racial Justice and the Global Pandemic," Gomez and Brown make a clarion call to be "open to a new and deeper way of understanding the Five Mindfulness Trainings, guiding principles of mindful and ethical living, which call us toward

[404] Alice, Fieldnotes by Steven Quach, Wake Up San Diego *Saṅgha*, June 26, 2021.

individual collective awakening, compassion, and peace. […] We are called forward."[405] The five trainings are as follows: (1) Acknowledging beauty as reverence for life, (2) Belonging and connecting as true happiness, (3) Cherishment as true love, (4) Vulnerability as loving speech and deep listening, (5) Welcoming as true nourishing and healing. Each practice of mindfulness calls for the awareness of suffering caused by oppression, ignorance and aversion to social histories, the roots of systemic discrimination, and consumption of inadequate histories of racial forms of social segregation in order to commit oneself towards healing themselves and others in a collective awakening. The Five Mindfulness Trainings are the introspective foundation on which the anti-neoliberal moral narrative of mental health is mobilized in community engagement and social activism.

The Asian Solidarity Collective founded by Alice is one example of how *saṅghas* hold spaces to not merely cope but organize a community of likeminded individuals who are each involved in social justice at varying levels. Alice's collective helped to organize a fundraiser to support her friend's family who were affected by the riots during Black Lives Matter protests:

> "My best friend–she's Black and her family is from Nigeria. Her dad owned a pharmacy in the Bay and that was looted and damaged. I know her and how much she struggles with being Black in America. She has a younger brother and she always said that these pictures of men who are being killed look like my brother.

In a follow up interview, Alice was happy to announce:

> We were able to raise $10,000 for my friend! A group of us who were friends of the family created an Instagram group through the Asian Solidarity Collective to

[405] "June 2020 Special Newsletter – ARISE *Saṅgha*." Accessed April 2, 2021. https://arise*Saṅgha*.org/june-2020-special-newsletter/.

> help pay for the damages. One thing we found that was successful was that people would post on their Instagram story, "hey I'm trying to help this cause. You can Venmo me and I'll donate it all." That actually worked really well. It removed the step to go somewhere new, like a GoFundMe page, and you kind of got the friend credit because you know who donated.

In another Blooming Heart *Saṅgha* meeting, brother Thay Pháp Dung was invited to speak about what initiatives for community engagement and social activism are available to monastics and lay members at Deer Park. A *saṅgha* member asked how we can do better to fulfill our goals without relying on the kind of single-interest partisanship that divides Asian America. For example, Asian American communities are often divided on geopolitics related to China and communism between conservative Republicans and liberal Democratics. Brother Pháp responded:

> Engaged Buddhism begins with personal transformation, and moves to *saṅgha* building–community building, to collective awakening, which is Thay's (Thích Nhất Hạnh's) last movement. He turned his focus on world banks, public education, Wake Up schools, war and peace with Israeli Palestinians, corporations like google, interfaith exchange, science and spirituality, race and gender equality, etc. We go into these movements depending on what each brother/sister has an affinity to. Right now, we'd like to move into media and have retreats for journalists and people in media. […] I just want to share with you all these movements within Deer Park because we do it with the insight of interbeing, and you can too.[406]

Brother Pháp admits that his father is a Trump supporter and that it is not his job convince his father otherwise. It is his job to be more engaged with the public sphere than his father by participating in social movements directly rather than simply voting for the lesser of two evils. For Brother Pháp, the diverse *saṅghas* that Plum Village fosters at Deer Park Monastery provides a central hub and organizing space for the members to

[406] Br. Thay Phap Dung, Fieldnotes by Steven Quach, LA Blooming Heart *Saṅgha*, January 10, 2021.

mobilize as volunteers in whatever social justice movement they have an affinity towards. Resources and literature for silent marches, meditation sit-ins, conflict resolution, and listening circles for healing racism have become especially popular on the Deer Park and Plum Village website, as well other social media platforms like Wake Up's Facebook and Twitter pages. As a religious organization that supports secular outreach, Deer Park's goal with Wake Up *Saṅgha* is to transform individuals' beliefs, values, and behaviors through mindfulness training by offering resources and avenues for social justice action in the public sphere.

In *American Dharma*, scholar of Religious Studies Ann Gleig describes three trends in the era of postmodern religion: (1) the resurgence of religiosity, (2) the invention of innovative forms of deinstitutionalized spirituality, and (3) the relocation of religion to secular public spheres.[407] Of these, the second and third trends are most relevant to my fieldwork because they describe "postmodern spirituality" and relocation of religion within the domain of the therapeutic secular.[408] From this angle, my field sites are the premier staging ground for the production of postmodern and post-secular religious activity.

Preeminent scholars of postmodern religion including Paul Heelas, Lynne Hume, Kathleen McPhillips, Courtney Bender, and Ann Taves have contributed much to the study of the second and third trends described by Gleig. Hume and McPhillips explain that postmodern religion is marked by fluid parameters, spiritual bricolage and

[407] Ann Gleig, *American Dharma: Buddhism Beyond Modernity* (New Haven: Yale University Press, 2019), 10.
[408] Ibid., 11.

inventiveness, and discovery of the sacred in unlikely places.[409] Similarly, Bender and Taves describe the "deregulation" and "dedifferentiation" of religion occurring outside of conventional religious places, like churches and temples, in the public sphere.[410] My data reveals that these two trends overlap and blend in the production and performance of the secular mind of mental health in Buddhist therapeutics. As a secular branch of Thích Nhất Hạnh's tradition of Engaged Buddhism, Wake Up *Saṅghas* are made up of members who primarily identify as "Buddhist," "secular Buddhist," "secular," or sometimes "spiritual." These practitioners conceive of pluralism as an essential aspect of modernism. In these contexts, my field sites produce the secular mind of mental health.

For Jenae, Amy, and Dylan, *saṅghas* hold spaces to deploy the Five Mindfulness Trainings in the social lives of members whose experiences of structural inequity have been de-politicized, individualized, and silenced in the public sphere. Alice's meditation and Dharma share illustrates how spaces designed for secular mindfulness training enable practice-based identity and consensus-based and tactics to activate individuals from within the contemplative movement. Below I turn to excerpts from interviews with Chrysanthemum, Neil, and Anna to illustrate how the model minority myth is being confronted by *saṅgha* members as Asian American Engaged Buddhists. In this way, the secular therapeutic space of my field sites performs the function of a central hub for the mobilization of the anti-neoliberal moral narratives of mental health at the margins of the contemplative movement.

[409] Ibid., 10.
[410] Ibid., 11.

Chrysanthemum is a first generation Chinese American in her early fifties who works in content marketing. I asked her and the other members about the model minority myth in light of the COVID-19 pandemic, Black Lives Matter protests, and anti-Asian hate crimes. Chrysanthemum emphasizes the problem of historical amnesia that Asian Americans conveniently remain silent about when it comes to our role in civil rights activism. She describes the apolitical survival mentality that her parents imparted to her:

> At first when people were rushing to the stores, I thought why are people freaking out. When I finally did go to the stores and everything was gone, it reminded me of what some of our elders had gone through. I got a taste of the instability of life my parents must have experienced having to fight the Japanese, escape communist China, and fleeing to Taiwan. When I was growing up China was very behind and was not a threat. Now that China has become a threat to the U.S. because of COVID, because of the trade wars, I feel like I've become a threat to some people just because I'm Asian. I think survival is deep within the psyche of Asian Americans–don't make waves. The feeling of being a perpetual foreigner and needing to be accepted by white American gets in the way of speaking out against discrimination. We are invisible.
>
> I think Engaged Buddhism is one of the main tenets of Thích Nhất Hạnh's lineage. Even the five mindfulness trainings talk about engaging in the world at the risk of your own self. In our *saṅgha*, we held a six-month series on race that brought out a lot of difficult conversations. Now once of month, we have a week about Engaged Buddhism including strategies for non-violent communication, the climate, heritage, what Deer Park is doing in terms of social justice, etc. Because of the nature of the mindfulness trainings, dogma is not enough. You've got to continuously fight injustice in the world.[411]

Chrysanthemum's dissatisfaction with the silence towards activism that first generation Asian Americans have accepted in order to survive was especially resonate with *saṅghas* across Deer Park in 2020. Throughout these *saṅghas*, the stark increase in Asian hate crimes documented by organizations like #StopAsianHate, Stop AAPI Hate,

[411] Chrysanthemum, Interview by Steven Quach, LA Blooming Heart *Saṅgha*, March 8, 2022.

and local news became routine topics of Dharma shares. She goes to explain her involvement across Buddhist communities in LA in response to the overwhelming harassment and violence against Asian Americans in the public sphere, including her own Blooming Heart *Saṅgha*, who stood in solidarity with BLM by showing up, participating, and leading protests, marches, and sit-ins:

> I participated in BLM protests on June 6th 2020 in Altadena and June 13th with LACH *Saṅgha* and other Buddhist groups in downtown LA. I felt it was important to turn out in support of Black Americans, especially as an Asian American, and actively engage in civic society. While some in the Asian American community may hold a view that the BLM movement is "aggressive" while ignoring the blatant aggression and murder of Black Americans, there are those of us who are aware that systematic racism is all pervasive and affects us too. The recent acts of violence against Asian Americans are a clear demonstration that no matter how quiet and unassuming you are, racism will not leave you alone, and we must unite with other people of color to counter it.

Mindfulness groups like Blooming Heart *Saṅgha* holds secular spaces to dismantle the model minority myth and the ways it is deployed to silence the political frustrations of other minorities. It also provides a means for separate coalitions of Asian American and Buddhists communities to organize. Chrysanthemum's Dharma share illustrates how secular Buddhism is empowering Asian Americans to cast off the second-hand privileges afforded to them by of the model minority myth at the cost of our own visibility in the public sphere. Wake Up *Saṅghas* encourages its members to engage with identity politics and abolition by acknowledging their silence as Asian Americans and Buddhists in light of the resistance to silence that BLM protests against. Importantly, their actions highlight the extent that Engaged Buddhism fosters community engagement and social activism within local communities that extend beyond individual *saṅghas* within Deer Park.

Neil is a second-generation Vietnamese American from Wake Up San Diego who I first introduced in Chapter One. He describes his objections with a two-party system that makes strange bedfellows of white nationalists and conservative Asian Americans, including his father:

> The public health order to wear masks was controversial because of partisanship. The directive to wear masks comes from primarily liberal sources and the antipathy for wearing masks was from conservative-leaning Americans. It was wrapped up by the larger trend of conservative grievance against the idea that liberals know better and a pseudo-understanding of what the loss of personal liberty means. For them it means being told to wear a mask. It follows a larger trend of anti-intellectualism akin to anti-global warming sentiment. My dad is a Trump supporter but still wears masks. He's a part of the strain of conservatism in the Vietnamese American community. They don't have a rule against anti-establishment or anti-intellectualism, but there is a strong sentiment to have strict policies against China and for economic freedom.
>
> I don't think Trump support is intrinsically linked to white nationalism, just like abortion isn't necessary linked to white nationalism. But because of our two-party system, they're forced become aligned. I think conservative Asian Americans are ambivalent to white nationalism like white evangelicals who would not normally be aligned with Trump but find themselves supporting the same ticket based on their moral code because our political system is a zero-sum game. Most voters are single-issue voters and for Vietnamese Americans, it's about combating what they view as communism, China, the restrictions on their economic mobility, and unfair wealth distribution to other minorities. They'll align themselves with conservatism even if it includes white nationalists.[412]

Neil's father—a refugee from the Vietnam war who now runs a conservative radio program in Orange County—is a Trump supporter because he prioritizes an aggressive stance on the trade war against China, anti-communism, and neoliberal economics. Neil remarks, "it's almost part of the Vietnamese identity to be anti-China."[413] Both informants reveal the kind of transnational awareness of their immigrant homelands that

[412] Neil, Interview by Steven Quach, Wake Up San Diego *Saṅgha*, Zoom recording, March 8, 2022.
[413] Ibid.

inform their politics as Asian Americans. They highlight the single-issue tribalism that exists within Asian American communities and confront public discourses that portray Asian America as a monolithic category. In reality, the willingness to accept the imposed silence of Trump's white nationalism in order to achieve single-issue goals is symptomatic of Asian American communities that continue rely on the second-hand privileges of the model minority status.

In the course of my ethnographic research, the problems related to the model minority myth and its role in pacifying the Asian American community was heightened because of white supremacist rhetoric and policies instigated by Trump. I first met Anna in October at Wake Up Long Beach. Like many other chapters of Wake Up *Saṅghas* at this time, the topic of discussion mirrored the Sunday Dharma Talks that were streamed by Deer Parks Rain Retreat. Anna is a second-generation Chinese American in her mid-thirties whose parents are refugees from Vietnam. She is now a librarian at a university. In one interview, she describes the precarity of the model minority myth during the pandemic and the difficult negotiation of Asian American identity that takes place at Deer Park when one is left bereft of it. She shares,

> Asian Americans have always had a stake in racial politics in the U.S. whether we're willing to admit it. The model minority myth has allowed us a lot of unearned privileges but there are limits and negative effects on our mental health. A lot of white Americans will always see us as foreigners, outsiders, and traitors. A lot of the conversation around Wake Up for progressive and leftist Asian Americans has been about the need for solidarity with Black communities and how we need to cast off our role as model minorities in this racial hierarchy. Our demands shouldn't be for more police, for example, when we know that other minorities are negatively impacted by the police, including our Black communities.

> The rest of the U.S. wants to put us in this monolithic 'Asian' category but it really depends your ethnic identity, class, and historic relationships between your homelands. We're grouped together but we're more like alone together. For example, in Chinatown in LA [Los Angeles], many of the elderly live in SRO housing [Single Resident Occupancy] and so they're always exposed. Are we really engaging with each other across ethnic boundaries within these communities?
>
> I also think there's a difference in the ways generations experience racism. A lot of my older family members have experienced much harsher forms racism and had to have strong ties to their homeland for survival. Even though my dad didn't grow up in China, he's a Chinese nationalist and reads all the newspapers from China. We have this huge divide, not only between us and our elders, but also a cultural and media divide. Because I work in Orange County, I have a lot of exposure to the Vietnamese American community, and there's so much misinformation. Some of what I see in their local media is worse than Fox News. We're already living in different worlds within our own families and communities, let alone white Americans in the Midwest.[414]

These *saṅghas* secure spaces for to collectively authenticates the secular mind of mental health as a psychosocial phenomenon. For members like Anna, peer-led Buddhist therapeutics fulfills the role of a community-based behavioral health care space where anti-Asian discrimination, the model minority stereotype, and mental health can be discussed in tandem with each other. Elsewhere in the public sphere, these connections are illegible or worse, silenced as unrelated to mental health. In the years of my fieldwork between 2020-2022, the stress of acculturating as "perpetual foreigners" was intensified because of the racial tension amidst the COVID-19 pandemic. Rather than bracket it away and suppress it as unrelated to mental health, the lifelong and intergenerational distress of the acculturation process defined by the immigrant experience is at the fore of many of my Asian American informants' mindfulness training.

[414] Anna, Interview by Steven Quach, Wake Up Long Beach *Saṅgha*, Zoom recording, November 17, 2021.

Anna's *saṅgha* at Wake Up Long Beach is mostly people of color, many of whom are involved in activism and openly discusses social justice. She explains that before the rain retreats, they have had Dharma talks where they read passages from books like *The Inner Work of Racial Justice* by *Rhonda V. Magee*.[415] In the last year, Deer Park and the many *saṅghas* it oversees has strengthened their commitment towards breaking the silence that both Asian Americans and American Buddhists are often accused of preserving in the face of racial equity by critics of neoliberal Buddhism like Ron Purser. However, Anna makes clear that Deer Park is not immune to racial insensitivity, particularly when it comes to intergenerational relationships between Asian Americans. Like many of my other informants, Anna's first encounter with BIPOC groups and honest discussion about racial politics was through Deer Park. She recalls:

> I think Plum Village's involvement in BIPOC solidarity is a recent development. I was a part of several POC retreats a Deer Park when they were first getting started and it's actually been pretty tough to go to some of them because no matter what, they keep putting me in the Vietnamese group. No matter what I put, the organizers are like "oh you have a Vietnamese last name so we'll put you in the Vietnamese group." Because a lot of the monastics are Vietnamese from Vietnam, I think there's a kind of conservatism amongst monastics that parallels the cultural barriers between us and the elders in our communities. The monastics have a strong history of social justice, but I don't know if the tradition was really prepared to discuss the problems with the model minority myth and its part in racism.[416]

Anna's initial encounters with BIPOC groups in Deer Park several years ago and the decision of monastics to filter her into groups for Vietnamese Americans is a minor grievance but captures the sense of misplacement that many young Asian Americans face

[415] See: Rhonda V. Magee and Jon Kabat-Zinn, *The Inner Work of Racial Justice: Healing Ourselves and Transforming Our Communities Through Mindfulness* (New York: Tarcher Perigee, 2019).
[416] Anna, Interview by Steven Quach, Wake Up Long Beach *Saṅgha*, November 17, 2021.

today. It illustrates the increasingly outspoken desire of Asian Americans to align with people of color and the resistance they encounter within own communities. One of Ann's major grievances was with the way the Vietnamese American Dharma talks seemed to perpetuate certain model minority expectations of performing Asian American femininity—to be "modest" and prioritize family cohesion rather than fight over matters of politics, as if Anna's plight was separate from structural inequity of other BIPOC. Anna's experience reveals an underlying concern amongst many Asian Americans who fear that they may be coopting a civil rights movement that is not theirs or that they might lose their privileged status as model minorities if they get politically involved. Since joining Wake Up Long Beach, Anna has found a space within Deer Park where she can explore the reconstruction of her Asian American identity amongst peers who are collectively and intentionally to subvert the model minority myth. She now considers her initial BIPOC experiences at Deer Park, or lack thereof, as a part of the growing-pains that lay and monastics must endure to mature as Engaged Buddhists.

II. New York Zen Center For Contemplative Care

Much like the way that Wake Up *Saṅgha* enables secular outreach in the tradition of Plum Village and Engaged Buddhism, the New York Zen Center for Contemplative Care (also public-facing Zen Buddhist organization) lends its physical and virtual spaces and ethos to local secular *saṅghas* in exchange for *dana* (donations). My field sites demonstrate the ways that Buddhist therapeutics engage liminal spaces that problematize the reductionistic binary between the religious and secular. In reality, religious organizations like these relocate the secular within its institutional purview by hosting

multifaith (including atheism and secularism) branches that serve the day-to-day mental health needs of local communities. These institutional tactics to reclaim the social territories of mind from the secular modern signifies Gleig's third trend of postmodernity: the relocation of religion to secular spheres.[417] Although much of this process has been attributed to neoliberal Buddhism, I argue that the renaissance of introspection psychology and Henry Stack Sullivan's interpersonal self transpiring in the Buddhist therapeutic secular illuminates an anti-neoliberal moral narrative of mental health.

Jennie Livingston is fifty-five years old and is a Jewish Buddhist. Her Dharma share reveals the complex lives of individuals who are asked to cultivate compassion for their unruly mind and uncompassionate other. The lives of *saṅgha* members and their morality is inseparable from their lived experience of the public sphere. Buddhist therapeutic secular spaces such as these enable participants to trouble pro-neoliberal moral narratives of mental health in light of public acts of harassment and discrimination which are often left unaccounted for by judicial institutions. Rather than reduce Jennie's mindfulness practice as a tool that mollifies and interiorizes their social outrage, I argue that meetings support the empowerment of marginalized individuals to maintain their civil rights to exist in the public sphere. Jennies shares,

> Last night, my partner and I went to see the first play we've seen since COVID started with a performer called Christina Wong who did a one woman show called Sweatshop Overlord. It's about how, during the onset of COVID in Los Angeles, she started this thing called the Anti-Sewing Squad where she and a lot of mostly women sewed hundreds and then thousands of masks for all kinds of communities and healthcare workers. She talked a lot about anti-Asian violence and the violent verbal violence of the former president.

[417] Ann Gleig, American Dharma: Buddhism Beyond Modernity (New Haven: Yale University Press, 2019), 11.

> Today we went to watch and support the New York Marathon Run. A couple of years ago, my friends introduced me to cheering for the runners. It's beautiful. We're standing there and this random runner comes up to us and says, "You should be in church! Shame on you!" We look queer. This idea of befriend your mind and be friendly with the world from the compassionate meditation today is challenging because the world is one where you have to struggle to enact equanimity, where things that are joyful maybe troubling. I just appreciate the opportunity to breathe and practice Dharma while this is all happening.[418]

I argue that social practices—even choosing to exist in the public sphere—have political consequences. The assumption that Buddhist therapeutics avoids politics is untenable when located in the lives of marginalized peoples who embody and perform political resistance by returning to live (work, play, eat, and exist in general) in the public sphere in the face of discrimination. Thus, Jennie is not simply placating herself or commiserating with sympathetic peers in meetings. Her Dharma share renders visible the reality of inequity shared by minoritized groups and offers support to others who are similarly struggling to live in the public sphere for fear of harassment. Jacob too describes his difficulty with a meditation that asks one to cultivate loving-kindness because of a recent encounter with harassment at a public park. Peer-led Buddhist therapeutics is a social practice that is a technology of mind, and thus self, because the its anti-neoliberal moral narratives of mental health collude to resist the status quo maintained by the secular modern elsewhere in the public sphere. The therapeutic secular is often complicit to the social hierarchies of society. However, when the production of the secular is located away from the mindful elite and in peer-led Buddhist therapeutics—

[418] Jenny, Fieldnotes by Steven Quach, Karuna *Saṅgha*, November 7, 2021.

which largely serves BIPOC, LGBTQ+, and other minoritized communities—an anti-neoliberal tradition of the contemplative movement becomes clear.

> Today's practice was fruitful and challenging. I think I have an inverse problem to one that I've heard others express. It's extending loving kindness to the self that is just devastatingly difficult although it seems easier. I had some friends visiting and we went to a public park earlier in the late afternoon. In passing, some person was so annoyed with something that one of us did that he started yelling at us like, "you are bad people!" Very direct. One person in our group responded very gracefully, another a little less gracefully. Immediately in my mind, I found myself couched in layers defensive judgment about who this person was and how I was separate and different from them. Once I had the opportunity to reflect a little bit, it served as a reminder of how I tend to get stuck in building up my ego as a way to protect myself from self-doubt, hatred, or insecurity. I get stuck both ways and visiting this monument to some dead guy's ego and having this passer-by remind me, "hey, you're stuck in this too."[419]

Does the secular Buddhist therapeutic technology of mind merely pacify its practitioners like many of its unreflexive contemplative movement predecessors, thereby reproducing structural inequity and consumer-driven salvation? My fieldwork demonstrates that these non-specific accusations are tantamount to blaming victims of structural inequity for seeking out coping strategies when they could be actively initiating social justice reform. I argue that like other alternative or new social movements, the greatest impact of the Buddhist therapeutic secular is on the individuals' mental health. However, the absence of radical status-quo disrupting tactics is not indicative of pro-neoliberal complicity. Group socialization processes—especially the therapeutics of collective authenticity—enable practice-based identity making and consensus-based tactics that empower individuals to exist and participate as marginalized peoples in the public sphere. Their presence in the public sphere is itself an act of protest and subversion

[419] Jacob, Fieldnotes by Steven Quach, Karuna *Saṅgha*, October 17, 2021.

against the status-quo surely because their bodies and voices (BIPOC and LGBTQ) are an anathema to others who claim that their presence is anti-modern and should be policed.

From the perspective of s*aṅgha* members who have had to endure prejudice throughout their lives, the bigots they encounter in the public sphere on a routine basis represent a cognitive minority of the population. In his 1970 book, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural*, Peter Berger describes the "cognitive minority" as those who believe in some version of the supernatural, over and against a vast majority of those in society who do not, that: "those to whom the supernatural is still, or again, a meaningful minority—a very important consequence with very far-reaching implications. By cognitive minority I mean a group of people who views of the world differs significantly from the one generally taken for granted in their society. Put differently, a cognitive minority is a group formed around a body of deviant 'knowledge.'"[420] At the margins of the contemplative movement, my field sites engender an anti-neoliberal moral narrative of modern mental health wherein the most salient cognitive minorities in society are not necessarily the ultra-religious, but the ultra-bigoted and hateful. These cognitive minorities are often portrayed as having untreated mental illnesses or disorders by my informants.

Constance is originally from New Zealand but lives in New York half of the year for work. She has been a part of Karuna *Saṅgha* since meetings have moved to Zoom in

[420] Peter L. Berger, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural*, 1st edition (Garden City, NY: Anchor, 1970), 6.

2020. She is in her fifties, white, queer-lesbian, spiritual, and an environmental activist. In her Dharma shares, Constance connects her individual values with the *saṅgha's* anti-neoliberal moral narrative of mental health in the process of producing therapeutic secular discourses in ways that subvert apoliticism. In one meeting, Constance shares,

> What I'd like to share is that through this meditation and also through a spiritual practice I was doing just prior to it, I've gotten myself out of a funk. I hit a low where even my spiritual then I realized that I felt low because I was encountering a lot of people in my life, including family, spiritual groups, and social media, with strong views about the vaccination and it had a very negative effect on me. It took me into a heavy place, but I've come back up and the meditation reinforced that direction.
>
> I've just come through an incredibly emotional weekend. I'm keenly interested in politics and I've been meditating towards COP 26 (2021 United Nation's Climate Change Conference) and Glasgow go for an entire Fortnite through Friday. And then on Saturday I called some friends who came over. One of them helped me plant trees in the rain. I felt a great deal better because I did something very specific for the earth. On a Sunday, I also took action. I'm a member of the Green Woman's Network here, a New Zealand international group. When I reflected on how I positively altered the land, I realized that my actions gave me a solid place to stand. I found this meditation on touching the earth very illuminating.[421]

Constance reveals the ways that the majority of *saṅgha* members across my field sites are active participants against neoliberal apoliticism outside of *saṅgha*. Like the majority of informants across my field sites, Constance describes the negative emotional and spiritual impact of encountering aggressive anti-vaccination proponents. She returns to meditation communities of care to support her practice-based identity. It is the introspective foundation on which Constance initiates wider processes of social change outsider of meetings.

[421] Constance, Fieldnotes by Steven Quach, Karuna *Saṅgha*, November 14, 2021.

In this way, the Buddhist therapeutic secular functions as a boundary-defying space that bridges the rift between our moral interior and the supposedly amoral and rational, yet political, public sphere. As a therapeutic, contemplative practices support the holistic biopsychosocial (including spiritual and Dharmic) needs of individuals and thus fulfills a major lacuna in public mental health care—one that has been oversighted by the hegemony of biomedicine. The communal recognition of the social territory of mind enables members to reclaim their public identities as moral and political agents of social change. In recognition that the secular modern imposes and naturalizes the division of the secular mind of mental health into private and public spheres, the Buddhist therapeutic secular hold spaces to collectively authenticate members' multidimensional identity as a whole. To exist in the public sphere is to exist as a moral and political actor whose mental health is impacted by their experiences therein. The success of my field sites is owed to the collective cognitive dissonance that *saṅgha* members experience because of the absence of public spaces elsewhere that acknowledge this fact.

In the interview excerpted below, I asked Jacob to explain how he recognizes the progress he's making as a practicing meditator. He says,

> I notice when I'm making progress in meditation because things in the outside of my mind, outside of my physical body become easier. In terms of my interpersonal engagement, I am less anxiety driven, and throughout my life. I take my depressive and fearful moments less seriously and am less apt to act on them or allow them to create drama in my life. I would love to say that there's more joy, but I wouldn't characterize it as joy. There's more noticing of beauty, for example, moments of clarity of kindness that others extend to me. It's not happiness per se, it's not joy. It's something like peace, steadiness, awareness.[422]

[422] Jacob, Fieldnotes by Steven Quach, Karuna *Saṅgha*, November 19, 2021.

Jacob identifies his interior markers progress in exterior social interactions. His Dharma share illustrates that the social territories of the mind of mental health are fundamental to the production of the therapeutic secular. Progress with one's mindfulness, meditation, or other contemplative practice is measured in the interaction and exchanges that *saṅgha* members have in their day-to-day lives. Although unstructured and subjective, social phenomenon provide opportunities for introspection on how contemplative practices impact one's emotional clarity and regulation. Jacob continues,

> I think enlightenment is associated with the combination of conscious avoidance of evitable suffering and clarity regarding the continuous felt awareness of the oneness of the species and of everything that came out of the big bang—a strong sense of non-apartness. The recognition of a global, post-sovereign kind of catastrophe like the COVID pandemic drove home to me that we're in a context where institutions will continue the assault upon the rational, individual enlightenment, and upon sovereignty. The least I can do, and must do—in that context of the world outside of my mind and my inability to fully understand it or my insufficient power if I did understand—is to solve or avoid the worst of it in order to create openness, peace, and presence in the continuous, catastrophic drama that is endlessly playing in my mind. At least I can do the work here in my mind first so that I can cultivate the availability to participate in what has to be highly shared work beyond my mind.[423]

By participating in the production of a secular mind based on pluralism, introspection, and community engagement and activism in response to institutionalism, Jacob draws on the tradition of subversive social radicalism found in the *śramaṇa* period (c. 600-400 century BCE) of Buddhist India.[424] In addition, Jacob's description of enlightenment illustrates how the meaning of both suffering and healing are socially constructed in the production of the secular mind of mental health. The absence of this

[423] Ibid.
[424] Robert E. Buswell Jr. and Donald S. Lopez Jr., *The Princeton Dictionary of Buddhism*, Illustrated edition (Princeton: Princeton University Press, 2013), 19.

recognition in biomedicine has resulted in the paradoxical, yet ubiquitous, experience of treatment without healing (and the presence of disease without suffering).

By rejecting the patient's experience of living with or suffering from mental illness, disorder, or distress—especially in the public sphere—biomedical models of mind have been naturalizing the erasure of the social experience of mental health and illness. Thus, biomedicine problematically constructs objects of medical intervention without acknowledging the social role of suffering in the treatment of mental pathologies or fatigue. Importantly, this leads to the reproduction of the pro-neoliberal moral narratives of mental health. The Buddhist therapeutic secular satisfies this lacuna by producing a version of the secular mind that engenders an anti-neoliberal moralization of mental health. It is one that renders whole mental health as a biopsychosocial phenomenon that unfolds in and is impacted by both private and public spheres.

III. Recovery Dharma Global

In the same way that the secular demands the performance of amoral and apolitical objectivity and rationalism in biomedicine, politics in the United States public sphere has also portrayed itself as one absent of moral narratives, although the influence of Protestant Christianity forms the background of the mind and body politics found in mental health discourse. Critics of the contemplative movement accuse secular mindfulness communities of perpetuating this secular facade as a beneficiary of pro-neoliberal apoliticism and individualism, especially the consumer-driven culture to "vote with your dollar" and buy one's way to therapeutic self-liberation. On a panel voicing Buddhist opinions about the expansion of "McMindfulness" and its neoliberal agenda at

UCLA's Mindful Awareness Research Center, three major concerns were raised: (1) Mindfulness is a diluted form of Buddhism for the masses, (2) there is no ethical orientation to mindfulness, and (3) mindfulness fosters compliance with unjust social and economic systems.[425]

These critiques are relevant when located in public-facing secular organizations like Recovery Dharma Global because, unlike Wake Up *Saṅgha* and the NYZCCC, they position themselves outside of any traditional Buddhist lineages originating from Asia (aside from the Buddha himself). I argue, however, that the three concerns raised at the panel are addressed throughout my field sites and is especially salient in RDG because it receives scathing criticism from two sides. One is that the now international organization is unintentionally reproducing the pro-neoliberal problems of the contemplative movement. The second is that, as community-based mental health support group for the treatment of a range of addictions, RDG is founded on the controversial codification of chemical addictions (substance abuse) and process or behavioral addictions (e.g., gambling or sex addiction) as forms of mental illness[426]—rather than social problems generated by structural inequity. Thus, it reproduces the objectification and interiorization

[425] Jaime Kucinskas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press), 63.
[426] The American Psychological Association Substance Use Disorder as "encompasses varying degrees of excessive use of a substance, including: alcohol; tobacco; opioids; caffeine; cannabis; hallucinogens; inhalants; sedative, hypnotics, or anxiolytics; stimulants (e.g., amphetamine, cocaine); and more. Various mental health conditions, such as depression, may co-occur along with substance use disorder." https://www.apa.org, "Substance Use Disorder," Accessed February 10, 2023, https://www.apa.org/pubs/highlights/substance-use.

of certain deviant behaviors under the secular gaze of biomedical, psychiatric, and psychological sciences.

My fieldwork suggests that the oppositive phenomenon has been developing in Recovery Dharma Global. When located at the margins of the contemplative movement and recovery programs, the production of the secular mind of mental health illustrates a grassroots presence of anti-neoliberalism. RDG incorporates social models of mental health as central components of its this narrative. Isabella is white-Hispanic, in her mid-thirties, and describes the thematic experience of being mandated a Twelve Step, faith-based rehabilitation center because of the limited options in her city. Critics suggest that traditional AA and NA programs feature medicalized, and thus apolitical, models of addiction and the overt use of helplessness as a metaphor for recovery.[427] The addict is framed as utterly helpless in the face of substance abuse order—the ultimate consumer commodity—and is treated by surrendering to a "higher power" in order to cease consuming. Isabella shares,

> I had just got out of a recovery home when I first found out about Recovery Dharma and Refuge Recovery, I was in a court-mandated rehab and it was a faith-based; it was Christian. I grew up in a Christian home and I was educated about it. While I was in jail, I spent 15 months there and I read the Bible front to back. I went to AA and NA, but nothing really resonated with me. Even though I was not outspoken about my newfound resonation [sic.] with Buddhism—the precepts, non-attachment, and how it related to my recovery. The staff there had found out and kicked me out because I was not a faithful participant in their church services. You know, I'd close my eyes whenever they prayed, but there was never really a moment where I was doing what they were doing.
>
> They didn't like the fact that I was doing recovery my own way. It hurt my heart because I was gathering things from what they were saying, but they couldn't

[427] Philip Cushman, Constructing the Self, Constructing America: A Cultural History Of Psychotherapy, First Edition (Cambridge, Mass.: Da Capo Press, 1996), 342.

> understand that I chose a different way. So now I've been home for about a month and a half. I got kicked out about a month and a half ago for being behind on the rent and not actively being a Christian. I like attending these meetings (Recovery Dharma) because I feel like I'm at home again and I feel like I can actually be myself. Now I don't have to worry about going into meetings with people that I don't really identify with. Now I could just do my recovery on my own time. Thank you everybody in this community for being that support system that I need, even though I don't actively communicate with most of you. It's like I have a rehab family still.[428]

As a product of Buddhism modernism and the contemplative movement, RDG has been synthesized from a variety of Buddhist traditions—something which is ubiquitous in the Buddhist therapeutic secular. However, I argue that RDG (and my field sites in general) illustrate the diversity of ways that ethics and subversion of structural inequity are major pillars in the moral narrative of mental health that emerges out of the production and performance of the therapeutic secular mind. Isabella's introduction to the ethical precepts may be abridged, but they are at the fore of her interest in Buddhist therapeutics. She was removed from the rehab center even though she identifies as Christian because she arrives at the same conclusion as the critics above through painstaking experience. Isabella turns to RDG because she is turned off by the ways that Alcoholics Anonymous objectifies her addiction by framing it around a commodity—an exterior object—that she is helpless to reject unless she accepts God as part of her the interiority of her mind and mental health.

Intoxicating and addictive substances are portrayed as nearly all-powerful commodities, the insatiable desire for which can only be superseded by faith in God in Twelve Step programs. In RDG, however, addictive substances and processes are

[428] Isabella, Fieldnotes by Steven Quach, Guest Speaker Meeting, May 3, 2020.

dismantled of their overwhelming control over a person because the secular mind of mental health (the producer of that desire) is at the center of addiction and its deconstruction. Contemplative behavioral health care practices, like meditation, replace addictive behaviors as the ultimate commodity by producing versions of the secular mind that subvert pro-neoliberal apoliticism, individualism, and consumerism. The Buddhist therapeutic secular mind engenders an anti-neoliberal moral narrative of modern mental health—one rooted in the introspection psychology and the interpersonal self.

Jeong-ho, Daniel, and James are Asian Americans, which are a minority across RDG *saṅghas*. Their Dharma shares are clear examples of why participating in a public-facing community of peers with similar backgrounds and experiences of prejudice is itself an act of protest against the status quo. They describe the pervasive experience of feeling like an outsider at traditional biomedical institutions and community-based mental health programs, like Twelve Step programs, frequently described in Dharma shares by BIPOC. For Jeong-ho, the possibility of recovery was not made real until he met another Asian American in Alcoholics Anonymous before the start of RDG. Recovery Dharma Global is now Jeong-ho's primary recovery support group but makes the extra effort to continue attendance at his local AA group in order to show support for other Asian Americans who might also encounter the feeling of being out of place amongst a predominately white and Black community.

> When I first came into recovery, I wasn't sure if I could actually recover. In AA, at the time, all the people in the room where either black or white, and I was like, "it's not going to work for me because I'm Korean American." Then I met a Vietnamese guy in recovery. Sometimes it takes people who look like you to

> show you that this path works. I had the capacity to recover, but I couldn't do it by myself.[429]

Daniel is a second-generation Vietnamese American, twenty-eight years old, and started his recovery program in RDG one year ago after his addiction became clear as the result of a stressful job. Although Dharma shares typically discourage against "cross talk," or directly responding to another person's share (e.g., giving advice), themes related to identity politics and its intersection with addiction and recovery are encouraged. In response to Jeong-ho, Daniel says,

> Good to see you Jeong-ho. I absolutely relate to your experience with starting out in recovery and not seeing any other Asians. That's why I'm glad we have each other here in Recovery Dharma. Overall recovery has been going very well. I can't believe I'm at seven months sober! I was using a lot when I did not like my job at the time. I would just power through with willpower but then binge on porn, alcohol, and I just don't want that in my mind anymore.[430]

I first introduced James in Chapter Two. Like Jeong-ho, James is a member of multiple community-based recovery programs. Although AA communities has turned James away because of the lack of Asian American representation, and discussion about BIPOC concerns in general, he continues to attend Narcotics Anonymous because his local group has been more amenable to talking about the role of identity in addiction and recovery. The Buddhist therapeutic secular provides a solution to the historical failures of AA and NA, which can be exclusionary towards non-Christians, LGBTQ+, and BIPOC. He says,

> I couldn't stay in Alcoholics Anonymous anymore because they didn't want to talk about how race affects our addictions. I'm still in Narcotics Anonymous because they've been more open to it, although we're still a minority. And this is a perfect supplement because my therapists encouraged me to continue a meditation practice. Coming to these Zoom meetings makes it pretty easy for me

[429] Jeong-ho, Fieldnotes by Steven Quach, Walking the Eightfold Path *Saṅgha*, May 2, 2020.
[430] Daniel, Fieldnotes by Steven Quach, Walking the Eightfold Path *Saṅgha*, May 2, 2020.

> to meditate almost every day. I could do it from my own bedroom. I can recover with people who look like me (Asian Americans). It's nice because the approach is very gentle, compassionate, and that's okay. This is where it's at because I get to talk about childhood traumas, childhood sex abuse, using opiates, coffee addiction, and eating sugar too much all in one place and I love it.[431]

One of the major differences between normative recovery programs and the Buddhist secular therapeutic recovery programs illustrated above is the way that diverse addictions are all equally objects of consumption and abuse. In RDG (and my field sites in general), all addictions including non-substance or chemical related behavioral or process addictions are considered objects of therapeutic interventions. Under the anti-neoliberal moral narrative of mental health engendered by RDG, meetings address a wide range of addictive objects, both exterior and interior, as constructs of desire or attachment, the seed of addiction. The plurality of addictions that are welcome as part of a unified approach to long-term recovery draws a more diverse membership, especially from BIPOC and LGBTQ communities that have traditionally endured isolation and prejudice in other intervention programs. With the diversification of membership comes the political and social dimensions of addiction that are illegible and silenced in other programs and communities of care.

Dharma shares in this chapter problematize the pro-neoliberal moral narrative of mental health historically engendered by Twelve Step programs. Their demand to manage a person's intersectional identity into separate and distinct territories of interaction in the public sphere 1reproduces structural inequity in mental health care institutions. The Buddhist therapeutic secular addresses the scientific materialist models

[431] James, Fieldnotes by Steven Quach, Noble Truth Inquiry *Saṅgha*, April 27, 2020.

of mind and the disjunctions in public-private self-identity. Thus, my informants are empowered to mend their identities by voicing and collectively authenticating the ways that social factors, like racism, impact mental health and long-term sobriety. Critics like Ron Purser claim that because secularized "Buddhist-inspired" programs, like Recovery Dharma Global, relinquish "all ties and affiliations to its Buddhist origins," it fosters an individualized "accommodationist" approach to change that focuses solely on relieving individual suffering rather than serving the collective good.[432] What Purser ignores are the lived experiences of historically marginalized peoples who seek out Buddhist therapeutic (or Buddhist-inspired) *saṅghas* precisely because elsewhere in the public sphere, their experiences with discrimination are depoliticized and dismissed as anecdotal aspects of their individual mental health care.

Below, Aaliyah, Willow, Violet, and Chakrika, who are all in their forties and fifties except for Willow who is in her twenties, describe how their addiction to alcohol is deeply rooted in the social negotiation of their racial identity as Black and mixed-raced people. For them, the call to serve their community and initiate society-wide changes is foundationless unless they form a community of peers to first address and potentially heal the lifelong impact of racial trauma on mental health left unrecognized by biomedicine and politics. It is first a communal obligation to share the burden of alleviating the suffering of mental illnesses because they are also products of one's social territory of mind. What separates these anti-neoliberal spaces from pro-neoliberal ones is not

[432] Ronald Purser, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality*, London: Repeater, 2019), 20.

necessarily the racial make-up of the *saṅgha*. Rather, the difference is based on how systemic discrimination and social hierarchies is confronted and dismantled of its power over its citizens. Aaliyah, Willow, and Violet have been in and out of various recovery programs throughout their lives, and have only recently felt comfortable enough to share their stories at Recovery Dharma Global and other similarly pro-BIPOC recovery groups. Safe spaces such as these are the foundation on which resistance, community engagement, and social activism may be enacted.

I first introduced Aaliyah in Chapter One. Below, she describes how her experience of race and addiction are linked:

> My addiction is based around my experience with my skin color. I was adopted and my family is white. I grew up in an all Jewish, white neighborhood. Through the taunting and teasing, I realized that I wasn't the same as everyone else, but it took my sister to point that out. When they started calling me a "nigger," I asked what that was and she said "oh that's because you're a different color." I think that was in kindergarten or first grade. When my recovery began, I couldn't share my challenges because when I'm talking about being ostracized and teased because of race, and 90% of the people in the room were white. I got comments like, "you should be grateful. You don't know where you'd be if they hadn't adopted you." Not helpful. Or "oh poor little thing;" not helpful. Then when I tried to find Black community, I wasn't accepted there either. I was told, "why do you talk like that!" I couldn't identify with the family structure or culture so I'm grateful to have found Recovery Dharma. Now today, I'm scared for my sons and daughter, and for me too.[433]

Willow is in her twenty-six years old, Black, and started her recovery in early 2020. Despite having started almost five months ago, Willow only now discovering programs that serve BIPOC communities. She says,

> I came here because I'm having a crisis with my identity and I'm in recovery from alcoholism. I've been working recovery in different programs and spaces over the last year, but they've all been very white. Then basically through Instagram,

[433] Aaliyah, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, June 6, 2020.

> someone shared a meeting for Black and mixed-raced women in my city. And it was amazing so now I'm looking for different spaces with people of color. I identify as Black and mixed race so I'm used to Black and Brown people. I'm glad that there's a space like this for so many different people in my usual social groups now.[434]

Aaliyah' and Willow's descriptions about their difficulty with sharing their stories in public settings, even communal ones designed for secular group therapy, illustrates how the of the pro-neoliberal moral narrative of mental health—and its legacy of racial inequity and white supremacy—impacts in the lives of those at the margins. RDG acts as a central hub for BIPOC communities to develop and enables the critique of recovery programs from a parallel, grassroots community-based mental health program. My field sites demonstrate that social transformation is inextricably linked to moral narratives about personal liberation. The Buddhist therapeutic secular centralizes Dharma shares around how the mind itself can heal the illness of addiction as a biomedical, psychological, and social phenomenon that unfolds in both private and public spheres. BIPOC *saṅghas*, in particular, interrogate how Buddhist teachings to transcend systemic discrimination have been met with conflict in the public sphere in ways that acknowledge the social causes or "triggers" of and conditions for addiction.

I first introduced Chakrika in Chapter Two. Her description of turning to Buddhism and Buddhist therapeutics clearly reflects the development of a minority of LGBTQ+ and BIPOC pushback against pro-neoliberal moral narratives of mental health in recovery spaces that depoliticize and individualize the impact of gender and race politics on addiction and recovery. Chakrika shares,

[434] Willow, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, May 9, 2020.

> I find that other recovery programs are majority white people and I can tell that I've always held back some part of me from sharing. I didn't feel like I could be my authentic self, that I would be judged as a racialized person, that I would be misunderstood. Sometimes, race has factored into my addiction so I'm looking for a place where I can let my heart soften and feel the safety of being able to look around brothers and sisters that resemble me, and have a sense of what it feels like to walk through this world like me.[435]

> When I first starting going to Twelve Step meetings twenty years ago, I was freaked out because it was completely white. It couldn't work for me. I got my recovery in the rooms of Buddhism because I was involved with friends at the Western Buddhist Order, and although it wasn't racially diverse, it was very queer. I had my little posse of people of color who would go on retreat together and freak people out. I feel quite moved because I really wanted something that would be accessible for people of color, and I thank the Recovery Dharma for actually being receptive to change.[436]

The goal of BIPOC *saṅghas* goes beyond the treatment of addiction. Rather than amplify systems of suffering, it dismantles them by preparing members to weigh the shortcomings of their communities when it comes to the liberation of Black and brown minds and bodies. This is because addiction and systemic racism are interlinked. Unlike other *saṅghas*, BIPOC (and LGBTQ+) groups across my field sites acknowledge that whiteness is a social ego that is void of inherent identity much like the personal ego. In *Radical Dharma* (2016), Lama Rod Owens explains that "just as the ego-mind is a construct that constantly reinforces itself—building structures and systems of control and developing attitudes and views that maintain its primacy and sense of solidity so that it can substantiate its validity—so, too, does this construct of whiteness. One could call it the Mind of Whiteness."[437] In recovery programs, the Mind of Whiteness is ever-present

[435] Violet, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, June 6, 2020.
[436] Chakrika, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, June 6, 2020.
[437] Rev angel Kyodo Williams, Lama Rod Owens, and Jasmine Syedullah, *Radical Dharma: Talking Race, Love, and Liberation,* Illustrated edition (Berkeley, California: North Atlantic Books, 2016), xxvii.

in the pro-neoliberal moral narrative of mental health and has necessitated structural action from within the organization.

In April 2020, a young Latinx woman in college made a post on the "Recovery Dharma Global" Facebook page that drew controversy amongst its administrators and followers. In all caps and rainbow dragonflies instead of exclamation marks, Mia posted, "do we have any black, indigenous, people of color in the building??? Roll caaaaaaaaaaallllllllll." The post that immediately followed was, made by a middle-aged white male who wrote, "we have any white people here? Roll caaaaallllll?" Within a day, the post was completely removed by an administrator of the page because it was deemed inappropriate and divisive. The following is an excerpt of the argument between the white male, Nevim, and another BIPOC women, Jazmin, who came to the defense of Mia:

> *Nevin*: We have any White people here? Roll Caaaaallll?
> *Jazmin*: This does not look like wise speech. Your message sounds like you have a problem of society-wide marginalized peoples to publicly make their presence known or call to know of each other's presence, which is an act of loving kindness and compassion. Please consider wise speech before you continue.
> *Nevin*: Only whites can be racist I forgot. I must be blinded by all that privilege. I'm just curious why race is being brought up in this group as an issue AT ALL. that's all. This post was removed for a reason. Doing roll call for people of ANY color is unnecessary and creates further boundaries between race.
> *Jazmin*: Why are you committed to such harm causing. I have pointed out now multiple times your unwise speech is causing me and others harm.
> *Nevin*: I'm not causing you anything. If you choose to personalize MY opinion then that is your choice.
> *Jazmin*: Please call back to the practice, the 8fold path and review Wise Speech. Where is your compassion for the suffering?
> *Nevin*: You must really lose your mind when the Buddha tells us to leave behind all notions of Self and other, Gender and race.[438]

[438] Roll-Call, Fieldnotes by Steven Quach, Recovery Dharma Online, Facebook Page, May 1, 2020.

Purser argues that "decontextualizing mindfulness from its original liberative and transformative purpose, as well as its foundation in social ethics, amounts to a Faustian bargain. Rather than applying mindfulness as a means to awaken individuals and organizations from the unwholesome roots of greed, ill will and delusion, it is usually being refashioned in a banal therapeutic, self-help technique that can actually reinforce those roots."[439] However, within the organization of Recovery Dharma Global itself, BIPOC is an active bastion of resistance against the kind of structural discrimination that has often gone unacknowledged by Alcoholics Anonymous or Refuge Recovery. These critiques against Buddhism's complicity to neoliberalism are complicated when located at the margins of the contemplative movement, in the peer-led, Buddhist therapeutic secular spaces held for BIPOC, LGBTQ+, recovery, and end-of-life communities of care.

Unfortunately, the white fragility and pro-neoliberal racial politics that are expressed by Nevim and the administrator are symptomatic of addiction recovery programs, even ostensibly tolerant ones like RDG, because they remain overwhelming white.[440] Not only were Buddhist principles deployed to shame the Mia and Jazmin, they served as grounds for removing the post and thus silencing the voices of BIPOC. In the BIPOC board meeting that followed, Mia finally had a chance to speak for herself: "In

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[439] Ronald Purser, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality*, London: Repeater, 2019), 22.

[440] Ann Gleig has contributed much to the study of right-wing and alt-right sentiments and populations in American convert Buddhism. Her research describes these sentiment (the visibility of rhetoric such as "snowflakes," "politically correct," "postmodern identity politics," and "cultural Marxism") as a reaction to diversity, equity, and inclusion initiatives in Buddhist communities. See: Ann Gleig and Brenna Artinger, "#BuddhistCultureWars: BuddhaBros, Alt-Right Dharma, and Snowflake *Saṅghas*," *Journal of Global Buddhism* 22, no. 1 (May 10, 2021): 19–48, https://doi.org/10.5281/zenodo.4727561.

terms of being a healing, restorative community, we as BIOPOC should not be in charge of training white people to be better white people. I want to know that when we tell this person to get out that we're not just going to send them out into the world with no guidance, that no one is going to hold them accountable." After a week of debate between administrators of the Facebook page and the facilitators of the BIPOC group, the "roll call" post was reinstated. In addition, BIPOC initiated a group of white allies to help address future issues of discrimination and educate both members and administrators who may perpetrate them.

In BIPOC meetings, the emphasis on Black Lives Matter in the aftermath of George Floyd's murder enabled broader discussions about and invocations of other Black bodies that were murdered over the last several years and seemingly forgotten by the non-Black segment of the public sphere. Hailey is twenty-six years old, Black, and lives in Oakland, California and likes to go jogging after work at the bank in her neighborhood and local park. She shares,

> I run and that's kind of been my release other than meditation, getting out and into my body. The jogger who was killed, Ahmaud Arbery, has been on my mind. Again, thinking about running while Black, do I have to wear jingly things? Do I have to announce myself? If I startle with someone and something happens, am I responsible for the harm that comes to me because I didn't prepare myself for the suffering that comes with just being a black body in space. I think where I struggle is around the suffering that I know to be true versus the suffering that is imposed upon me just for trying to take care of myself. So I run with one earphone in just so I can hear in case someone or a car comes by. It's the balance of knowing what danger exists and then trying to be proactive, which is frustrating because I feel like I have to take so many extra steps to keep myself safe.[441]

[441] Hailey, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, May 16, 2020.

Jasmine is in her mid-thirties, Black, and has two children. Her children have a lighter complexion and are sometimes white-passing (meaning they may be racialized white and receive white privileges in the public sphere) because her husband is white, but Felecia fears about their safety nonetheless. She says,

> This is my first eight step recovery meetings, so thank you for the space. Obviously, suffering is inevitable in life, but I have been resentful of the universe for making suffering greater for people of color and women. That's one of the things that kept me drinking for so long, and I've been trying to get sober for five years. I had my second kid and I had terrible postpartum depression. Then came the Michael Brown's and the Freddie Gray's, and it was like the string of Black men getting shot. Here I am with these two little black kids, and it felt really unfair to have to worry so much. I know every mother worries about their kids, but I felt like I had this extra worry that was not validated by people around me. It felt really isolating. I've been sober for twelve days, and then Ahmaud Arbery happened. Normally, I would've used my anxieties, fear and discomfort as an excuse to drink, but I didn't. Even though it didn't happen to me, it could have happened to me or somebody in my family.[442]

Hailey' and Jasmine's Dharma shares illustrate how society-wide issues about racial politics impacts individuals who are separated by the tragedies in news media by distance but connected through shared experiences of racism in the public sphere. Their accounts demonstrate what other marginalized peoples have always encountered in the so-called "secular" landscape of public and private spheres. In reality, secularization has never ensured the fair and equal access to public spaces that its proponents claimed it has. Safe access to public spaces is privilege that some are granted based on the color of the skin, gender/sexuality, socio-economic class, citizenship, etc. Others, like Hailey, must take extra precautions in order to simply exist in public spaces, or otherwise face ostracization or conflict.

[442] Jasmine, Fieldnotes by Steven Quach, BIPOC *Saṅgha*, May 16, 2020.

In Recovery Dharma Global, Hailey' and Jasmine's fears are not merely listened to and placated as critics like Purser might assume. Racism is confronted and the possibility of healing the trauma of that racism inflicts is made possible through a group socialization process. Individual experiences of racism are reframed as an imposed suffering of out-group members that may trigger addictions for in-group members of BIPOC in a process that redefines the interpretation of their activities, events and identity according to a framework of the Buddhist therapeutic secular. Much like the group socialization processes of the civil rights that socialized a collective morality in safe spaces like basements or Black churches, RDG BIPOC meetings offers a place where emotional regulation and strategies for public engagement are shared and reinforced. The collective authentication of how racism affects each other's addiction enables members render themselves as authentic, meaningful, and coherent individuals who are empowered to reclaim their lives in the public sphere.

Conclusion

In this chapter I have argued that the production of secular mind of mental health expands beyond the interiority of our biology and psychology and well into exterior social territories that unfold in both private and public spheres. The role of social movements in the history of psychology, psychiatry, and psychotherapy in the United States is rich with examples dating back to the invention of "moral therapy" in response to the appalling and inhumane treatment of patients at psychiatric facilities in the early twentieth-century. Its evolution from moral therapy to the Mental Hygiene Movement to what is now Mental Health America illustrates the ways that medical definitions of

mental illness, disorders, and distress are reified in minds, bodies, and social behaviors considered too deviant or indecent for the public sphere.

In reality, these definitions reflect the biases of scientific sexism, racism, and classism. Although historians of medicine have done much to decenter the Euro-American Enlightenment canon and its prejudices, the ways that social factors, like racism, impact mental health is still highly controversial. Likewise, the efficacy of both community-based mental health programs and new social movements like the contemplative movement on individual mental health and social justice remains little studied. My research provides ethnographic evidence suggesting that preventative and long-term mental health necessitates a biopsychosocial approach that forefronts, rather than silences, the importance of its social determinants and resources.

Conclusion Chapter

The Buddhist modernist strategy to render Buddhism relevant in the contemporary era (beginning in the mid-nineteenth century) has had wide-ranging and lasting effects on the form and practice of contemplative communities of care today. As a new social movement that is founded in Buddhist modernism, the contemplative movement is often accused of profiting from the consumer-driven ideology of neoliberal capitalism. This neoliberal cooption of mindfulness training has normalized the most problematic and dangerous aspects of individualism and apoliticism. I argue that when located at the margins of the contemplative movement—in the Buddhist therapeutic production of the secular mind of mental health—two moral narratives of modernity emerge.

The Buddhist therapeutic production of the secular mind engenders two moral narratives of modern mental health. The pro-neoliberal moral narrative of mental health reproduces apoliticism and individualization of systemic inequity by pacifying its followers with the promise of personal salvation and peace. The result, according to critics, is the disengagement from their community, social activism, and the public sphere writ large. My field sites reveal a parallel anti-neoliberal moral narrative of mental health that re-politicizes the Buddhist therapeutic secular mind by collectively authenticating mental health (and its care) as a biomedical, psychological, and social phenomenon that unfolds in both private and public spheres. Elsewhere in the public sphere, mind is fractured and thus psychosocial experiences of mental health are often illegible or worse silenced.

My field sites demonstrate how the Buddhist therapeutic secular enables participants to render their mind of mental health whole again. Biomedical models of mind have historically been dominated by scientific materialist theories based on the Euro-American Enlightenment. By sequestering mind within the physical boundaries of the head brain, biomedical has unreflexively codified head brain modes of thinking (e.g., rationality, logic, and intellect) in the public sphere. The secularist assumption that the public sphere—wherein peer-reviewed science and politics takes place—is equitable because its citizens are compelled to act rationally is untenable. In reality, the privileges afforded to head brain rationalism reproduces structural inequity by policing non-rational thought processes and peoples in the public sphere. It naturalizes the illusion that recurring instances of non-rational behaviors, like hate crimes, are only a problem with individuals who have mental illness, rather than structural issues within society. When the language of mental illness is deployed against minorities, this pro-neoliberal moral narrative of mental health engendered by biomedicine suppresses grassroots outrage against social injustice.

In reality, rationalism—and other head brain activities—are not tantamount to mental health; the absence of rationality is not tantamount to mental illness. My field sites illustrate the ubiquitous presence of a three brain model of mind that includes the head brain, heart brain, and gut brain. By making whole their experience of mind in the practice of learning to listen to its signals from throughout the interior body, non-rational processes of thought (e.g., emotion and intuition) are repositioned from the private to the public sphere. My field sites illustrate how the location and meaning of mental health and

illness are based on a three brain model of mind that re-politicizes heart brain emotions and gut brain intuitions and behaviors in the public sphere.

The scientific materialist legacy of biomedicine looms heavily across the psychiatric and psychological sciences. Because the early development of psychology as a discipline demanded scientifically provable and reproducible studies, the role of the patient's subjective experience of living with mental illness, disorders, or distress has often been disregarded as superfluous anecdotal evidence of illness. In favor of the patriarchal expertise of professionals, psychology has inadvertently reified interior mental phenomenon without acknowledging the narrative experience of living with mental illness. Thus, the subjective role of introspection—and the belief that patients' can train their mind to be serviceable towards their mental health—has languished in the field of psychology until recently.

The early professionalization of psychotherapy attempts to remedy the cultural taboo against introspection psychology by codifying the empty self as the object of secular therapeutic intervention. Two major theoretical approaches attempting to solve the problem of the empty self had emerged. Between Henry Stack Sullivan's interpersonal psychiatry and Melanie Klein's object-relations theory, Klein's approach to self-fulfillment would emerge victorious and unintentionally fuel the rise of consumerism in the United States. I qualify this consumer-driven ideology under the pro-neoliberal moral narrative of mental health that has been made popular again at the center of the contemplative movement. At the margins, my field sites illuminate an anti-neoliberal moral narrative of mental health based on the contemplative science conviction that

introspection can be rigorously scientific and measurably beneficial to mental health. Furthermore, introspection is intentionally framed in terms resistance in my field sites. It is a platform for community engagement and social activism based on the Dharma. Thus, the Buddhist therapeutic production of secular mind represents a renaissance of Sullivan's interpersonal self.

Contemplative science—the most recent incarnation of Buddhist modernism—has contributed much to the secular ethos of mindfulness in biomedicine and psychology. As a new social movement, the contemplative movement has received scathing critiques about its role in pacifying the historically marginalized. My ethnographic research illustrates how the Buddhist therapeutic secular enables group socialization processes, especially the collective authentication of experiences of bigotry in the public sphere. Elsewhere in the public sphere, these experiences of systemic discrimination and how they relate to mental illness, disorder, and distress are illegible. Thus, my field sites empower members with practice- and consensus-based tactics to continue living their daily lives in the public sphere in spite of face of harassment. The presence of marginalized people in the public sphere is itself an act of resistance against the status-quo.

Because the model minority stereotype reproduces apoliticism and individualism at the intersection of race and religion, Asian American Buddhists are twice as impacted by neoliberal Buddhism. Under the pro-neoliberal moral narrative of mental health engendered by the Buddhist therapeutic secular, Asian American Buddhists appear to be extremely well-adjusted, resistant to a range of mental illnesses, and passive observers of

the public sphere. My field sites reveal the opposite is true. In fact, Asian American Buddhist have been some of the most outspoken and socially engaged proponents of the anti-neoliberal moralization of mental health.

One future area of study that my dissertation opens is the exploration how the model minority stereotype impacts the form and practice mental health care by Asian American Buddhist communities. Those affected by mental health disorders are often marginalized by the mind and body politics of Asian American mental health culture. I argue that the model minority myth reproduces structural inequity amongst Asian Americans suffering from mental illness at the intersection of race and religion. It renders invisible the relation between mental illness and the chronic stress of performing the model minority myth's unrealistic demands for the acculturation of Asian American Buddhists.

What moralizations of mental health—as a biological, psychological, and social phenomenon that unfolds in both private and public spheres—are being generated by Asian American Buddhist communities? By locating the psychosocial construction of mental "health" and "illness" in the idiosyncrasies of Asia and Buddhist America, I aim to describe how Asian American Buddhist ways of knowing and treating chronic stress-induced mental illnesses (e.g., anxiety disorder, depression, and substance abuse) are negotiated based on bricolage of moral narratives that emerge from an exchange of Euro-America, biomedical, Buddhist, and Asian medical discourses. In my next research project, I ask, does this process lead to the reproduction or dismantling of the model minority stereotype and its command over Asian American Buddhist mental health?

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