

REFLECTIONS

Incorporating Mindfulness in Secular and Spiritually Oriented Psychotherapy: Ethical Concerns

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Mindfulness has increasingly been incorporated in psychotherapy and spiritually oriented psychotherapy. This incorporation raises important ethical concerns for both practitioners and the psychology profession. Three specific ethical questions underlying the use of mindfulness-based interventions in psychotherapy and spiritually oriented psychotherapy are identified and examined, along with scope of practice implications.

Keywords: ethical concerns, mindfulness, psychotherapy, spiritually oriented psychotherapy, scope of practice

Increasingly, mindfulness has enjoyed considerable popularity in public awareness as well as in professional psychology. Not surprisingly, mindfulness-based therapeutic interventions have been incorporated in both secular and spiritually oriented psychotherapy. Presumably, this incorporation has benefited those clients. At the same time, it has raised various concerns, including ethical ones.

More specifically, this incorporation has been described as raising “ethical qualms” (Harrington & Dunne, 2015). A qualm is defined as a “scruple of conscience; a pang of guilt; a doubt, especially as to the rightness of one’s actions” (“Qualm,” 2007). We admit that we experience some doubts and discomfort—presumably these qualify as qualms—when we hear or read accounts of how some therapists use mindfulness with their clients.

It should be noted that an ethical qualm differs from an ethical violation, which is an “ac-

tion that violates the letter or spirit of an ethical standard of practice” (Sperry, 2007, p. 47). How does the clinical application of mindfulness create such a qualm? Might the concern really involve ethical violations instead of ethical qualms? Whichever it is, what is unethical about it?

We agree with Harrington and Dunne (2015) that the increasing usage of mindfulness-based therapeutic interventions requires critical analysis. In this brief essay, we have identified three specific ethical questions that probably underlie such ethical qualms. We contend that a thorough discussion of these questions and consensus are not only useful but also necessary for the ethical practice of both secular and spiritually oriented psychotherapy.

Three Ethical Questions

The first ethical question and concern involves cultural appropriation or misappropriation: Is it unethical to take a practice from one culture and use it—perhaps improperly—in another? For example, is the use of Native American sweat lodges by nonnative practitioners ethical? This form of cultural appropriation has sparked substantial controversy and gained national attention, in part because it has ended in death in a few cases due to improper facilitation (Lacey, 2011). According to the United Nations Declaration on the Rights of Indigenous Peo-

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ples, “cultural, intellectual, religious and spiritual property” should not be taken without a group’s “free, prior and informed consent or in violation of their laws, traditions and customs” (UN General Assembly, 2007).

Does Kabat-Zinn’s use of Buddhist practices in mindfulness-based stress reduction (MBSR) violate this principle? Some have said that it does not violate it because the practices he chose already came from Buddhist reformist schools that encouraged popular acceptance without strict adherence to tradition (Harrington & Dunne, 2015, p. 627). They argue that Kabat-Zinn was himself a Buddhist “insider” who introduced meditation to the medical world, not a physician or therapist who took it from another culture. How would it have been different had he not been an “insider”? To answer this ethical question, one has to address who rightfully “owns” mindfulness or whether or not mindfulness is something that even can be exclusively claimed by one group.

The second question that may be an ethical violation involves deception: Is it unethical to conceal the origins or true purpose of a practice? For example, it has been suggested that some Christian communities have rejected Benson’s relaxation response because it was covertly based on Hinduism, an “Eastern” religion incompatible with their own religious tradition (Harrington & Dunne, 2015). They point out that Kabat-Zinn “accepted the need to medicalize what he was doing . . . in order to avoid evoking specters of monks with shaved heads that might frighten many potential clients away” (Harrington & Dunne, 2015, p. 627). By intentionally concealing the Buddhist roots of MBSR, might Kabat-Zinn be behaving unethically? This brings to mind some of the ethical concerns regarding the use of paradoxical interventions in psychotherapy. If the ends are beneficial, does it matter how we get there? Do participants or clients always need to know the religious origins of the intervention? Does this answer change if the intervention is a pharmaceutical rather than a behavioral one?

The third question and potential ethical violation concerns mindfulness’s ultimate purpose or end goal: Is it unethical to change the original purpose or goal of a practice? This question lies at the heart of criticisms against the use of mindfulness for seemingly incongruent goals like “mind-blowing” sex and increased corpo-

rate profits. Recently, Bikram Choudhury, the founder of Bikram “hot yoga,” had his copyright application of the sequence of yoga poses used in his classes denied by a federal court of appeals (Lovett, 2015). Had he succeeded, yoga instructors around the country would have been forced to pay him a licensing fee or face charges of copyright infringement.

Beyond the purely legal considerations in this case, was Choudhury behaving unethically in his attempt to profit from a spiritual practice that is thousands of years old? Was it unethical for Benson to separate meditation from its spiritual and ethical foundations and repurpose it for purely physiological self-regulation? Similarly, does Kabat-Zinn’s MBSR violate an ethical principle because it medicalizes a spiritual practice, shifting the goal from enlightenment to stress reduction? Would the answer change if MBSR were offered to the public for free as opposed to charging money for the program?

The American Psychological Association’s Code of Ethics (American Psychological Association, 2010) may provide some direction. In deciding which parts of the code might apply to the debate about mindfulness, it is clear that many do not, unless an ethical violation can be identified. The concern about ethical qualms does not pertain to confidentiality, the rights of research participants, or dual relationships. What does seem to be in question are core ethical principles, not merely rules or standards. The five “aspirational” principles listed in the code are beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people’s rights and dignity. Of these, a few may be related to our qualms. Having *integrity* means to “seek to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology” (American Psychological Association, 2010, p. 3). Are clinicians who practice mindfulness-based interventions engaging in “intentional misrepresentation of fact” if they do not fully disclose the source of these practices? Moreover, do these clinicians violate the principles of *respect for people’s rights and dignity* by failing to secure informed consent? Does this undermine the individual’s “self-determination,” as required by the code? What about the “relationships of trust” demanded by the principle of *fidelity and responsibility*?

Adding the Scope of Practice Consideration

Before mindfulness became commonly utilized in psychotherapy practice, boundaries involving scope of practice were rather clear and straightforward. Not anymore. Scope of practice is an ethical consideration with legal ramifications and has become an increasingly complex and challenging consideration when interventions with spiritual or religious origins like mindfulness are involved (Sperry, 2012).

Scope of practice is a major ethical consideration in ethics codes of all mental health professions and is reflected in standards regarding the extent of formal training, supervision, and experience in a specialized area of professional practice. In addition, when it comes to documenting and billing for services provided, how interventions that have religious-spiritual origins are framed is critically important (Sperry, 2012). Depending on how mindfulness is framed simplifies or complicates matters. Does the provider frame and justify it as a spiritual intervention, a psychological intervention, or a psychospiritual intervention? For example, if mindfulness is framed as religious/spiritual interventions, it is likely to be outside the scope of practice for most psychologists and psychotherapists. If it is framed as psychological interventions and billed as a psychological service, a psychologist could possibly be practicing unethically for the reasons spelled out earlier in this essay.

While there is currently no consensus on the use of an intervention like mindfulness, McMinn (2009) has offered a useful framework for clarifying ethical practice involving spiritually oriented interventions. He contends that standards must be established at the boundaries of psychotherapy and spirituality. Standards for at least three considerations are needed: specification and justification of the interventions in the treatment plan, thorough documentation of the services provided, and accountability to licensing or other regulatory boards. Specifically, how does a psychotherapist address such ethical concerns?

Concluding Note

These are important questions that we believe that those who practice secular and spiritually

oriented psychotherapy would do well to consider. Equally important, we believe that it is incumbent on professional groups, like Divisions 29 and 36, to take the lead in achieving consensus on these questions and concerns. Doing so will not only benefit their members but also demonstrate the commitment of professional psychology to the welfare and well-being of the public. Granted, these are complex questions and concerns that deserve full consideration. There may not be a better or a more propitious time to address these concerns than now.

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