IS MINDFULNESS ENOUGH? THE THERAPEUTIC EXPERIENCES OF PEOPLE ENGAGING IN WESTERN BUDDHIST PRACTICES

BY

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THESIS

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ABSTRACT

To date, there has been no systematic investigation evaluating the strengths and weaknesses of Western Buddhist practice as a therapeutic intervention relative to other psychotherapeutic interventions. It is unclear why people engage in Western Buddhist practices, what they may be getting from these practices, or how Western Buddhist practices compare to psychotherapy outcomes. The answers to these questions may have implications for MBIs and the definition and applications of mindfulness as a psychological construct. The present qualitative study explored these questions by examining the experiences of 21 people engaging in Western Buddhist practices. Based on a semi-structured in-person interview and a constructivist grounded theory analysis of the data, three key themes emerged related to mindfulness and psychotherapy: (a) participants’ original and current motivations for engaging in Western Buddhism; (b) the outcomes of Western Buddhist practice; and (c) the juxtaposition of Western Buddhism and psychotherapy. Within the first theme, participants discussed being motivated to engage in their Western Buddhist-informed meditation practice to decrease suffering and increase physical and psychological well-being. They also practiced as a way to grapple with existential questions, and deal with their own mortality or the death of a loved one. The second theme, the outcomes of Western Buddhist practice, included three subthemes: positive psychological outcomes (including impacts on emotions, thoughts, behavior, and interpersonal relationships), negative outcomes (including negative mood, negative thoughts, and conflicts with other value sets), and positive Buddhist outcomes (including an increased experience of awareness, presence, and non-judgement, and a shift in the ways that attachment and impermanence are understood). Lastly, participants juxtaposed their experiences within Buddhism and psychotherapy, and discussed the ways that the practices were similar, different,
and complementary. Although participant motivations for engaging in and outcomes of Western Buddhist practice clearly parallel the client motivations and goals of psychotherapy, most participants saw their Western Buddhist practice as complementary to, but not as a replacement for psychotherapy.

*Keywords*: mindfulness, Buddhism, Mindfulness-Based Intervention, Therapy, Qualitative
DEDICATION

To the late Ray Spooner, who delivered over 2,000 babies in his lifetime and positively influenced many others. Ray was the kind of person who, when faced with a terminal illness and limited use of his body, decided it would be a good idea to bike across the country. He taught me how to make a proper cuppa, and made nightshade-free Indian food in heart-shaped crock pots. Although we never resolved our debate about the caffeine content of a ’pa vs. a cuppa, I hope this masters thesis will suffice. A dedication to Ray would not be complete without the words of LC.

So come, my friends, be not afraid. We are so lightly here.

It is in love that we are made. In love we disappear.
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CHAPTER 1
INTRODUCTION

The first article introducing mindfulness as a psychotherapeutic intervention presented mindfulness as a Buddhist meditation technique (Deatherage, 1975). Deatherage noted that mindfulness could be “compatible with either individual or group therapy and nicely complements most existing Western psychotherapies….it can serve well as a supplementary form of treatment in conjunction with…other forms of psychotherapy” (1975, p. 134). Since that time, many psychologists have shifted to understanding mindfulness as a stand-alone psychological construct, which Jon Kabat-Zinn famously defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (2011, p. 291).

Buddhist thought has nonetheless continued to influence much of the psychological literature on mindfulness. This has led to tensions about what role Buddhism should play in understanding mindfulness in psychology and what may be missing if psychologists do not ground the concept in Buddhist thought and practice (Kang & Whittingham, 2010; Mikulas, 2007; Sharf, 2015; Virtbauer, 2012; Williams & Kabat-Zinn, 2011).

Mindfulness in Buddhism vs. Mindfulness in Psychology

Central to Buddhism is a specific understanding of the nature of suffering, how it occurs, that it ceases, and how it ceases (the four noble truths). The process of the cessation of suffering is summarized by the eightfold noble path, which details eight aspects that lead to the ending of suffering. Mindfulness (Pali: sati; Sanskrit: smṛti) is one of the eight aspects of the path. Smr, the root of smṛti, means “to keep in mind” or “remember” (Dreyfus, 2011) and also points to the old English use of the term mindful, which was related to memory, recollection, and keeping
something in mind (Dreyfus, 2011; Sharf, 2015). Specifically, what is “kept in mind” is the nature of reality and the understanding that all things are impermanent.

Although distinct, Buddhist mindfulness is not a stand-alone concept, but is interrelated with other aspects of the eightfold noble path (Rāhula, 1974). For instance, another aspect of the eightfold noble path is right seeing. Someone who is mindful recollects the true nature of reality which leads to right seeing, seeing reality without delusion and with the understanding that all things are impermanent. As such, it is understood that a person with “right mindfulness” has also cultivated right seeing, speech, deeds, and so forth (Rāhula, 1974). Within Buddhist thought, the part (in this case, mindfulness) cannot be understood without the whole (e.g. the nature of reality) nor removed from the whole. Given that mindfulness is interrelated to many other Buddhist concepts, it is difficult to translate this Eastern and Buddhist term into a distinct and useable psychological construct.

In contrast to a Buddhist understanding of the term, mindfulness within psychology is a technical construct that, although correlated with other constructs, is conceptualized as distinct. The nearly exponential growth of mindfulness in psychology over the past four decades has led to an influx in mindfulness measures (e.g. MAAS, FFMQ, FMI, TMS; Baer, 2011; Sauer et al., 2013) and mindfulness-based interventions (MBIs), the two most widespread of which are Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982; Kabat-Zinn & Hanh, 2009) and Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2012). Meta-analyses have shown that MBIs reduce negative personality traits, decrease general life stress, and lead to sustained reduction of anxiety and depression symptoms (Chiesa & Serretti, 2011; Grossman, Niemann, Schmidt, & Walach, 2004; Khoury et al., 2013; Sedlmeier et al., 2012).
Although the increased attention to mindfulness has generally been considered beneficial, a portion of the articles on mindfulness in psychology presents a critical view of the phenomena. These articles explore problems with the operationalization of mindfulness as a stand-alone psychological construct (Grossman & Van Dam, 2011; Harrington & Pickles, 2009b, 2009a; Kang & Whittingham, 2010; Lutz, Jha, Dunne, & Saron, 2015; Mikulas, 2007; Sharf, 2015; Virtbauer, 2012), critique mindfulness measurement tools (Grossman, 2008, 2011), and highlight the limitations of using mindfulness without understanding it in a Buddhist context (Kabat-Zinn, 2011; Mikulas, 2007; Sharf, 2015).

One benefit of disconnecting mindfulness from Buddhism was that it allowed psychologists to translate a Buddhist concept into a therapeutic intervention without getting caught in the hermeneutic quagmire of translating all of Buddhist philosophy into a Western psychological context. Unfortunately, this disconnection may have led to a lack of clarity about the construct, its measurement, and its therapeutic application in psychology. Baer, a well-known mindfulness researcher and the developer of the Five Facet Mindfulness Scale (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), emphasized this point when she wrote:

It is possible that something important is lost when mindfulness is translated into Western psychological terms. If psychologists can understand more clearly what is lost, we may find ways to mitigate the losses and optimize our assessments and interventions, while maintaining a secular and scientific perspective (2011, p. 256).

It follows that if MBI teachers do not understand the Buddhist context of mindfulness, they may introduce a limited interpretation of mindfulness into psychotherapeutic contexts (Kabat-Zinn, 2011; Mikulas, 2007).
To date, there has been no systematic investigation evaluating the strengths and weaknesses of divorcing mindfulness from Buddhist thought and practice. By understanding mindfulness in the context of Buddhism, researchers may be able to expand and refine MBIs. For instance, Buddhist constructs such as insight (*prajñā*), are intertwined with Buddhist conceptualizations of mindfulness. It is possible that insight is a component of mindfulness or an outcome of increased mindfulness. Alternatively, extraneous information may currently be included in the psychological conceptualization of mindfulness. One possible extraneous aspect is “describing,” one of the facets in Ruth Baer’s Five Facet Mindfulness Questionnaire (FFMQ), which she defines as “labeling internal experiences with words” (Baer et al., 2008, p. 330). It is possible that this facet may be better explained by IQ, mild expressive aphasia, or a person’s expressive verbal ability rather than by the psychological construct of mindfulness. These examples are merely hypotheses, but they point to the need to further clarify what is meant by the term mindfulness and the outcomes of people who are engaging in mindful practices.

**Western Buddhism**

To understand what mindfulness might be missing, we must trace our steps back and understand where mindfulness as a stand-alone construct came from. Because the concept was largely drawn from Western Buddhism, this may be a useful place to start. Western Buddhism bridges Buddhist and psychological definitions of mindfulness. Within many Western Buddhist practices, mindfulness is seen both as part of the eightfold noble path and also as a specific meditation practice. As referenced by Deatherage (1975) in the first psychological article on the subject, mindfulness (*satipaṭṭhāna*) involves paying attention and contemplating bodily and mind sensations. Sharf called this interpretation of mindfulness, “‘bare attention’ or ‘present-centered awareness,’ by which is meant a sort of non-judgmental, non-discursive attending to the here-
and-now” (2015, p. 3). He ascribed this interpretation of mindfulness to Mahāsī Sayādaw’s definition at the end of the 20th century, which is recent in the context of Buddhist history. This understanding of mindfulness has become popular in the West, both in the context of Western Buddhism and psychological interventions.

For the purpose of the current study, Western Buddhism is defined as a practice focused on meditation, and less so on rituals and holidays (such as celebrating the Buddha’s birthday). Generally, although not always, doctrine is deemphasized, and Western Buddhism is secular and less connected to a specific lineage. When lineage is discussed, it’s often loosely related to a Western iteration of the Theravādan Thai Forest monk tradition, called Insight Meditation (Vipassanā) as well as certain iterations of Zen Buddhism. Coleman (2008) conducted a study of six different Western Buddhist meditation centers across the U.S. He found that the population was predominately White, were highly educated, and saw meditation and meditation retreats as central to their practice. Most were not raised Buddhist, and many still do not identify as such.

Given the definition of Western Buddhism and the results of Coleman’s study, it appears that Western Buddhism shares many commonalities with MBIs. Western Buddhists practice in the same geographical and historical context, are generally not raised Buddhist, and often see their practice as therapeutic. The fact that these individuals were not raised Buddhist leads us to ask, why do people who are not raised in Buddhist contexts turn to Buddhism? What may they be getting from their practice that they have not gotten from their childhood religion or a Western healing modality?

**Research Questions**

The goal of the present study is to learn more about mindfulness in Western Buddhist contexts, what people practicing Western Buddhism find beneficial about their practice, and how
Western Buddhist practice compares to MBIs and other psychotherapeutic interventions. Given the Buddhist origins of mindfulness, the focus of the current study is to examine: (1) why people are drawn to Western Buddhist practices; (2) the perceived outcomes of Western Buddhist practice; and (3) how Western Buddhism compares to psychotherapy and MBIs. By learning about the wellbeing and reported practice effects of people engaging in Western Buddhist practices, hypotheses may emerge about the broader potential and limitations of mindfulness in the context of psychotherapy as well as the potential for psychologists to learn more about healing processes from other Buddhist concepts.

We used a discovery-oriented qualitative research design to explore these questions. While there is utility in researching mindfulness through self-report measures and MBI outcome studies, something new may be learned by talking to people directly about their Western Buddhist practices. Until people are asked what they are experiencing, mindfulness researchers may not know what they could be missing. After this discovery process, findings may point to hypotheses that can be specified and tested in future research. Numerous psychologists have underscored the need for qualitative research about mindfulness to broaden and deepen the fields’ understanding of this phenomenon. Specifically, researchers have called for qualitative research to explore what Brown and Ryan (2003) called “the antecedents and phenomenology of mindful awareness and attention” (p. 844), to help psychologists theorize and understand mechanisms associated with mindfulness (Grossman, 2011; Neale, 2006), and to learn more about the practice effects of mindfulness (Grossman, 2011). To achieve this, we conducted semi-structured interviews and used grounded theory (Charmaz, 2006) to guide data analysis.
CHAPTER 2

METHOD

Participants

Participants were recruited in a Midwest town and a medium-sized Northeast city through fliers, public listservs, and in-person announcements in two Western Buddhist meditation groups, one in each region. They were eligible to participate if they were over 18, reported having a Buddhist/mindful meditation practice, and were willing to participate in an in-person, audio-recorded interview. Based on these criteria, 24 people were interviewed for the study. Three people were excluded from analysis; one because she was not engaged in any Buddhist practices and two because they did not have a Western Buddhist practice. Of the 15 participants from the Midwest, 9 participants were recruited from a Western Buddhist group where some of the researchers occasionally meditate. As such, the researchers knew some of the Midwest participants prior to the interview. In the Northeast city, the researchers reached out to a Western Buddhist meditation group. A gatekeeper of that group advertised the study to group members. Of the six Northeast participants, five were loosely associated with that specific meditation group. The other participants in the Midwest and Northeast were recruited through fliers and online advertisements. Participants were assigned pseudonyms to protect their identities.

Demographic information (reported in Table 1) was obtained from both the demographic questionnaire and the structured interview. At the time of the interview, the 21 participants ranged in age from 22 to 79 years old ($Mean = 50.1$, $SD = 16.2$). Two participants were born outside the U.S., and the rest grew up across the country. Similar to Coleman’s (2008) study of Western Buddhism, the participants were highly educated, predominately White, and had a range of religious identifications. Eight participants were women and 13 men. Participants varied in
regards to the length of their meditation practice, from less than six months to 50 years (Mean = 10 years, Median = 6 years, SD = 11.4 years). Sixteen participants had attended a meditation retreat. On a five-point scale, all but one participant reported that their meditation practice was either an “important” (4) or “very important” (5) part of their life. Although the study did not recruit for it, 17 participants had seen a therapist. Three participants had engaged in therapy for a few months or less, 6 for 1 to 5 years, and 7 for 5 years or more. Participants reported engaging in therapy for a variety of reasons, such as self-reported major depression and generalized or specific anxiety, problems in living, or exploring death, grief, and trauma.

Researcher Positionality

The study methodology and analysis were informed by constructivism, “a relativist position that assumes multiple, apprehendable, and equally valid realities” (Ponterotto, 2005, p. 129) as opposed to a single objective reality. Within constructivism, experience and certain personal truths are understood as individualized, and through engaging in social contexts, many truths are co-constructed. Authors are expected to discuss their positionality as a way to explain potential bias and subjectivity in the research process (Morrow, 2005). The first author’s research focuses on mindfulness and Buddhism as they relate to healing processes in psychotherapy. She is a doctoral student in clinical/community psychology, has led MBCT groups, and has engaged in Buddhist practices and study since 2010. She embraces a critical-realist paradigm (Cupchik, 2001), which bridges constructivism and post-positivism by acknowledging the existence of an underlying objective reality while still recognizing that social realities and personal experiences can be individualized and constructed. The first author created the qualitative interview, conducted the participant interviews, and conducted the analysis. She began the study critical of the erasure of Buddhism from mindfulness, but her perspective was
tempered and challenged through conversations with participants and through the data analysis process. The second author supported the first author with the analysis through regular meetings throughout the analysis process. He is an assistant professor in clinical/community psychology. He embraces a constructivist perspective with an interest in qualitative analysis, the critical studies of Whiteness, and the psychology of religion, but he does not engage in meditation practice. The third author, a professor of psychology, provided conceptual support and acted as a consultant for the axial portion of the analysis process. Her research examines the neurobiological correlates of emotional function, including the neurological and neuropsychological processes involved in mood and emotion regulation, the development of personality and psychopathology, and the interaction of emotional processes with cognition. She also has studied mindfulness, and has been engaged in Buddhist practice for 20 years. Overall, given that both Western Buddhism and MBIs are rooted in “postmodernist philosophical theories, such as constructivism, dialectics, and functional contextualism” (Harrington & Pickles, 2009b, p. 315), the authors decided a constructivist lens for the interview and analysis methodology would be congruent with the practices they are trying to understand.

**Interview Procedures**

The interview was developed to understand the details of participants’ meditation practices, motivations for engaging in Western Buddhist practices, and the role and impact that the practice has on participants’ lives. The interview protocol was piloted and refined with three Buddhist aspirant volunteers before interviewing participants for the current study. Comprised of two parts, the first section of the interview focused on the length, frequency, and type of meditation practice, as well as the details of participants’ most recent practice. The second section focused on participants’ motivations for practicing and the perceived effects of Buddhist
meditation, including positive and negative outcomes in interpersonal, career, and emotional domains. Participants also were asked about how their life experiences overlapped with meditation, their history of psychotherapy, and any convergences and divergences that they might experience between psychotherapy and their Buddhist practice.

Interviews occurred in a quiet location of choice by participants (ranging from participants’ homes and offices, reserved rooms in public libraries, or a therapy office room). Participants first gave their written consent and then engaged in completing a demographic questionnaire and the in-person interview. As part of the consent process, they were offered the chance to be entered in a raffle for a nominal monetary award. During the interview, participants were encouraged to provide concrete examples and to elaborate on their perspectives. The interviewer regularly summarized and reflected participants’ statements to ensure that they were clearly understood. When the interview was near conclusion, the interviewer shared a few of her thoughts and questions about Buddhism and MBIs. The goal was for participants to share their own thoughts and reactions on the subject, something they frequently did. This final portion of the interview helped to challenge the first author’s biases and clarify participant meaning prior to the analysis process.

After each interview, the first author wrote field notes about the physical presentation of the participants, the physical space in which the interview was conducted, and thoughts and reflections about the interviews. The length of the audio-recorded interviews ranged from 52 minutes to 133 minutes, with the average interview lasting 91 minutes (SD: 36 minutes). We used Oliver, Serovich, and Mason’s (2005) recommendations to guide transcription, which was conducted by four trained undergraduate research assistants. Response tokens (e.g. um, yeah, hmm) were included in the transcripts, but were removed in the results to increase readability.
**Analytic Strategy**

For the analytic strategy we used Charmaz’s (2006) constructivist grounded theory, in which themes and categories are developed through a systematic process of coding. We primarily used Charmaz’s approach to guide data analysis, where we summarized data in small initial codes, then thematically sorted within and between participants, allowing key themes and subthemes to emerge. The first author coded the transcripts in three phases: initial, focused, and axial coding. This process allowed for multiple readings of the data.

**Initial coding.** The first author initially coded incident-by-incident (Charmaz, 2006) where small units of text, usually a few lines or sentences, were coded. The goal of initial coding was to stick closely to the transcript, and provide a narrative summery of the content. For instance, Diane’s comment, “I think also, it’s really quite lovely to sit with another person” was coded as “Diane: Enjoys sharing practice with someone else.” 1,901 total initial codes emerged after the coding process was completed for the 21 interviews.

**Focused coding.** After initial codes were completed for each interview, the first author then conducted focused coding, which included sorting initial codes into thematic categories for each participant (Charmaz, 2006). To do this, initial codes were printed, cut, and physically sorted into thematic piles (i.e., the focused codes) (Ryan & Bernard, 2003). For instance, the initial code and quote from Diane noted above was placed into a larger pile with similar themes, creating the focused code entitled *Community Support*. For each focused code, all associated initial codes and corresponding direct quotations were electronically entered in Atlas.ti. Also, in order to define and dimensionalize each focused code (Charmaz, 2006; Fassinger, 2005; Yeh & Inman, 2007), a short description was written for each focused code to explain how a given participant met the focused code definition. This process of defining and dimensionalizing each
focused code helped to facilitate a comprehensive coding and analysis process (Fassinger, 2005; Yeh & Inman, 2007). Because the semi-structured interview questions were similar for all participants, some focused codes between participants overlapped and at times similar codes were used. However, focused codes were generated based on each unique interview. Throughout the initial and focused coding process, the first and second author regularly met to discuss the coding structure. At the end of focused coding, there were 407 within-participant focused codes across the 21 interviews.

**Axial coding.** Lastly, the first author conducted axial coding (Charmaz, 2006; Fassinger, 2005) in which the focused codes were sorted across all participants to create general themes. As a part of this process the second and third author provided feedback on the emerging axial coding themes. Overall, the purpose of the axial coding process was to further sort and refine focused codes into larger overarching themes. As a result of this axial coding process, multiple themes emerged. For the current study, we focus on three of the main themes that related to the research questions. Finally, throughout analysis, the authors engaged in what Fassenger (2005) called “a constant comparison method” (p. 160), in which the first author continually checked to ensure that the initial, focused, and axial codes remained consistent and closely related to the direct words of the participants. As part of a constant comparison technique, the researchers then returned to the transcripts after the final three themes were determined. This allowed for further sorting, clarifying, and defining the content of the themes that are presented in the results.
CHAPTER 3
RESULTS

The three themes explored in this paper include (a) Original and Current Motivations and Expectations for Practice; (b) Practice Outcomes; and (c) Juxtaposition of Buddhist Practices and Psychotherapy. As depicted in Figure 1 and explored below, various subthemes emerged within each theme. At times, participants shared opinions that fell into more than one subtheme. For instance, some participants discussed ways that psychotherapy and Buddhism were similar and dissimilar. In these cases, participants’ responses were analyzed in both subthemes. Finally, although our goal is not to give counts of participants, we use the following language to give readers a sense of how many participants discussed each theme. We state “all” or “all but one” if the results describe all or all but one participant, “many” or “most” if the results relate to more than half of the participants (11 to 19 participants), “some” for more than three participants but less than half (4 to 10 participants), and “a few” if only a small group discussed the subject (1 to 3 participants).

Original Motivations and Expectations for Buddhist Practice

**Increase psychological well-being and decrease suffering.** As part of the semi-structured interview, participants were asked what motivated them to start their Buddhist meditation practice and what they expected they would get from meditation. Participants reported being drawn to meditation to deal with suffering and to support their overall wellbeing. In fact, all but one participant cited self-care or general well-being as a motivation or expectation of practice. All but one participant also sought out practice to deal with emotional or physical suffering. For some, the motivation to begin practice was due to a personal crisis (including crises of identity, career changes, and anxiety about the safety of their family). Others, such as
Diane, directly stated that her motivation to practice was “to help relieve suffering.” Some participants found Buddhist meditation practice after searching for something to decrease their emotional distress. For instance, James said:

Throughout my life, I have been so disabled and inflicted with mental illness that I sort of have been wanting to try anything. I've been on every anti-depression [medication], books. I've done all kinds of therapeutic things. So mindfulness was just a logical progression of that. And the idea wasn't so much any particular expectation. It was just [that] I'm willing to try anything at this point and we'll see what happens.

**Existential health and dealing with death.** In line with decreasing suffering, participants sought out Buddhist-informed meditation to make sense of their own mortality or the death of a family member. Robert explained, “It's a weird thing to say but [practice is] kind of a preparation for dying....I think when practice is operating at it's deepest, it's really coming to...a sense of being mortal. A sense that this body and this mind will end at some point. And there's nothing that can be done about that.” While a few participants found meditation after dealing with the recent death of a loved one, others spoke about turning towards Buddhist practice as a way to deal with the idea of death. One participant (Charles) termed this “existential health,” which he defined as, “figuring out why I'm here and how to successfully navigate a crazy world. And successfully live and successfully die.” He believed that his practice helped support his existential health. Barbara thought along similar lines, but she called it “spiritual health.” Like many participants, she was originally drawn to her Buddhist-informed meditation practice to deal with mental and emotional suffering. However, over time, she began to see her practice differently:
Now it’s not just a coping mechanism. I think [meditation] is an investment. I intend to live a very long time...I want to live a good life, and not necessarily in the material sense. I want to age well. Which I suppose is probably a spiritual health thing...I wanna die well. That’s a spiritual health thing.

**Physical well-being and other reasons.** Many participants provided multiple motivations, some of which had little to do with mental distress. A few participants were drawn to Buddhist meditation to manage physical pain or cope with a physical diagnosis. For instance, Donna shared that she started meditating after “a period where I was having really terrible back pain and migraine-like headaches.” Some participants provided other reasons for beginning and maintaining their practice including an interest in Asian culture and thought, general curiosity, and an interest in exploring other religious traditions. Lastly, some participants were unsure of their goals, or said that they had no practice goals at all.

**Practice Outcomes**

Participants’ original motivations and goals when they started their Buddhist-informed meditation practice were often related to the practice outcomes they discussed. In order to organize these experiences, we grouped subthemes under psychological and Buddhist language. To group these subthemes, we generally relied on the language participants used to described their experiences. We worked to understand terms like "depression," "anxiety," and “equanimity” as the way that people understood and described their own experiences, which did not necessarily align with clinical or religious concepts. Although practice outcomes were generally positive, a few participants discussed negative outcomes of practice, explored below.
Psychological benefits. All but one participant used psychological language to describe a positive outcome related to emotions, thoughts, or behaviors, with each participant specifically discussing at least one positive emotional outcome. We conclude this section by discussing interpersonal outcomes, which relate to all three psychological dimensions.

Emotions. Participants discussed experiencing decreased negative emotions (e.g., anger, anxiety, and sadness) as well as increased positive emotions (e.g., calm, confidence, and happiness). Some participants’ reactivity decreased due to their meditation practice. A few participants provided the specific example of decreased road rage. Dennis discussed what would happen when frustration arose while he was driving: “The act of becoming mindful slowed down my pulse, my heart rate, my mentation. My mind got calmer, and I wasn't carrying that other driver in the incident [in my mind] for the next half-hour as I went home.” Like Dennis, a few other participants felt that their practice helped them become less irritated or reactive. Gary summarized this experience, saying, “my personality hasn't changed, but I'm not as responsive. I don't respond to the shame of my parents. And I don't respond so much to the praise of my parents. I'm grateful for each. And I recognize each. [I] don't tend to get super excited about things. I don't get super down about things.” This did not mean that practice increased apathy. For instance, Gary spoke about being less reactive to his teenage daughter, which he believed was useful for their relationship.

Some participants mentioned feeling less fearful or anxious due to their meditation practice. Prior to her meditation practice, Aideen experienced panic when flying: “I had to medicate myself up the wazoo to get on the plane and then try and hide the fact that I'm gonna be anxious.” Aideen is now fine traveling; she notes, "I do things that I didn't before. The anxiety, the panic's gone, and I've gone vacationing.” Aideen’s practice helped her become more
comfortable with uncertainty, and resulted in her feeling less nervous. Aideen was not alone in this experience. Benjamin also discussed how his fear of flying was somewhat ameliorated by his compassion meditation practice. Robert explicitly linked his decreased anxiety with his ability to let go of needing to be in control, by "just learning to be present with these emotions as they arise ... Also just an acceptance of certain things that are simply outside of one's control."

Beyond a decrease in negative emotionality, participants also discussed experiencing more positive emotions. Participants described feeling confident (Matt), happier (Matt, Scott, and Aideen), uplifted (Henry) and feeling “good” (Henry and Barbara), after meditation as well as generally. The most commonly mentioned positive emotion was increased calm, which paralleled participant discussion of decreased reactivity. For instance, after meditating, Joyce said, "I feel calmer...I don't get irritated as much by other people because often those irritations are self-perpetuated.” Most participants discussed feeling calm after engaging in their Buddhist-informed meditation practice, and some directly linked this calm to decreased reactivity.

**Thoughts.** Most participants mentioned a practice outcome related to a change in thoughts. While participants tended to discuss thoughts as they related to emotions or behaviors, some participants directly spoke about changing their thoughts or the way they understood their own thinking. Participants noted that their meditation practice led to decreased rumination and an increased ability to observe thoughts, de-emphasize the meaning of thoughts, and deal with negative thinking. Stephanie described all of these aspects when discussing the results of her meditation:

I was able to see my thoughts and to identify them...The messages I was telling myself before that all happened was just that "nobody cares about me, I don't matter, I don't belong, I'm unlovable." All those kinds of messages that before
meditation I was so wrapped up in. I really couldn't see myself as separate from those thoughts. And so I just learned through meditation to identify those thoughts. And now I can identify them really quickly. I was like “ok, there goes that judgment about me.” And then I can tell myself there's nothing wrong with me. And I don't ruminate as much now as I did.

Some participants also noticed a “trail of thoughts where one leads to the other” (Brian). By being more able to observe the nature of their own thinking, some participants articulated that they stopped “identifying so strongly with thoughts” (Robert), which led to participants feeling that they did not have to act on their thoughts (Charles). This shift in the way participants understood their thoughts impacted their behaviors, as discussed in the subsequent section.

**Behaviors.** Along with a decrease in negative thoughts and emotions due to their Buddhist-informed meditation, participants also noted shifts in their behavior. For instance, a few participants discussed a decrease in avoidant behavior, which also related to a decrease in avoiding difficult thoughts and emotions. For instance, because Benjamin and Aideen became less afraid of flying, they could travel more. Other participants reported a difference in habitual behaviors. For instance, a few participants discussed being more able to fall asleep and one mentioned a decreased need for sleep medication. Notably, a few participants attributed their decreased or eliminated need for psychiatric medication to the positive impacts of their Western Buddhist meditation practice. Some other participants discussed a decrease in addictive behaviors. One participant mentioned that his meditation practice helped him stay sober. A few others noted that their practice increased their awareness of their diet resulting in altered eating habits, with one participant (Robert) loosing substantial weight as a direct result of his meditation practice.
Interpersonal relationships. As part of the semi-structured interview, participants were asked if they experienced any difference in the way that they relate to people. Interpersonal practice outcomes included increased empathy, more skillful listening and speaking, increased comfort in social situations, and improved relationships. Most participants mentioned that their practice led to an increase in empathy, kindness, and care for others. Matt noted that due to his practice, his “relationship to people is less through the mind now and more through the heart.” He also noticed what got in the way of caring for others, and felt that he had become more “unconditionally loving towards everyone.” James related increased empathy with a greater ability to understand others’ perspectives. Along with this, participants described being better listeners and more careful about what they said. Barbara explained how her meditation practice helped her “recognize the feeling of trying to think about what you're gonna say next. As opposed to the feeling of stepping back and actually listening, without expectations.”

A few participants spoke about how they were more social as a result of their practice. Benjamin believed that he became "more initially outgoing. I consider myself an introvert, but with the metta [loving kindness meditation] practice I think I'm able to talk to strangers more easily.” Lastly, some participants mentioned that their practice helped improve their relationships. Gary said:

One of the clearest areas I can see the benefits of meditation is in my parenting. I've got a teenage daughter. And I don't react to her anymore. And that's a miracle. I'm aware that she's living her own life, and she's not living mine...I can experience her more lovingly. I can be with the girl who’s becoming a woman and making her decisions based on what she wants. And then I can be a resource to her and not a hassle. And I owe a lot of that to meditation.
In many of these examples, participants reported that meditation led to an increased understanding of their thoughts, behaviors, and emotions, which resulted in an increased ability to listen to and empathize with others.

**Negative practice outcomes.** Although the majority of participant-reported practice outcomes were positive, many reported practice outcomes that may have negative repercussions, including impacts on mood or thoughts, and conflicts with other value sets. Not all participants interpreted the below outcomes as purely negative. However, we categorized them as such because they have the potential to result in undesirable social or personal outcomes.

**Negative mood or thoughts.** Some participants reported negative outcomes related to mood or thoughts and some noted that meditation could be unpleasant. Michael succinctly encapsulated this when he said, “you're gonna find out very quickly that it's really difficult. And you're gonna find out that there's times where it sucks.” Meditation was especially distressing for some participants who attended lengthy meditation retreats. As Charles explained:

> It was insane. I thought I was gonna kill myself at some point because it was absolute silence in a room full of strangers, sitting for ten to twelve hours a day...When you're sitting there for forty-five minutes [at a time], you conjure up every sort of existential terror to keep from being bored. I would've rather been terrified about my girlfriend dying in a plane crash while I'm sitting here on this god-damned cushion, than just learning to sit here.

The experiences during meditation were difficult for some, but this did not necessarily relate to continued negative feelings after the meditation was complete. However, a few participants noted feeling sensitive or so calm after practice that they did not pay attention to their surroundings.
Conflicts with other value sets. Some participants voiced concern that their Buddhist-informed meditation practice conflicted with other value sets, including their social-justice orientation, social values and expectations, religious values and beliefs, and career goals. Given that some Buddhist practices emphasize an orientation towards one’s inner world instead of the larger social world, some participants voiced concern that Buddhist practice conflicted with a social-justice orientation. For instance, Joyce originally had difficulty reconciling certain aspects of Buddhism (e.g. acceptance) with her feelings about social justice (e.g. not accepting racism). Over time, she noted that she developed a more nuanced understanding of Buddhist ethics, which resulted in less dissonance between her Buddhist practice and other values.

Given that some people see Buddhism as a religion, a few participants who grew up in more religious Christian families experienced family conflict due to their practice. For instance, Charles thought his parents would say Buddhism has "been bad because it's led me away from the ‘one true faith’ [Christianity].” Other participants observed that their shift in behavior resulted in mild negative social outcomes. Although she was unconcerned, Stephanie found that people less frequently shared gossip with her. Gary used the following metaphor to explain his family’s frustration with his decreased emotional reactivity: "My family doesn't like it...If they can't poke a stick and get me to hop, I'm not a very interesting frog." Although his family was sometimes frustrated, Gary generally viewed his non-reactivity as positive.

Lastly, some participants found that Buddhist values were discordant with Western culture and capitalist values, especially concerning careers. For instance, Benjamin found that the Buddhist value of “right speech” was in direct conflict with his goals as a writer: “I believe that wrong speech is actually the way to get ahead. Vitriol and satire and snark; mockery. That's the way to get yourself known. And when you're nice it doesn't help. So that's a frustration.”
Naomi, an academic, also experienced this tension: “Scholarship can be very tedious, petty, ego-driven, fame-driven, greedy, attached.” Unlike Benjamin, Naomi found that her meditation practice was helpful in counterbalancing the ego-focused nature of her career. Despite the ways that Buddhism conflicted with other value sets, and sometimes even because of it, it is clear from the above examples that participants generally found Buddhist practice beneficial. Some participants did not report any negative practice outcomes.

**Buddhist practice benefits.** As noted earlier, there is a blurred boundary between “psychological” and “Buddhist” outcomes. However, for clarity we used participant language to group and classify certain types of outcomes as “Buddhist.” Also, because mindfulness (Pali: sati) is originally a Buddhist construct, we present mindfulness as a subtype of Buddhist outcomes. For example, the first few terms (presence, awareness, and non-judgment) overlap with language related to a definition of mindfulness, whereas the next few terms (equanimity, impermanence, and non-attachment) may not directly relate to mindfulness as a stand-alone construct. We relied on participant’s own definitions for Buddhist terms, which may not always parallel definitions found in Buddhist texts. Lastly, other Buddhist outcomes of practice (including increased gratitude, increased connectedness, increased compassion, and decreased “mind chatter”) will not be explored below, given that only a few participants discussed these themes.

**Presence, awareness, and non-judgment.** Participants described experiencing increased presence, awareness, and non-judgment as a result of their Buddhist-informed meditation practices. Some participants discussed feeling more present in their body, feeling more present in their emotional experiences, or being more grounded in the moment. Michael explained that the point of his Zen Buddhist practice was about “just being present. That's the basis of it. And
we'll do anything and everything to not be present, all throughout the course of the day.”

Because a person can only be present if they are aware of what is occurring in the moment, awareness is related to presence. Most participants who mentioned outcomes related to awareness described being more aware of their own thoughts, emotions, and behaviors as well as others’ emotions.

Participants spoke about non-judgment in two different ways, in terms of decreased judgment and increased acceptance. As a result of their practice, some participants were less judgmental towards other people’s actions or their own experiences. For some, non-judgment seemed to involve noticing their own judgments and investigating them. Barbara gave an example where she caught herself judging a parent, and then saying to herself:

Wait a minute. You're not the one actually there on the ground, with those actual kids going through the stress of being a parent 24/7...It's so easy to be a critic from the armchair...I don't have context for it, and do I really know what their entire relationship is? Who am I? I mean, would I do any better?

Most participants who discussed outcomes related to non-judgment also discussed acceptance. Although the language differed, participants discussed acceptance as an action of people who do not judge themselves or others.

Equanimity, impermanence, and non-attachment. Some participants spoke about experiencing increased equanimity as a result of their meditation practice, and in particular discussed feeling more neutral, centered, balanced, or more in “equilibrium” (Donna). Matt defined equanimity as, “less reactive, more relaxed, and more equanimous with sensations. So when I would experience some kind of difficult situation in life it just taught me to be more relaxed towards it.” Although only a small portion of participants mentioned equanimity, many
more participants discussed feeling calm, a term which shares many commonalities with equanimity.

Some participants spoke about shifting their understanding of impermanence as a result of their meditation practice. The concept of impermanence corresponds to the original practice motivation subtheme, Dealing with Death. For instance, Robert explains, “Buddhism brings in the fact [that] you're going to die. You're going to. Everyone you know is going to die. Everything you love is impermanent. And, [everything] you know will be separated from you at some point.” Robert’s explanation parallels Scott’s definition of the term: "Buddhism says that impermanence causes suffering, right? Everything in the world is impermanent. Nothing exists forever." Participants discussed their understanding of impermanence as it relates to the impermanence of thoughts and feelings, as well as more existential concepts related to their loved ones and themselves changing or dying. Diane discussed how her mother’s illness, aging, and other recent life changes has deepened her understanding of impermanence:

I think that for me the notion of impermanence...it didn't mean quite as much as it means to me now. I mean I didn't understand. I guess it feels a lot more real now. And I think I can see that this [meditation/Buddhist] practice and these teachings- I see the potential for them serving me in a deeper way as I get older and I start to see death more clearly.

Participants’ increased understanding of non-attachment relates to impermanence, as a person who understands that things are impermanent also understands that clinging to impermanent things causes suffering. As Henry explained, “Eventually you see how impermanent all things are. And then you become free of cravings and attachments, and everything that's holding you down.” Brian concretely explained this relationship: “What's today
is not gonna be here tomorrow. So accept it. Things may be good today, but they won't be tomorrow. Or things may be bad today, but they won't be tomorrow. And I think that's what has helped...Not attaching to today or not attaching to what is going to be tomorrow.” Aside from letting go of outcomes, participants also discussed non-attachment to thoughts and experiences, self-concept, and pleasurable addictive activities (such as over-eating and over-exercising). For instance, Joyce discussed “letting go of my middle-aged self and acknowledging my elder self.”

As reflected in most quotes in this section, equanimity, impermanence, and non-attachment are interrelated: If a person understands all things to be impermanent, he or she is less likely to be attached, and will therefore be more equanimous. The relationship between these concepts is not unidirectional. For instance, a person who is more equanimous may be less attached. Despite the linguistic disparity in the way that participants describe the effects of their practice, parallels can be drawn between outcomes described with psychological and Buddhist language. The tension between Buddhist and psychological motivations, outcomes, and ontologies will be further explored in the following section.

**Juxtaposition of Buddhist Practices and Psychotherapy**

Given that a large proportion of participants had been to therapy and many participants pursued Western Buddhist meditative practices to address psychological distress, participants often discussed the ways that their Buddhist meditative practice compared to psychotherapy. The 17 participants who mentioned that they had seen a therapist were asked if they saw any connection between their meditation practice and their experience in psychotherapy. Stories emerged regarding the ways that Buddhist-informed meditation compares to, contrasts with, and complements psychotherapy. Notably, a few participants meditated in both Buddhist contexts and through mindfulness-based intervention groups. Because the latter group was only a small
number of participants, the below examination predominantly focuses on juxtaposing Buddhist meditative practices with general psychotherapy, including both individual and group therapy.

**Similarities.** Participants observed an overlap between their Buddhist-informed meditation practice and psychotherapy. Some participants noted the overlap between the goals of therapy and Buddhist-informed meditation, with a few stating that they saw Buddhist practice as an alternative to psychotherapy. For instance, when discussing her experiences in therapy and in a Western Buddhist meditation group, Stephanie said “I see them all as the same...all the things that we talk about in Sangha [my Buddhist community], and things on [meditation] retreat are all consistent with what I learned in therapy...I feel like both were about alleviating suffering or being with suffering. And interconnectedness. And all the same principles I think were taught.”

The theme of alleviating suffering reappeared when participants discussed their motivations for beginning their meditation practices as well as when they discussed the impacts of their practice.

Some participants chose to meditate instead of seeking psychotherapy. For instance, after having an experience that resulted in emotional distress, Robert chose to begin his Buddhist meditation practice. When asked why he chose meditation whereas others often chose psychotherapy, he said, “I think in some respects it might have simply been a cost factor [and to] see if I can work through this. At least on my own before I seek help.” After negative psychotherapy experiences, a few participants turned to Buddhist meditation to deal with emotional distress that they had originally hoped to address in therapy. For instance, Scott was in group therapy and felt that, “I was too caught up in my own head at the time to really take advantage of that opportunity and gain insight from it....It's not helpful, so I'm glad that I don't do that anymore.” While Scott believed that therapy was quite different than meditation, it appears that this is because he did not find therapy useful. Scott’s statement that Western Buddhist
practice was different (therapy did not lead to insight) may show that the goals of insight-oriented therapy are actually quite in line with Western Buddhist meditative practices. Although many participants did not state similarities between meditation and psychotherapy or were not directly asked, these quotes demonstrate that at least for some there were parallels between psychotherapy and meditation.

**Differences.** While many participants noted similarities between Buddhist practice and psychotherapy, some participants believed that the two practices have distinct ontologies and different aims. Mary succinctly summarized this difference, saying, “one is more therapeutic and one is more spiritual or philosophical.” Beliefs concerning death and endings magnify the ontological differences between Buddhism and psychotherapy. As Gary explained, “I remember having sessions with my therapist and I remember having talks with my meditation teachers. An insight I gained from one or the other was sort of negated by the other.” Some participants said that Buddhist practice is more oriented towards spirituality, existentiality, and mortality whereas psychotherapy is more focused on symptom reduction. Aideen discussed the different aims of practice. She saw Buddhist aims as unobtainable whereas she saw therapy as having an “achievable goal.” Whereas some participants spoke about Buddhism as an alternative to psychotherapy, a few other participants thought that this would be inappropriate. Michael said, “I think if people are looking to get counseling out of Zen, then they’re going to be pretty disappointed.” He believed that Buddhist practice was not a cure-all: “it’s not a remedy, and things still come up [while meditating] that are difficult.”

Although the predominance of stated differences between Buddhism and psychotherapy aligned with the differences in ontologies and goals between the two, surprisingly, some participants found that their Buddhist practice helped ease mental distress more than
psychotherapy. For instance, Benjamin found that self-compassion meditation helped him deal with his fear of heights when psychotherapy did not. He said, “if I start having phobia feelings, I try to give myself some self-compassion about it, and that seems to calm it down. That’s been pretty helpful.” In line with this, Benjamin also found that accepting thoughts with meditation was more useful than using CBT to build logical arguments against them. Similar to Benjamin, Aideen found that meditation was helpful for dealing with her panic attacks when therapy was not. However, this was not true for all participants. Unlike Aideen, Charles continued to use medication to control his anxiety:

If my Zoloft were gone...all of the little tiny imperfections or the things that are drawing my attention would be overwhelming. And there would be times when I would suddenly start feeling like I'm having a heart attack, and having a hard time breathing...There are people out there that I know, that would say, “You can totally cut through that with just meditation practice or just metta.” I'm too scared to try right now, 'cause I've discovered that for me that one medication turns down one quality about the world that allows me to be a little more chill.

A few other participants preferred Buddhist meditation because it was longer-term and less expensive than seeing a psychotherapist. For instance, Gary was concerned about the short-term nature of psychotherapy: "I was one of those [people] that was trying to wrap up your lifetime of addiction and healing into 10 to 12 sessions. Four weeks of residential. I knew better, but I was also constrained by the system.” However, it is clear that despite the differences in goals, many participants use Buddhist meditation to decrease distress and support their wellbeing.

Complementarity. There were a range of opinions about similarities and differences between psychotherapy and Buddhist meditative practices, but most participants spoke about the
practices being somewhat distinct but complementary. Although a number of participants saw the practices having similar goals, this does not mean that the practices were identical, just that they may both lead to a decrease in mental distress. For instance, Gary, who had a regular meditation practice while also in therapy, said that therapy and his Buddhist meditation practice were "working in concert together." He said, "it's working very well. I like the combination. They approach me and my wellness and my peacefulness from different angles with the same goal in mind. Which is a peaceful me."

Some participants discussed the ways that their practices were symbiotic. Donna spoke about how her meditation practice helped increase her distress tolerance, which helped her deal with difficult subjects that arose in psychotherapy. Conversely, Barbara occasionally experienced negative thoughts or memories while meditating that she then addressed with her therapist. Joyce had a similar experience to Barbara, and stated that meditation helped her observe her thoughts whereas therapy helped her "recognize and change things." Buddhist meditation practice did not unidirectionally support therapy. Instead, both practices seemed to work together to support participants' wellbeing. For instance, Charles said, “A lot of the skills I have been given in therapy have dove-tailed with a lot of the insights I've gained from meditation.” Through his meditation practice, Charles gained insight and better understood his emotions, which complemented his work in therapy. Based on participant descriptions, it is clear that Buddhist-informed meditation practice is somewhat distinct, but overlaps with psychotherapy in that it seemed to help increase participant wellbeing.
CHAPTER 4
DISCUSSION

Major themes that emerged from this research included (a) Original and Current Motivations and Expectations for Practice; (b) Practice Outcomes; and (c) Juxtaposition of Buddhist Practices and Psychotherapy (see Figure 1).

Motivations for Engaging in Western Buddhist Practice.

Within the theme entitled Original and Current Motivations and Expectations for Practice, participants discussed being motivated to engage in their Buddhist-informed meditation practice to decrease suffering and increase physical and psychological well-being. They also practiced as a way to grapple with existential and spiritual questions, and deal with their own mortality or the death of a loved one. Some participants were unclear about their motivations for engaging in Western Buddhist practices, or stated that they had no motivations for beginning their practice. It is notable that participants sought out Western Buddhism to alleviate their psychological distress instead of turning to psychotherapy, psychopharmacology, or another Western healing practice. Given the popularity of mindfulness, it is possible that many of these participants saw Buddhism as a Western healing modality. When participants were asked about the effects of their practice, a number of participants cited research showing the psychological benefits of mindfulness. This points to the idea that participants saw mindfulness – even within the context of Western Buddhism – as an evidence-based method of dealing with psychological distress.

Given that the participants were raised in other religious traditions, it is also notable that they chose to engage in Western Buddhism instead of returning to their childhood religions. Some participants deliberately searched for another spiritual tradition precisely because it was
different than their childhood religion. A few participants mentioned that this was a way of rebelling against their family and some others sought answers to existential questions that were different from the answers that their childhood religion provided. For the participants who engaged in Buddhist practices prior to the popularization of mindfulness in psychology, many also spoke about being interested in earlier imported spiritual practices including Transcendental Meditation and groups founded by a variety of Indian gurus. These individuals seem to have been exploring spiritual practices for decades, and for some, Western Buddhist practices became another part of this exploration.

**Practice Outcomes.**

The second theme, Practice Outcomes, included several subthemes: positive psychological outcomes, positive Buddhist outcomes, and negative outcomes. Within the subtheme, Positive Psychological Outcomes of Practice, participants mentioned positive outcomes of practice related to emotions, thoughts, behavior, and interpersonal relationships. As a result of their Western Buddhist practice, participants experienced a decrease in the frequency and intensity of negative emotions, an increase in positive emotions, and a general decrease in intense emotion and emotional fluctuations. Perhaps reminiscent of research showing a negative association between anxiety and perceived control (Barlow, 1988; Chorpita & Barlow, 1998), it appears that Western Buddhist-informed meditation practice also helped some participants understand the link between anxiety and control. They were able to let go of a need to control the uncontrollable, ultimately resulting in decreased anxiety. Participants also experienced decreased rumination and negative self-talk as well as an increased ability to deal with and address negative thoughts when the thoughts arose. Participants modified habitual behaviors, reporting improved sleep, healthier eating habits, and a decrease in addictive behaviors. Lastly,
they experienced increased empathy, awareness of others’ feelings and needs, and an improvement in some relationships. Given that these psychological aspects (emotions, behaviors, and thoughts) are intricately related to each other (Beck, 2011), often participants would tell stories about how a decrease in negative emotion also related to a shift in thinking or behavior.

Participants discussed two negative outcomes of practice. First, they discussed how their practice could lead to negative mood or thoughts. Second, they spoke about the way that Western Buddhist values conflicted with other value sets, which could lead to internal dissonance or conflicts with others. It should be noted here that the study participants were active Western Buddhist meditators and self-selected to participate in the study. It is possible that if a group of people was randomly assigned to engage in Western Buddhist practices, they may have experienced more negative outcomes than the sample in the current study.

Within the subtheme, Positive Buddhist Outcomes, participants spoke about an increased experience of awareness, presence, non-judgement, and equanimity. They also gained a different understanding of attachment and impermanence, namely, that everything is impermanent and attachment can lead to suffering. It is possible that these outcomes may not be unique to Western Buddhist practice. However, because concepts like equanimity, impermanence, and non-attachment are generally outside the scope of MBIs and certainly outside the scope of other psychotherapies, the impact of psychotherapy on these Buddhist constructs is unknown.

Participants’ knowledge of Buddhism varied. Some had studied Buddhist texts (e.g. Henry studied them in Pāḷi), and others had not. Some (like Benjamin) dismissed concepts like reincarnation and non-self as religious, non-scientific, and nonsensical. Although there were some exceptions to this, few participants seemed to use the non-Western Buddhist definition of
the term mindfulness, meaning “to keep in mind” or “remember.” Instead, when participants were asked to describe outcomes of their practice, they spoke about being more “aware,” “present,” and “non-judgmental;” words that are found in Jon Kabat-Zinn’s (2011) definition of mindfulness as a psychological construct. The fact that participants generally seemed more familiar with Kabat-Zinn’s definition of mindfulness over Dreyfus’s (2011) classical Buddhist conceptualization of the term might point to the general confusion in the West about the meaning of the term “mindfulness” in psychological, Western Buddhist, and classical (non-Western) Buddhist contexts. At least for some, it appears that participants’ Western Buddhist meditation practice is perhaps more closely related to MBIs rather than classical, non-Western Buddhism.

**Juxtaposition of Western Buddhism and Psychotherapy.**

In the final theme of the paper, the Juxtaposition of Buddhist Practices and Psychotherapy, participants discussed the ways that the practices were similar, different, and complementary. The prior two themes, Original Motivations and Practice Outcomes, can be understood through the lens of this third theme, as people engaging in Western Buddhism and psychotherapy report some similar motivations for engaging in their practice and similar practice outcomes. The similarities between Western Buddhism and psychotherapy may in large part be due to the shared goal of the two practices, namely, decreased suffering. Just as might be expected in psychotherapy, participants were motivated to begin and maintain their Western Buddhist meditation practice to decrease emotional suffering, deal with death, and increase their wellbeing. Paralleling the goals of cognitive-behavioral therapy (Beck, 2011), participants described positive outcomes of their meditation practice related to emotions, behavior, thoughts, and interpersonal relationships. For instance, Stephanie said, “I was able to see my thoughts and to identify them...[Before meditation] I really couldn't see myself as separate from those
thoughts….I don't ruminate as much now as I did.” Although Stephanie was discussing the outcomes of her Western Buddhist practice, a client might discuss the outcomes of cognitive-behavioral therapy in a similar way. Even the negative outcomes described by participants may parallel some negative side effects of psychotherapy. For instance, participants reported experiencing increased distress, sensitivity, and negative mood or thoughts during or shortly after meditating. This might also occur within psychotherapy, as when clients discuss trauma or engage in exposure treatments and experience increased distress during and after a session.

It is notable that 17 out of 21 interviewees had seen or were currently seeing a therapist even though this was not part of the recruitment criteria. According to the National Comorbidity Survey Replication data, 9.5% of respondents saw a mental health provider in the last year (Elhai & Ford, 2007). Of six countries measured in Western Europe, lifetime use of mental health services ranged from 9.7% (in Italy) to 29.9% (in the Netherlands) (Kovess-Masfety et al., 2007). There is no data available for the percentage of people in the U.S. seeking mental health services in their lifetime. Given these numbers, it is likely that the current study population sought out psychotherapy more than the average person in the U.S. Some hypotheses can be made about why so many participants engaged in both Buddhist practices and psychotherapy. None of the participants were raised Buddhist, but all went out of their way to start their Western Buddhist practice. This may speak to participant’s openness to seeking help and willingness to explore new ideas, which might also reflect participants’ willingness to seek out mental health services. It is also possible that people who are experiencing intense suffering would, as James said, “try anything” that might help alleviate suffering. Lastly, the high proportion of participants seeing therapists may be due to participants’ ability to afford or access mental health care.
Despite the parallels between Western Buddhism and psychotherapy, Buddhist meditation does not appear to be a replacement for psychotherapy. There are some structural differences between Western Buddhism and psychotherapy. For instance, Western Buddhism is not an empirically-supported treatment, tends to be longer term, often does not involve a direct exchange of money, and is often a daily practice. Therapy is often more focused on symptom-reduction, involves a direct exchange of money, is often time-limited, and is typically conducted individually. As participants discussed, the context of the practice and the meaning (what it means to be a Buddhist aspirant vs. a therapy client) differ. There may be a stigma associated with being a therapy client that is not true of being a Buddhist. There is often a spiritual component to Buddhist meditation that is absent in most types of psychotherapy.

In the context of Western Buddhism, participants often guided their own healing processes. They turned towards difficult thoughts, emotions, and memories to sort out what was useful and discerned what could be learned from those feelings and experiences. While Buddhist teachers could provide direction to their students, like many participants in this study, some Western Buddhists do not have a close student-teacher relationship. This is different than psychotherapy, in which case a therapist might help identify a clients’ cognitive distortions, set specific treatment goals, and assign homework. Without this type of guidance from a therapist of Buddhist teacher, it is possible that some meditators may not get much benefit from their meditation practice. Although most of the participants did not discuss this, it is also possible that meditators could use meditation as an avoidance tactic to “zone out” or disassociate from their feelings, thoughts, and general difficulties of life. Meditators could easily focus on an object of awareness (such as the breath) and turn away from unpleasant sensations. It would be more
difficult for a person to “zone out” or avoid difficult experiences, thoughts, or memories in the context of therapy.

As some participants discussed, perhaps therapists can support and bolster the positive benefits of Western Buddhist-informed meditation by allowing clients to explore the difficult thoughts and emotions that arise in meditation. Outside of the session, clients can sit with what they discussed in therapy, turning towards difficulty while meditating in between weekly sessions. Then when clients return to therapy, they can discuss and sort through the difficult thoughts, emotions, feelings, and memories that arose during meditation. With the instruction and support of a therapist, clients may see more benefit in turning towards difficult emotional experience while meditating, as they would know that these experiences could be discussed in therapy.

**Limitations**

The limitations of the current study are due to the nature of the methodology and the sample. First, as with any type of qualitative data obtained from convenience sampling, results should not be generalized beyond this specific sample. Second, the study predominantly relied on retrospective verbal reports, and participant recollections may be biased. Third, while some of the same main themes would likely have emerged if a different researcher conducted the analysis, it is also possible that some of the themes would have differed. Fourth, regarding the sample, the participants are representative of a unique sub-portion of people engaging in Buddhist practices. People engaging in other forms or lineages of Buddhism may have different experiences, different reasons for starting meditation, different outcomes, and a different understanding of how Buddhism and therapy may or may not relate. Fifth, the first author knew many of the participants, and this may have affected the content that participants shared. Lastly,
given that participants did not complete any diagnostic measures, the study was limited in what could be said about participants’ mental distress as it corresponded to DSM-5 diagnoses.

Despite these methodological limitations, the analysis process was conducted rigorously and thoroughly, adhering to Morrow’s (2005) standards for quality within qualitative research. Qualitative research provides a depth of information and theory-building capacity (Fassinger, 2005) that would be difficult to obtain with quantitative methodologies, and thus this study contributes to theory-building that lays a foundation for future research in this area.

**Future Directions**

Participants spoke about Buddhist meditation and therapy as complementary, working together to increase mental health, but playing different roles in the process. This leads to some interesting researchable questions. First, given the similarity between Western Buddhist practices and MBIs, would a combination of therapy and MBIs work better than either on their own? Are MBIs missing something by not including a more traditional talk therapy component? Perhaps including an individual therapy or more traditional group therapy component could increase the positive outcomes of MBIs. Studies could easily be designed to test these questions. Second, while there have been many studies that demonstrate the effectiveness of MBIs, more research is needed to clarify the active components of MBIs and the role (if any) that mindfulness as a psychological construct plays in the effectiveness of the intervention. Williams et al. (2014) found no significant difference between treatment as usual and MBCT, but further dismantling studies are needed. Third, just as psychologists have worked to translate and measure mindfulness as a psychological construct, future research could continue translating Buddhist concepts into psychological constructs and testable hypotheses. A Buddhist concept of interest, *prajñā* (insight), is intricately connected to Buddhist concepts of mindfulness. By
understanding the connection between the two, general healing processes might be elucidated and connected to healing processes specific to psychotherapy. Last, more can be done to refine the construct and measurement of mindfulness. Researchers could return to Buddhist conceptualizations of the term to see what might be missing.

Although mindfulness in the context of Western Buddhism seemed to increase participants’ psychological well-being, participants still chose to seek individual psychotherapy Western Buddhism and psychotherapy were interpreted by participants as complementary, working together to increase well-being, yet playing independent roles in the process. Although the study of mindfulness in psychology has progressed since Deatherage’s (1975) first psychological paper on mindfulness, it may be useful to return to his recommendation referenced at the beginning of this paper: to not simply investigate mindfulness as a stand-alone construct or substitute for psychotherapy, but instead, to investigate and apply Western Buddhism and mindfulness as a supplement to psychotherapy.
### Table 1
**Participant Demographics**

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<td>Agnostic</td>
<td>4</td>
</tr>
<tr>
<td>Current Employment</td>
<td></td>
<td>Buddhist</td>
<td>14</td>
</tr>
<tr>
<td>Full Time</td>
<td>11</td>
<td>Christian</td>
<td>6</td>
</tr>
<tr>
<td>Part Time</td>
<td>2</td>
<td>Jewish</td>
<td>2</td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
<td>Other (“spiritual”, Baha’i, Taoist)</td>
<td>4</td>
</tr>
<tr>
<td>Semi-retired</td>
<td>1</td>
<td>Childhood Religion</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>4</td>
<td>Christian c</td>
<td>19</td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td>Jewish</td>
<td>2</td>
</tr>
<tr>
<td>Under $5,000</td>
<td>2</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>$5,000 to $11,999</td>
<td>1</td>
<td>Meditation Retreat d</td>
<td></td>
</tr>
<tr>
<td>$16,000 to $24,999</td>
<td>2</td>
<td>Attended a Retreat</td>
<td>16</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>6</td>
<td>Has Not Attend a Retreat</td>
<td>5</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>10</td>
<td>Buddhist/Mindfulness Group d</td>
<td></td>
</tr>
<tr>
<td>Time in Therapy a</td>
<td></td>
<td>Part of a Group</td>
<td>16</td>
</tr>
<tr>
<td>Over 5 Years</td>
<td>7</td>
<td>Not Part of a Group</td>
<td>5</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Than 1 Year</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Therapy Experience</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*a One participant (Scott) who did not report seeing a therapist in the demographic survey shared in the interview that he saw a therapist. He is included in the number of participants who were in therapy.  
*b 10 participants provided one current religious affiliation, the rest gave multiple answers.  
*c Of the participants raised Christian, they identified as being raised in the following denominations: Anabaptist (1), Baptist (1), Catholic (4), Ecumenical (1), Episcopal (2), Methodist (1), Presbyterian (3), Protestant (2), Roman Catholic (3), and Unitarian Universalism (1).  
*d Three of the five participants in this category answered “no” for both attending a meditation retreat and participating in a Buddhist/mindfulness organization.
Figure 1

Summery of Major Themes

Original Motivations and Expectations

- Increase Psychological Well-Being and Decrease Suffering
- Existential Health and Dealing with Death
- Physical Well-Being and Other Reasons

Practice Outcomes

Psychological Benefits
- Emotions
- Thoughts
- Behavior
- Interpersonal

Negative Outcomes
- Negative mood or thoughts
- Conflicts with other value sets

Buddhist Benefits
- Presence, Awareness, Non-judgment
- Equanimity, impermanence, non-attachment

Juxtaposition of Buddhist Practices and Psychotherapy

Similarities

Differences

Complementarity
REFERENCES

https://doi.org/10.1080/14639947.2011.564842

https://doi.org/10.1177/1073191105283504

https://doi.org/10.1177/1073191107313003


https://doi.org/10.1016/j.psychres.2010.08.011


https://doi.org/http://dx.doi.org.proxy2.library.illinois.edu/10.1037/a0028168


APPENDIX A

IRB APPROVAL
Office of the Vice Chancellor for Research
Institutional Review Board
528 East Green Street
Suite 203
Champaign, IL 61820

January 13, 2014

Michael Kral
Psychology
709 Psychology Bldg.
603 E Daniel St
M/C 716

RE: Understanding the Experiences and Context associated with Mindfulness Therapies and Buddhism in the U.S.
IRB Protocol Number: 14339

Dear Dr. Kral:

Your response to stipulations for the project entitled Understanding the Experiences and Context associated with Mindfulness Therapies and Buddhism in the U.S. has satisfactorily addressed the concerns of the UIUC Institutional Review Board (IRB) and you are now free to proceed with the human subjects protocol. The UIUC IRB approved, by expedited review, the protocol as described in your IRB-1 application with stipulated changes. The expiration date for this protocol, UIUC number 14339, is 01/06/2015. The risk designation applied to your project is no more than minimal risk. Certification of approval is available upon request.

Copies of the attached date-stamped consent form(s) must be used in obtaining informed consent. If there is a need to revise or alter the consent form(s), please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me or the IRB Office, or visit our Web site at http://www.irb.illinois.edu.

Sincerely,

Anita Balgopal, PhD
Director, Institutional Review Board
Attachment(s)
cc: Rachel Leipow
APPENDIX B

SEMI-STRUCTURED INTERVIEW PROTOCOL
Qualitative Interview for Mindfulness and Buddhist Practitioners

*Turn on recording equipment*
Always open interview with:
- Subject Number, Location of interview and the Date

Background information:
“'I am going to ask you a few questions based on your some of the survey responses. These questions are pretty structured. We’ll talk about your experiences more after that.”

- Review answers to questionnaire to see if there’s anything that needs clarification

- Using the spreadsheet below: Go through practice types. For each type participant circled, say:
  o You wrote that you practiced X.
  o Where did you first learn this practice?
  o Mark on spreadsheet:
    ▪ How often do you meditate?
    ▪ How long is a typical practice?
    ▪ How long is your practice (did you try this for a few days, weeks, months, years)?
    ▪ Are you currently doing this practice?
      • If not, when was the last time you practiced?
  o After going through all of these questions, ask, “Are there any other experiences that you have had in Mindfulness or Buddhism that we haven’t yet discussed?”
<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Frequency</th>
<th>Average Length</th>
<th>Duration</th>
<th>Current?</th>
<th>Distinct?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tried once</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rarely (2-10 times)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Sometimes (monthly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Frequently (weekly)</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Daily</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sitting meditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking Meditation</td>
<td></td>
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<tr>
<td>Yoga</td>
<td></td>
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<tr>
<td>Metta</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Mantra</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Theravada</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mahayana (inc. Zen/ Chen/ Pure Land)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibetan/Vajrayana</td>
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<td></td>
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<tr>
<td>Non-sectarian</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mindfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBCT</td>
<td></td>
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<tr>
<td>MBSR</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>DBT</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td></td>
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<td></td>
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<td>Other therapy meditation:</td>
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<td></td>
<td></td>
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<tr>
<td>Other1:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other3:</td>
<td></td>
<td></td>
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</tbody>
</table>
For all statements that are overarching/broad, ask for people to provide specific examples and stories for their statements. Follow the participants (go where they are talking).

**Introduction:**
“We’re here to talk about your experiences with Mindfulness/Buddhism. I am interested to hear your story about your own practice, and to learn how it may (or may not) have influenced you. I will be taking some notes throughout the interview. Your participation is completely voluntary. You can skip any questions you may find uncomfortable. All your responses will be kept confidential. This interview should take about an hour. Do you have any questions so far?”

**What do you do in your practice?**
“I am curious to learn a little bit more about the specific experiences you’ve had with mindfulness/Buddhism. We talked about the types of practices that you’ve done.”

- **I am curious to hear about your last Mindfulness/Buddhist practice.**
  - How did your last meditation/mindfulness practice go?
  - Was it typical for you? (If not, what does a typical sitting look like?)
  - Is there a specific structure that you follow?
  - **How do you feel after you practice?**

- **Do you practice with anyone else?**
- **What motivates you to continue to practice?**
- **Is there anything that helps you stay consistent with the practice?**
- **Is there anything that gets in the way or makes it difficult to practice?**

It would be great to know how you started meditating (what’s your entry point into practice).

- **What originally motivated you to start practicing?**
  - What were your original expectations about the practice?
  - **How does this compare to your current expectations about the practice?**
  - **Is this the same motivation as you currently have?**
- **Why do you practice/meditate?**
- **How did you learn about the practice?**
- **Did you have a teacher? Did you practice with a group?**
- **What type of meditative practice did you first do? Is this the same as your current practice?**
How does this affect your life?

• Have you noticed any changes since starting your practice?
  o If so, what? Ask for details.
  o How is this different than before you started practicing? Ask for examples.

• Since starting your practice, have you noticed any difference in the way you live your life?
  o If so, how? Ask for details.
  o How is this different than before you started practicing? Ask for examples.

• Since starting your practice, have you noticed any difference in the way that you relate to people?
  o If so, how? Ask for details.
  o How is this different than before you started practicing? Ask for examples.

• Since starting your practice, have you noticed any difference in the way that you relate to feelings or difficult situations?
  o If so, how? Ask for details.
  o How is this different than before you started practicing? Ask for examples.

• Do you see these changes as something directly caused by the practice, or by something outside of the practice?
  o If participant answers from outside, ask what else might have contributed to the changes.

• How has this practice helped you?
  o How do you think this practice will help you?
  o What specifically are you doing that you can see is helpful?

• Have you noticed any downsides or negative/detrimental effects because of your practice?

• What would other people say has changed about you since you've started to practice?
  o Have you noticed a difference in the way that others treat you?
Therapy/Mental Health History

- (If not already known), I’m curious to hear a bit more about why you practice. For example, is it to support your mental health? Do you see it as a spiritual practice?
- I’m curious to hear about any prior religious experiences and if you see them as at all tied to your meditation practice? (Or do you see them as totally separate?)
- Have you noticed any impact on your emotional or mental health since you started meditating?
- What was going on emotionally before you started your practice?
  - Were there any issues you were experiencing that you wanted to work on?
  - Did meditation help? (If yes, how? What is different from how it was before?)
- Have you ever seen a therapist?
  - When were you in therapy? Did this correspond with your mindfulness/Buddhist practice?
  - How helpful was (or is) therapy in your life?
  - Do you see any connection between therapy and your meditation practice?

Practice and Work

- Do you use Buddhism or Mindfulness in your work? (If so, how?)
  - If not already clear, ask: Are you a therapist, or Buddhist or Mindfulness teacher?

If participant is a Mindfulness or Buddhist teacher or therapist (or uses the practice at work):

- Specifically what do you do with students/clients?
- How many clients/students do you see? How often to do teach?
- What are the techniques that you use? (And how do students respond to them?)
- How long did you train before you started teaching/using mindfulness with clients?
- How have you seen mindfulness help others?
- What have you found works best? Is there anything you have tried that you found has not worked out well? Why do you think this was so?
Final Questions

• Do you see a difference between Mindfulness and Buddhism?
  o In your own opinion, do you think there is a significant difference between the two? Elaborate, ask for specifics.

• I’m curious if you had any thoughts about the EPQ questionnaire. Did you have any reactions to it? Do you think it’s relevant to your experiences with Buddhism or mindfulness?

• What is wisdom to you? What does it mean to lead a wise life?

• There are some theories that Buddhism/Mindfulness practices lead to a wiser/more ethical life.
  o Do you have any reactions or thoughts about that? What does this mean for you? Does this resonate for you?

• Besides Meditation/Mindfulness/Buddhism, is there anything else that you’re doing that’s increasing the quality of your life? (Do you have any wellness practices?)
  o For example, working out, playing music, eating a specific diet, etc.
  o What in your life makes you happy/peaceful/centered?
  o Where- if at all- do you see your Mindfulness/Buddhist practice fitting with this?

Conclusion

• What motivated you to participate in this study?

• Before we end this interview, is there anything else I should I have asked you but didn’t?
  o Is there anything else that you would like to share about your practice?
  o Or about your views on mindfulness/Buddhism?

“Thank you for your time.”
APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE
Demographic Questionnaire

Instructions: Please fill out, check, or circle the following information about yourself. All responses are confidential. Please answer the questions as honestly and thoroughly as possible. While we ask that you fill out all questions, you can choose to skip anything that you do not want to answer.

Background Information
1. How old are you? ____________________ years

2. Date of birth? __ __/__ __/__ __ __ __

3. Gender: ________________________________
   (For Example: Female/Male/Transgender/Genderqueer/Etc.)

4. How would you describe your racial/Ethnic background (check all that apply):
   □ Caucasian/White (not of Latina/Latino origin)  □ Pacific Islander or Hawaiian
   □ Black (not of Latina/Latino origin)  □ Native American
   □ African American  □ Latina/Latino
   □ Asian  □ Indian Subcontinent
   □ Mixed racial/ethnic heritage (specify): ________________________________
   □ Other: ________________________________

5. What is your relationship status? (check all that apply)
   □ Single, never married  □ Married/ Civil Union
   □ Casually Dating  □ Separated
   □ Long-Term Relationship, not living together  □ Divorced
   □ Living with someone  □ Widowed
   □ Other______________________________

6. How long have you practiced Buddhism, Mindfulness (or participated in therapy including mindfulness) in this location?
   _______________________________________________________________________

7. Where do you currently live (city/state)?: ________________________________

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8. Did you practice before living in this location? Check one:

☐ NO
☐ YES

If yes, where else did you live while you practiced? ___________________________

9. Where did you live before you were 18 (city/state/country)? List all locations where you spent more than a year:

__________________________________________________________________________

10. What is the highest level of education that you have completed? (check one)

☐ Elementary school only
☐ Four-year college degree / B.A. / B.S.
☐ Some high school, did not finish
☐ Some Graduate work, did not finish
☐ Completed High School or equivalent
☐ Master's degree
☐ Some college, did not finish
☐ Doctoral degree
☐ Two-year college degree / A.A / A.S.
☐ Professional degree (MD, JD, etc.)
☐ Other: ____________________________

11. Are you employed?

☐ Full Time
☐ Part time (less than 30hrs/week)
☐ Retired
☐ Unemployed
☐ Homemaker
☐ Other: ____________________________

12. With regard to your current or most recent job activity:

a. In what kind of business or industry do (did) you work?

__________________________________________________________________________

(For example: hospital, newspaper publishing, mail order house, engine manufacturing)

b. What kind of work do (did) you do? (Job Title)

__________________________________________________________________________

13. Including yourself, how many people currently live in your household?

_____________________ adults

_____________________ children (under age 18)
14. With whom do you currently live? (check all that apply)

☐ Alone                 ☐ Partner
☐ Roommate(s)           ☐ Child(ren)
☐ Other family          ☐ Parents
☐ Other______________________________

15. How many children do you have?_____________________
What are their ages?____________________________________

16. Do own the home where you live: (Check one)

☐ Owned
☐ Rented
☐ Other (specify) ________________________________

17. Which of these categories best describes your total combined family income for the past 12 months? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability and/or veteran’s benefits, unemployment benefits, workman’s compensation, help from relatives (including child payments and alimony), and so on. (Check one):

☐ Less than $5,000       ☐ $5,000 – $11,999       ☐ $12,000 – $15,999
☐ $16,000 – $24,999     ☐ $25,000 – $34,999     ☐ $35,000 – $49,999
☐ $50,000 – $74,999     ☐ $75,000 – $99,999     ☐ $100,000 and greater
Religious Affiliation:

18. Which best describes your current religious affiliation? (check all that apply)

- Christian
  - Catholic
  - Protestant
  - Presbyterian
  - Baptist
  - Methodist
  - Episcopalian/Anglican
  - Orthodox
  - Lutheran
  - Quaker
  - Other Christian: _______________________________

- Buddhist
  - Theravada
  - Tibetan
  - Zen
  - Mahayana
  - Shambala
  - Pure Land
  - Vajrayana
  - Non-Sectarian/American Buddhism
  - Other Buddhist: _______________________________

- Jewish
  - Reform
  - Conservative
  - Other Jewish: _______________________________
  - Orthodox
  - Muslim
  - Unitarian Universalist
  - Hindu
  - Agnostic
  - Humanist
  - Atheist
  - Other: _______________________________

19. What religion(s) were you raised with?

____________________________________________________________________

20. Apart from events such as weddings and funerals, how often do you attend religious services or gatherings? (Check one)

- More than once a week
- Once or twice a month
- Once a week
- A few times a year
- Never
- Other _______________________________

21. On a scale from 1-5, in which 5 is very important and 1 is it doesn’t matter at all, how important is religion in your life?

<table>
<thead>
<tr>
<th></th>
<th>1 Unimportant</th>
<th>2 Of little importance</th>
<th>3 Moderately important</th>
<th>4 Important</th>
<th>5 Very Important</th>
</tr>
</thead>
</table>
22. On a scale from 1-5, in which 5 is very important and 1 is it doesn’t matter at all, how important is spirituality in your life?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unimportant</td>
<td>Of little importance</td>
<td>Moderately important</td>
<td>Important</td>
<td>Very Important</td>
</tr>
</tbody>
</table>

23. Meditation/Mindfulness Practice
Check any of the following you have had experience practicing (circle all that apply):

- Sitting meditation
- Walking meditation
- Yoga
- Metta (loving kindness)
- Mantra
- Theravada
- Mahayana (including Zen, Pure Land)
- Tibetan/Vajrayana
- Non-Sectarian/American Buddhism
- Mindfulness
- MBCT (Mindfulness-Based Cognitive Therapy)
- MBSR (Mindfulness-Based Stress Reduction)
- DBT (Dialectical Behavioral Therapy)
- ACT (Acceptance Therapy)
- Other type of meditation as a part of therapy
- Other meditation, mindfulness, or Buddhist practice (please specify):

24. On a scale from 1-5, in which 5 is very important and 1 is it doesn’t matter at all, how important are the above meditation and practices in your life?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unimportant</td>
<td>Of little importance</td>
<td>Moderately important</td>
<td>Important</td>
<td>Very Important</td>
</tr>
</tbody>
</table>

25. Have you attended a mindfulness, meditation, or Buddhist retreat? Check one:

- YES
- NO
26. If you have attended a retreat, what was the length of your longest retreat?

- □ Less than 8 hours  □ 7-14 days  □ More than 3 months-1 year
- □ 8 hours- 1 day  □ 15 days-1 month  □ More than one year
- □ 2-6 days  □ Over 1 month-3 months

27. Where did you first learn about the Buddhist or Mindfulness therapy practice?

____________________________________________________________________
(For example: the internet, a friend, etc.)

28. What was the location (town, state, and country) where you first started practicing?

____________________________________________________________________
City ___________________________ State ___________________________ Country ___________________________

29. Do you attend any Buddhist organizations or mindfulness groups? Check one:

- □ YES
- □ NO

If so, which? _________________________________________________________
(such as the Prairie Sangha, UIUC MBCT group, Cambridge Insight Meditation, etc.)

Therapy Experiences

30. Have you ever seen a therapist for a psychological, emotional, or other reason?

- □ NO
- □ YES

If yes, for how long? _________________________________________________________
(If you have seen multiple therapists, put the total approximate time in therapy in months and years.)

31. If you have seen a therapist, what did you see him/her for? What did you work on in therapy?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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