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A Reflection on Dr. James Robson's Public Lecture on Meditation, Mindfulness, and Mental Health at Emmanuel College

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After reading the title of Dr. Robson's lecture, "A Crazy History of Buddhism: On Buddhist Mental Institutions and Meditation/Mindfulness," I anticipated a very interesting evening. Indeed, Dr. Robson did not disappoint his audience.

Dr. Robson is the James C. Kralik and Yunli Lou Professor of East Asian Languages and Civilizations at Harvard University. His research focuses on the history of medieval Chinese Buddhism and Daoism. He visited Emmanuel College of Victoria University in the University of Toronto on March 16th, 2017, in order to deliver a public lecture.

Dr. Robson began his talk by discussing the enormous growth of interest in mindfulness and meditation in the West. The American medical community has released many publications regarding Buddhism and mental illness, yet such studies are relatively few in Asia. Dr. Robson suggested that one reason for this lack of scholarship is that in East Asia, there is not the same Cartesian dualism between the mind and body that we have here in the West.

In Buddhist doctrinal discourse, mental illness is understood as both a product of karmic consequence, and a product of defilements such as greed and ill will. We are all mentally ill, and the Buddha's teachings are the cure. Dr. Robson cited a parable from the Lotus Sutra as an example of this way of understanding mental illness. In this parable, two seriously ill sons refuse to take their father's medication in order to overcome their afflictions. The father in this case is the Buddha, and his medicine is the Dharma. Those who are insane refuse to listen to the Buddha's teachings, and they cannot be cured.

According to the Vinaya, monks and nuns living inside monasteries often went insane. One discussion found in these texts is concerned with how to attend to the property of monastics that went insane. A section of the Cullavagga addresses the accountability of monastics who committed offenses during periods of insanity. This discussion implies a perceived periodicity to insanity, and suggests that those who commit offenses while being insane are not to be held culpable.

Having discussed several textual references to mental illness and perceptions of mental illness, Dr. Robson began to explain the various ways in which monasteries treated mental illness, past and present. In summary, Buddhist monastics treated people who were experiencing mental illness, but they did not use meditation or mindfulness techniques to do so. Instead, mental patients lived at or near the monastery, performed labour for the monastery and surrounding community, and participated in therapies such as chanting Buddhist texts and drumming. Some Buddhist monasteries in China, Japan, and Taiwan continue to treat people with mental illnesses using these or similar methods. If there is no record of Buddhist monasteries using mindfulness to cure mental illnesses in East Asia, how did Western medical communities conclude that these types of treatments are effective?

Dr. Robson began addressing this question with a brief history of mindfulness. Prior to 1970, mindfulness was virtually unknown in the United States. In 1974, Chögyam Trungpa opened the Naropa Institute in Boulder, Colorado, which supplemented a regular university curriculum with meditation practices. Two of his students, Jack Kornfield and Joseph Goldstein, went on to publish many books on mindfulness and meditation. Several others followed in their footsteps by writing books on mindfulness and opening mindfulness centres in the United States. Daniel Goleman, author of the book *Emotional Intelligence* (1995), began the trend of publishing articles on mindfulness in medical journals. Dr. Robson noted that now, articles on this topic are published almost on a weekly basis. However, he discovered that this newfound popularity begets certain problems.

While there are issues with the methodological rigour of medical research on mindfulness, Dr. Robson is concerned with some of the larger problems at hand. In the Buddhist tradition, meditation was never about stress reduction. Meditation was actually used to induce stress, in order to bring about a transformation of one's worldview. There are several stages of meditation in Buddhism, and some of these stages provoke disturbing mental states. While these stages are well accepted in the Buddhist tradition, wherein proper guidance is provided, they can cause major problems at unregulated meditation centres. There are numerous reports of people having psychotic breakdowns after long periods of meditation. This phenomenon is occurring to such an extent that spiritual emergency groups now exist in order to assist people who experience psychotic episodes during meditation retreats. There is also a problem with patients choosing to replace their medications with meditation, which can yield very negative results. Yet, as Dr. Robson points out, these unfavourable reports are not getting the same press that the positive reports receive.

On a more optimistic note, scientific research demonstrates that concentration (Ch. *zhuan xin* 專心) is quite beneficial for the brain. For example, Psychologist Mihaly Csikszentmihalyi wrote a book entitled *Flow: The Psychology of Optimal Experience* (1990), which outlines the benefits of being completely focused on an activity. Meditation and concentration both direct one's awareness, yet concentration does not seem to carry with it the same problems as meditation.

Dr. Robson concluded that while mindfulness is marketed as a magical cure for mental illness, recent developments have demonstrated that this is not the case. Meditation can heal, but it can also cause harm. His lecture was informative, engaging, and thought-provoking, and it was a privilege to attend.