

Special Focus: Buddhism and Resilience

Mindfulness and Resilience in Britain: A Genealogy of the “Present Moment”

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In Britain, mindfulness practice has increasingly been incorporated into preventative healthcare as a support for psychological resilience. An awareness practice originating in Buddhism, mindfulness is framed as a scientifically verified way of cultivating a skilful engagement with life to support mental health. What has led to this unprecedented interest in mindfulness? And how have British people come to think of cultivating a kindly relationship with their own minds as a constituent aspect of the “good life”? In this paper, I explore the specifically British history that informs the association between mindfulness and psychological resilience today. I show that the association between psychological resilience and mindfulness practice is the result of broader historical concerns about the nature of modern society and psychology. Taking a genealogical approach, I argue that changing patterns in British psychology and Buddhism, while framed in universalist registers, are constituted in and constitutive of a broader historical and political context.

Keywords: Resilience; mindfulness; Buddhism; psychology; Britain

On an autumnal October evening in 2015, the Mindful Nation UK report (MAPPG 2015) was launched in the UK parliament. The Mindfulness All-Party Parliamentary Group wrote the report following an eighteen-month inquiry examining how mindfulness might benefit UK services and institutions (see Cook 2016). It gathered together data on the evidence for mindfulness-based interventions across diverse sectors of civil society in the UK, a highly ambitious project that sought to improve well-being across multiple policy areas. Mindfulness, an awareness training practice originating in Buddhism, was the focus of intense public and political interest at the time. As the press release for the event put it, “the nation is facing a mental health crisis” and preventative strategies such as mindfulness “have a crucial role to play in reducing the burden of mental ill health on individual well-being and the economy.” Packed with mindfulness advocates, civil servants, parliamentarians, journalists, and professionals working with



mindfulness in health, education, criminal justice, and the workplace, the Attlee Room in Portcullis House fell silent for a short mindfulness practice before invited talks from Clinical Psychologists and parliamentarians. Speakers highlighted the growing interest in mindfulness as a support for the cultivation of mental health. The Secretary of State for Education, Nicky Morgan, told the audience that in her view young people today are under increased pressures as a result of online life: “We can’t uninvent technology ... but we can give our young people the resilience, the persistence, the grit, the determination, the self-esteem and the confidence to make sure they can tackle the challenges of the 21st century.” She was followed by the Health Minister, Alistair Burt, who echoed the need for a policy focus on resilience:

It is vital we do all we can to improve mental health. . . . Mindfulness plays a big part in this, particularly in preventing mental health problems early on, and helping to prevent relapses . . . young people need ways to build resilience and recognise the early signs of mental ill health.

Mindfulness, for both ministers, sat squarely within what they identified as a need for interventions that prevent mental health problems from developing and to encourage forms of psychological resilience.

Beginning around the mid-2000s, mindfulness meditation began to appear in popular media in Britain and America on a regular basis. Journalists were reflecting a growing interest in the potential for meditation to support people in diverse walks of life. Mindfulness was being introduced into non-religious institutions, such as schools, hospitals, and prisons, and people were picking it up on their own, facilitated by the development of popular apps, private courses, local drop in sessions, and a growing literary genre for guided self-practice. In Britain, mindfulness was being interpreted as a positive intervention for societal problems as wide ranging as depressive relapse, criminal recidivism, children’s academic performance, and worker burn-out, in part because of the promise it offered to forms of psychological resilience, a broad aspiration that informs much contemporary debate about preventative healthcare.

The term “resilience” was developed in the physical sciences to describe the qualities and capacities that enable a community to recover from a catastrophic event (Barrios 2016), focusing on the mechanisms that enable a system to return to equilibrium after a stress or the ability to absorb change (Gordon 1978; Holling 1973: 14). Reflecting this broader framing, “resilience” became a part of mainstream development language in Britain after it was placed “at the heart” of the UK government’s “Humanitarian Emergency Response Review” in 2011 (Ashdown 2011: 4). “Resilience” soon extended from political interest in infrastructure to a focus on human capacity, becoming a core part of DFID (Department for International Development) work and education policy. The Secretary of State’s commitment to prophylactic psychological support at the Mindful Nation launch speaks to broader concerns about mental health and psychological vulnerability (see Cook 2018). Here “resilience” indicates psychological characteristics that enable individuals to “bounce back” from challenging circumstances and to weather the everyday stresses of life (Ryff et al. 1998).

In the Mindful Nation report, mindfulness is presented as one way of “supporting wellbeing and resilience across the population as a prevention strategy to keep people well” (Mindful Nation 2015: 19). It is believed to help those who practise it cope with life (from stress, anxiety, and depression to impulse control, emotional regulation, and intellectual flexibility).¹ Mindfulness is understood to be a scientifically verified way of cultivating a skilful engagement with life, configured as a technique of self-cultivation to support mental health. Practising mindfulness in the UK is associated with an aspiration towards living a life in which one is fully “present.” Bringing awareness to the “present moment,” learning to “be” with what is, without trying to fix or change anything, is described often as bringing a “freshness” to lived experience, a direct perception of the world. In the context of preventative healthcare, this ability to relate differently to life events is associated with psychological resilience (see for example, Bajaj and Pande 2015; Shapiro, Brown, and Biegel 2007; Thomson, Arnkoff, and Glass 2011).

How has it come to be that an awareness training practice originating in Buddhism is being practised in parliament and is the focus of policy discussion on psychological resilience in Britain? And, given the unprecedented popularity of mindfulness beyond Westminster, how have British people come to think of cultivating a kindly relationship with their own minds as a valuable endeavour? In what follows I take a genealogical approach to the “present moment,” examining the historical development of truth claims about the nature of Buddhism and psychology in Britain since the nineteenth century. I use genealogy in the Foucauldian sense of exploring those things that “we tend to feel [are] without history” (Foucault 1994: 369). Rather than narrate the progressive development of knowledge about psychological resilience, I point to the complex and interwoven connections that led us to the idea that paying attention to the “present moment” is psychologically beneficial. In so doing, I uncover the contingency of what appears to be necessary and the unexpected linkages by which truth claims about Buddhism and psychology are produced. I hope to reveal some of the shifting ways in which Buddhism, meditation, and psychology have been imagined in Britain in order to account for changing understandings of mental health and mindfulness, and their central focus in media, political, and popular discourse.

In tracing a history of British engagement with Buddhist meditation, I seek to contribute to an evolving conversation about the genealogical roots of mindfulness. For example, excellent work has explored the history of relaxation as a forerunner to mindfulness (Nathoo 2019), the changing cultural value of equanimity (McKay 2019), projects of secularization (Braun forthcoming), modernist Buddhism (McMahan 2008), and Buddhist sectarian influences on the development of mindfulness (Husgafvel 2018). While the popularity of mindfulness is arguably a global phenomenon (see Cassaniti, this Special Issue), it would be possible to make a case for Britain as the most “Mindful Nation” (MAPPG 2015). Mindfulness has been introduced into schools, universities, prisons, the probation service, the police force, the workplace—public, private, and third sector. Mindfulness-based Cognitive Therapy (MBCT) was developed in 1991 in Britain as a preventative intervention for recurrent depression and has been mandated on the National Health

¹ Attention and impulse control are linked to social well-being indicators as wide ranging as criminal record, addiction, ability to maintain committed relationships, and body mass index (cf. Moffitt et al 2011).

Service (NHS) for certain patient populations. MBCT is now taught as a master's degree for healthcare professionals at British Universities. While mindfulness grew in popularity in the US over the same period (see Wilson 2014; 2017), in Britain its uptake was facilitated by centralised deployment through the NHS and the country's relative size. Mindfulness receives public funding and is the focus of scientific research, and since 2012: 250 parliamentarians and 450 parliamentary staff from across the political spectrum have completed an eight-week mindfulness programme. In the context of this intense public and political uptake of mindfulness, I seek to explore the specifically British history that informs the association between mindfulness and psychological resilience today.

I hope to demonstrate that contemporary understandings of mindfulness as a universal tool for psychological resilience are informed by a long cultural history. Beginning my narrative in the 19th century, I unpack how meditation came to be understood as “the heart of Buddhism” in Britain and Europe, and the development of mindfulness as a scientifically verifiable psychological means to live life “more fully.” From the nineteenth century, scholarly treatises and popular accounts characterised Buddhism as undoubtedly exotic but also surprisingly modern, and resonant with the conditions of uncertainty and transformation that characterised Europe at the time (Masuzawa 2005: 121). I show that Victorian interest in moral rationality led to interpretations of Buddhism as a scientifically compatible and ethicized religion, but that this was met by the nineteenth-century fascination with the occult, spiritual experience, and magic. Buddhism was simultaneously understood as compatible with science and informed by romantic principles of “present-centeredness.” The seemingly antithetical cultural and intellectual trends of rationalism and romanticism both informed orientalist engagement with and understanding of Buddhism, psychology, and meditation practice.

Tracing the geometry of these trends and the ways in which they have informed the remarkable uptake of mindfulness in contemporary Britain sheds light on current concerns about psychological resilience. In response to the seemingly intractable and complex policy problems of mental health, political interest in “resilience” focuses on capabilities and practices of awareness in preventative interventions. As Chandler argues of resilience-thinking, “in a rapidly changing world, success is not based so much upon a store of acquired knowledge but upon the capacities of self-reflection and reflexive understanding of how one needs to adapt in an ever-shifting environment” (2014: 4). Psychologically resilient subjects are encouraged to relate differently to limitation through practices of self-governance in a non-linear, complex landscape. A choice between rationalism and romanticism in contemporary debates about mindfulness and mental health might be a false one (cf. Foucault 1984; Albanese 2007): calls for rationalism in one direction and re-enchantment in another may be taken as coeval and dominant trends in contemporary life. I unpack this by examining the ways in which currents of empiricism and enchantment have informed the on-going dialogue between Buddhism and psychology in Britain over the last century and a half.²

² In his magisterial work, *The Making of Buddhist Modernism*, David McMahan (2008) charts forms of Buddhism that emerged out of an engagement with modernity. Drawing on Charles Taylor (1989), McMahan unpacks three

Enlightenment Values and Romanticism

During the nineteenth century, British philologists began to interpret Buddhism as largely compatible with the basic tenets of European enlightenment (cf. Snodgrass 2009). Philological work on Buddhism at the start of the nineteenth century uncovered a “pure” or “original” Buddhism as a trans-local universalist textual world religion, detached from cultural context, and the person of the Buddha as a humanist, non-sectarian, and rational historical founder. Almond sums this up neatly when he says that for scholars of the time, “the Buddha was an ideal Victorian gentleman” (Almond 1988: 77–8, 79; cf. Snodgrass 2009). Buddhism was interpreted as an ethical religion which emphasised rational self-perfection and compassion towards others, thereby reflecting the values and desires of Victorian scholars and amateurs (see Almond 1988). As Federman writes, “it was textual, rationalistic, pragmatic, advocating a return to “original” forms, universal, and socially active” (Federman 2015: 554; cf. Baumann 2002).

While this interpretation may have begun as a philological pursuit, the interpretation of Buddhism as uniquely compatible with scientific method and theory was quickly reflected in modernist trends in Asia (Masuzawa 2005: 308). Reformers in Asia presented Buddhism as a form of beneficial scientific rationality and exercise, and thereby invoked religious pluralism in its applicability (if Buddhism is a philosophy that transcends all religions then it is of benefit to all those who practise it, irrespective of their lower-level religious beliefs) (cf. McMahan 2008: 90). Asian reformers and European scholars highlighted a contrast between arcane mysticism and applied science or rationalism, the underlying logic of which is “that the Buddha himself taught a rationalist, empirically based, psychological, and ethical doctrine that was free of “superstition”, largely compatible with modern science, and was preserved in the Pali suttas” (McMahan 2008: 65; cf. McMahan 2004). Reflecting what Hallisey has referred to as practices of “intercultural mimesis” (Hallisey 2014: 94), this projection of modern values either overlooked or reinterpreted Buddhist cosmological principles that were not compatible with a proto-scientific worldview. Subsequent reformers interpreted those aspects of Buddhism that were not compatible with a rationalist-empiricist logic (for example, rituals, worship of the Buddha and deities, protective practices, realms of existence beyond the human) as either cultural pollutions masking the “essence” of “pure” Buddhism, or as psychological states, thus either detraditionalising or demythologizing the Buddhist pantheon and reducing gods and spirits to moments of consciousness.

This emphasis on moral rationality was complemented by a contrastive interpretation of Buddhism and “Eastern” religion more broadly. Late-Victorian and early-Edwardian fascination with the occult, magic and spiritual experience informed orientalist interpretations of Buddhism as a repository of perennialist wisdom. At a time in which discussion of the world’s major religions and “Eastern” sacred texts were a staple of Victorian cultural life, Buddhism was interpreted as a means of accessing perennial ancient wisdom for the benefit of humanity, reflecting broader romantic reactions to enlightenment thinking. Friedrich Max Müller, who held the first chair of

discourses of modernity that have informed modernist renderings of the dharma: western monotheism; rationalism and scientific naturalism; and Romantic expressivism. My focus on rationalism and romanticism in the history of British engagement with Buddhism and psychology is deeply indebted to this work.

comparative philology at Oxford, published his *Sacred Books of the East* in the 1870s, making religious texts from Asia available to the British public, and Edwin Arnold's sympathetic representation of the Buddha's life in *The Light of Asia* (1879) seized the Victorian imagination. In reaction to widespread concerns about the alienating, stultifying or atomizing effects of modern life, Buddhism was recast as an exotic "Eastern" counterpoint to the ills of "Western" society, through which practitioners could tap into Asian spiritual traditions. The Romantics proposed creative acts as a way of enlarging identity and recognising one's interconnectedness with others. Feelings of oneness or connection sought in nature and religious experience were understood to be a source of values and a means for redressing the worst effects of modernity. The romantic tension between individualism and universalism—in which the ego is a lower form of self, masking higher forms of interrelatedness—was reflected in the British interest in Buddhism.

This association was developed in the work of the Theosophical Society, arguably the most famous esoteric group in late-Victorian Britain. Founded by Henry Steel Olcott (1832–1904) and Helena P. Blavatsky (1877–1891), theosophy stemmed from a spiritualist movement committed to bridging the divide between the human and spirit worlds, investigating supernatural phenomena, mesmerism and mediumship, and arguably served as "a romantic foil to the rationalism of the scholars" (Batchelor 1994: 270). Blavatsky and Olcott believed that perennial ancient wisdom underlay all religions, and they identified Buddhism as the best example of this primordial tradition, becoming the first Westerners to formally convert to Buddhism in 1880 (Prothero 1996). They promoted a universalist vision of the Dharma in Europe and America, and to Buddhists in India and Ceylon, drawing on elements of Enlightenment philosophy, romantic thought, and late-nineteenth-century occultism.³ Owen argues that the Theosophical Society had such wide appeal in Britain because it offered ordinary men and women the possibility of accessing esoteric knowledge (Owen 2004: 22). What marked the Theosophical Society as "occult," and accounted for much of their appeal in Britain, was its members' belief that there exists a hidden body of revelatory knowledge, a secret tradition, that is transmitted by an enlightened group of spiritual masters called the "mahatmas" (McMahan 2004: 908). Alfred Percy Sinnett, a member of the Anglo-Indian elite, published his influential work *Esoteric Buddhism* in 1883 after being impressed by Blavatsky's skills as a medium and her ability to receive messages from the mahatmas. Returning to England, Sinnett was highly influential in the 1880s and is in part responsible for the strong association of the Theosophical Society with the East (Owen 2004: 31). Similarly, Carlton Massey, a barrister and Christian spiritualist, established the first branch of the London Theosophical Society in 1878 after meeting Blavatsky and Olcott in America (see Owen 2004). Drawing from Hinduism and Buddhism, theosophy reworked concepts of karma and reincarnation into an evolutionary theory of humankind and the universe. "Theosophical teachings therefore lay great stress on individual evolution and perfection, and offer an all-encompassing account of individual existence in a living, meaningful universe" (Owen 2004: 34).

³ The Theosophical Society was strongly associated with Buddhist revivalism and presented a challenge to British evangelical missionary efforts established by the British colonial presence in Asia, most notably in the later work of London-born Annie Besant (1847–1933) in India.

Buddhism and Psychology

These two interpretations of Buddhism, as a rational and ethicised religion and as a medium for romantic and perennialist oneness, arguably combined in the growing fascination with psychology as simultaneously scientific and spiritual. In Britain, interest in both Buddhism and psychology was informed by popular fascination with both scientific verifiability and human potential. Religion became newly valued as a quest for a feeling-experience, with religious doctrines being reinterpreted as a response to that experience. Such logics are reflected in the development of popular psychology movements in Britain in the first decades of the twentieth century, with their emphasis on spontaneity, self-fulfilment and authenticity. As Thomson writes of the unprecedented popular interest in psychological knowledge at that time, psychology was “for some a science whose ambitions had to be contained if it was to justify . . . [its] status; for others a key to making sense of everything, a source of values for the new age, even a new way of reconciling science with religion” (Thomson 2006: 8). Popular psychology movements arose motivated by excitement about the possibilities of human potential, informed by an idea that full self-realisation could be attained through accessing and mobilising the hidden powers of the mind (for a comparative case in America see Albanese 2007).

One of the earliest iterations of Buddhism as a “science of the mind” came from British Pali scholars Thomas W. Rhys Davids (1843–1922) and Caroline A. F. Rhys Davids (1857–1942). Thomas W. Rhys Davids founded the Pali Text Society in 1881 and was committed to the study of Buddhist texts. Reflecting the historicism of the time, he aimed to reveal the objective meaning of texts by applying the critical methods of “scientific history” and deemphasized ritual and religious practice (see Hallisey 2014). However, in the first decades of the twentieth century, this framing found an unusual kinship with romantic interpretations of Buddhism in a psychological register. The idea of Buddhism as a “science of the mind” echoed interpretations of religion as pragmatic and experiential in essence, aimed at curing the ills of the human mind. For example, the focus of Pelmanism⁴ and the practical psychology movement was pragmatic, and their popularity was matched by interest in more mystical understandings of psychology propagated through the London Psycho-therapeutic Society, linking psychology to the lineage of occult, spiritualist, and mesmerist thought and practice (Thomson 2006: 26). Thus, by the start of the twentieth century, Britain had a widespread culture of psychological thinking that was informed by a model of the mind as a site of possibility and power. Following the First World War, the idea was well established that psychology was of central importance in life and could be put into practice by British people, thereby adding to the nation’s mental efficiency and “help the ‘British brain’ regain ‘its position of predominance’” (Thomson 2006: 23). Thomson argues that the popular psychology of this era inherited what we might see as a kind of secular, human-centred spirituality (Thomson 2006: 45). It was driven by excitement that man was at the threshold of discovering a greater psychological self: by uncovering the hidden potential of the mind, health, happiness, and success would follow.

⁴ Pelmanism was a system of scientific mental training that promised to strengthen the mind. It was taught through correspondence courses and was popular in Britain in the first half of the twentieth century.

Despite Victorian interest in Buddhism, hardly any British people had converted to the religion (cf. Almond 1988: 36). Furthermore, British interest in Buddhism did not extend to meditation practice. While non-Buddhist forms of meditation, such as those based on Loyola's Spiritual Exercises, had become popular in Roman Catholic and Anglo-Catholic circles mid-century, Buddhist meditation did not occupy a central place in nineteenth-century European philological accounts, in part because of the intellectual bias of early European scholars, more concerned with religious texts than practice, but also because they simply did not have access to lived practice. In 1910 Rhys Davids published his translation of the Mahāsatiṭṭhāna Sutta (titled “The Setting Up of Mindfulness”) (Federman 2015: 559). But Federman conjectures that the Rhys Davids and their contemporaries could not have had contact with anyone who practised what we might call Buddhist meditation (Federman 2015: 558). The early associations between meditation, magic, and occult practices meant that it did not become the focus of Buddhist enthusiasts until much later (Federman 2015: 557). Thus, meditation was either understood as an occult practice associated with cultivating powers, or it was side-lined in favour of a rationalist interpretation of Buddhism as philosophy and morality.⁵ In Asia at the time, meditation was considered to be an advanced and perilous discipline, strongly associated with divine powers and inaccessible to the laity (cf. Cook 2010: 33; Gombrich and Obeyesekere 1988: 237; Spiro 1970: 51). Gombrich and Obeyesekere (1988) tell us that the Buddhist reformer Anagarika Dharmapala taught himself to meditate from a manuscript of the Mahāsatiṭṭhāna Sutta and that there were no meditation teachers in Ceylon at the turn of the century. “Meditation” came to Britain as a concept, rather than a practice, which drew on the classic Victorian meaning of meditation as “contemplation.”

Meditation in Britain

Meditation only began to catch on in Britain after the First World War with the establishment of the Buddhist Lodge of the Theosophical Society founded by Christmas Humphreys in 1924 (Oldmeadow 2004: 91), which included a practically oriented emphasis on meditation as an “attempt to live the fundamental principles of Buddhism” (Humphreys 1937: 53). In reaction to the growing sense of helplessness in the face of political and economic uncertainty, the horrors of war and the decline of Christian faith, meditation provided a means for inner work and spiritual strength. Humphreys, who had turned away from his own Christian faith after losing his older brother in the war, understood the difference between Theosophy and Buddhism to be one of emphasis, rather than content, and the perennialism of the theosophists was echoed in his writing: “Buddha’s Teaching was not born from a spiritual vacuum, but was an expression of some portion of that Gupta Vidya ‘the accumulated Wisdom of the ages,’ which antedates all known religions” (Humphreys (2012 [1974]: 23). In 1926 the British branch of Dharmapala’s Maha Bodhi Society was

⁵ It is worth noting the striking contrast between this and interest in meditation in America at the time. In her history of the New Thought movement, Hickey (2019) shows that religiously liberal concerns with the concentrated mind motivated the practice of meditation. New Thought leaders incorporated Buddhist and theosophical ideas into their explanations of mental healing and learnt meditation from Buddhist and Hindu teachers (see Hickey 2019: 79-88). New Thought teachers and communities went on to promote meditation for physical, mental, and spiritual healing, regularly recommending daily meditation (Hickey 2019: 63).

established (Bauman 2013) and Humphreys became president of the Buddhist Lodge, newly re-established as the British Buddhist Society. Interest in meditation began to expand and meetings were held at the Buddhist Society several times a week.

Meditation was alternatively understood as a psychological and rational “science” and as a practice for the transcendence of the intellect (Federman 2015: 554). Psychoanalysis was the first school of psychological thought to incorporate a sustained engagement with Buddhist teachings and practices, but it was arguably more influential in America than Britain (see Helderma 2019). Interest in Freud and psychoanalysis amongst British intelligentsia in the first decades of the twentieth century was complemented by excitement about “Eastern mysticism” and alternative psychological approaches (Thomson 2006: 103). Jung describes the alarming moment of his break with Freud, when Freud asked him to promise never to abandon Freudian sexual theory but to make of it a “dogma,” an “unshakable bulwark against the black tide of mud of occultism” (Jung 1961: 150 or 147–8; cf. Rose 1999). In 1927 Jung wrote a preface to *Bar do thos grol* (*The Tibetan Book of the Dead*) in which he interpreted the *bar dos* (the intermediate states between lives) as levels of the unconscious and Buddhist deities as expressions of universal archetypes in the collective unconsciousness, thereby demythologizing the Tibetan pantheon of gods and spirits and rendering them facets of the mind. In Britain, Jung’s influence on intellectuals such as Aldous and Julian Huxley underpinned their commitment to an idea of psycho-social evolution as a new basis for humanism. It was thought that the psychological evolution of the individual human consciousness would lead to a new age of consciousness.

By the 1930s in Britain, meditation was predominantly thought of as a technique for controlling one’s own mind (Federman 2015: 566). The 1930s saw a series of articles giving practical advice on how to meditate, and meditation instruction being given at the Lodge every second Monday evening. Public talks on how to meditate were also scheduled at the Mahabodhi Society in London. Interest in spiritual transcendence and supernormal psychological power was fading in favour of psychology as an everyday assistance, which addressed specific problems rather than general principles (Thomson 2008: 48). In the post-war period, “stress” emerged on both sides of the Atlantic as a focus for preoccupations with the harmful effects of modern lifestyles (Jackson 2013: 53). Mundane aspects of everyday life, domestic demands, the strain of work, urbanization, and consumerism, were increasingly causally linked to a rise in stress-related disorders (Jackson 2013: 188) and relaxation techniques were promoted as a way to live happier and healthier lives (Nathoo 2019: 10). While early twentieth-century formulations of nervous disorders conceptualised stress as an external agent that generated the psychological and physical symptoms of distress, it became increasingly common in the interwar years for clinicians and popular commentators to understand the rise of organic and psychological disease in terms of maladjustment or a faulty adaptation to the environment (Jackson 2013: 17). The relationship between social conditions, personal resilience, and health became the focus of psychologists and physiologists who sought to identify strategies for coping with the stress of modern life (Jackson 2013: 187). In the work of people like the endocrinologist Hans Selye (1907–1982) and psychologist Richard Lazarus (1922–2002), emphasis began to shift from a focus on environment to the adoption of coping strategies to counter the effects of stress (Jackson 2013: 214). Relaxation techniques were

established as increasingly medically supported practices for the mainstream British public. Nathoo (2019) demonstrates that, in the 1930s, relaxation was presented as a skill that could be learnt, cultivated and applied for therapeutic effect and relaxation teachings were disseminated to a wide audience, notably through popular books, antenatal instruction and speech therapy. In Britain, the injunction “You Must Relax” was taken up by participants of relaxation classes looking to manage the stresses of daily life.

By the 1930s, interest in spiritual transcendence and supernormal psychological power was fading in favour of psychology as an everyday assistance, which addressed specific problems rather than general principles (Thomson 2008: 48). Moreover, the idea of psychological subjectivity in Britain at the prospect of a second World War was figured in contrast to the problems of war and political extremism of other European nations, both of which were understood as resulting from human potential for violence. In the 1930s psychological ideas on innate aggression appealed to left-wing audiences, who found in this framing a way of countering the prevailing Marxist view that the international situation could be explained in purely economic terms. For example, attacks on Jews and Communists were understood to stem from a “scapegoat motive” as an expression of human aggression. By recognising and controlling this, the problems of war could be addressed (Thomson 2006: 221–222). Here then, the link between democracy, peace, and mental health was made explicitly British. As Thomson writes, in British people’s self-representations “British national character emerged, implicitly if not explicitly, as the embodiment of psychological health” (Thomson 2006: 224). This contrasted with other nations in which aggression and war were framed as symptomatic of psychological character, for example with the rise of fascism (e.g., see Reich [1946] 1970). Britain’s political and psychological health were understood to be mutually reinforcing.⁶

By the start of the 1940s, a popular discourse had developed of meditation as spiritual work which touched the deeper domains of the psyche that were inaccessible to rational thinking. Meditation began to be associated with psychological therapy as a form of medicine for the mind. A development from the 1930s theme of “mind-control,” the turn to the psyche offered healing from the effects of social and political instability. Federman writes of the British association between meditation and psychological exploration in the 1940s:

Meditation came to be talked about as a spiritual medicine for cleaning a psyche which is clogged by waste matter. The practice of such meditation transcends rationality and its limited powers. It goes deeper into the hidden realms of the self in order to transform it (Federman 2015: 570).

⁶ Concern over psychological subjectivity extended by 1939 into the arena of national and ideological warfare. Winning the war would require defending national mental health as well as national borders, with the defence of British national character being itself a defence of democracy. Arguably during this period psychological subjectivity became a political concern as never before. Yet this presented a paradox: national morale could not be defended through manipulative propaganda, as this was so closely associated with the power of dictators elsewhere in Europe and was therefore in ideological conflict with British liberal values. The response was an ideological commitment to rejecting overt psychological control and manipulation, and an emphasis on the appreciation of everyday life in the cultivation of psychological subjectivity (Thomson 1960: 227).

As psychoanalysis became popular in Britain, the idea of the psyche as irrational and dangerous came to rival an emphasis on rationality and ethics. At the same time, national and psychological responses to the Second World War incorporated understandings of resilience as the inner attributes of the subject, such as character, fortitude, and grit. As Chandler writes, “Britain was resilient because the superior firepower of the German air force failed to achieve its aim of defeating and demoralising the British people during the Blitz” (Chandler 2014: 10). The resilient subject was conceived of as capable of overcoming environmental challenges or oppressive social conditions through her inner strengths and capacities. In response to post-imperial decline, British self-representation held that Britain was able to “bat above its weight” because of the “bulldog” spirit of its people (ibid.).

The Development of Insight and Buddhism in Britain

From the 1950s onwards, a multiplicity of Buddhist groups began to establish themselves in Britain through the development of both monastic centres and lay groups. Bluck notes that, while each had its own history, Buddhist traditions and sub-traditions were informed by rapid changes in British culture, including greater socio-economic mobility, the declining influence of the church and increasing interest in “Oriental” religions, the expansion of higher education, a newly permissive youth culture, British perception of the Chinese invasion of Tibet, and the American war in Vietnam (Bluck 2008: 10; for comparative European cases see Borup 2008; Plank 2010; Prohl 2014). Prior to the 1950s, the figure of the European Buddhist was conceived of as “a rational, detached person who intellectually purifies himself (seldom herself) from the root defilements of ignorance, hatred, and lustfulness” (Bauman 2002: 91). During the 1960s, a shift occurred in the way in which British people engaged with Buddhism. They increasingly wanted to *experience* Buddhism through meditation as they began to look for alternative life orientations, and found in meditation simultaneously a rational tool for psychological development and a method for transcending the rational mind. Informed by a broader culture of “spiritual seeking” and an eclectic mix of traditions, gurus, devotion, and psychology, increasing numbers of British youths were traveling in Asia on the hippy trail and seeking out Buddhist professionals at newly established monastic centres in Britain. As Bauman notes, “The romantic yearning for wholeness and originality was sought—again—in the East” (Bauman 2002: 92). Meditation became a therapeutic practice, a means for self-cultivation through a sense of oneness or wonder in daily life, understood as an antidote to the materialist implications of science.

British interest in meditation was informed by an emerging mass lay meditation movement in Asia. Beginning in the early twentieth century, an unprecedented lay meditation movement grew rapidly in Theravada Buddhist countries. Drawing on the teaching of the Mahāsatipatthāna Sutta (The Greater Discourse on the Four Foundations of Mindfulness), reformist monks instigated a modern meditation movement that claimed its antecedent roots in the canonical word of the Buddha (for a history of mass meditation in Burma see Braun 2013). Whereas previously, received wisdom held that lay people could not achieve the concentration required for meditative insight, and thus practice was not appropriate in their mundane lives, reformist meditation masters such as Ledi Sayadaw (1846–1923), U Ba Khin (1899–1971) and Mahasi Sayadaw (1904–1982) argued that

insight (*vipassanā*) meditation techniques required only a minimal level of concentration. Mahasi Sayadaw's radical claim was that liberating insight did not require advanced concentration (*samatha*) or the experience of meditative absorption (*jhana*). Instead Mahasi emphasised *sati* (Pali; *smṛti*: Sanskrit), understood as moment-to-moment awareness of whatever sensory object arises in the flow of consciousness. In South and Southeast Asia, *vipassanā* meditation was presented to the laity as a way to find relief from worldly concerns by enjoying the benefits of meditative exercise.⁷

The term “mindfulness” seems to have first been used by T. W. Rhys Davids in his early translation of the Buddhist term “*sati*”.⁸ “Mindfulness” came to be defined as a form of awareness, deemphasising variegated definitions of mindfulness in earlier Buddhist accounts which emphasised aspects of remembering, recalling, reminding, and presence of mind (Gethin 2011; Sharf 2017). In *The Heart of Buddhist Meditation* (Nyanaponika 1962) the German-born Sri-Lankan monk, Nyanaponika Thera (1901–1994), interpreted mindfulness as “bare attention.” Mindfulness, he argued, is not a “mystical” state:

In its elementary manifestation, known under the term “attention,” it is one of the cardinal functions of consciousness without which there cannot be perception of any object at all (Nyanaponika 1962: 24).

Nyanaponika contrasted “bare attention” with habits of judging from the perspective of self-interest: rather than seeing things as they are from a position of disinterested appraisal, people habitually view objects “in the light of added subjective judgements” (*ibid.*: 32–34). Nyanaponika understood mindfulness as a quality of awareness which could act as a counter to the constant reinforcement of habitual mental patterns (Gethin 2011: 267). This “bare attention” was newly presented as central to *vipassanā* meditation, which was itself newly promoted as the “heart” of Buddhist meditation practice. Mindfulness began to emerge as a form of non-judgemental, direct observation of mind and body in the present moment, in ways that would lead to “insight” (*vipassanā*), broadly understood.

The influence of Asian migrant populations on the perception of Buddhism in Europe gained prominence in the 1960s and 70s as Buddhist migrant communities began to form (Baumann 2002: 86), and British people increasingly looked to meditation as a way of experiencing Buddhism. While in the context of the US, ideas about irrational forms of immigrant religious practice prevailed and immigrant Buddhist temples and mindfulness centres were clearly demarcated (*cf.* Hickey 2010), Bauman (2002) reports that in Britain the same racialised distinctions were not established. *Vipassanā* and Zen courses proliferated and Bauman (2002: 92) tells us that they were often booked up well in advance. British awareness of a wide range of traditions and practices had

⁷ For Gombrich and Obeyesekere (1988: 237), the widespread uptake of meditation by lay practitioners is the greatest single change in Theravāda Buddhist countries since the Second World War. Today this is a widely popular and influential movement, with *vipassanā* meditation being taught in monasteries and meditation centres throughout Thailand (Cook 2010), Sri Lanka (Gombrich & Obeyesekere 1988), Burma (Jordt 2007), and Nepal (Gellner & LeVine 2005).

⁸ There is some disagreement about when this was first coined. Gethin (2011) traces it back to his 1881 publication, while Braun & McMahan (2017) find it in a publication from 1877.

grown, and a close association was made between New Age movements and Buddhism: both were interpreted as sharing the utopianism and perennialism of Theosophist heritage (Cush 1996: 206) and were associated with meditation, human potential, environmentalism, and peace (Cush 1996: 195f.). In the 1970s, the newly formed Insight Meditation tradition was advanced and propagated in the UK by meditation teachers including Christina Feldman, John Peacock, and Martine and Stephen Batchelor, and in America by teachers including Jack Kornfield, Joseph Goldstein, and Sharon Salzberg. Now world renowned, each of these teachers had spent time in Asia, many taking ordination as monastics, and returned to the UK and US to teach meditation, establishing now famous meditation centres, such as Gaia House (est. 1976) in the UK, and the Insight Meditation Society (IMS; est. 1975) in the States (see Cadge 2005). Echoing the teachings of Nyanaponika Thera, and foreshadowing much of the interpretation of mindfulness that was to come, Jack Kornfield wrote in 1977:

The most direct way to understand our life situation, who we are and how we operate, is to observe with a mind that simply notices all events equally. This attitude of non-judgmental, direct observation allows all events to occur in a natural way. By keeping attention in the present moment, we can see more and more clearly the true characteristics of our mind and body process (Kornfield 1977: 13).

Meditation was increasingly represented as a method for psychological development which accorded with enlightenment ideas of the perfectibility of man through moral reflection, self-observation and control of the passions (cf. McMahan 2008: 203), but this was not at the expense of a more romantic interpretation of meditation as a method for direct experience of authentic interrelatedness.

Mindfulness and Mental Health

Although, as we have seen, Buddhism had been interpreted as a rational, scientifically compatible religion since the end of the nineteenth century, it was not until very recently that it became the focus of scientific studies themselves. As McMahan and Braun (2017) report, the number of publications on “mindfulness” in scientific journals in the entire decade of the 1980s totalled 13. In the 1990s this number grew to 92; while 674 articles were published on mindfulness in 2015 alone (2017: 1–2). The definitions of mindfulness that inform contemporary psychological studies share a commonality with Nyanaponika Thera’s earlier understanding of mindfulness as “bare attention” and the methods of the Insight Tradition developed in Britain and America. For example, Bishop defines mindfulness as “a kind of nonelaborative, nonjudgmental, present-centred awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is” (Bishop et al. 2004: 232). Similarly, an understanding of mindfulness as a non-elaborative choiceless awareness is echoed in Kabat-Zinn’s much referenced definition: “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn 1994: 4).

It was not until the development of Mindfulness-based Cognitive Therapy (MBCT) in 1991 that mindfulness-based therapies began to significantly impact healthcare in Britain. Drawing inspiration from Mindfulness-based Stress Reduction (MBSR) in America (see Braun 2017; McMahan 2008; Wilson 2014), MBCT was developed by John Teasdale, Mark Williams, and Zindel Segal in Cambridge, England, as a psychosocial intervention to address depressive relapse. By the 1980s and 90s, depression was being identified as one of the major mental health problems facing the UK. Robust and effective interventions were being developed to treat people experiencing an acute episode of depression as either a psychobiological or a psychosocial disorder. However, beginning in the 1980s, an understanding began to emerge of depression as a relapsing and recurring condition; it was becoming clear that people who had recovered from a depressive episode remained vulnerable to relapse. The concern was that Britain was on the cusp of a mental health crisis and finding a way to provide a long-term approach to therapy was required. Interventions that addressed the acute phase of depression were not enough; people who had recovered from distress faced serious challenges in maintaining their mental health and finding a way to provide a long-term approach to therapy was required. By the late 1980s, psychopharmacological intervention began to be reframed as a prophylactic intervention, and maintenance antidepressant medication (m-ADM) for as long as 3–5 years was encouraged for those deemed to be most vulnerable to relapse. But for those people for whom antidepressants are not appropriate, an alternative was needed.

Originally, Segal, Teasdale and Williams, set out to develop a maintenance form of cognitive therapy. People who had received cognitive therapy during acute depression proved less likely to experience depressive relapse. Segal et al began to explore the possibility that cognitive therapy had a long-term beneficial effect, not because the content of thoughts about the self were changed, but because the task itself changed the relationship that people had to thoughts (Segal et al 2013: 36). John Teasdale, who had long practised meditation, attended a Dharma Talk at the Oxford Buddhist Centre given by Phra Ajharn Sumedho, the then head of the Thai forest tradition in the UK. Ajharn Sumedho expounded on the Buddha's teaching of the Four Noble Truths. Teasdale was struck by a parallel between Ajharn Sumedho's teaching that the causes of suffering lie in the ways in which one relates to experiences, rather than the experiences themselves, and the cognitive framework for depressive relapse, in which emotional disorder results from the interpretations that are added to experience, rather than the experiences themselves (Teasdale 2008, conference paper). The cognitive framework of MBCT rests on the premise that there is both a cognitive component to depressive relapse and that people have the capacity to learn ways of relating to their thoughts and feelings that will enable them to maintain mental and emotional balance, even in the face of challenging affective experiences. Evidence for the efficacy of MBCT, garnered through Randomized Controlled Trials (RCTs) and advanced statistical analysis, particularly meta-analyses, has spurred the adoption of MBCT in Britain, and the popularity of mindfulness by extension. Three early RCTs concluded that MBCT was equivalent to treatment as usual (TAU) and maintenance antidepressants in the prevention of depressive relapse (Ma and Teasdale 2004; Kuyken et al 2008; Teasdale et al 2000). As a direct result of these findings, the National Institute for Clinical Excellence (NICE) included MBCT as a key priority in its 2009 prevention strategy

(Clause 8.10.8.1), and MBCT was made available through the National Health Service (NHS) for those most at risk of depressive relapse.

MBCT was developed at a time of wider interest in preventative healthcare in the UK. Since the millennium, increasing emphasis has been placed on preventative medicine, patient empowerment, and behaviour change to encourage people to moderate behaviours linked to chronic illness and disease (see for example Abraham and Michie 2008). Public mental health in Britain is increasingly focused on primary prevention approaches, which seek to stop mental health problems before they arise by encouraging mental resilience. Such primary prevention approaches to mental health are “universal” in that they do not target populations specifically at risk but rather seek to benefit everyone in a community. This shift from a focus on illness to health is reflected in the move from targeted interventions to everyday practices, echoing earlier iterations of interest in psychological potential. For example, six months before the launch of the Mindful Nation UK report, a national charity called the Mental Health Foundation (MHF) launched its campaign for mental health awareness week calling for a “Prevention Revolution”: a commitment to the prevention of mental health problems, tackling risks, intervening early, and building resilience. Around the country, posters promoting mindfulness went up on billboards and bus shelters. Colourful advertisements exhorted commuters to “Be Yourself,” “Be Connected,” “Be Here,” “Be Whole.” The legend was followed by a web link to “BeMindful.co.uk” and an encouragement to practice: “Mindfulness is a way of managing your thoughts and feelings by focusing on the present, and can reduce stress and anxiety.”

In this emphasis on universal preventative healthcare and psychological resilience we see the intertwining of the threads of romanticism and rationalism that informed earlier periods in this genealogy. Whereas earlier understandings of resilience framed the subject as actively conquering or passively coping with the external environment, resilience thinking has increasingly drawn on a relationally embedded understanding of the subject in response to intractable problems, such as mental health. Policy emphasis on mindfulness and resilience foregrounds the development of character traits and inner capabilities of self-reflexivity and relational awareness. Mindfulness forms the basis of a targeted intervention for specific goals, understood as a psychological technique that is empirically validated. And it is promoted with the intention of enabling practitioners to develop a deeper appreciation of daily activities and a different engagement with life, thereby cultivating mental resilience. As Chandler writes, “In this process of self-reflective awareness, the resilient subject emerges not as a secure subject but as a self-aware subject” (2014: 11).

Conclusion: The Rationalism and Romanticism of the Present Moment

I hope to have shown that contemporary understandings of mindfulness as a targeted psychological intervention and as a metaphysical technique for finding meaning and purpose in life have a long history. As we have seen, the currents of rationalism and romanticism have circulated since the late nineteenth century. These trends in intellectual and cultural thought have informed contemporary British engagement with mindfulness as a scientifically verifiable method for living more “fully.” In this paper I have traced the British interpretation of meditation as a

proto-scientific technique back to modernist Buddhist trends of the nineteenth century. In this period, meditation increasingly came to be framed as a method for psychological development, enabling the possibility of standing back from experience through a kind of “radical reflexivity” (Taylor 1989: 163) in order to remake oneself through disciplined work. At the same time, I hope to have shown that British interest in Buddhism over this period was also motivated by the romantic concern that modernity is leading to isolation, atomisation, and ill health. British people sought in Buddhism, and more latterly in meditation, a means of transcending the ills of modernity through an emphasis on a quality of engagement with “ordinary” experience. This echoes what Charles Taylor has referred to as the “affirmation of ordinary life” in his work on modern subjectivity—a development of the idea that the good life is to be found within quotidian experience by engaging with it in a particular way (Taylor 1989: 211–304). Thus, the contemporary British focus on preventative healthcare, mental resilience, and meditation as a form of psychological support share parallels, and sometimes direct links, with earlier movements.

In Britain, resilience has become “the policy buzzword of choice” (Chandler 2014: 1), presented as a solution to governance questions as wide ranging as international development aid, the war on terror, and the prevalence of depression. Modern life is identified as leading to stress and illness, and forms of prophylactic psychological support are required in the face of adversity. Mindfulness as a technique for encouraging psychological resilience is invested with a series of nested universalisms: the characterisation of human psychology as driven by flaws in cognition, the potential for psychological training to address the deleterious effects of modernity, the ability of scientific investigation to reveal the empirical efficacy of meditation, and the phenomenology of a romantic “fullness” accessible through practice. What I hope to have shown is that changing patterns in British psychology and Buddhism do not reveal a deep subjectivity that transcends historical determination. Rather, each of these universalisms is constituted in and constitutive of broader historical and political context. Whereas twenty-first century political interest is focused on mental health and resilience, earlier interventions focused on concepts of human potential, esoteric knowledge, mind training, practical psychology, anxiety, and stress. This reveals that the excitement about the potential of psychology to support ordinary life is informed in no small part by the social relationships from which it arises. The intention to cultivate psychological resilience through engagement with mindfulness practices saturates it with new qualities and meanings. In response to the challenges of a complex world, psychological resilience is thought to be achieved through the cultivation of character traits and capabilities of self-reflection, informing the relational interaction between the subject and the external world.

The history of British engagement with Buddhism and psychology is steeped in the tensions that characterised nineteenth and twentieth century Britain: tensions between the rationalist moves for empirical certainty and the romantic call for meaning and experience, the development of psychology as a discipline and British skittishness about professional authority, the desire for the “wisdom” of the “east” and the novelty of progress, the optimism about human potential and dystopian concerns about the consequences of modernity, the desire to live fully and the need to prevent illness. It highlights that the influence of psychological culture has been a constituent source of subjectivity in Britain in different ways since at least the nineteenth century, that

contemporary interest in the intermixing of “Eastern” and “Western” ideas enjoys a long precedent, and that this is not the first time that concern over the effects of modernity has led to calls for renewed engagement with “ordinary” life. If the “present moment” is having its moment, it is not for the first time.

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