

# Mindfulness of the kindness of others: The contemplative practice of Naikan in cultural context

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## Abstract

Mindfulness in the Buddhist tradition involves a variety of practices, and contemporary secular forms of mindfulness practices, therapies, and interventions can similarly be broadened to include more of these forms. The Japanese practice of Naikan takes one mindfulness practice from the Buddhist tradition—that of recollecting the kindness of others—and asks clients to engage in this practice for 1 solid week, 15 hours per day. Difficult interpersonal relationships and a perceived lack of social support are chief sources of stress, and Japanese selfhood in particular has been described as interdependent and highly social in nature. It is unsurprising therefore that Japanese would be drawn to relational forms of practice like Naikan, and that they would find particular benefit from such practices. Recent ethnographic and survey work I have conducted at 2 Naikan centers suggests that Naikan significantly improves positive mental health, perceived connection with others, and perceived meaning in life, even up to 6 months later, thereby potentially undercutting factors contributing to depression and suicide. Naikan practice is not entirely limited to Japan, however, and its use in Europe and North America prompts us to ask about the culturally specific and universal aspects of mindfulness practices, and how we may construct mindfulness interventions that are best suited for addressing the mental health problems that face our communities.

## Keywords

meditation, mindfulness, Naikan

## Introduction

Mindfulness has been gaining in public recognition for some time, but it has been spreading even faster in the last decade. Influential figures such as Thich Nhat

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Hanh (1992, 1999, 2006; see also Thich & Cheung, 2011) have contributed to the popularity of mindfulness for many North Americans, promoting ideas like mindful eating and being mindful in each activity. Mindfulness has also been intimately connected with the rise of numerous types of “mindfulness meditation,” with mindfulness-based stress reduction (MBSR), started by Jon Kabat-Zinn, being the most widely known form (Kabat-Zinn, 1990). Mindfulness is now seen as an important contributor to well-being and an increasing number of researchers are engaging with meditation studies to investigate the health benefits of mindfulness and its cultivation. *Mindfulness* a journal entirely devoted to the topic, was launched in 2010.

In my view, two aspects of mindfulness need further attention in current discourse. First, the concept of mindfulness is currently understood in a rather limited sense and occasionally appears at odds with its original meanings in Buddhism. As laid out in the Buddha’s “Four Foundations of Mindfulness” teaching (Goldstein, 2013), mindfulness can traditionally mean reflection on certain existential facts of life. Scholars such as Geoffrey Samuel (2015) and Robert Sharf (2015) emphasize that the popular understanding of mindfulness as “being aware of surroundings, what you are doing, your inner state of mind, and the taste of food” is largely due to what Sharf calls “Buddhist modernism” (Sharf, 1995, 1998, 2007, 2015), in which meditation is framed as the central aspect of Buddhism.

Second, mindfulness has not been discussed in cultural context, despite the fact that mindfulness reflects cultural beliefs and practices, as well as a particular understanding of mental health and subjective well-being. The term mindfulness comes from *sati*, in Pali or *smṛti*, in Sanskrit, and it means “recollection,” “retention,” “attention,” or “awareness” in the Buddhist tradition, rather than “attention to the present moment or breath” the way it is often understood in contemporary popular, clinical, and psychological discourse. In short, mindfulness requires an object to be mindful of, and these objects need not be only the present moment or the breath. Cultivating attention to such objects has been shown to be beneficial for stress, pain, the treatment of certain forms of depression, and other psychosomatic disorders (Kabat-Zinn, 1990), but this may not exhaust the possibilities of mindfulness.

Another form of mindfulness practice in Buddhism includes a more analytical aspect. In this practice, the cultivation of mindfulness by itself is not enough, but rather the contents of mindfulness also become crucial. Meditation on emptiness is a good example of such an analytical type of mindful practices, and cognitively-based compassion training (CBCT), created by Geshe Lobsang Tenzin Negi at Emory University, employs this analytical type of meditation to cultivate compassion (B. Ozawa-de Silva & Dodson-Lavelle, 2011; B. Ozawa-de Silva, Dodson-Lavelle, Raison, & Negi, 2012; B. Ozawa-de Silva & Negi, 2013; Pace et al., 2012; Pace et al., 2013). The Japanese therapeutic practice of Naikan, which has been my long-term study, is another example of an analytical form of mindfulness practice that is focused on increasing a sense of gratitude through the recollection of the kindness one has received from others (C. Ozawa-de Silva, 2006). Naikan is a

contemplative practice that was developed in Japan by a Shin Buddhist practitioner, Yoshimoto Ishin, as a method that could be practiced by anyone regardless of religious belief or affiliation.

Contemplative practices such as CBCT and Naikan that take compassion and gratitude as the object of mindfulness appear to have an impact on mental health and well-being that goes beyond stress reduction because of their focus on relational interconnectedness. Recent findings in psychology (Haidt, 2010; Rochat, 2009a, 2009b; Wolf, 2010) emphasize that human beings are deeply social beings, and that this is reflected in our evolutionary heritage as well as through our development. Being and feeling connected to others is crucial for us—quite possibly the most important aspect of our human life, both for mental and physical health. For example, recent studies on suicide suggest that many individuals may become suicidal when they suffer from a sense of existential loneliness, disconnectedness, and social rejection (Joiner, 2005; C. Ozawa-de Silva, 2008, 2009, 2010; Takahashi, 2001). Practices that focus on cultivating increased mindfulness towards kindness, compassion, and gratitude can strengthen the feeling of being connected with others, and of being loved and accepted by others. Hence, such analytical mindfulness practices may do more than mere stress reduction by tapping into the most crucial dimension of our well-being.

Naikan provides a good case for thinking about mindfulness in cultural context, because this Japanese-born practice has been “exported” with apparent success to diverse cultural contexts in Europe and North America. This prompts several questions: What does it mean for a Japanese-born practice to show similar results in different cultural contexts? Does a mindfulness practice that clearly reflects Japanese culture and Buddhist sensibilities have value and applicability elsewhere? If so, what is culturally specific and what is cross-culturally universal in the practice?

### **Naikan practice as mindfulness of kindness one received from others**

Naikan literally means “inner-looking” or “introspection” and this secular practice derives from Pure Land Buddhism (or Shin Buddhism), one of the Japanese Mahayana Buddhist traditions (Yoshimoto, 1981, 1985, 1997). As its name reflects, Naikan is a meditation practice that yields insight into oneself, others, and even society. This is accomplished through one week of intense self-reflection, recollecting one’s past deeds, and rewriting of autobiographical memory in a *relational context*, Naikan leads to a kind of cognitive remapping based on cultivating mindfulness focused on the kindness one has received from others.

What does it mean to recollect one’s life story and past events in a relational context? Naikan has a specific way of recollecting one’s past that is nothing like the “free-association” of psychoanalysis, and this is what makes Naikan distinctive. The practice revolves around clients remembering their past deeds in relation to someone who is or was close to them. This recollection of memories in relation to

someone else sheds new light on the client's existing conceptual and cognitive understanding of self and others. Following Buddhist thought, Naikan holds that our life story is not objective, but is a creation of subjective interpretation. What we consider solid facts, from this perspective, are not free from our perceptions and interpretations. Furthermore, Naikan regards human beings as "I-centered" so that life experiences are dominantly perceived from a self-centered view and this constitutes our "ordinary mind" (C. Ozawa-de Silva, 2006, 2007). The point of Naikan is to bring new, non-"I-centered" perspectives into the client's life. As a result, most Naikan clients gain new perceptions of the people who are close to them as well as of themselves. When revisiting past deeds in a relational context, people start seeing past events in a different way, since they naturally begin to see the past from the perspective of others. Oftentimes, Naikan clients are shocked to realize that what they considered "objective reality" was more a projection of their self-centered and hence one-sided interpretation of the past.

## History of Naikan and its methods

The founder of Naikan, Yoshimoto Ishin, was a serious Shin Buddhist and eventually achieved enlightenment or high-level realization (*tenmei-kaigo*) through *mishirabe*, a Shin Buddhist practice of self-examination. After his attainment of realization, his lifetime mission became to spread this method to as many people as possible so that they could benefit from this practice. Thus Yoshimoto adapted *mishirabe* into the current Naikan practice in the 1940s (Yoshimoto, 1981, 1985, 1997). Naikan is a less severe practice than *mishirabe*, which requires fasting and not sleeping until attaining enlightenment. Also by eliminating any references to Buddhism, Yoshimoto framed Naikan as a secular practice that could be applied at institutions such as prisons and schools and currently hospitals, in addition to independent Naikan centers (C. Ozawa-de Silva, 2006, 2007; Yoshimoto 1981, 1985, 1997). Naikan is held to be effective for treating substance abuse, psychosomatic disorders, criminal recidivism, and other problems in Japan (Hartl & Schuh, 1998). In terms of the objective of Naikan, a highly regarded Naikan practitioner, Yanagita Kakusei, used to say that Naikan is a way to happiness (Yanagita, 1980, 1997).

Remarkably, Naikan is a very simple practice that makes use of only three questions: (a) "What did this person give to me?" (b) "What did I return to this person?" and (c) "What trouble did I cause this person?" Usually clients are asked to start doing Naikan in relation to their mothers, since they were the primary caregiver from the point of conception and then birth. Clients are asked to remember their past deeds in relation to their mother or a primary care-giver from an early age (often as young as 4) up to the present. Rather than focusing on current problems, Naikan emphasizes the importance of recalling one's memories by following Naikan's three questions or themes. Every 2 hours, clients are visited by the Naikan practitioner. The visit is relatively short, often only 3 to 5 minutes, and clients are asked to report what they remembered in the past 2 hours.

## A Naikan day and week

A typical Naikan practice lasts 1 week and clients spend the entire time at the center, practicing Naikan from 5:00 or 6:00 a.m. until 9:00 p.m. In order to create an environment conducive to self-reflection, Naikan prohibits talking to other clients, reading, or watching TV during the week. Naikan centers provide a small private space for each client behind a 3 x 3 foot paper screen so that clients have a degree of privacy and are not distracted during their meditation.

Just before 5:00 a.m. or 6:00 a.m., peaceful music starts playing through speakers located in each room, with an announcement of the Naikan practitioner saying, "Good morning. It is time to wake up." Clients quickly get out of their futon bed and go to the common bathroom and washing area to wash their face, clean their teeth and comb their hair and then return to their room. They fold their futon mattresses and put them back in the closet in silence. Unfolding the paper screen and standing it up against a corner of the room to create their Naikan space, they begin their Naikan practice.

Around 7:00 a.m., (1 or 2 hours after clients begin their Naikan), breakfast is served by the practitioner's spouse or assistant on a small low table so that clients can take their breakfast behind the screen. The first *mensetsu* or interview begins around 8:00 a.m. The Naikan practitioner visits each client in turn. When the practitioner reaches a client's screen, he or she presses his or her hands together in *gassho* and bows deeply before opening the screen, and then again after opening the screen. Clients can sense the presence of the practitioner before he or she bows, but report that this time of bowing down often helps them to feel "sharp" and clear their mind. This may be because, in Japan, the act of bowing down to someone is a sign of utmost respect, which heightens the sense of seriousness in the atmosphere and prompts the client to feel humbled and to take his or her Naikan practice more seriously. Also when clients are feeling sleepy and tired, the sense of someone in front of them getting ready for the *mensetsu* tends to sharpen their mind. The practitioner then typically asks a formulaic question, namely, "What have you examined in relation to whom and at what time of your life?" The client responds by saying, "I have examined myself in relation to so and so between these periods," and then proceeds to give a summary of what they recalled. Clients are not obliged to report everything and they are free not to share certain things if they feel uncomfortable. This *mensetsu* normally lasts 3 to 5 minutes. At the end of each *mensetsu*, the client states what he or she is going to examine for the next 2 hours, and the practitioner leaves and moves on to the next client.

Although Naikan settings involve a level of sensory deprivation and clients do not hear other people talk except during the *mensetsu* time, the environment is calm, warm, and serene. Warmth may come from the kitchen as, since it is often in an adjoining room, one may hear the sound of chopping vegetables or smell soup being cooked. Because Naikan centers are often in the houses of Naikan practitioners, there is a nostalgic sense for Japanese clients of being back at home at a time when they were small and their mothers took care of them and cooked for them.

There are two more *mensetsu* at 9:00 and 11:00 am before lunch. Once lunch is served around noon, many Naikan centers broadcast past Naikan clients' narratives. These are meant to inspire clients who are not yet successfully remembering much from their past deeds. Many Naikan clients find some recordings very moving and refer to what they heard during their own reports. Naikan then continues and there are more *mensetsu* at 1:00 p.m., 3:00 p.m. and 6:00 p.m. before dinner, which is served at 7:00 pm. Once dinner is served, clients listen to recorded Naikan narratives again, which are broadcast through the speakers while they take their dinner. At 8:00 pm, the last *mensetsu* of the day is conducted and sometimes practitioners will ask clients to continue their Naikan through the night. At 9:00 pm, soft music is broadcast to announce the end of a day. Clients quietly stand up and fold their paper screen and lean it against the wall. They lay the futon mattress on the tatami of their room and make their futon bed when it is time to sleep.

### **Naikan: Religion or secular ethics?**

Despite being established as a secular therapeutic method that can be practiced by anyone regardless of religious belief or affiliation, Naikan is often considered a Buddhist religious practice. While attempting to spread Naikan widely, many disciples of Yoshimoto suggested calling the practice "*Naikan psychotherapy*," "*Naikan therapy*," or "*The Naikan method*" (C. Ozawa-de Silva, 2006, 2010), but Yoshimoto's typical response was "Naikan is Naikan." Indeed, many practitioners reject the idea that Naikan is a psychotherapy, since psychotherapeutic effects, strictly understood, are only a small part of the Naikan experience. Naikan is also not a religious practice, since Buddhist terms and concepts are avoided, and people do not need to know anything about Buddhism or have any faith or belief in Buddhism in order to practice Naikan, nor does Naikan aim to turn people into Buddhists. Due to Yoshimoto's reluctance to typecast the practice, Naikan's ambiguous identity remains a point of discussion even among Naikan practitioners and researchers (C. Ozawa-de Silva, 2006, 2007, 2010; Reynolds, 1980, 1983).

Through my 14 months of initial fieldwork followed by over 10 years of additional research and trips, I have come to see the complexity of Naikan and why it is not easy to classify or put in a box. Naikan certainly does not convert people to Buddhism and there was no such case during my fieldwork or in subsequent interviews. Naikan is, however, intimately connected to Buddhist philosophy and psychology, and it is based on Buddhist notions of suffering, the causes of suffering, and the alleviation of suffering. In fact, Naikan does not deviate from Buddhist philosophy at all and, in this sense, can be seen as a Buddhist practice. How can a Buddhist practice be a secular practice? This question requires careful attention and I have attempted to tackle it in another article (C. Ozawa-de Silva & Ozawa-de Silva, 2010), but the key issue is that a large part of Buddhism is a system of psychology of the human mind, so there are aspects of its philosophy and psychology that are applicable to those who do not share Buddhist beliefs in

reincarnation, the existence of Buddhas, and enlightenment. His Holiness the Dalai Lama has strongly advocated such a view, distinguishing between Buddhist science (that which is observable and empirically verifiable), Buddhist philosophy (that which one can infer through logical reasoning), and Buddhist religion (that which one must rely on testimony, scripture, or tradition for; Gyatso, 2005). Naikan appears to rely on Buddhist science or what we might call “secular or universal dharma.”

This secular Buddhist influence can be seen in the psychological transformations clients are expected (or encouraged) to undergo over the course of Naikan practice. For example, at the start, many clients feel frustrated that they have to recall the trouble they caused others, but not the trouble others caused them. When asked about this, Naikan practitioners respond that we are already experts at remembering the latter, so there is no need to spend 1 week at a Naikan center doing it. Even when we think we are good at remembering the trouble we caused others, we often fail. Furthermore, we often do things that we think will be beneficial to others *from our perspective* that are in reality nothing but trouble for others. These are things we would never remember as trouble we caused others under normal circumstances, but that can emerge as such through Naikan practice. This is the kind of distorted perception or I-centered perception that we all ordinarily operate under unless we have a chance to view our life from a new and relational perspective. When, at the end of 1 week, clients return to focus on a person that they already did Naikan on earlier in the week, remarkable changes may occur. They often revise their opinions and state that what they thought was a kind deed for others was in reality nothing but a deed stemming from self-interest (e.g., “I will gain this if I say or do such a thing that that person will like”).

Once clients gain more self-insight, they often experience having fewer items to report under the category of things they gave in return to others, and more items in the category of trouble they caused that person. This is a cognitive shift from our ordinary I-centered orientation toward a more other-oriented perspective. Again, this recalls Buddhist philosophy that stresses the relativity of self and others, and the importance of cultivating equanimity and recognizing the equality of self and others. Since Naikan is not focused on the therapeutic treatment of a specific disorder or illness, Naikan does not fit perfectly within a standard psychotherapeutic model. Naikan may be better described as aiming toward alterations in cognition and perception that replace existing fixed expectations toward others and create new relations. Yanagita’s famous dictum, “Naikan is a way to happiness” reflects this broader Buddhist perspective.

### **Other-centered cognition as a form of “mindfulness” through Naikan**

Although mindfulness is nowadays popularly understood as the practice of being aware of one’s surroundings, actions, inner state of mind, or sensory experiences, mindfulness can also involve reflection on certain existential facts of life. This is

indeed what the Buddha taught in the “Four Foundations of Mindfulness,” a key source text for the practice of mindfulness (Goldstein, 2013). While paying attention to the breath can bring health benefits, as existing research data show (Baer, 2003; Fjorback, Arendt, & Ornbøl, 2011; Hofmann, Sawyer, Witt, & Oh, 2010), mindfulness meditations that focus on existential facts may bring about even more radical subjective transformation (C. Ozawa-de Silva & Ozawa-de Silva, 2010). For many clients, this kind of transformation is key to the very notion of positive mental health and subjective well-being.

As a form of analytical mindful meditation, Naikan aims to cultivate mindfulness with specific content focused on the kindness of others and the trouble we have caused others throughout our lives. This kind of reflection is encouraged by prompting people to see themselves and the world in a relational context in order to help them realize that they have been interdependent with others through their whole life. Through realizing the interdependent nature of existence, Naikan clients realize that they have always received kindness from their family, friends, strangers, and many times even from “enemies” or those whom they normally consider to have troubled them. Cultivating honed attention to the numerous kindnesses clients have received from others is a distinctive form of mindfulness that involves other-person-centered cognition.

It is clients’ cognitive transformation and reassessment of their ordinary concepts of themselves, others, and the nature of human interactions that eventually leads to healing, a new way of relating to others, and increased awareness of all the kindness of others they have been receiving since the moment of their births. The client’s very concept of an independent, self-sufficient “I” is challenged, along with the fixed concept of his or her parents, siblings, friends, and enemies. What clients then experience is not a denial of the self but an understanding of the self as existing through and because of relationships with others.

Cultivating other-centered perspectives is not the same as “self-sacrifice” or allowing people to “walk all over” oneself. Self-sacrifice indicates that one has a sense that one’s interests are compromised or even denied even though that may be so by one’s own choice. Other-centered perception is a kind of awareness of equality and reciprocity between oneself and others. It is also a sense of awareness of the interdependent nature of our existence so that one realizes that one would not be alive today without the measureless support and assistance of others, not only from one’s immediate caregivers such as one’s parents, but also from countless strangers.

Once clients fully recognize this interdependent ontology, they are free from any sense of being alone, being unsupported or rejected by others or society. Naikan clients often report in their post-Naikan interviews that the increased sense of being connected to and accepted by others is very powerful or emotionally cathartic, and a turning point. Clients use metaphors like “It was as if a massive solid stone in my rib cage melted.” These experiences speak to the deeply social nature of human cognition and the fundamental need for affiliation (e.g., Rochat, 2009a, 2009b).

## Naikan in different cultures

In discussing mindfulness in cultural context, it is useful to examine an analytical mindful meditation technique like Naikan that has been practiced outside of its native culture. Since its establishment in Japan around 1950, Naikan has gradually spread outside of Japan. Austria now has four Naikan centers, and there are centers in Germany, the UK, and North America as well.

There are a few differences between Naikan centers in Austria and Japan, most of which seem to stem from the premise that psychotherapies or therapy-like practices require “privacy.” This notion is hardly questioned and is accepted as a norm and even an ethical necessity in the West. Indeed, I suspect that the notion that psychotherapies should be conducted in private spaces and that clients’ privacy must be protected is considered almost a culture-free universal ethical value in Western societies. But this is not a given, as Japanese Naikan settings have very public aspects; these settings themselves reflect cultural values and norms about what therapeutic institutions and space mean in Japanese culture.

First, Naikan clients in Japan often conduct their practice and sleep in a shared space with other clients. Up to four Naikan clients may share one room; the logic behind this is that, first, there are four corners to stand screens in one room, but what is more important is the notion that shared space is seen as helpful to each client’s progress. When I asked Mr. Shimizu, the main Naikan practitioner at Meiso no Mori Naikan Center in Tochigi, about this use of space, he responded that it is preferable to have at least one other Naikan client in the same room since the presence of other Naikan clients who are going through the same practice is supportive and stimulating. Sharing space means that Naikan clients can sense the presence of others and even hear the narratives of other clients that take place every 2 hours. Even in silence, clients can sense the presence of other people and this is perceived as providing a “solid ground.” When I asked about the issue of privacy, and specifically about clients being able to hear other clients’ narratives, which are often emotional and involve crying, Mr. Shimizu said,

As people’s Naikan progresses, it will stop bothering them. Most times Naikan clients report that other people’s serious attitude in Naikan is stimulating when they are feeling lazy and sleepy. Also if people are concerned about being heard by other people, they can always talk softly so other people cannot hear what they are saying. Again, as people’s Naikan progresses, they do not care about whether their narratives are being heard or not.

My personal experience of Naikan practice as a client resonated with Mr. Shimizu’s comment and I hardly heard what other clients were saying during their report time, even when they spoke relatively loudly.

As mentioned, past clients’ narratives are also broadcast during meal times. Early in my research, I heard one such narrative when I visited a clinic that had an entire building dedicated to Naikan practice. When I was taken to the Naikan

section of the clinic, I heard a woman crying heavily in a remorseful tone confessing her misdeeds and I nearly lost my balance while climbing the staircase. I had a negative emotional reaction to the sound of this woman's voice, which I found disturbing.

Once I went through Naikan as a client, however, I noticed that not all recorded narratives were so emotionally charged, and some were calm and helped me to remember certain things my mother did for me, since some clients recalled vivid memories about mothers' lunch boxes, cooking, and tender words (common experiences for a Japanese child). What was fascinating was my own reaction to these tapes over time. At the beginning, I found narratives somewhat unpleasant when they were overly emotional, but over time all the tapes began to sound touching, conveying values that I could always learn from. I became less judgmental and much more appreciative of other people's Naikan narratives.

When I visited Franz Ritter's Naikan center in Austria, just outside of Vienna, I was surprised to see that the Naikan space was divided into individual rooms. Ritter spent considerable time in Japan and experienced Naikan in Japan many times, but he intentionally made this modification when he opened his Naikan center in Austria. He told me that he felt a strong need to create a space that was conducive and familiar to the local culture, and the monastic cells gave him inspiration. He also explained to me that privacy was very important for Austrian clients. In his Naikan center, each room has a small simple bed, and a space next to it. In this space, there is a screen that is slightly larger than the 3 x 3 foot Japanese Naikan space where the client can sit on the floor behind the screen. Interestingly, the side walls do not go all the way up to the ceiling, but leave a little space, so that even though privacy is maintained visually, there is some opening to the next room, and one can hear a person moving about in the next room. Ritter felt the special design maintained the sense of sharing a Naikan space, while balancing this with the need for privacy.

Another major difference between Japanese and Austrian Naikan centers is that recordings of past Naikan clients' narratives are not played at any time. Ritter told me that he had tried to do this in the past, but his clients reacted negatively. I heard the exact same thing from a Naikan center in Vermont. American clients there immediately felt uncomfortable listening to another person's very personal narrative. At Japanese Naikan centers, it is quite common for clients to allow the Naikan practitioner to record their narratives, but this is not done in Europe or North America. In my case, I thought having my 1-week Naikan reports recorded might be potentially useful so that I could later analyze my Naikan process and transformation (or lack thereof). Indeed, tapes of particularly good narratives can even be bought at Naikan centers, and as a researcher, I eventually had access to over a hundred of these recorded tapes.

These differences clearly show how different cultures view the nature of therapeutic or transformational space, methods, and individuals. Psychotherapy is a term that has strong secular connotations and also, given in its very etymology, implies attending to the mind rather than the body. This divide between the mental

faculty and physical elements, and the creation of techniques that deal only with the former, is typically associated with the legacy of the Cartesian dualism in Western thought. Around the world, by contrast, we find the majority of healing rituals are connected to religio-spiritual practices and also involve somatic elements in their approach, seeking to address ailments on both physiological and psychological levels. The aim of this paper is not to dwell on the difference between psychotherapy and meditation, but it is crucial to mention that the concept of psychotherapy is itself quite culturally specific to modern European history. Japan, like many other “non-Western” societies, does not have a tradition of established psychotherapies, but has produced indigenous forms of psychotherapeutic methods such as Morita (Lebra, 1982; Reynolds, 1976) and Naikan, both of which derive from Mahayana Buddhist traditions and which emphasize specific physical engagement alongside mental engagement (e.g., lying in bed for 1 week in the case of Morita, and sitting behind the screen for 1 week in the case of Naikan). Indeed, Naikan practitioners often hear reports that not only their clients’ depression, but also their knee pain and back pain improved throughout the course of Naikan, or that their bodies, which were easily chilled before, became warmer.

Furthermore, the divide between “therapy” and a broader concept of personal or spiritual development or transformation is less clear in Japan, as a country that has long been influenced by Buddhism. Buddhism holds that the root cause of suffering is in one’s mind, and particularly cognitive distortions in the mind. Therefore, achieving cognitive self-transformation (i.e., enlightenment) through meditation has been a main technique in Buddhist tradition. There is no need to have a private space to do meditation practice, and even in the US, meditation retreats and meditation sessions usually take place in a large space with many people together, and this is considered beneficial. Thus if Naikan is understood as meditation in Japan, but as psychotherapy in the West, this might explain some differences in cultural assumptions regarding the need for privacy as opposed to shared space and the broadcasting of narratives. Indeed, it is often difficult to convey how Naikan works or its efficacy to those who apply DSM criteria in judging the efficacy of treatments. Healing through Naikan is not seen as a case of eliminating symptoms or treating mental illness, or even of eliminating an external cause of suffering (such as depression or mental illness), but rather as a case of seeing that what clients thought was the cause of their problems is not in fact the underlying cause. Clients are led to the discovery that the root cause of their problems was their mental orientation, and that a change of perception can free them to live and experience their surroundings in a different way that is more conducive to well-being and happiness.

These notions also appear to have to do with the notion of an “individual.” There is no ontological difference in selfhood between Japanese and so-called “westerners,” although sometimes the discussion of interdependent as opposed to independent construals of selfhood can be misunderstood in this way (C. Ozawa-de Silva, 2007; Shimizu & Levine, 2001; Suizzo, 2004). Rather, independence and interdependence are better understood as cultural ideas and ideals that are

valorized in one society as opposed to another (C. Ozawa-de Silva, 2007, p. 421). If individuals are expected to have clear boundaries that set them apart from other people and their surroundings (e.g., community, society), then maintaining privacy in the context of Naikan makes sense. But in a culture where positive moral value is associated with the idea that individuals are deeply interdependent and constantly relying upon each other, collective therapeutic/transformational settings make sense. One can in fact turn the question on its head, and ask why therapy takes place in private settings in the West.

Most importantly, it is to be noted that the boundary between (secular) psychotherapy and (religious) healing and meditational practices is unclear for a number of reasons. Psychotherapy is in its premise secular. “Secular” in this context means not requiring any religious knowledge, belief, or participation. But no form of psychotherapy can be culture-free and therefore the religious background of its dominant culture is reflected in the ethical foundation of (secular) psychotherapy; the founder’s cultural background, influenced by his or her religious backdrop, inevitably affects the style of therapeutic techniques and settings s/he develops, and this influence holds whether the founder or practitioner believes in that religion or not. In other words, any psychotherapeutic practice has elements of religious influence in its ethical foundation or even in its techniques. The line between “secular” and “religious” is not hard and fast, and the two coexist more intimately than is typically acknowledged.

Furthermore, there may be another added benefit in having shared communal space within which the individual Naikan practice takes place. Recollecting the kindness of others is a practice that aims at realizing the interdependent nature of one’s own existence. Cultivating this kind of mindfulness in a context where others are present reinforces this sense of interdependence. “Mindfulness” in recollecting the kindness of others in cultural context points to the premise of interdependence of individuals and their surroundings in Buddhism and in Japanese culture, which has been deeply influenced by Buddhist perspectives. But is this practice then culturally specific and therefore limited to only Japanese clients in Japan?

### **Cross-culturally shared aspects of Naikan: Common insights and somatic experiences**

Even though some adaptations were made when Naikan was introduced to Austria and in the US, key features of the Naikan method remained the same in these two cultures, including: 1 week as the duration of one therapeutic cycle; spending the week in silence; basing the meditation on the same three questions; and the structure of the scheduled interviews. The experiences of clients also appear to be very similar as illustrated in the following accounts.

American Naikan client, John Kain:

As I dredge up specific memories of what I received from my mother in early childhood—the German chocolate cake she made for my birthday, the gentle way she

taught me to swim—I am filled with a palpable sense of appreciation. I feel more permeable, less armored. The idea of myself as “solitary” no longer plays. I can see my existence as an accumulation of layers, like colourful sedimentary rock, deposited through the acts of others, the acts of nature. (Kain, 2004, p. 60)

Japanese Naikan client, Keiko:

I always blamed my mother for being the source of my anxiety neurosis . . . After my Naikan, I realized that I always received an infinite amount of love from her. It wasn't because of her, but rather because I only paid attention to the things she did not do and grew in anger and dissatisfaction, that as a result I built up stress by myself and became sick . . . I really feel sorry for my mother, thinking about how much worry I must have caused her these last three years. I'm filled with the emotion, wanting to apologize to her . . . Thanks to Naikan . . . I gained security, and since I am certain of the affection I've received now, I think I can finally live in the present. (C. Ozawa-de Silva, 2006, p. 63)

Japanese Naikan client, Kaori:

I felt as if I had an untamed wild animal in me and I felt so restless, but after talking to you [in the interview period], I felt lighter (*mune no tsukae ga toreta*) and I felt, “Even such a bad person as me is also lived.” Up until now I was convinced that I was living, but now I realize that I am lived [i.e., I live thanks to others]. Because of this, I've been able to rest with a happy and calm feeling. This morning, when I woke up, I did not feel that I woke up but rather, “Ah, I still have life!” I felt very happy, my body felt light . . . After I realized how much affection I received from my father, who is still alive, and realized that I was loved by him and that I was very happy, I was able to feel calm, and so I was able to do Naikan in a calm and quiet mind.

Austrian client, Andrea Viola:

The feeling of thankfulness for life and love—above all for family members—that filled me up is indescribable and wondrously beautiful . . . Seen in the long-term, my life has changed step by step since that week. It was the beginning of a process of dissolving various problems, not always at the same tempo, but one that still continues without pause—a new beginning. (Hartl & Schuh, 1998, pp. 232–233)

As these quotes show, Naikan clients from different countries describe similar subjective transformations and the way they experience the kindness of others is almost identical.

In the Naikan process of cultivating mindfulness toward the kindness of others, there are also widely shared somatic experiences among clients in Japan, the US, and Austria. Most clients experience physical discomfort initially, but usually only for the first three days. Numerous past Naikan clients claimed that they found it

difficult to sit in an enclosed space for a whole day (15 to 16 hours) and felt the need to move around. Many clients indeed go to the bathroom more frequently in the first few days. This becomes less frequent as days go by. The forms of somatic discomfort described ranged from just feeling unsettled, to feeling the need to stretch one's legs out behind the screen or to walk around now and again with the excuse of visiting the bathroom. Likewise, the mental unsettled feeling described by clients usually lasts for the first 2 to 3 days. Many Naikan clients find it difficult to focus on Naikan's three themes for the whole day and find their attention keeps drifting away to things at home, work, and just about everything but Naikan. Similar to other forms of mindfulness practice, their task is to repeatedly bring their minds back to the person and the particular Naikan question they are working on at that moment. Also many note that they felt that time went by extremely slowly for the first 2 to 3 days.

### **Mindfulness of the kindness of others in cultural context**

Perhaps the most remarkable feature of the cultural adaption of Naikan is how little the practice needed to be changed when it left Japan. Naikan's three questions are often seen as reflecting Japanese cultural values that emphasize guilt, indebtedness, gratitude, and interdependence (Murase, 1981, 1982, 1996) and therefore Naikan has in the past been described as a culturally specific method that could only be effective for Japanese clients (C. Ozawa-de Silva, 2006, 2007). This view is challenged by narratives from Naikan clients in different countries, like those presented above, which suggest that Naikan has proved both acceptable and effective in non-Japanese settings and for non-Japanese clients with relatively few modifications. Indeed, not only do non-Japanese clients appear to benefit from Naikan, the new insights they gain and the trajectory of their self-transformation closely resembles those of Japanese clients. This finding pushed me to challenge the commonly held notion that a practice that deeply reflects cultural norms and practices is only applicable within that particular culture (C. Ozawa-de Silva, 2007). Naikan certainly has many culturally specific elements, but it also has cross-cultural therapeutic applications. Of course, Freudian psychoanalysis also has many culturally specific aspects, yet it spread far beyond Austria and Germany. Similarly, the popularity of hatha yoga shows that this practice, which also can be seen as very culturally specific, also has wide cross-cultural appeal. It is likely that Naikan, like hatha yoga and other contemplative practices, draws upon cross-culturally applicable cognitive and embodied techniques that lead to the transformation of subjectivity in relatively consistent ways (Gyatso, 1999, 2005; C. Ozawa-de Silva, 2007, 2010; Varela, Thompson, & Rosch, 1992; Wallace, 2006).

The themes of Naikan's three core questions may indeed reflect Japanese culture, but this "cultural content" has been highly influenced by Buddhist philosophy, which is not originally Japanese, but rather developed in India. Given that this philosophy had sufficient cross-cultural applicability to travel to China and then Japan, it is not surprising that Naikan practice also has had the ability to travel

beyond Japan. In short, we can see Naikan as both culturally embedded and reflective of Japanese culture, and also cross-culturally applicable beyond Japan. Having cultural specificity does not necessarily preclude cross-cultural applicability.

## **Mindfulness affecting culture and current understandings of mental health**

Finally, it is possible that mindfulness can even change culture and our cultural understandings of mental health and well-being. In popular and professional discourse about mental health, there is limited recognition that contemporary medical views and diagnoses of mental diseases reflect the cultures in which they emerged. As well, mental health care in biomedicine has mainly focused on treating mental illness, with less attention to promoting mental well-being.

Increasingly, studies on suicide and positive psychology reveal the importance of social connectedness and sense of belonging. I have conducted research on Internet group suicide in Japan since 2003 by closely following over 40 suicide websites. The main finding from this research is that many suicidal individuals who are frequent visitors to these suicide websites suffer from a distinctive form of *existential suffering* that is not merely reducible to clinical depression (C. Ozawa-de Silva, 2008, 2009, 2010). The distinctive aspects of this existential suffering include: an absence of meaning; afflictive loneliness; a sense of disconnectedness; needing others to die together with; and a wish to die in comfort. The statements posted to these websites show that the acute sense of loneliness and disconnectedness expressed by these individuals does not reflect whether they are physically alone, as they experience such disconnectedness even when among other people and family members.

These suicidal individuals' subjective experiences of mental pain, inner turmoil, and self- and other-oriented feelings of rejection are almost the exact opposite of the subjective feelings reported by clients after a 1-week session of Naikan. Post-Naikan clients report feeling that they are supported and accepted by others, as well as feeling a greater sense of self-acceptance. In 2010, I conducted collaborative research on Naikan to assess clients' subjective transformation by distributing surveys such as the Mental Health Continuum (MHC-SF), Patient Health Questionnaire for Depression (PHQ-9), and Inter-Personal Relationship Inventory (IPRI) before, immediately after, and 3 months after Naikan (C. Ozawa-de Silva et al., 2014). Clients showed a significant increase in all three subscales of mental well-being on the MHC-SF and a decrease in depression scores, even 3 months after the practice.

Both my ethnographic findings and quantitative research suggest that post-Naikan clients benefited from increased mindfulness of the kindness from others, developing increased resilience, which might act as a potential buffer against mental illness and suicide. Current suicide prevention policies have mainly focused on the treatment of depression. Depression, however, is not the only, or even necessarily the most direct, cause of suicide (Joiner, 2005). Anthropological work can shed

light in this area by critically examining the lived experience of individuals and communities through ethnographic research that reveals the “cultural logic” of suicide (Kral, 1994) as a “learned choice” (Joiner, 2005). Suicide is often not an obvious choice even among people with depression, but social isolation, social rejection, and loneliness appear to be recurring factors in suicidal ideation, at least in Japan (C. Ozawa-de Silva, 2008, 2009, 2010). Contemplative practices such as Naikan, mindfulness meditation, and Goenka’s Vipassana method, that result in self-transformation with an increased sense of gratitude and social acceptance, may counteract mental states of feeling disconnected and lonely, and further study of their potential for suicide prevention seems warranted.

## Conclusion

Naikan is a practice of mindfulness that reflects Japanese cultural values and practices. At the same time, this highly cultural practice also shows a large degree of universality, likely because it is based on existential facts regarding the relational nature of our lives and life histories, and how distorted cognitions related to this cause suffering and prevent well-being. Culture therefore does not only mean “particularity” and “local specificity” since culture entails multiple layers. Certainly, one can say that Japanese culture is a partially Buddhist culture, but Buddhist culture itself is not bound to Japanese culture. In studying mindfulness in cultural context, therefore, it is important to recognize that mindfulness practices in different cultures have both local cultural uniqueness but also universality. In the case of Naikan, mindfulness of the kindness of others can be practiced in very similar ways across cultures if adapted with sensitivity, and can yield remarkably similar effects.

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