

# Keeping it together: Idioms of resilience and distress in Thai Buddhist mindfulness

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## Abstract

Mindfulness is increasingly lauded as a mark of well-being around the world, but less often is its opposite, mindlessness, articulated in discussions of mental health. In Thailand, where people follow the kinds of Theravāda forms of Buddhism that have inspired today's global mindfulness movement, "mindlessness" is understood as a culturally salient mark of distress. In this article I address what mindlessness looks like for people in and around the Northern Thai city of Chiang Mai, where mindlessness can be thought of as ephemeral and passing as a fleeting forgetfulness that necessitates re-reading a page in a book, or as long lasting and powerful as a destabilizing condition to be treated in the in-patient ward of a psychiatric hospital. I emphasize local meanings and contexts of mindlessness, and their entanglement with broader discourses in the mindfulness movement, in order to point to mindlessness as a type of local and potentially international idiom of distress. I do this to argue for both the continued importance of cultural concepts of distress in our psychiatric nosology, and for further study into the slippages that can occur when local idioms like mindfulness go global.

## Keywords

Buddhism, idioms of distress, medical anthropology, mindfulness, *sati*, Thailand

*Chan pben kon baa phrawa sati mai dii*  
*Mai chai kon mai dii chan mii sati mai dii*  
*Chan pben kon baa mai chai kon mai dii*  
*Chan sati mai dii chan pben kon baa*

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*I'm a crazy person because my mindfulness is no good  
 I'm not a bad person, my mindfulness is just no good  
 I'm a crazy person, not a bad person  
 My mindfulness is no good – I'm crazy!*

“Crazy”<sup>1</sup> by the popular Thai band Carabao

## Introduction

The popular Thai rock song *Baa* (Thai: “Crazy”) tells the story of a man in a psychiatric hospital, “a home, a red roofed house, a clinic for those with mental conditions . . . I’ve been here a long time.” The song tells how one day the man is holding onto the hospital’s window bars, looking at the busy city street beyond, when he spots a woman changing the tire of her car. The woman yells at him, flustered: “What are you looking at, crazy man?”, but when he helps her figure out how to use the extra wheel bolts to make up for one that had fallen through the grates she thanks him, and he reiterates to the listener, “Crazy?! Yeah I’m crazy! But even if I’m crazy, I’m not stupid! I’m not a bad person, my mindfulness (*sati*) is just no good!”

Mindfulness has long been a central part of the Theravāda Buddhist religion followed in South and Southeast Asia, and as such it stands to offer an example of what mindlessness looks like in practice in a place where the majority of people have a close familiarity with the concept.<sup>2</sup> Local ideologies circulating within the social worlds of Thai Buddhists have a lot to say about what a ‘full’ mind means, and also what can happen when the mind becomes scattered, and lost. Mindfulness is usually conceptualized as either universally psychological or religiously Buddhist, but increasingly there are calls to understand its more local, grounded social experience as an integral part of (rather than separate from) the phenomenon. As Kirmayer says in the introduction to a recent special *Transcultural Psychiatry* issue on mindfulness:

“A situated view of mindfulness would ask that we look not just at the canonical texts or prescriptions but at what practitioners actually do both during periods of meditation and in the course of their everyday lives. Understanding how mindfulness changes experience may require not simply exploring the phenomenology from first-person perspective, or identifying the brain correlates of particular states or outcomes, but also mapping the social worlds in which experiences of calm attentiveness, nonattachment, equanimity, and compassion are enacted.” (Kirmayer, 2015, p. 459)

In this article I examine ideas about mindlessness in Northern Thailand, where it circulates as a local idiom to explain mental troubles. I show how mindlessness is used to discuss distresses both small and large, and tie these instances in to related conceptions about impermanence and selflessness in the region. In the final section

I offer some questions about the placement of mindlessness within the DSM-5's approach to cultural concepts of distress, and suggest the importance of recognizing the role of power and hierarchy in decisions about whether a particular way of understanding distress should be considered 'global' or 'local'. I will argue that the idiom of mindlessness in Thailand points to models of the mind that are deeply enmeshed within local Buddhist discourses of health and wellness, and that globalized discourses of mindfulness must thus be understood within structures of power relations that privilege some meanings over others. I argue this in order to advocate for the continued importance of the cultural idioms of distress approach in our psychiatric nosology, while at the same time pointing to the increasing need to recognize that all idioms of distress are also cultural ones.

### *Mindlessness in Northern Thailand*

As is common in many Buddhist contexts, in Thailand the normal, unenlightened human mind is often compared to that of a monkey: it tends to always be wandering off. The mind is understood to be prone to scatter, necessitating for some to take part in what are known as 'soul-calling ceremonies' (*riak khwan*) to call it back and keep it together, or to take part in multi-day meditation retreats at one of the omnipresent monasteries of the country. When my friend Gaew told me one afternoon about her upcoming meditation retreat at a nearby monastery, she said she was going "because I've been really forgetful and scattered lately... I want to develop my mindfulness". Part of this mindfulness training, I was told, is to learn to tie down one's mind, much like one would tie a buffalo to a post.<sup>3</sup> Keeping the mind together is to have mindfulness; and losing it is thought to be a mark of suffering.

My friend Sen, who had spent years struggling with an addiction to alcohol, was spending time as an in-patient at Chiang Mai's central psychiatric hospital when I went to visit him one day. "My problem, Julia," he told me on the hard bench outside the barred walls of the ward, "is that I don't have mindfulness. Actually, this whole place," he went on, looking and gesturing around him, "is for people *tii mai mii sati* – people without mindfulness".

Mindlessness is clearly seen as a mark of mental instability in Sen and Gaew's cultural community, but what does this mindlessness look like, and how is it connected to broader ideas about what it means to be well in Thailand? Gaew, Sen and many others use idioms of mindlessness to talk about distress, but they do so in ways that look slightly different from conceptualizations of the concept in Western contexts, including the incorporation of what I have discussed elsewhere as the "TAPES" of mindfulness: cultural frames that tie mindfulness to particular cultural perspectives about Temporality, Affect, Power, Ethics and Selfhood.<sup>4</sup> They include ideas about attachments, non-self, and the wandering spirits of the person, among others, and tie in to some of the slippages in understandings when the local becomes global in our medical representations of mental health.

To learn about mindfulness and mindlessness in practice I spent a year gathering ethnographic data from over 200 people in the country. I carried out 50 interviews,

administered 150 mindfulness questionnaires and scales, and took part in hundreds of hours of participant-observation fieldwork, including sitting in a series of meditation retreats at area monasteries. I spoke with monks at the city's two monastic universities of Wat Suan Dok and Wat Jedi Luang, with doctors and staff-members at the city's central psychiatric hospital of Suan Prung, with students at the city's central Chiang Mai University, and with lay followers in the city and also in the nearby village of Mae Jaeng.<sup>5</sup> I also drew from long-term ethnographic research I have been conducting on Buddhist practice and mental health in the region for the past 15 years.

People in Thailand talk about mindfulness using the Pali and Thai Buddhist word *sati*. *Sati* most directly means "mindfulness" (based on early and recent translations by Rhys Davids, 1881 and Wilson, 2013, respectively, among many others). It is related to concepts concerning awareness, recollection, memory and more in the Buddhist texts and religious contexts that have been used as the foundation of the modern mindfulness movement (Shulman, 2010; Braun, 2013, Analayo, 2003; Cassaniti, 2018).<sup>6</sup> Mindfulness and its opposite of mindlessness is pervasive in Thai culture, appearing regularly across the Thai social scene, from ghost movies that talk of the scary potential of mindlessness to political messages bent on developing mindfulness on a national scale. It can be found in advertisements selling mindful products, in teenage banter of laughing at friends who have "lost it", and in the more structurally elaborated contexts of schools, Buddhist monasteries and psychiatric clinics in the country. People in Thailand talk about losing one's mindfulness – or having mindfulness that is "no good", as the man in the Carabao song states – by using a variety of related terms: *mai mii sati* is to not have mindfulness; *luum sati* is to forget one's mindfulness; if your *sati* is *mai dii* it means your mindfulness isn't at a very good or high level.<sup>7</sup> When someone isn't paying attention to something, she might say by way of explanation, "Oops, *sati taek* – I lost my mindfulness for a second there!" If someone hears some unexpected news and finds he cannot concentrate, he has "*khat sati*" (to cut one's mindfulness), or "*sia sati*" (to lose one's mindfulness). *Tang sati* is to "compose" one's mindfulness, much as one would compose oneself after getting rattled at something. Tripping while walking might also elicit a comment about one's mindfulness, for not paying enough attention to where they were going. If someone got drunk or just acted crazy the verdict might be "*rai sati*", to be mad or crazy. A recent popular Thai song by the band Soundlanding called "*Wan rai sati*" (The Day of Bad Mindfulness) cheekily tells of losing one's mindfulness, with the main character in the video spinning around dizzily as he runs out crazily through the streets of his town.<sup>8</sup>

Although episodes of losing mindfulness can be extreme, they are also often fairly incidental. As a monk in Chiang Mai put it, "we can forget our mindfulness all the time. Losing it doesn't only happen in a critical situation, it can happen whenever, and wherever. For example, we are talking right now and my mind could wander to something else. I may be speaking to you now, but I may be thinking of my temple, or my work." While these instances can be very minor, they are still

usually experienced as distressing. “When we don’t have mindfulness we suffer,” a woman in the countryside told me when I asked her to explain mindlessness, and when I asked her to elaborate she said, “well, like, if we’re eating fish without sati, then a fish bone will get stuck in our throat. It could just tickle and bother us – or we could choke on it. When we’re walking we have to be careful of not stepping on nails. If we don’t have mindfulness we may step on one.”

People in Northern Thailand reported these particular moments or periods of mindlessness, often with elaborate illustrations. They spoke most often about times when they found themselves to feel particularly angry, tired, hungry, distracted, drunk or anxious.<sup>9</sup> Usually these incidents occurred in passing moments that were caused by a temporarily “mindless” mind. “A few years ago, I got really angry at a friend who borrowed my motorbike at school without asking me,” a student at Chiang Mai University said, to offer one example, “and when I found out about it I was angry and I hit him. He lost two of his teeth! It was because I didn’t have mindfulness then . . . but we’re ok now.”

Anger was the most common context when people reported feeling mindless, and this was true not also for laypeople, but for monks, too, who as part of their religious training learn the importance of a calm and equanimous mind. Monks described episodes of mindlessness when they are angry at novice monks and novice monks in turn described episodes of mindlessness when they are angry at senior monks. At one monastery in the city all 10 of the monks I spoke with told me instances of feeling anger and hitting, or wanting to hit, others when they felt particularly mindless!<sup>10</sup> As with lay people, monks told me that as they developed their skills in mindfulness and meditation these feelings lessened.

It is not just anger or instances of negative emotion, however, that are tied to moments of mindlessness. People reported feeling mindless when they were experiencing extreme feelings in general; it is at these times, they said, when their minds somehow get lost from them. Even extreme happiness was cited as a time of mindlessness for some. I once mentioned to my host sister Goy how amazed and happy I was at the beauty of the hiking trail we were on, and in response she warned me to be careful: “Watch out – joy can be like a bubble, and burst.” A psychiatric doctor told me how mindlessness will occur “when things feel extreme, like we’re very, very happy, or very, very sad”.

“How can being happy cause mindlessness?” I asked the doctor, curious if even mindlessness in happiness could be thought of as distressing. In response, he discussed at length ideas about suffering and impermanence, both central points in Buddhist philosophy: “. . . if we’re very happy, we may feel like we’re in paradise, but it’s only a short time and it’s gone. We may think it’s good to be very happy, but at that time we have no mindfulness, and we drop from that state and see the truth in life, and we can’t tolerate it.”

These instances of mindlessness are not usually experienced as all there or all absent. Except in the extreme cases of an enlightened (and so fully, always mindful) person, I was told, or a hopeless (fully mindless) one, most people do not have either all mindfulness all the time nor no mindfulness ever. There is a range of

feelings about how much mindfulness people usually have, and how much we are usually mindless. "Once I was late for class and I was in a hurry and forgot where I was going," a monk told me, "because of my mindlessness. If we have mindfulness with us that wouldn't happen, but of course we can't have mindfulness with us all the time, because we're not enlightened yet." Many of the moments of lightly losing mindfulness are experienced as more distressful when the incident is felt to be more extreme, or longer lasting. A monk told me how he had been walking in the forest and a tree fell down in front of him and he lost mindfulness for a short moment; a woman in the countryside told me a similar story but with more of a shock, and described how it had made her fall ill for weeks.

Different degrees of mindlessness are also thought to be present at different periods of a person's life. A monk in Chiang Mai described how, before he had been ordained, he had gone out drinking with friends and lost his mindfulness for the night; then, a few years later, his grandfather passed away, "and then I really couldn't control myself! I didn't have any mindfulness, it felt like everything was crashing down. I didn't want to listen to anyone." Others talked about similar kinds of strong feelings of mindlessness after loss: "When my mom died, it was like the world was empty, there was nothing left anymore, and I lost it." A woman in the countryside named Ning, who had spoken to me at length about a difficult time in her life a few years earlier, described how she had experienced a period of mindlessness at that time: "I was heartbroken, that's why. I don't have a lot of mindfulness also any time I'm stressed or sad. That time was especially hard, but it could happen any time. Our minds can wander somewhere else, and that's when we don't have mindfulness. When I had that trouble at home, I lost my mindfulness for a while."

Many comments on mindlessness are used as a way to talk about something relatively minor and passing, reminding us that concepts of distress do not always point to a disorder. As with the colloquial use of the English term "depression" in the US (where one can say "I feel depressed today" as a passing and fairly inconsequential comment even as it can also in other instances mark a major period of illness), "mindlessness" and other cultural idioms like it may serve to frame commentaries on passing personal and interpersonal struggles. As with other idioms of distress, we could think of mindlessness as more about "the pragmatics of communication" (Kirmayer, 2013) rather than an ailment that always needs therapeutic intervention. Like most, Ning eventually recovered her mindfulness and described her experience of mindlessness to me as a difficult but passing one.

For others, however, mindlessness becomes a recurring, more debilitating experience. As the Carabao song and Sen and others had said, mindlessness can cause one to become crazy. "If you don't have mindfulness it means you're crazy," an old man in the countryside had put it plainly; "Not having mindfulness makes you get weak and sick," said another. Sen is an example of this more extreme, debilitating case of mindlessness. He had been suffering from a variety of health problems over the previous 10 years, and had started a cycle of staying at the psychiatric center for a few months at a time for a few years in a row.<sup>11</sup> At first he was admitted into the addiction ward because of his drinking, but it had more recently morphed into what

his doctor explained as alcoholism-induced psychosis. Sen had told me about his mindlessness as a way to make sense of, and share, his distress.

Idioms of distress often allow for the expression of discontent in the face of structural social inequalities. As Nichter pointed out in his early essay on idioms of distress, “Involvement with an idiom [...] may indeed be an adaptive response or attempt to resolve a pathological situation in a culturally meaningful way.” (Nichter 1981, p. 402). For Ning, problems that I later learned were a reaction to her husband’s infidelity were couched as problems with “mindlessness”, a culturally appropriate way to discuss her feeling of suffering. For Sen, a series of personal problems contributed to his losing his mindfulness: alcoholism for the most part, but also a family environment that paid little attention to him, the death of a grandmother who had raised him, a personal struggle with his homosexuality in a social environment that he felt did not accept it, and a problem with his brother-in-law in a cultural context in which husbands traditionally move in with their wife’s natal household, along with other kinds of structural social issues.

As has been pointed out by scholars working on approaches to social resilience (Kaiser & Weaver, 2019), sometimes idioms of distress offer acceptable ways to couch personal and social struggles within larger systems of structural inequality. This was the case for Sen, for Ning, and for many others I spoke to in and around Chiang Mai. Inequalities, however, can also be perpetuated *through* the use of idioms like mindlessness, as well as countered by them. With mindlessness in Thailand this occurs even at the level of national politics: after the Thai political coup d’état in May, 2014, I was talking with a neighbor in Chiang Mai about what had happened, and she told me how people had been riled up lately with political protests, and how the newly instantiated military government was “giving people mindfulness”. Apparently, she implied, the Thai people were becoming “mindless”, and so in need of help. Her comment seemed too pat, somehow, and I wondered if maybe she’d heard the justification from the new government rather than coming up with it on her own. Indeed, a few days later I heard the same rhetoric on the national radio, in a government announcement explaining the coup as necessary in order to give people mindfulness. I almost pointed out to her the way that mindfulness was being wielded as a political tool, but hesitated because of an increasingly censored social climate; whatever I said could be now couched as “mindless” too. A year later, the new Prime Minister General Prayut Chan-o-cha continued to discuss his program, as he titled one of his national speeches, to “Restore Mindfulness to the People”. Mindlessness is seen as both a personal and a social problem in Thailand, and as a social problem it is liable for manipulation in discourses of both personal and national distress.

## **Meanings of the mind: Impermanence and the non-self in Thai mindlessness**

Understanding what it means when one loses one’s mindfulness entails not just understanding personal experiences and social incidents of it, but also how it

connects to related ideas about mental health circulating in a social environment. Doing so can help to show how a local concept of distress is part of local complexes of ideas and thus how it may differ from one cultural context to another. Examining some of this local Buddhist scaffolding can help to show how meanings that are situated deeply in historical consciousness move from place to place and across social settings.

Phenomenologically, there are multiple kinds of experiences tied to the idiom of mindlessness in Thailand; I point to two salient ones here. Cultural ideologies about change (especially the negative effects of thinking too much, and over-attachments in the face of impermanence), and selfhood (including ideas about the transitory, wandering spirits of the mind) shed light on how people in Thailand more broadly link mindlessness to what it means to be mentally healthy.<sup>12</sup>

### Change

Mindlessness is often connected to ideas about what happens when one becomes overly attached to something that will inevitably pass. For the political coup of 2014, the rhetoric of “restoring mindfulness” suggested that people were becoming too dogmatically tied (i.e., riled up about) their own political party. For Sen, his problems were often described by his friends and family to me and each other as an over-attachment to alcohol, a problem that was most often articulated as *dtit lao*, using the same term *dtit* for addiction as for attachment. For others it is a distraction that comes with thinking too much about something that causes moments of mindlessness. When the mind becomes lodged in one place, or in a past or future moment in time, suffering is understood to occur in part because the world is always changing; through overattachment, it is thought, the mind isn’t there to focus on what is in front of one, or to remember what is important. It has in effect wandered off, and gotten lost.

Often this is understood to happen through what is referred to as “thinking too much”. In Thailand, idioms of attachment and the problems that occur from excess rumination are common ways to index the state of one’s mind. “Thinking too much” is one of the few “cultural concepts of distress” currently listed in the DSM-5’s glossary of what used to be called “culture-bound syndromes”. It is listed under the general category of *kufungisisa*, cited as experienced by Shona people of Zimbabwe (Patel et al., 1995, Abas and Broadhead, 1997), but it has also been strongly tied to psychiatric work in contexts of Buddhist ideologies about over-attachment in Southeast Asia (Kaiser et al, 2015; Eberhardt, 2006; Muecke, 1994; Hinton et al, 2012; Hinton, Reiss, & de Jong, 2015; Cassaniti, 2015a).<sup>13</sup> Thinking too much in a Thai context is understood to cause suffering because of the fact of constant change, one of what are known as the Three Characteristics of Existence in Buddhist thought.<sup>14</sup> Because everything is impermanent, becoming stuck on wanting something to be a certain way (or wanting it to go away) is seen to be especially detrimental. “Thinking too much” in this sense can be thought of one of these marks of mindlessness. As other medical anthropologists have



pointed out, thinking a lot may be “the apposite of the Buddhist ideal of focused mind characteristic of mindfulness and meditation” (Kaiser et al., 2015, p. 177, following Hinton et al., 2015).

In my ethnographic research, comments about thinking too much came up in contexts ranging from the many people who felt mindless after the funeral of a loved one because of thinking about them too much, to a government worried about (and willing to manipulate the idiom for) the “over-attachment” of the people to their politics. I was told often that I thought too much while I was doing fieldwork, and while I tried to retort that thinking a lot is part of my culturally-acceptable career, I knew that the rumination that goes in to “thinking too much” in Thailand means something different. It is about the distraction of excessively attending to something when something else is happening in front of one. As a monk in the countryside put it, “People who don’t have mindfulness are insane people...our mind is like a monkey because we always think of this, think of that. I do this every day,” he explained, “walking on my alms round. When I’m walking sometimes my mind gets lost, because I’m thinking of something.”

### *Selfhood*

One of the main reasons that thinking too much can be dangerous for mental health, I was told, is that it can cause one to get stuck on attachments, including an attachment to the illusion of stability about the self. According to the teaching of non-self that is a central component of Thai Buddhist thought, there is no core or stable self underlying our processes of being.<sup>15</sup> Mindfulness is understood to help one to recognize the truth of non-self; without it, thus, the suffering that occurs from attachments to the illusion of the self can occur. As a businessman in Chiang Mai told me,

*Without mindfulness, it is difficult to see non-self. Like, I’m talking with you, but it’s not really [the case] – it doesn’t exist. We think we’re in this room right now, but we’re not. Because if we distinguish reality we’ll see that there are just things gathered together here.*

“If we can’t think of this,” the man went on, pinching his arm as he talked to gesture to the physical impermanence of his corporeal body, “if we can’t think of non-self, we’ll feel fear of loss.”

A monk in Chiang Mai put it similarly, as part of a long discussion about emptiness and uncertainty in Buddhist thought:

*...mindfulness determines our perception. Now we’re young, and we have our sati to realize that later we’ll die... We’re here because we were born from something and sati is in our self like a fire, and it’s up to us to determine whether the fire exists or doesn’t exist.*

While most people I spoke with pointed to the role of mindfulness in helping a person to better understand non-self and impermanence, in the sense of (as one

monk put it) “if we can practice sati continuously, we’ll be able to consider our body, which is not ours. That it’s *anattā*, that our body is made up of the four elements,” a few pointed to a more multidirectional connection, suggesting as another monk did that “they help to learn about each other”. Others placed the causal arrow in the other direction, as a monk who said, “If we understand what *anattā* is, we’ll understand our sati.”

A less canonically elaborated but also locally significant and related way to think about mindlessness and the instable, multiple self in Thailand is to refer to the *khwan*. *Khwan* are conceptualized as spirit(s) of the self that are said to be gathered in the body, but which in moments of mindlessness are susceptible to wander off and make one unwell (Cassaniti & Luhrmann, 2014; Cassaniti, 2017). I like to think of them as a kind of personified wits, as when someone will say in English to “keep one’s wits about them”, or “they’ve lost their wits”. Ceremonies are performed to bring back one’s *khwan*, and monks and revered elders will tie white strings around wrists, houses, monasteries and even new cars and motor-cycles to keep one’s *khwan* together. When one’s *khwan* are together, their mindfulness is strong, and when their *khwan* are gone their mindfulness is weak. When someone is frightened, upset, mentally overattached, or otherwise feeling distress, they may say, as a monk in Chiang Mai put it, “‘Come back *khwan*, come back *khwan*!’ And what they mean, really,” the monk went on, “is ‘come back mindfulness, come back mindfulness!’” *Khwan* is connected to spirits and the powers of interpersonal energy that are understood to travel around and across social space, causing people to become weak or “mindless” when they are affected by the intentions of others.<sup>16</sup>

*Khwan* are not often explicitly tied to Buddhist cultural scaffolding, but they are part of the cultural community in which Sen, Gaew and others articulate their perspectives on mindlessness. Non-self, *khwan*, and other local ideas about the mind can serve as a useful, even tangible way for many to understand what happens when the mind feels lost. Non-self and over-attachment are thought to be especially complicated to understand, with (according to my informants) more elaboration in the contexts of the Buddhist monastery than in the countryside, yet they often crop up in everyday conversations around the country.

These and other related metaphors for talking about the distress of mindlessness are important for understanding how some idioms are used more than others in and across cultural communities. As Nichter pointed out years ago,

“Anthropological studies have all too often emphasized one mode of expression without providing adequate background on alternative and progressive means of such expression. This is unfortunate, for in order to compare the use of particular means of expressing distress cross-culturally, we need to know not only who uses them and when, but in contrast or in preference to which other modes of expression that coexist” (Nichter, 1981, p. 399).

When people talk about their own levels of mindfulness beyond casual comments or serious discussions others will be wary of them and potentially avoid them, worried that they're "not in their right mind". While a passing comment may elicit a laugh, and a serious comment may elicit help-seeking behaviors from others, often people in Thailand, especially in rural areas, will to different degrees index mindfulness indirectly through its connections to these related religious and social concepts about over-attachment and thinking in the face of change and to the impermanent, wandering spirits of the self.

### **Mindlessness and the DSM-5 cultural categories of distress**

Keeping these local meanings of mindlessness in mind, we can now begin to think about how "mindlessness" might fit into the nosology of mental health problems laid out in the latest version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013). As part of this special issue of *Transcultural Psychiatry* on idioms of distress and resilience, understanding mindfulness as a local "idiom of success" or "resilience" may be useful in its own right. In their study on Haitian idioms of distress, Keys and colleagues point to a lack of attention to positive idioms: "The language of hope and resiliency is just as important for therapeutic mental healthcare as the language of distress" (Keys, Kaiser, Kohrt, Khoury, & Brewster, 2012, p. 563, following Eggerman & Panter-Brick, 2010). In contributing the creation of a lexicon of idioms of success and resilience around the world (e.g. Snodgrass (2019); Kim, A., Kaiser, B., Shahbazian, K., & Mendenhall, E. (2019); Kaiser & Weaver (2019)), mindfulness and not just "mindlessness" may offer some intriguing insights for what Joel Robbins has called the "anthropology of the good" (Robbins, 2013). Listening to local meanings, especially from those who do not have the same privileges of social power as the doctors and scholarly monks who are the usual recipients of attention on these topics, can help to make better sense of how people understand what it means to live well.

This is as true for mindlessness as it is for mindfulness. While mindfulness can be thought of as an idiom of success and resilience, mindlessness can also be thought of, at least in Thailand, as a cultural idiom of distress. Idioms of distress refer to "culturally meaningful terms, rooted in concepts of mind-body functioning, that express discomfort or distress in ways that are locally intelligible" (Keys et al., 2012, p. 555, following Hinton, Pich, Marques, Nickerson, & Pollack, 2010; Kirmayer & Young, 1998; Nichter, 1981). Distress can mean many things to many people, but Mark Nichter's early definition of distress remains useful: "I use the term distress," he says, "to refer to a broad range of feeling states including vulnerability, apprehension, inadequacy, dissatisfaction, suppressed anger and other anxiety states which might otherwise take the form of an untenable social conflict or rebellion" (Nichter, 1981, p. 402). Often associated with the expression of linguistic terms, idioms of distress can also be thought of as cultural idioms, as

“ways of thinking and experiencing the world” (Kirmayer, 2013). They are one of DSM-5’s new types of cultural concepts of distress, the “ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions” (APA, DSM-5, p. 758).

Is mindlessness, on the one hand, a “cultural concept of distress” to be relegated to the glossary in the back of the book, in the section that used to be called Culture-Bound Syndromes? If so, would it be its own category, or would it fit into a pre-listed one, such as *kufingisisa* (“thinking too much”)<sup>17</sup> or *khyâl cap* (“wind attack”)<sup>18</sup>? On the otherhand, if it would be listed in the main text of the manual, would it be considered its own kind of disorder, or as part of a cultural discussion on “variances in symptom expression, risk, course, prevalence and other aspects of diagnosis” (Regier et al., 2013) to a related disorder (such as OCD, depressive, dissociative, anxiety, or post-traumatic stress disorders), as much of the discussion of culture in the DSM-5 tends to be? Because of mindfulness’ quickly globalizing presence in discussions of mental health, it serves as an especially good example for examining larger questions about the placement of the local in the global in a field that is becoming more and more aware of global cultural diversity. While the answers to many of these questions are left to be worked out by those who develop new versions of the manual, with increasingly nuanced discussions of culture (Horton 2017, Cummings 2013), they are important to think about, for each of these possibilities for diagnostic inclusion has potential to help people in Thailand and elsewhere who are suffering from what might be considered mindlessness.

As with other rapidly-globalizing idioms of distress, understanding how mindlessness fits in with other kinds of distresses is complex, and may turn out to be less about mindfulness (and mindlessness) as an experience itself and more about the process by which a local way of talking about distress becomes a universal one. What a “globalized” mindfulness looks like, in so far that the DSM suggests the presence of universal or global disorders, may be different from how patients and others suffering from “mindlessness” in Thailand may understand it.

The doctors at Sen’s hospital would agree that one of the reasons he was in the hospital was because of a lack of mindfulness. But they also saw mindfulness mostly as a “local” concept, not necessarily suited for the technologically-sophisticated, globally connected setting of the psychiatric hospital. When Sen told me that he was at the hospital because he didn’t have mindfulness, I asked him how he was learning to develop more mindfulness as part of his treatment at the hospital. But he told me he wasn’t: “They only give me pills, and sometimes a psychologist (*moh jit*) comes in to talk to me.” He had also been undergoing electroshock therapy the past few weeks, so his memory could have been particularly bad that day because of a side-effect of the treatment, but I didn’t hear him tell me about mindfulness training at any point during his multiple stays at the hospital.

Considering that I had been told how mindfulness is the basis of all mental health care by a doctor at the same hospital, and considering its strong presence in Thai social life and global psychiatric circles, I was surprised by his answer. I was

especially curious too because I had just learned that there was a six-week mindfulness training program going on at the hospital while he was there. When I went to talk with the leader of the program, I found that the program was a Thai-language version of Jon Kabat-Zinn's Mindfulness-Based Stress Reduction program, which emphasized American, English-language-based meanings and procedures of mindfulness. The program was just for the staff at the hospital at the time, but the program director was thinking of broadening it out in the future. I asked the director if she included more local, religious components of mindfulness into the training program, but she said that while mindfulness was based in Buddhist teachings it was simpler to teach it this way, and that "the funds for the program come from the United States, so . . ." She laughed when she said this, and told me that while there were a lot more local meanings that could be incorporated into the program, this was considered more scientific. It was only later, outside of the formal interview setting, that she told me about some of these local meanings, including the ones I have sketched above, but she wasn't sure how or if the doctors would want to incorporate them. In other words, it was only when mindfulness was couched in the logic of global, Western-scientifically-validated biomedicine that it was seen as perhaps more legitimate and acceptable as a trainable technique in explicitly mental health settings. Understanding the cultural variability in framings of mindfulness and mindlessness, and combining this with a recognition of the ways that accepted meanings of mindfulness travel through lines of power and privilege, can together help us to appreciate the importance of retaining cultural concepts of distress.

The kinds of meanings of mindfulness that have been imported into the Western mindfulness movement are now being reimported into Thailand, but in ways that create some tension with the local uses of the idiom. Teachings of thinking too much and non-self are two of the many Buddhist perspectives that are part of mindfulness in Thailand, but they do not easily fit with Western conceptions of the self-accepting, self-discovered person (Samuel, 2015; Cassaniti, 2018) of the kind that may be used in Western, Euro-American contexts and (re)incorporated into Thai mental health care settings. Happiness, as one of the hospital doctors had told me, is another potential difference in cultural goals of human flourishing aspired to in mindfulness practices (McMahan, 2017; Cassaniti, 2018). The doctor had been explaining how even happiness can be a mark of mindlessness and suffering, and as he wrapped up his discussion he had commented, laughing, ". . . this may be different from how people think about happiness in the United States!" Frames differ in different locations and in different traditions (including within the also polyvalent western mindfulness context), but when doctors teach their patients about mindfulness, they pick up some and not others. These frames point to assumptions about the mind and what a good life looks like that underscore mindfulness practices in ways that vary cross-culturally. I raised a few of these frames about impermanence and personhood above, but there are more, including the roles of memory and morality in mindfulness practices. It is these

kinds of locally-robust and crucially important perspectives that may become lost when western mindfulness framings become used in Thai psychiatric settings.

Following Arthur Kleinman (1988), Devon Hinton and Byron Good have argued that we need to avoid the category error of assuming “an illness or symptom in our society has exact equivalents in other societies, that the problem of translation of categories across cultures can be solved by simply finding the correct words or categories in another society” (Hinton & Good, 2008, pp. 57–58). This is true when ideas travel in the opposite direction, too. Although it is well known that mindfulness in its globalized, Western form is derived in large part from Southeast Asian Buddhist contexts, especially those from modernist movements in Myanmar, we may want to attend more to how *sati* and *mai mii sati* in Southeast Asia look different from, and not just similar to in some global-idealized sense, their American counterparts of mindfulness and mindlessness.

Psychiatrists at the hospital in Chiang Mai are increasingly interested in incorporating mindfulness into their therapeutic practices, but they are doing so in particular ways, especially by bringing in monks to teach patients and by following programs for mindfulness-based stress reduction. Far from being relegated to the “anthropological other” slot of cultural difference, people in Thailand are very much aware of and part of global, contemporary movements of mindfulness. But in Thailand, as elsewhere, these movements travel across lines of power. Psychiatrists at the hospital tend to align themselves with the kinds of biomedical legitimacy rhetoric that comes with their professional training and their typically Bangkok-based, upper-class upbringing. When one doctor told me, for example, how he teaches mindfulness to his patients, “to pay attention to their breath . . . to have awareness; I don’t expect them to get to a high level with it, but to just understand the concept,” he is both framing mindfulness in a particular way tied to his own background (with a focus on breath and awareness) and implementing it with those he is helping by privileging his version through his power and authority. Patients, often from the countryside, are often quiet in the face of their doctor’s power and prestige, and their voices for the most part are absent from their doctors’ perspectives. As doctors and their patients struggle to make mindfulness meaningful, the international psychiatric community needs to pay attention to what gets made and what gets lost when mindfulness becomes global.

## Conclusion

Compared with the current attention to mindfulness, there has been relatively little published in Western scientific journals on what a “mindless” mind looks like. Yet the little that has been written offers slightly different pictures from what I came across in Thailand.<sup>19</sup> In Thailand, mindlessness may refer to the dispersal of one’s *khwan* for one patient, to be mitigated by the tying of a white bracelet around the wrist to bring it back, while it may be connected to the kind of meditative sitting done in *vipassana* training for another, and to supernatural powers for a third. It is tempting to deal with this issue of difference by either trying to gloss over the

differences in order to aspire to a kind of universal disorder of mindlessness underneath, or by recognizing that the differences “run deep” but relegate them to an “to each their own” perspective, and take the stance that mindlessness for some people (e.g., in the United States, or the Thai monastery, etc.) means one thing while for others (e.g., in the Thai countryside, or the hospital) it looks different. But rather than take either the universalist or relative stance, we need to instead appreciate local discourses as part of movements that travel along lines of persuasion and prestige.<sup>20</sup> These tie in to discourses about what counts as legitimately scientific biomedical technologies, or as Buddhist philosophy, or as everyday folk wisdom.

The slippage between mindfulness at its local and globalized levels ties back to what all of this can offer to an approach to “cultural idioms of distress” that seems to be at a crossroads. If idioms of distress suggest “alternative modes of expressing distress” (Desai & Chaturvedi, 2017), the question remains just what they are alternative *to*. Idioms of distress as a conceptual category may fall away from use as more and more clinicians and patients are realizing that all syndromes are cultural, and that there may not be an “alternative” way of framing suffering that is alternative to any universal model, because all framing is contextualized and globally non-uniform.<sup>21</sup> Although it poses problems for the development of a standard model of mental health and disorder, thinking more about assumptions that go into standard models may not be a bad thing.

Yet we may not want to do away with “cultural concepts of distress” just yet. Insofar as we recognize that cultural idioms of distress are part of all disorders and that what counts as a variation and what counts as a core phenomenon may have as much to do with who has the power to decide, the “idioms of distress” approach has much to offer to the diagnosis and treatment of psychiatric disorders. They help us to build, as Nichter says, “the empathic connection that comes from being co-present” (Nichter, 2010, p. 402), to “work within the metaphor” (Kirmayer, 1991), while practicing a “somatic mode of attention” (Csordas, 1993). As scholars are increasingly pointing out, mindfulness in its current global guise has been repackaged to fit the needs of a particular population, often while not noticing it as such and claiming a more universal status to its new forms, to the potential detriment of many others (Harrington & Dunne, 2018; Cassaniti, 2018; McMahan, 2017; Kirmayer, 2015; Sharf, 2015). Understanding the cultural variability in frames of mindfulness while attending to mindfulness as a cultural idiom of resilience, and to mindlessness as a cultural idiom of distress, can help to mitigate these problems.

While these issues may be seen as largely a theoretical problem, in terms of how to best incorporate a wish for franchisable universal meanings with a wish for appreciating the world’s diversity, we should also appreciate that people’s lives are getting affected in the process. When I last saw Sen, at the end of 2018, he was home and is feeling relatively well. “But my mind leaves at night,” he told me, explaining how he had been having trouble sleeping lately. “Like last night. It flies off – gone!” “Where does it go?” I asked. He laughed, “I don’t know!” The next night, though, he slept well, he told me, signaling that he was feeling better.

Sen's reading of his own mental health and his incorporation of mindfulness into his explanation does not easily fit with the global mindfulness movement of present-moment attention and other assumptions about the mind in Western contexts. The next time he stays at the psychiatric hospital in Chiang Mai he may get taught about mindfulness as part of his treatment, and it may or may not be in ways that may be most salient, and useful, for him.

What can we make of this? Should we incorporate ideas about the mind taking flight into a global, universal understanding of mindfulness? Should we shed any assumptions about mental processes that don't square well with our ideas about what a 'modern' (i.e. 'our') science of the mind looks like? The answer to these questions may have more to do with a need for systematic ways to talk about personally felt distresses as local ones, than to come up with a definition of what mindfulness and mindlessness looks like in an objective, acultural sense.

### **Acknowledgements**

The author would like to thank Bonnie Kaiser, Jo Weaver, Piyawit Moonkham, Rebecca Hall, and two anonymous reviewers for their comments on this essay.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Ethical approval**

This study has been reviewed by the IRB human ethics committee (IRB #12876 "Psychological anthropology of contemporary Buddhist practice in Thailand," and deemed exempt under 45 CFR 46.101 (b) (2)).

### **Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

### **Notes**

1. <https://www.youtube.com/watch?v=jEGTtgjvpU4> Accessed Nov 27, 2017.
2. John Kabat-Zinn, for example, arguably the most important promoter of mindfulness in Western clinical settings, was inspired by the possibility of mindfulness as a therapeutically beneficial concept while at a vipassana meditation retreat of the kind made famous by Burmese lineages of monks (Braun, 2017). See McMahan & Braun, 2017; Braun, 2013; and Cook, 2010 for careful overviews of the emergence of mindfulness in vipassana traditions from the modernist movements of Mahasi Sayadaw, Ledi Sayadaw and others in Myanmar. See, among many others, Kabat-Zinn, 2003; Langer, 1989; Kirmayer, 2015, Bishop et al., 2004; Segal, Williams & Teasdale, 2001; Garland, Gaylord & Fredrickson, 2011; Hofmann et al., 2010; Carmody & Baer, 2008 for more on mindfulness in Western (mainly United States and European) contexts. Thanissaro, 2010, Shulman, 2010, Kuan, 2008, Soma Thera, 1941 and Analayo, 2003 offer excellent



- translation and commentarial work on mindfulness in Buddhist texts, especially in the *sati-paṭṭhāna sutta*. See also Cassaniti 2018, 2017, 2015a, 2014 for more on mind and mental health in contemporary Thai, Burmese and Sri Lankan culture.
3. These are also common metaphors used in Buddhist commentarial texts (e.g. Buddhaghosa, 5<sup>th</sup> C [2011], Soma Thera, 1975).
  4. I discuss each of these culturally variable mindfulness framings at greater length in my ethnographic monograph *Remembering the present: Mindfulness in Buddhist Asia* (Cassaniti, 2018).
  5. Pseudonyms are used for some place names and people in this article, including the village of “Mae Jaeng” and my friends “Sen” and “Gaew”, to protect informants’ anonymity in this and other published work. Institutions like the hospital, university and large monasteries, and for those who wished to have their names shared, I have retained in their original form.
  6. Mindfulness is an imperfect gloss of the Pali term *sati*, but *sati* is typically considered to be the most central idea from which mindfulness has drawn (see McMahan & Braun, 2017; additional influences in the global mindfulness movement include Zen meditation, yoga, and enlightenment philosophies), and the most common translation in both English and Thai social contexts. See Shulman, 2010; Braun, 2013; Analayo, 2003; Levman, 2017 and Cassaniti, 2018 for some of *sati*’s related meanings in Buddhist textual and cultural contexts.
  7. Mindlessness is most often used colloquially through a description of its absence (as in *mai mii sati* or *sati mai dii* (*Sati mai dii* literally means ‘bad *sati*’ but refers less to having *sati* of poor quality and more of having a less amount or degree of *sati*); the Pali phrase *mijja-sati* (sometimes romanized *miccha-sati*), referring to wrong or bad mindfulness, was not often brought up, and when it was it was usually brought up by monks in reference to Pali texts, rather than in colloquial conversation. People in Thailand tend to think that any *sati* is *samma sati*, good *sati*, and that it is when one is lacking in it (rather than having it with a bad quality) that is salient as distressful. (See Levman, 2017 and Analayo, 2003 for more on canonical Pali uses of these terms.)
  8. <https://www.youtube.com/watch?v=Og5uUov9QIk>, accessed May 6, 2018.
  9. These were the most common responses (in order of frequency) to a questionnaire given to 150 people in Chiang Mai Province in Thailand that asked: “When do you feel like you have less mindfulness than usual?” They are also the most common contexts for mindlessness raised in open-ended interviews and observations.
  10. Although anger came up often in discussing instances of mindlessness, for the most part it was brought up only when I asked explicitly for instances of mindlessness. Hitting or wanting to hit others was also very rare and also was only when I asked specifically of examples of what it felt like to feel mindless. While monks and lay people both reported these feelings when discussing instances of mindlessness, for the most part monks spoke of feeling mindless less than lay followers. As part of my research I administered a Thai-language version of the Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003) to 200 people in Thailand and, similar to the findings of Christopher, Varinthorn & Charoensuk, 2009 (who used the same Thai-language version of the scale with monks and laypeople in Bangkok), monks scored higher in mindfulness than lay followers.
  11. I discuss Sen’s case in depth in *Living Buddhism: Mind, Self, and Emotion in a Thai Community* (Cassaniti, 2015a).

12. These examples easily overlap on to two of the “Characteristics of Existence” in Buddhist thought, of *anicca* (impermanence) and *anattā* (non-self) (the third “Characteristic of Existence”, *dukkha* (non-satisfactoriness or suffering), shows their intimate connection with well-being). Within this broad overlay, however, are many different ideas about subjectivity and self-hood, with influences from many different historical contexts, including that of the spirits of the person in cultural concepts of *khwan*.
13. As Kaiser et al. (2015) write in their excellent cross-cultural study of “thinking too much”: “A more common finding (n = 19, 13.8%) was that “thinking too much” can result in more severe mental disorder, typically referred to as “craziness”, “madness”, “insanity” or an equivalent local idiom. Such findings were reported most often in Southeast Asian populations (n = 10) [. . .] Several authors described perceptions of “thinking too much” as situated within a particular worldview of ideal or valued states of mind, which is relevant for understanding treatment and coping [. . .] publications reported that people should have control over their thoughts; those who do not are considered weak. The majority of such studies were based on Southeast Asian populations, with frequent reference to Buddhist principles to explain such views. (Cassaniti, 2011; Eberhardt, 2006; Merkel, 1996)” (Kaiser et al., 2015, 175-177).
14. The fact of change is also part one of the Four Noble Truths of Buddhist philosophy. See Rahula, 1974 and Collins, 1990, 1998 for more on the Three Characteristics and Four Noble Truths in Buddhist thought; see Cassaniti, 2015a for more on the role of impermanence and change in everyday life in Thailand.
15. For more on *anattā* (non-self) in relation to Buddhist textual theories of mind, see Collins (1982) and Heim (2013). The *winyan*, or ‘transmigrating soul’ concept is also in circulation in Northern Thailand, although I did not hear it brought up often in discussions of mindfulness.
16. Ideas about *khwan* can be found throughout the Tai world of Southeast Asia, especially in Northern Thailand, Laos, Northern Myanmar, Southern China and Northeast India (Cassaniti 2015b; Zhao 2019; Stonington (In press); Eberhardt, 2006; Formosa, 1995; Terwiel, 1979) and are related to other concepts in the region (e.g., spirit energy and political potency [Davis, 2016]). Some informants and scholars emphasize an intentional and animated (even ‘animistic’) quality of *khwan*, while others psychologize them as mental confidence and support. I discuss connections between *khwan*, ghostly energy and non-self at greater length in my essay on models of the self revealed through mindfulness in Thailand, “Wherever you go, there you . . . Aren’t?” (Cassaniti, 2017), and on affect and spirits in “Intersubjective affect and embodied emotion: Feeling the supernatural in Thailand” (Cassaniti, 2015b).
17. As Kaiser et al. point out (2015, 180-181), “local means of responding to ‘thinking too much’ can be investigated and incorporated into treatment when possible, such as mindfulness meditation in Buddhist contexts” (Hinton, Kredlow, et al., 2012).
18. Wind attacks are considered as a syndrome or cultural concept of distress as *khyâl* attacks among Cambodians (Hinton, Eng, et al., 2012), and as *rlung* illness among Tibetans (Yoeli-Tlalim, 2010; Schrempf, 2007). Similar kinds of symptoms, including dizziness, shortness of breath and other indices of anxiety are also described by people in Thailand to talk about wind illness (Muecke, 1979, 1994), sleep paralysis (Cassaniti & Luhrmann, 2014) and feelings of losing mindfulness.

19. In an article from *Psychology Today*, for example, Ray Williams (2016) writes, “Mindlessness can be defined as when a person behaves unconsciously and automatically, much like a simple robot. Thoughts, emotions, feelings and behaviors are determined by memories or ‘wired’ routines in the brain. Some experts would argue mindlessness is often a consequence of the tendency to apply previously formed mindsets to current situations, which lock individuals into a repetitive, unelaborated approach to daily life.” Williams’ approach looks different from Thai context, where memory and the ability to apply previous experiences to new situations is seen as central to the successful use of mindfulness.
20. Janet Gyatso makes a similar point in “The authority of empiricism and the empiricism of authority: Medicine and Buddhism in Tibet on the eve of modernity” (2004, p. 83).
21. See Cassaniti & Menon (2017) and Shweder (2012) for discussions on understanding global psychological similarities without imposing assumptions about cultural uniformity.

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