Consultative Seminar Series (Session 1): Executive Summary

Title: *Consultative Seminar on Buddha's Teachings and Mental Well-Being: A Dialogue*
Theme: Therapeutic Care
Date/Time: 18 April 2026 (2:30–5:30 pm IST)
Convened by: Mental Health Team, Atish Dipankar Dhyan Kendra (ADDK), Kolkata

1) Context and Purpose

A live online contemplative gathering combining panel talks, breakout-room discussions, and a closing guided meditation. The aim was to create a **dialogic platform** where practitioners, clinicians, and participants could raise key questions on **mindfulness, authenticity, clinical integration, and sustaining practice**.

2) Opening Framing: Why this series, why "Therapeutic Care"

Dr. Pallavi Banerjee welcomed participants and situated the series within growing contemporary interest in drawing from Buddhist teachings for **clinical work, community transformation, and personal well-being**. She framed relevance through the **Four Noble Truths** as a compassionate, structured lens on distress and change, while emphasizing that the series is driven by **inquiry rather than certainty**.

She introduced ADDK as a Mahayana meditation community guided by Dr. Anindya Chatterjee, noting that the mental health wing emerges from the lived experience of using Buddhist teachings to work with suffering. The guiding question posed was how Buddhist perspectives can connect with therapy in **safe, ethical, and context-sensitive** ways—potentially complementing or gently challenging dominant psychological models. Dr. Diptarup Chowdhury was introduced as moderator and originator of the consultative series.

3) Session Structure and Panellists

Dr. Diptarup outlined the wider series (future sessions on community and self-care) and introduced the panellists:

- **Dr. Anindya Chatterjee** (psychiatrist; leads Buddhist philosophy/meditation at ADDK; Madhyamaka Prasangika; Mahayana/Vajrayana interests)
- **Dr. Sister Roshin Kunnel John** (consultant psychologist/psychotherapist; certified MBCT trainer; Director, Care of Minds, Kochi; Salesian nun)
- **Dr. Father Rajeev J. Michael** (clinical psychologist; Carmelite priest; clinician/faculty, Kochi; leads MBCT trainings)

Flow: (1) panel opening remarks → (2) breakout rooms → (3) plenary synthesis and responses → (4) brief closing meditation and thanks.

4) Panel Initial Remarks

Dr. Anindya Chatterjee: Traced his meditation background from early exposure to Theravada training and retreats, stressing mindfulness's **textual and lineage roots** (Mahāsatipaṭṭhāna Sutta). While acknowledging research-based uptake, he critiqued **appropriation/commercialization/dilution** and warned that guideline-driven standardization can make interventions **mechanical**, decontextualized, and reinforce **power imbalances**. He contrasted clinical definitions of mindfulness with Buddhist mindfulness as *sati/smṛti* ("remembering") functioning with alertness, ethics, concentration, and wisdom—aimed at **deep transformation**, not only coping. He called for "reclaiming the conversation" through **mapping lived practice** and reconnecting adaptations to roots without rejecting secular forms outright.

Dr. Sister Roshin Kunnel John: Described decades of meditation rooted in religious formation, with "little virtues" (patience, humility, kindness) and mindfulness deepening moment-to-moment spirituality. She outlined training across India/Europe and mindfulness-based clinical training (MBSR/MBCT). Clinically, she emphasized structured skills (breath/body/emotion regulation), MBCT for **depression relapse prevention**, and integrative use with CBT and relaxation (e.g., PMR/JPMR), refined through client feedback. She highlighted group work and cross-cultural universality of emotional processes, collaboration with Dr. Rajeev, and a vision for an interdisciplinary wellness center. Key challenge: **practice drops after programs end**, increasing relapse risk—making follow-up crucial.

Dr. Father Rajeev J. Michael: Linked early breath practice and seminary-based daily meditation with Vipassana-oriented mindfulness, first as support for Christian mental prayer and later as a stand-alone driver of awareness, wise choice, and virtue. He described applying mindfulness alongside CBT/solution-focused work and teaching groups (including children and schools). Collaboration with Dr. Roshin and MBCT structure strengthened trauma-focused work. He emphasized mindfulness as cultivating **openness, acceptance, and self-kindness** to "work through difficulty," not merely calm down, and noted possible shifts in reactivity and personality-related patterns. He drew parallels between contemplative "darkness" and therapy—requiring **non-striving** and tolerating uncertainty—and stressed consistency and teacher **embodiment** as ongoing challenges.

5) Breakout Rooms and "Mapping" Lived Experience

Participants moved into facilitated breakout rooms. The CSS project's intent was reiterated: to go beyond manuals and research by listening to **what people are actually doing**, where, and what they are learning—supporting ethically grounded dialogue between Buddhist teachings and therapeutic care.

6) Breakout Themes (Resonances, Challenges, Questions)

Resonances: desire for authentic teachings amid misinformation; openness to uncertainty; appreciation of panellists' equanimity; sense of universality across cultures; clinicians valuing practice for "containment"; personal reports of working through suffering and loosening rigid patterns.

Challenges: sustaining consistency; "zoning out" and attention stability; responding to misinformation and rigid preconceptions; introducing mindfulness to children in high-stimulation contexts.

Representative questions: meaning-making; what "acceptance" targets (situation vs person); sustaining practice through resistance; sharing practices with others; late entry into practice; applications to depression/attention; method clarity; integrating karma/rebirth in clinical contexts; self/compassion beyond "I"; acceptance vs psychotherapy's change orientation.

7) Panel Responses

- **Dr. Rajeev:** emphasized the two-way relationship between virtue cultivation and meditation; meaning and clarity often emerge after emotional settling; group witnessing can strengthen confidence.
- **Dr. Roshin:** urged "beginner's mind" and experiential learning; suggested simple, brief practices for children (sound/breath/grounding) and using them to notice attention and learning needs.
- **Dr. Anindya:** framed the series as elevating good questions rather than final answers; highlighted unresolved issues like authenticity and accreditation; challenged rigid "religious vs secular" assumptions; advocated egalitarian, co-created models respecting clients' worldviews; stressed lineage transparency and criteria for evaluating authenticity amid a marketplace of inauthentic teachings.

8) Closing

Panellists offered closing words (e.g., **"connection"**). Dr. Anindya guided a brief practice: **breath-focused mindfulness** (continuity without chasing thoughts) followed by **loving-kindness**, extending well-wishes outward ("May all beings be happy"). The session ended with a vote of thanks (Dr. Saoni Banerjee), feedback/certificates, and intention to continue and document the series.

The Mental Health team of Atish Dipankar Dhyan Kendra acknowledges the use of Zoom AI Companion for transcription and OpenAI GPT-5.2 Pro for summarizing the transcript and structuring the draft report. The generated draft report was subsequently read, reviewed and edited by members of the Mental Health team of ADDK for finalization of this report.

To read the full report (Proceedings of CSS-1), please write to the Mental Health team at mentalhealth.addk@gmail.com.