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We read with interest the recent commentary paper by Baer (2015). In her paper, Baer discussed the different approaches adopted by first-generation mindfulness-based interventions (FG-MBIs) and second-generation mindfulness-based interventions (SG-MBIs) in terms of how they conceptualise and teach ethics (along with discussion of other principles related to mindfulness practice). The key difference between these two approaches is that compared to FG-MBIs (such as Mindfulness-Bases Stress Reduction and Mindfulness-Based Cognitive Therapy), SG-MBIs (such as Meditation Awareness Training) tend to explicitly teach a greater range of meditative and/or spiritual practices (i.e., in addition to mindfulness) and tend to be more overtly spiritual in nature (Van Gordon, Shonin, & Griffiths, 2015a). Although Baer admittedly made a number of valid and interesting points concerning the most appropriate means of teaching ethics in MBIs, her lack of support for the SG-MBI approach was based on a number of oversights and factual inaccuracies that we would like to challenge and correct:

1. Baer stated that SG-MBIs teach ethics "*typically through explicit discussion of the eightfold path and the five ethical precepts*." While some SG-MBIs make explicit reference to Buddhist tenets and terminology, it should be noted that the overwhelming majority of published studies of SG-MBIs have involved secularised interventions (i.e., that do not make explicit use of exclusively Buddhist terminology and are thus intended to be acceptable and assessable to user groups from a wide range of cultural, clinical, and professional backgrounds). We also noted that 'right mindfulness' was referred to as the eighth aspect of the *Noble Eightfold Path* rather than its canonically correct position as the seventh.

2. Baer stated that "*Although a small number of controlled studies support the efficacy of these treatments, they have been compared only to usual care or waiting lists*". This statement is incorrect because one of our own studies discussed and cited by Baer (i.e., Shonin, Van Gordon, Dunn, Singh, & Griffiths, 2014a) employed a purpose-designed active control condition.
3. Although it is correct to say that empirical evidence in support of SG-MBIs is at an early stage, Baer made reference to only a small number of SG-MBI studies and omitted a number of recent studies. For example, there was no mention of SG-MBI studies by Singh and colleagues (e.g., Singh et al., 2007, 2013, 2014a, 2014b, 2014c) or of interventions such as Compassion Cultivation Training that make use of mindfulness techniques and teach ethics through the use compassion training (e.g., Jazaieri et al., 2014, 2015; Ruchelli et al., 2014). Consequently, Bear's assertions in relation to SG-MBIs do not appear to be based on a balanced and comprehensive assessment of the increasing number of empirical SG-MBI research studies.
4. Baer highlighted and discussed two studies (a randomised controlled trial [RCT] and corresponding qualitative study) of MAT that involved middle-mangers working in office-based settings (i.e., Shonin et al., 2014a; Shonin & Van Gordon, 2015). Baer asserted that because participants who received the intervention reported improvements in organisational citizenship (i.e., in conjunction with work-related stress, psychological distress, job satisfaction, and job performance), this meant that interventions such as MAT could foster acquiescence with unethical or oppressive business practices.

Although the ethical implications of SG-MBIs are certainly a topic worthy of further discussion, Baer was arguably selective in the extracts quoted from the two papers she cited in order to support her argument. For example, the aforementioned

qualitative study clearly reported that although work motivation and organisational citizenship increased due to participation in MAT, participants experienced greater freedom and autonomy in respect of employer-imposed expectations and regimes (e.g., "*Instead of the employer being in control, you're in control—but it's a win–win situation*" [Participant 4] and "*It takes so much courage to start getting what you want from work and not just what [employer name redacted] wants. But meditation puts you in the driving seat. Now [employer name redacted] works for me as much as I work for them. The whole thing is more healthy and enjoyable*" [Participant 7]) (Shonin & Van Gordon, 2015, p.5).

Furthermore, in the discussion of findings from the aforementioned RCT, we clearly stated that "*these findings imply that an effective work-wellbeing intervention might be one that does not entail extensive ('externally orientated') changes to human resource management systems and practices*" (Shonin et al., 2014a, p.818). Whilst placing emphasis on changing employees' attitudes in order to help them see and experience work as a place to grow and flourish as human beings, this statement clearly expresses our view that a degree of organisation-directed change (e.g., to human resource management systems) may still be required. MAT's focus on changing attitudes towards work is consistent with a Buddhist model of mental illness and in our studies (comprising participants recruited from multiple organisations), participants who were not necessarily in a position to initiate organisational-level changes to work systems and practices deemed MAT to be an effective strategy for improving wellbeing both inside and outside of work. Thus, rather than encourage acquiescence with toxic work regimes – and as demonstrated by findings from our qualitative research into MAT (Shonin, Van Gordon, & Griffiths, 2014b) – the

intervention both teaches and fosters ethical awareness as well as a compassionate regard for self and others.

SG-MBIs were introduced not as a means of replacing or competing with FG-MBIs, but to make available a more comprehensive range of MBIs in order to meet the needs of service users from an increasingly diverse range of social, cultural, and spiritual backgrounds. As we discussed in our own commentary on this subject (Van Gordon, Shonin, & Griffiths, 2015b), there is – ultimately – only one mindfulness. Therefore, rather than pitching FG-MBIs and SG-MBIs against each other, we see such interventions as part of one large family of MBIs, and that a more united conceptualization holds more therapeutic utility for recipients in the long-term.

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