



Mindful in Westminster

The politics of meditation and the limits of neoliberal critique

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Analytically, the concept of neoliberalism helps to account for the relationship between forms of governance, self-governance, and capitalist market forces. But how do we decipher its limits? Taking political interest in mindfulness as my ethnographic focus, I explore theoretical categories of neoliberalism and “responsibilization” that cross-cut emerging forms of governance in contemporary British society. I chose this particular ethnographic focus in order to examine the multiple meanings and values invested in subjectification practices, and the ways in which diversity is maintained through the structure of political inquiry. I argue that practices of subjectification are never totalizing, that politico-economic concerns remain central to professional interest in self-governance, that subjectification practices may hold multiple and/or diverse meanings, and that the maintenance of this multiplicity is a motor of political process.

Keywords: mindfulness, neoliberalism, governance, mental health, subjectification, responsibilization, meditation

Identifying the limits of neoliberalism

The concept of neoliberalism has been central to social scientific analyses of the relationship between changing forms of state responsibility, socioeconomic organization, and forms of reflexive self-governance. “Neoliberalism” is used to account for the development of a more technocratic and managerial role for the state (Gledhill 2004; Ferguson 2006) based on a belief in the justice of the market leading to deregulation, flexible working, the liberalization of capital, the reduction of the state, and restrictions on public spending. This is sometimes characterized as a move away from a theory of social welfare as the responsibility of government through a reinterpretation of the governability of subjects (Rose 1999a, 1999b).



Risk and uncertainty increase as a result of changing socioeconomic structures at the same time as technologies of “responsibilization” proliferate (Rose 1996a, 2001, 2007; Shamir 2008), by which state involvement in social welfare is reduced and replaced with groups and individuals who are encouraged to “take responsibility” for self-governance and decision making (Bennett 2008). Sennett suggests that under such conditions individuals must dwell “in a continual state of vulnerability” (1998: 83; see also 2006). Writing of flexible corporate practice, he argues that people are driven to achieve, but the institutional structures by which this might occur are left open and flexible. The economic necessity to pursue multiple possibilities and the capacity to adapt to volatile and changeable demands requires a particular strength of character, “that of someone who has the confidence to dwell in disorder, someone who flourishes in the midst of dislocation” (Sennett 1998: 62). Sennett argues that the freedom of the flexible capitalist is amoral, and that the demands of spontaneity and flexibility can be self-destructive.¹ The individual is responsible for maximizing her emotional capital, and needs to protect herself in a condition of endemic uncertainty. The management of risk, engagement, and response becomes the responsibility of the individual (Beck 1992). With the diminution of the events and conditions that influence experience (the “happ” of happiness), experience must be privately created. Resilience and flexibility are required in an environment of uncertainty and risk, in which institutional supports have been rescinded to the capricious demands of consumer capitalism.

Drawing on Foucauldian theory, Rose has analyzed neoliberalism as a practice of governance for the minimization of costs and maximization of profits, as “a ‘way of doing’ directed towards objectives and regulating itself through continuous reflection” (Foucault 2008: 318). He argues that neoliberal governance is achieved through techniques that encourage subjects to take responsibility for their decision making and subject formation (Rose 1999a). Neoliberal governance is understood to be based on processes of “subjectivation”—identity-forming processes by which the subject is constituted. The state and professional organizations assume the role of managing populations for optimal productivity, while subjects take responsibility for their own self-governance. These processes of self-governance lead subjects to act in ways that reinforce their subjection (Rose 1996b). Under this transformed understanding of governance and responsibility, the subject is “free” to make choices concerning her own welfare, guided by the management of an “empowering” state. Such responsibility is meted out to all subjects irrespective of the structural or socioeconomic factors that might impinge on any form of decision making (Rose 1999b; Ferguson and Gupta 2002; Ong 2006). The neoliberal subject becomes “an entrepreneur of himself” (Foucault 2010: 226), and work upon the self becomes an investment in capital. Gershon characterizes this as “a self that is a flexible bundle of skills that reflexively manages oneself as though the self was a business” (2011: 537).² Governing individual dispositions, emotions, and motivations then becomes

1. Similarly, Bauman (2007) has argued that social forms and institutions no longer act as frames of reference, and individuals learn to be flexible and adaptable under conditions of unending precarity.
2. For Gershon, neoliberal agency creates relationships that are morally lacking and overlooks differences in scale.



an individual responsibility and the site of governmental focus, structured by economic interests and market logic (Rose 1996a, 1996b). Individuals become productive members of society, not only through their labour, but also through the labour to shape themselves as such. The subject has to be educated (“made up,” in Rose and Miller’s terms [1992]) through techniques that enable her to take herself as a project, as if she were her own entrepreneur.

Analytically, the concept of neoliberalism helps to account for the relationship between forms of governance, self-governance, and capitalist market forces. But how do we decipher its limits? Are there forms of governance and reflexive self-governance that are not accounted for by a focus on neoliberal “entrepreneurialism”? As Hilgers asks, “Should we regard any mode of government that adopts a principle of optimisation, sometimes in a single domain, as neoliberal?” (2010: 360). In this contribution, I consider the limits of neoliberalism through an ethnographic focus on political interest in mindfulness-based interventions in civil society. In the United Kingdom, mindfulness is a political concern. Mindfulness meditation, an awareness practice which originated in Buddhism, is being interpreted as a positive intervention for societal problems as wide ranging as depressive relapse, criminal recidivism, children’s academic performance, and worker burnout. It is believed to help practitioners cope with life (from stress, anxiety, and depression to impulse control, emotional regulation, and intellectual flexibility) and is now taught in major civil society institutions in the United Kingdom, including hospitals, prisons, schools, and private businesses. In 2014, an All-Party Parliamentary Group (APPG) was established in Westminster, committed to investigating the ways in which public policy might incorporate mindfulness-based practices. From May–December 2014, eight parliamentary hearings of the Mindfulness All-Party Parliamentary Group (MAPPG) were held in Westminster, each focusing on a different area of public life. An inquiry report was drafted by the supporting secretariat outlining key policy recommendations for funding, implementation, and research, and this was launched in Parliament in October 2015.

As a focus of public policy, is mindfulness training placed in the service of neoliberal governance? Through an ethnographic consideration of parliamentary hearings on mindfulness, participant observation with the secretariat (the Mindfulness Initiative), interviews with members, and analysis of the final policy document, *Mindful Nation UK*, I examine the ways in which issues of self-governance and responsibility were motivated, debated, and framed. In the following, I argue that an analysis of political interest in mindfulness as “neoliberalism” frames subjectification as making people totally responsible for their mental health, detached from a broader socioeconomic and structural context. This is not borne out ethnographically. Furthermore, I argue that an analysis of self-governance as neoliberalism assumes that practices of subjectification are always already in the service of neoliberalism. Rather than offering either a critique of, or an apology for, mindfulness, I take political interest in mindfulness as my ethnographic focus in order to examine the multiple meanings and values invested in subjectification practices, and the ways in which diversity is maintained through the structure of political inquiry. Mindfulness as a political focus is being framed in multiple ways simultaneously, many of which lie beyond the limits of the analytic framework of neoliberalism. I

argue that the political value of the inquiry process rested on the maintenance of multiplicity in the meanings and values of self-governance.

Mindfulness in Parliament and the establishment of the APPG

Mindfulness, as it is now found in British workplaces, education, healthcare, and criminal justice, originated in Buddhist meditation. It gained legitimacy as a secular and therapeutic practice following the development of mindfulness-based stress reduction in the 1970s and mindfulness-based cognitive therapy in the 1990s, and subsequent scientific research into their efficacy. Beginning in the 1950s in South-east Asia, reformist monks developed, reinvigorated, and propagated a form of meditation, *vipassanā*, based on a Buddhist text, *The Mahāsatipaṭṭhāna Sutta* (see Jordt 2007; Cook 2010; Braun 2013). The propagation of *vipassanā* was presented as a move away from “esoteric” meditative practices toward a more “rational” and “authentic” practice for salvation, available to monastics and laity (Van Esterik 1977). Mindfulness (Pali: *sati*) was understood to be an ethically positive perspectival awareness, which could be cultivated through meditative discipline, requiring morality, concentration, and wisdom. In the 1970s, Jon Kabat-Zinn developed mindfulness-based stress reduction (MBSR), at the University of Massachusetts Medical Center, originally to address chronic pain and a range of conditions that were difficult to treat (Kabat-Zinn 1990).³ He interpreted mindfulness as a universal human capacity that could be developed by patients in order to alleviate suffering. In his foreword to the APPG Inquiry Report, *Mindful Nation UK*, he writes that mindfulness—

being about attention, awareness, relationality, and caring—is a universal capacity, akin to our capacity for language acquisition. While the most systematic and comprehensive articulation of mindfulness and its related attributes stems from the Buddhist tradition, mindfulness is not a catechism, an ideology, a belief system, a technique or set of techniques, a religion, or a philosophy. It is best described as “a way of being” (Mindfulness All-Party Parliamentary Group UK 2015: 5)

In his development of MBSR, Kabat-Zinn sought to routinize mindfulness in targeted interventions in order to address the suffering of ill health in pragmatic ways.

Drawing inspiration from MBSR, mindfulness-based cognitive therapy (MBCT) was developed in 1991 by Zindel Segal, Mark Williams, and John Teasdale in Cambridge, England, as a psychosocial intervention for the prevention of depressive relapse (Segal, Williams, and Teasdale 2013). In the cognitive framework for depressive relapse, suffering was interpreted as resulting from the ways in which patients related to experiences, rather than the experiences themselves. As such, if patients could learn to relate to experience differently, they would suffer less. Thus,

3. Earlier movements had sought to explore the benefits of dialogue between psychology and Buddhist and meditative practice (for a history of the dialogue between Buddhism and psychology in America, see Metcalf 2002; on the relationship between psychology and Zen Buddhism, see Fromm, Suzuki and De Martino 1970; on the psychological framing of Transcendental Meditation, see Williamson 2010).



the cognitive framework of MBCT rests on the premises that there is a cognitive component to depressive relapse and that people have the capacity to learn ways of relating to their thoughts and feelings that will enable them to maintain mental and emotional balance, even in the face of challenging experiences. MBCT was found to reduce depressive relapse in three randomized-controlled trials (RCTs) (Teasdale et al. 2000; Ma and Teasdale 2004; Kuyken et al. 2008), following which it received recommendation from the National Institute for Health and Care Excellence (NICE) and was mandated on the National Health Service (NHS) for people who had experienced three or more depressive episodes, but who were currently well. The contemporary interest in mindfulness results, in part, from an increasing evidence base for mindfulness-based interventions and their subsequent uptake.⁴

Despite the findings of the RCTs and the NICE recommendation, MBCT remained widely inaccessible across the NHS. One of its developers, Mark Williams, proposed the introduction of mindfulness courses for politicians in Westminster in order to bring MBCT to their attention. As one of the chairs of the APPG commented, he “decided the only way to get the policy establishment really engaging with mindfulness was to take it to them.” Williams collaborated in an in-Parliament initiative led by Richard Layard, an economist and life peer in the House of Lords, and Chris Ruane, then a Labour MP,⁵ to establish mindfulness courses for parliamentarians. To date, 130 parliamentarians and 220 staff have completed an adapted MBCT course in Westminster. The course is taught in groups of eight to twelve led by a trained therapist, over an eight-week period. The most commonly used definition of mindfulness in this context is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgementally, to things as they are” (Segal, Williams, and Teasdale 2013: 132). The group meets once a week for two and a half hours. Aspects that are taught in the course include attentional control (mindfulness) cognitive skills (decentering, observational capacity), and behavioral skills (developing active/movement body-based skills) (ibid.). The course is built up of a series of intentional exercises, including mindfulness of breath, mindful movement, a body scan, mindful eating, as well as intentionally bringing an attitude of kindly awareness to everyday activities such as doing the washing up, eating, or bathing. Each session is followed by “homework”—guided mindfulness practices which participants listen to at home, bringing mindful awareness to specified routine activities, and pleasant and unpleasant events calendars; in the penultimate week, participants also complete an action plan.

In a presentation to the London Buddhist Society, one of the key nonparliamentary members of the APPG commented, “The thing about politicians is once they get the taste of something they want to do something. And this is an important point actually, because the doing has a sort of driving momentum.” Politicians who had

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4. There is increasing evidence that MBCT might help large numbers of people experiencing depressive affect and patterns of recurring depression (cf. Baer 2003; Coelho, Canter, and Ernst 2007). Kuyken et al. (2008) demonstrate that MBCT is equivalent to maintenance antidepressants for the prevention of depressive relapse but is superior in terms of quality of life and residual depressive symptoms.
 5. Chris Ruane was the member of Parliament for the Vale of Clwyd. He lost his seat in the General Election of May 2015.

completed a mindfulness course sought to establish an APPG to identify problematic issues that were being faced in four areas of civil society—the criminal justice system, the national curriculum, the NHS, and the workplace—and the potential for mindfulness-based interventions to address them. APPGs are informal cross-party groups brought together to develop policy recommendations for government on subjects for which there is cross-party interest. Nominally run by members of the Commons and Lords, the secretariat is provided by individuals and organizations from outside Parliament. The APPG was supported by the Mindfulness Initiative, an advocacy/“secretariat” group comprised of professionals from a range of areas, drawn together by their professional and personal commitment to mindfulness. These included a senior journalist, the directors of Bangor and Oxford University Mindfulness Centres, the founder of the Mindfulness in Schools Project, the clinical lead for an NHS trust, and a senior economist and peer. Associates of the Mindfulness Initiative included a director of the Royal Society of Arts, a director from the corporate sector, experts in mindfulness and the criminal justice system, clinical psychologists, the chief operating officer of an educational trust, and others. The mission of the APPG was set out as providing a forum for discussion in Parliament about the role of mindfulness in public policy, promoting mindfulness in tackling a range of critical challenges that the government faced, advocating for more research to strengthen the existing evidence base, and showcasing best practice.

In May 2014, the APPG was launched in Parliament in an atmosphere of anticipation. In a large meeting room in Westminster, there was standing room only as approximately three hundred people, including thirty members of Parliament (MPs), crowded in attendance. Professor Willem Kuyken, a cognitive psychologist and the director of the Oxford Mindfulness Centre, described the meeting as “a wow moment,” and a palpable sense of excitement filled the room. After the launch, eighteen people came forward to the organizers and asked how they could help. As one of the organizers said later, “They covered such a wide range of skills and backgrounds . . . this is 80 percent volunteer effort.” From May–December 2014, eight parliamentary hearings of the APPG were held in Westminster, each focusing on a different area of public life. These were: mindfulness in the workplace; mindfulness and mental health; mindfulness in the criminal justice system; mindfulness and physical pain and mindfulness for NHS staff; mindfulness in education; mindfulness in the workplace II; mindfulness and policing; and mindfulness and gangs. Following the inquiry period, a report was written by the Mindfulness Initiative on behalf of the MPs who had chaired the inquiry. The report was launched in Parliament in October 2015. It outlined the character and scale of the challenges identified in health, education, the workplace, and the criminal justice system, and the existing evidence for mindfulness-based interventions. It called for targeted interventions in each area and funding for further research.⁶ Each section of the report was written by two or three members of the Mindfulness Initiative, and these sections were then edited into a single document by two editors. The contributions of each of these people were smoothed into a single voice and there are no authors named in the final document.

6. The report can be viewed online (see Mindfulness All-Party Parliamentary Group 2015).



Mindful neoliberals?

Over the period of the inquiry process, public interest in mindfulness reached unprecedented heights and mindfulness made frequent appearances in the media. The primary academic analysis of the popularity of secular mindfulness practice has been that it is a neoliberal tool: it has been analyzed as reflecting changing frameworks of state responsibility and an increasing emphasis on the “responsibility” of subjects to self-manage at a time of increasing privatization. It has enabled governance at a distance by making people responsible for their own mental health. For example, Purser and Loy (2013) write of recent interest in mindfulness,

There is a dissociation between one’s own personal transformation and the kind of social and organizational transformation that takes into account the causes and conditions of suffering in the broader environment. Such a colonization of mindfulness also has an instrumentalizing effect, reorienting the practice to the needs of the market, rather than to a critical reflection on the causes of our collective suffering.

Žižek (2001) has gone further and proclaimed that “Western Buddhism . . . is establishing itself as the hegemonic ideology of global capitalism.” He argues that a “western Buddhism meditative stance” functions as an ideological supplement to the stress of capitalist dynamics, and is “arguably the most efficient way for us to fully participate in capitalist dynamics while retaining the appearance of mental sanity.” Such critiques extend into the relationship between “emotional self-optimization” and happiness. For example, Binkley (2014) argues that through self-help books, spiritual mentoring, business management, and relationship counseling, happiness is presented as attainable by everyone, irrespective of their socioeconomic circumstances, dispositions, or life experiences, and this leads to a moral responsibility to be happy. As he writes, “We are all complicit in our own asphyxiation everyday. We do the work of asphyxiation, we call it our freedom, our enterprise, and our happiness. And we should stop” (ibid.: 175). Similarly, Ehrenreich (2009) argues that positive thinking has entered a symbiotic relationship with capitalism in America, with an emphasis on unending consumption and an imperative for growth. She argues that in the United States, happiness is in the service of a rightwing neoliberal agenda in which it becomes a moral and a personal responsibility.

According to such critiques, happiness and wellbeing are psychologized and individualized, such that they become the responsibility of the individual rather than reflective of broader structural, political, or social inequalities that require redress. A search for happiness becomes now a self-conscious project of self-improvement that can be trained and cultivated, and mindfulness is a means by which this might be achieved.⁷ In the United Kingdom, Davies has argued that the emotions have become enslaved to neoliberalism:

7. In such a reading of mindfulness, the emotionally “fit” are happy. They put their time in on the meditation mat, and the result is hedonic buffness. As Nandy puts it, such a conceptualization rests on “a self-conscious, determined search for happiness from a mental state to an objectified quality of life that can be attained the way an athlete—after training under a specialist and going through a strict regimen of exercises and

Once social relationships can be viewed as medical and biological properties of the human body, they can become dragged into the limitless pursuit of self optimization that counts for happiness in the age of neoliberalism. (2015: 213)

Davies argues that a focus on happiness as a personal responsibility deflects attention from socioeconomic struggle. It is suggested that individualizing and psychologizing wellbeing or mental health does nothing to address the structural inequalities or forms of political disenfranchisement that may lead to the experience of negative feelings in the first place. Stress, anxiety, and depression are reframed as personal, not political, problems. In a consideration of the micromanagement of individuals, he writes:

If a certain physical context (such as work or poverty) is causing pain, one progressive route would involve changing that context. But another equivalent would be to focus on changing the way in which it is experienced. . . . If lifting weights becomes too painful, you're faced with a choice: reduce the size of the weight, or pay less attention to the pain. In the early twenty-first century, there is a growing body of experts in "resilience" training, mindfulness, and cognitive behavioural therapy whose advice is to opt for the latter strategy. (2015: 35)

While this is a poor account of "resilience" training, mindfulness and cognitive behavioral therapy,⁸ we might make his argument better. It could be argued that training in mindfulness is creating exactly the forms of reflexive subjectivity on which neoliberalism thrives. Mindfulness is being encouraged in civil society as a technique for cultivating a particular reflexive perspective, which fosters intellectual flexibility and emotional resilience. Through repetitive and ongoing training, practitioners seek to develop a different relationship to thoughts, feelings, and bodily sensations. Thus, developing an analysis of mindfulness as a neoliberal tool, we could argue that mindfulness not only aligns with neoliberalism, but it also provides the motor for it: learning practices of emotional regulation and reflexive awareness "responsibilizes" practitioners, who are simultaneously "resilient" enough to remain unaffected by the emotional and psychological effects of neoliberal uncertainty and individualism. Suffering becomes the responsibility of the individual rather than a result of sociopolitical influences such as class, race, gender, or the happenstance of misfortune. Furthermore, individualizing suffering silences the possibility of addressing it as a social or a political issue. In such a reading, the current political interest in mindfulness is indicative of broader political

diet—wins a medal in a track meet" (2012: 45). The implication of this is that unhappiness does not result from external circumstances but is a personal failure.

8. For example, mindfulness practitioners learn to pay *more* attention to thoughts, feelings, and bodily sensations, not less. Mindfulness-based interventions that address depression and anxiety are premised on the theory that patterns of emotional avoidance function to reinforce negative emotional states. Learning to pay attention "in a particular way, on purpose, in the present moment and non-judgmentally" may alleviate suffering because aversive patterns that contribute to emotional distress are reduced (Segal, Williams, and Teasdale 2013).



shifts in which state responsibility for social welfare has been ceded to technocratic managerialism.

The limits of neoliberalism

Is mindfulness in Parliament a neoliberal tool of “responsibilization” at a time when the state is assuming an increasingly managerial role, social welfare provision is being radically reduced, and significant funding cuts to the NHS are leading some to argue that we are witnessing a process of “stealth privatization” (Lacobucci 2013)? In the following, I will develop an ethnographic argument critiquing such a position by demonstrating that subjectification practices are never totalizing, that politico-economic concerns remain central to professional interest in self-governance, that subjectification practices may hold multiple and/or diverse meanings (cf. Cruickshank 1999), and that the maintenance of this multiplicity is essential in the process of political inquiry.

Mindfulness practice encourages practitioners to “turn toward” difficulty. It is a technique that is explicitly intended to enable a practitioner to relate to herself differently, with an attitude of “friendly curiosity” and compassion (Feldman and Kuyken 2011). This fits comfortably within a framework of subjectification and reflexive self-governance. But, as I will argue, to theorize this as a practice of neoliberal “responsibilization” by which the practitioner is made totally responsible for her own mental health detached from her socioeconomic and structural context is not borne out ethnographically. In part, this theorization rests on an assumption that neoliberalism has achieved what is feared, that the subject who learns to “take responsibility” for her own wellbeing and happiness does so totally: if we are not there yet, then we are on the verge of a Huxleyan dystopia in which “happiness” is achieved though the soma of mindfulness. Recognizing the limits of neoliberalism moves us away from a conceptualization of neoliberalism as a totalizing ideology and allows us to explore the practices of people who recognize collective and structural causes of suffering at the same time as seeking practices of subjectification for improving wellbeing.

Throughout the inquiry process, participants worried over the unhappiness reported in large-scale surveys and the prevalence of mental health issues presented in epidemiological statistics, basing their discussions on professional and personal experience. In contexts of limited institutional and financial support, many had introduced mindfulness courses into their work in an effort to address suffering. Speaking with a mental health nurse from Devon, I asked him how he had developed a mindfulness course at work.

Well the real challenge is the practical stuff . . . and the culture. At work there’s no time and no money. I’m working with patients all day, under pressure, there’s never enough time. And I had to work hard to set it up. I couldn’t have done it without my supervisor’s support . . . finding a room was a nightmare.

Outside of the hearings, discussion oriented around governmental cuts to funding, the increasing prevalence of mental health issues presented in epidemiological

statistics, and the challenges that speakers had experienced in establishing mindfulness courses. For the people involved, mindfulness was not understood as a mask for austerity. They understood mindfulness as an intervention that might help people deal with stress, anxiety, and depression in contexts of social and political disenfranchisement. This came as a response to the immediate challenges of working with people who face mental health issues during a time of privatization and a shrinking state mandate for social welfare. Mental health was framed as a major problem in the United Kingdom, and this was, in part, because of the increasing risk, inequality, and hardship that people in different populations in the country were thought to face. Rather than looking at the macro-level of neoliberal forces, which can appear totalizing in their colonization of wellbeing and the responsibility to self-manage, by exploring the ethnography of political process we can account for the concerns and interests of people working in different sectors of civil society. The promotion of mindfulness in public policy was an effort to do something about the tangible struggles that professionals describe witnessing in each of their sectors, given that each sector is undergoing transformation.

The relationship between self-governance and political economy is an important one. Governmental emphasis on patient empowerment emerges from changing relationships between state and citizens, and the role that the state plays in the welfare of citizens. It is not a coincidence that austerity and a discourse of “patient empowerment” are developing simultaneously. But not taking this seriously enough casts it as merely a smokescreen for austerity (cf. Howell 2015).⁹ Encouraging subjects to take responsibility for their mental health is understood as a form of governance that “tricks” them into self-governance and effaces political-economic relations. Practices of self-governance are interpreted as only individualizing and psychologizing suffering, and thereby obfuscating the social or political causes of mental health issues at a time of increasing social welfare cuts. Patient empowerment, then, becomes a mask for austerity.

While anthropologists have theorized neoliberalism as a mode of governance based on an entrepreneurial model that emphasizes individual risk and responsibility (Gupta and Ferguson 1992), they have noted that it is rarely, if ever, totalizing in practice. Kingfisher and Maskovsky (2008) consider the limits and challenges to theories of neoliberalism highlighted by the implementation of neoliberal policies. They point to the unevenness of neoliberalism’s spread and the ways in which it articulates and intersects with other political-cultural formations and governing projects. Their aim is “to treat neoliberalism as a process rather than a fait accompli” (ibid.: 115; see also Maskovsky and Kingfisher 2001), thereby highlighting the production and reproduction of patterns of inequality, and questioning the

9. In Howell’s research on psychological resilience in military settings, resilience training is understood to optimize military force, and to reduce healthcare costs by preempting mental distress in soldiers at a time of shrinking defense expenditure. It is possible to interpret this as a form of training by which soldiers are made responsible for their own mental health, which has the effect of effacing a politics of austerity in which welfare entitlements are shrinking. But Howell argues that this is an insufficient analysis of the aims of military resilience programs, which are to enhance (not just to responsabilize) soldiers, “a more ambitious aim than responsabilisation” (2015: 69).



totalizing nature of neoliberalism. In so doing, they are able to provide analytical space to consider the limits of neoliberalism. Elsewhere, anthropologists have demonstrated that local manifestations reveal the limits of neoliberalism and its articulation with other cultural, political, and economic forms (see Gledhill 2004; Freeman 2007).

Healthcare policy provides fertile ground for thinking about these limits. Patients are increasingly encouraged to make decisions for themselves, which are simultaneously embedded in broader networks of responsibility and care (Zignon 2010; Fordyce 2012). Trnka and Trundle (2014) suggest that ideologies of patient “empowerment” in which the citizen is imagined as independent and responsible, self-managing, and acting in a way that promotes her own health and wellbeing may in practice be neither realized nor desired. Forms of identity, collectivity, and interpersonal connections may intersect with and contest neoliberal frames. Trnka and Trundle argue that “social actors . . . move between different moral, ethical, and affective valences of what it means to be ‘responsible’ subjects without necessarily feeling conflicted, in need of resolution, or necessitating ‘moral breakdown’” (ibid.: 141; see also Zignon 2010). Social relations incorporate multiple framings of responsibility, sometimes accounted for through neoliberal logics of self-responsibility and care of the self, and sometimes interpreted in terms of interpersonal responsibility and obligation. As Trnka and Trundle argue, “Despite its flexibility, neoliberalism cannot encompass the breadth of subjectivities and collective relations that constitute contemporary enactments of responsibility” (2014: 141) Furthermore, guidelines promoting self-managed care may be interpreted in multiple ways, informed by preexisting understandings of responsibility and accountability in healthcare (Scheldeman 2008; Trnka 2014). Responsibility has been central to a range of anthropological concerns, including: political justice and an equitable system (Rawls [1971] 1999; Corsín Jiménez 2008); national identity and kinship (Gammeltoff 2007); personal and professional ethics (Brodwin 2013); agency and moral blame (Davis 2012); and self-care and decision making (see Mol 2008; Premkumar 2015). A theory of neoliberal “responsibilization” helps to account for the ways in which the subject becomes responsible for emotional self-regulation. But if the category of “responsibilization” remains limited to the neoliberal framework, it becomes hard to account for other forms of responsibility or responsibilization that might be in play, or the multiple effects of reflexive self-governance.

The meanings of mindfulness: Maintaining multiplicity

A danger of theorizing practices of subjectification as neoliberal is that they come to be read as always already in the service of a neoliberal agenda. If neoliberalism has permeated the regulation of the emotions, then there is no room to understand attempts to address what are identified as the dehumanizing effects of neoliberalism through practices of subjectification as anything other than more neoliberalism. The way in which the subject relates to herself is both the symptom and the cause of neoliberalism: the symptom because anxiety and depression result from the uncertainty and individualism of neoliberal structure; and the cause because reflexivity and emotional regulation are necessary for neoliberalism to flourish.

Not only is neoliberalism a totalizing reality, but also any response to it that entails subjectification tightens its colonization of emotional life. As Reveley writes, subjectification is interpreted as “producing a wholly negative, disempowering form of strangulating self-entrapment” (2015: 88).

The political authority of the APPG rested, in part, on the orchestration of participants from different social worlds without reducing the diversity of their interests and perspectives. Evidence was presented which suggested that mindfulness-based interventions might be of benefit for a range of different problems (e.g., criminal recidivism, impulse control, emotional regulation, and depressive relapse) without reducing them to the same problem, or supposing that mindfulness might be helpful for addressing all or some of them for the same reasons. Throughout the inquiry process, mindfulness was understood to help practitioners cope with life in different ways. Divergent emphases on the meaning of mindfulness reflected the heterogeneity of those involved and the diversity of issues under consideration. While they were understood to share some characteristics, the differences between them remained present. The eight parliamentary hearings focused on a different area of civil society, which coalesced beneath four broad headings: health, education, criminal justice, and the workplace. In the hearing on mental health, it was reported that up to 10 percent of the UK adult population will experience symptoms of depression in any given week and that depression is two to three times more common in people with long-term physical health problems. In the hearing on education, emphasis was placed on the value of “character building” and “resilience” in the promotion of nonacademic skills and capabilities for students. In the hearing on mindfulness and the workplace, the meeting was told that the leading cause of workplace sickness absence in the United Kingdom is mental ill health. Interest also oriented around the use of mindfulness in the development of higher cognitive skills such as working memory functioning and decision making. Executive control and emotional regulation were also of central concern in the hearing on mindfulness and the criminal justice system. Violence in prisons and rates of re-offense were linked to, but not reduced to, problems in psychological processes and states. In the description below, I will draw on events from the hearings on criminal justice, the workplace, long-term physical health conditions, and NHS staff. Each parliamentary hearing was specifically targeted to address an area in which high levels of mental health diagnoses, stress, or anxiety had been identified. Each followed a similar structure incorporating: participation in a mindfulness practice; presentation of statistics on the scale and form of a particular societal problem and its economic implications; personal testimonies from people for whom mindfulness practice had been radically transformative; the existing evidence for the efficacy for mindfulness-based interventions in each area; and reports on the implementation of small-scale mindfulness interventions.

Hearings were held in large wood-paneled committee rooms in the Houses of Parliament, overlooking the Thames. Each of the hearings was full, and I was told that it was unusual to have so many ministers present at APPG meetings, and even more unusual for them to stay for any length of time. Over the course of the hearings, upward of eighty people presented statistics on challenges being faced by populations in different areas of UK life, accounts of research on mindfulness, their experiences of implementing mindfulness-based courses, and their personal



experiences of practice. These people were drawn from different areas of expertise and work, and included but were not limited to researchers, civil servants, MPs, ex-offenders, probation managers, patients, school children, third-sector officers, private sector workers, NHS service commissioners, healthcare professionals, psychologists, and teachers. The orchestration of such a broad and specialist group of people was made possible by a clear agenda for the running order and tight time keeping by the chair of each meeting (usually a politician). Speakers were encouraged to keep to time, usually no more than five to ten minutes. This, and the range and volume of information being presented, gave a clear pace to the proceedings. Each meeting followed a similar running order: a welcome from the chair; a short mindfulness practice; statistics on the range, scale, and character of a problem; an overview of research evidence for mindfulness; testimonials from people who had benefited from mindfulness; accounts from professionals who had implemented mindfulness-based initiatives in their area; discussion around the barriers to adoption of mindfulness in a given area; and an open discussion on coordination and next steps.

At the start of each hearing, assembled professionals, MPs, and peers were invited to settle into a short mindfulness practice led by a respected mindfulness teacher. As one of the cochairs commented at the hearing on mental health, the short mindfulness practice was important because we were there to discuss mindfulness, and this ought to be done mindfully. At the APPG on long-term physical health conditions and NHS staff, the practice was led by a consultant clinical psychologist and mindfulness teacher from the NHS:

So, bringing awareness into the body and perhaps noticing the contact of the feet on the floor. . . . Feelings of touch, pressure between the body and the chair. Now, taking our position in a way that has a quality of wakefulness. . . . A sense of dignity. . . . Being present with our experience. Choosing whether to close the eyes now or keep them open but with a downward gaze. . . . Guiding the attention inward. . . . Noticing the thoughts or images running through the mind. . . . What feelings are around for you? What's the emotional tone, if you will? . . . What sensations are presenting themselves in the body? . . . Not trying to change anything here, just tuning in to what's here for you. . . . And now, narrowing the focus of attention to the sensations of the breath in the body. . . . Noticing the movement of the breath, coming up close to these sensations and recognizing them. . . . Noticing the breath moving in the abdomen. . . . Stretching and relaxing back the muscles of the abdomen as you breathe. . . . Following the in-breath for its full duration. . . . And the out-breath for its full duration. . . . Allowing the breath to be natural, not trying to change it or control it. . . . Being with these breath sensations. . . . Noticing how the mind moves off into thinking, guiding it back to find the breath once again. . . . And now expanding awareness around the breath to include a sense of the body as a whole. . . . Noticing subtle movements throughout the whole body. . . . Opening up to felt experience in the whole of the body right now. . . . Noticing the shape of the body and the space it takes up. . . . The boundary of the body in the environment. . . . Noticing sensations of clothes against the skin. . . . Expanding awareness beyond the body now to include a sense of the environment, perhaps

noticing the temperature, the feeling of air against the skin. . . . Noticing sounds. . . . Being aware of the room. And if eyes are closed, beginning to open them, bringing awareness to what is seen. . . . Being in this room, sitting together. . . . And carrying this awareness into the next moments of our being together.

Participation in the mindfulness practice changed the feeling of the hearing significantly. Each time, the bustle of arrival gave way to a quieter and more focused sense of engagement. Each hearing then continued with the presentation of statistics identifying the character and scale of the problem that was to be considered that day. For example, at the hearing on criminal justice, statistics collected by the prison reform trust revealed that nearly half the prison population suffer from depression or anxiety (Ministry of Justice 2013) and the suicide rate is almost fifteen times higher than in the general population (Department of Health 2004; Samaritans resource pack 2004). At the hearing on mindfulness and the workplace, it was reported that since 2009 the number of sick days lost to stress, depression, and anxiety has increased by 24 percent (Annual Report of the Chief Medical Officer 2013).

An autobiographical narrative then followed from someone for whom the problems identified in the hearing were personally relevant and who had benefited from mindfulness. Here, the value of mindfulness extended much further than the problems presented statistically (such as absenteeism, recidivism, burnout, chronic pain, etc.). Mindfulness was presented as having had a profound and transformative effect on the speaker. For example, an ex-offender told the hearing on criminal justice of his previously troubled life, his discovery of mindfulness, and how much he had been affected by this. Preventing reoffense was implicit in his account, but he placed emphasis on his overall experience of life and his relationships with others:

I was diagnosed with PTSD [posttraumatic stress disorder] when I was five. My carers were violent. I didn't know what was happening. If you grow up in a war zone, you become a warrior. I got into alcohol and drugs. I ended up in prison. I had regret for the past and fear for the future. I was robbed of the present, and mindfulness gave that back. It's revolutionized my way of seeing the world and myself. My kids have never seen me violent and I'm trying to teach them through mindfulness. You have to try it. As they say in Glasgow, "Better felt than telt." I could tell you about all the miracles in my life, but you have to go out and taste it for yourself. Five years ago I was in a homeless shelter and now I'm sitting in Parliament.

Similarly, at the hearing on mindfulness and the NHS, an Accident & Emergency mental health nurse who works nights and has two teenage sons reported that she joined a mindfulness course at work out of curiosity and that it had a radical impact on her life:

It's been quite life changing for me. I found quite quickly that my thought processes changed and I hadn't realized that maybe I had got quite bogged down in things; I just thought it was the passage of life and it takes its toll on everyone. You know, we all have bereavements, we all have losses, things go wrong in our lives. During the course, I was just like my old



self, just like when I was a lot younger. I was happy, I was feeling joy in things, and I hadn't realized that that part of my life had gone.

Testimonials were then followed by econometric data on the forecasted cost of mental health problems to the state, and a presentation of the quantitative evidence for the efficacy of mindfulness as a targeted intervention to address specific problems. This was followed by accounts from professionals who had introduced mindfulness-based interventions in their given field and the challenges that they had encountered. At the hearing on criminal justice, a senior representative for the Welsh probation service presented her experience of running a mindfulness pilot project in a probation hospital in Cardiff. This was conducted with two high-risk sexual offenders and one high-risk violent offender, all of whom had spent at least five years in prison. Simultaneously highlighting economic efficiency and personal transformation, she presented a case study of a violent offender who had used mindfulness to control his impulse to commit a violent act. He had witnessed a young man being disrespectful to an older lady at a bus stop and was immediately awash with powerful fantasies of violence. He vividly imagined putting the young man's head through the screen of the bus shelter, to the extent that he heard the glass breaking and smelt the blood. At the same time, however, he heard his mindfulness teacher's voice in his head, saying, "Notice what is happening right now. Move towards the positive." The probation executive told the hearing, "He was able to witness the thoughts in a nonjudgmental way, and allow them to pass without reacting to them and being violent. We costed up that scenario and found that it would have cost £100,000 in services if he had followed through on that impulse."

By collecting together sets of evidence the breadth and character of different problems were represented at different scales (personal, societal, epidemiological, and professional). Mental health issues were framed as sharing a common identity *and* as being unique to each domain. This enabled the range and character of challenges experienced by different groups of people to be discussed without the differences between them being elided. Maintaining this multiplicity of meaning and the breadth and specialism of the contributors was understood to mark the success of the inquiry process and the drafting of the inquiry report. Participants identified diverse societal problems, and the inquiry process was intended to explore the evidence and potential for mindfulness-based interventions in addressing them. In the course of this process, mindfulness was understood through different frameworks. This shifting ground—the meaning of mindfulness, and the range of problems that were under consideration—was held together through the structure of the inquiry process itself. That is, while the "meaning" of mindfulness was multiple and the populations and problems were diverse, the pattern and sequence of the process created coherence between seemingly very different scales and orders of issues. This did not flatten diversity but, rather, enabled it.

Conclusion

In her ethnography of UN-sponsored international conferences, Riles (1998) explores the challenge that negotiators face in holding multiple levels of action in

view at once. She asks, how does institutional knowledge achieve its effects, and what effects does it achieve? She argues that the production and ratification of intergovernmental agreements involve nonrepresentational patterning. In focusing on the aesthetic form to which information in documents adheres, rather than the meaning of information, she is able to consider “the way that the form of the documents made manifest a reality of levels and levels of realities” (ibid.: 379). Similarly, standardization in the inquiry process brought together multiple levels of reality—the scale changing of statistics and personal testimonies, for example—and also multiple realities—the experiences of people in diverse parts of civil society dealing with different problems. The overall aesthetic of the process enabled multiple meanings of mindfulness and societal problems to be considered in one coherent endeavor.

The inquiry process was constituted through the orchestrated dialogue of a diverse and professionalized group of people rather than a “top-down” implementation of “big policy.” Throughout the inquiry process and the drafting of the report, social problems from disparate areas of civil society were collected together. This multiplicity of meaning was maintained through the development and enforcement of a clear pattern of procedures, which enabled the representation of multiple levels of reality within and across each focus. This ensured integrity of approach in the presence of diversity of meaning. The narrower focuses of each hearing (such as preventing depressive relapse or improving students’ attentional control) were contained within the standardization of the proceedings. The development of the inquiry process required methods for creating reliability of information across domains, agreed methods of gathering information, and some sense of integrity (of data, evidence, and recommendations) that stretched across local contingencies, interpretations, and meanings. Both scales of information and the framing of mental health issues remained multiple throughout the process. The aesthetic of the inquiry acted as a container allowing for multiple meanings of mindfulness without demanding consensus.

I have argued that an analysis of self-governance as a neoliberal tool risks interpreting “responsibilization” through a totalizing framework: practices of self-governance are read as individualizing and psychologizing suffering, and thereby obfuscating the social and political causes of mental health issues at a time of increasing social welfare cuts. But this leaves analysis of governance limited to a framework of top-down intervention and does not account for diversity in the motivations, experiences, and efforts of people practicing self-governance and the collaborative nature of the political processes by which it is promoted. Self-governance, then, becomes a mask for austerity. I have suggested that it is possible to identify the limits of neoliberalism by resisting the temptation to move beyond the ethnographic movement. In so doing, the motor of political process is revealed to be the maintenance of a diversity of meanings of self-governance.

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Pleine Conscience à Westminster: Politique de la méditation et les limites de la critique néolibérale

Résumé : Le concept de néolibéralisme rend compte de la relation entre des formes de gouvernance, des formes d'auto-gestion, et les forces du marché capitaliste. Mais comment établir ses limites? En m'intéressant au concept de mindfulness avec une étude ethnographique, j'explore les catégories théoriques du néolibéralisme et de la "responsabilisation" qui traversent les formes émergentes de gouvernance de la société britannique contemporaine. J'ai choisi ce sujet pour ma recherche afin d'étudier les multiples sens et valeurs investis dans les pratiques de subjectivation, et les façons dont une diversité est maintenue à travers la structure de l'enquête politique. Je montre que les pratiques de subjectivation ne sont jamais totalisantes.



Les préoccupations politico-économiques demeurent centrales aux intérêts professionnels dans l'auto-gestion, et les pratiques de subiectivation peuvent avoir de nombreux et divers sens: le maintien de cette variété est le moteur du processus politique.

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