ONCE MORE TO THE BODY

An Ethnography of Mindfulness Practitioners in the United Kingdom

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For my parents, John and Bella,
and my sister, Emily

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Abstract

Once More To The Body: An Ethnography of Mindfulness Practitioners in the United Kingdom

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This thesis explores embodiment and self-shaping among practitioners of mindfulness-based interventions for health and wellbeing in the United Kingdom. It draws on the anthropology of embodied experience, the body, and ethics, to delve beneath an ethnographic problem: why does mindful self-cultivation entail so many notions of 'mindfulness', the 'practitioner', and the 'body'? Based on fieldwork at a leading mindfulness research, teaching, and teacher-training centre, and participant-experience in mindfulness praxis, the thesis explores the making of mindful subjectivities. Practitioners cultivate a trajectory through distinctive temporal and embodied experiences of self-shaping: where the practitioner begins with hope of rapid transformation, she must realise that she is already and perennially 'mindful'; where she begins as impatient and 'heady', she becomes curious and 'embodied'. The thesis argues that although practitioners' claims and practices of turning to the 'present' and the 'body' appear dualistic, it is through the turning itself that dualisms are ultimately undone, and new forms of attention and intention with regard to oneself emerge.

Nonetheless, the thesis demonstrates that this trajectory towards 'embodiment' may not be fulfilled at all. Indeed, practitioners must perpetually adjust their direction of travel. The thesis explores anthropology's own concepts of embodiment by arguing that the felt sense of being a self-shaping mindfulness practitioner entails progression, but also stuckness, hesitation, and doubt, in which commitments feel noncommittal and embodied capacities unstable. Analysing these experiences within frameworks from the anthropology of ethics, the thesis calls for the perspective not just of manoeuvrability as a virtue but also of the subject's embodied sense of their perpetual forward motion: the ways in which subjects encounter and create their futures, amidst the diversities and instabilities of themselves and their world.

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List of Abbreviations

ART	Anti-Retroviral Treatment
ATQ	Automatic Thoughts Questionnaire
CAM	Complementary and Alternative Medicine
CBT	Cognitive Behavioural Therapy
CPD	Continuing Professional Development
CPE	Cognitive Psycho-Education
DBT	Dialectical Behaviour Therapy
EBM	Evidence-based Medicine
GAD-7	Generalised Anxiety Disorder 7 questionnaire
IAPT	Improving Access to Psychological Therapies
IMS	Insight Meditation Society (Barre, Massachusetts)
IPA	Interpretative Phenomenological Analysis
PHQ-9	Patient Health Questionnaire 9
RCT	Randomised Controlled Trial
SPSS	Statistical Package for the Social Sciences (IBM)
HIV	Human Immunodeficiency Virus
MBCP	Mindfulness-based Childbirth and Parenting
MBCT	Mindfulness-based Cognitive Therapy
MBI	Mindfulness-based Intervention
MBI-TAC	Mindfulness-based Interventions Teaching Assessment Criteria
MBSR	Mindfulness-based Stress Reduction
MIT	Massachusetts Institute of Technology
MSC	Mindful Self-Compassion
NHS	National Health Service

NICE	National Institute for Health and Care Excellence
TAU	Treatment as usual
UMass	University of Massachusetts

Before you know what kindness really is
you must lose things,
feel the future dissolve in a moment
like salt in a weakened broth.

From ‘Kindness’, *Words Under the Words: Selected Poems*, Naomi Shihab Nye

Introduction

"Is it This or That?" The Nature of Mindfulness, and Why It Matters

11th January, 2013. It was barely four days since I had started fieldwork at a mindfulness research, teaching, and training centre (hereafter, the Centre), within a university psychiatry department. Wandering into the lobby at about four o'clock in the afternoon, I came across a small gathering admiring the paintings on the walls. I recognised one of the party – one of the Centre's sub-managers, Christian – but the others were unknown to me. Christian welcomed and introduced me: I was an anthropologist researching mindfulness-based psychotherapeutic interventions (MBIs) for health and wellbeing. The gentleman in flowing saffron and crimson robes was a Tibetan lama, Arjia Rinpoche. He was accompanied by a lay attendant, who was a local woman in her forties, and by one of the handful of Buddhist Studies scholars who periodically appeared at the Centre, Clive.

Rinpoche was passing through on his way to a reception that evening at one of the university's museums, where there was a considerable collection of Tibetan material culture. Clive asked if I would like to join them, and an hour or two later I found myself sipping nondescript wine and talking to Christian and Clive in a back corridor of the museum. The lama, along with half of the university, it seemed, was in the main body of the museum; the loud bustle of voices, periodically punctuated by the sound of a gong, hummed through even to the back corridors.

Clive wanted my opinion on something. 'Do you think this clinical mindfulness is a phenomenon within broader modern Buddhist practice, or is it an evidence-based

efficacious scientific treatment?' 'I don't see why it can't be both, at different points to different people,' I replied. 'Aren't they competing narratives about the same thing?'

'But which is it to you personally?' Clive asked. I thought about it for a moment. I had been practising mindfulness for nearly four years, ever since I had taken a Mindfulness-based Cognitive Therapy (MBCT) course. Initially sceptical, I had been rapidly persuaded by the course and by its startling effect on my quality of life. 'It depends,' I said. 'At the beginning the scientific rationalisation was helpful motivation – I told myself that it would do something because it's evidence-based. But after a while it just became a point of habit. It just became part of what I did.' As I spoke, my interlocutor looked vaguely dissatisfied with my answer. I asked, 'which is it to you?' but Clive, who had caught the eye of other guests who were leaving, apologised and turned to make farewells. When he turned back, he seemed to have forgotten the hanging question. 'Let's do a mini-seminar sometime, the three of us,' he said, and with that, the conversation moved on.

I never did get an answer from Clive himself, but it was a question that emerged again and again throughout the duration of my fieldwork: what is (as Clive put it, 'clinical') mindfulness? The answers were unilaterally variable, whether the question was asked in casual conversation with a mindfulness course participant before class, over lunch at the Centre among its clinical and research psychologists, in a seminar presentation, or on a mindfulness teacher-training retreat.

MBCT, for example, was on the one hand a psychotherapeutic intervention based on cognitive therapy in combination with Buddhist meditation practices. It was accruing an evidence-base for the prevention of relapse in recurrent depression, and the management of anxiety, health anxiety, chronic fatigue syndrome, and the stress of long-term physical health conditions. It was the latest iteration of evidence-based psychotherapy. However, it was also the latest iteration of the expansion of 'Eastern' meditation practices into Western society couched in discourses of health and wellbeing. In so doing it extended well beyond the clinic: mindfulness-based programmes were taught in the UK in schools, workplaces, and prisons. The qualities of mindfulness seemed to mutate with its setting. Depending who I talked to, it was simple attention training, or attention that was inherently compassionate; culturally-specific to Buddhism, or a universal cognitive capacity; being in the present, or looking to the future; helping people accept things as they were, or giving people choices.

As I noticed that mindfulness appeared to be a multitude of different things to my research subjects, I began to formulate my own questions. I had originally suggested to Clive that mindfulness 'was' context-specific, a poly-ontological phenomenon that emerged according to the particular exigencies and cultural contingencies of each context. As my fieldwork unfolded, I could not get away from the nagging sense that 'mindfulness' was not just a social fact floating somewhere out in my field-sites for both my research subjects and myself to pin down. It was necessarily bound up with who the people who practised it 'were', and what they wanted.

The terminology for those who practised mindfulness was multiple: in NHS contexts, eight-week course members were 'patients'; across all contexts, they were 'course participants'; teachers would occasionally describe aspiring to treat their participants as 'guests'. The de-centered nature of the MBI world also meant that there did not seem to be a term to describe a particularly large category: the myriad people who had done a course at some point, and occasionally re-appeared at a sitting group or a workshop, while practising on and off at home.[1]

What such persons seemed to want and expect from mindfulness was another question. There were obvious and variable answers: the prevention of their recurrent depression, an easier relationship with their spouse or child, a better way to live with multiple sclerosis, a balm for the toxicity or ennui of their workplace. In the exchanges of the mindfulness classroom, all these backgrounds were sublimated beneath the purpose of learning mindfulness practice itself. Course participants strove to understand how they could become better mindfulness practitioners, or whether mindfulness would work for them, but course teachers persistently if gently batted such questions away: these were 'heady'. We, by contrast, were occupying the 'experiential': becoming 'embodied'.[2] We were asked what we had noticed in the body when these thoughts were around, or it was suggested that these were wonderful examples of the busyness of the mind.

As 'mindfulness' seemed to traverse a sliding scale between the universal 'real' and the contingent, and its teachers and participants shifted between 'headiness' and

[1] I needed some kind of shorthand to capture this, and so albeit artificially, I settled on describing
[2] In this thesis I use quotation marks to designate my research subjects' notion of 'embodiment', in order to distinguish it from the anthropological paradigm of embodiment (Csordas 1990), discussed below.

'embodiment', it became clear that whichever position one occupied – including that of no-position – would have various ethical connotations and implications. To many of my research subjects, evidence-based mindfulness, if delivered correctly, simply 'embodied' the caring mission of healthcare professions. As I will describe below, others, particularly from a Buddhist perspective, thought that MBIs instrumentalised and 'de-ethicised' (for which, read: neoliberalised) a practice that in a religious context had been grounded in religious precepts and community.[3]

At the time I was doing fieldwork, anthropological work on mindfulness-based interventions was in progress but not yet in press. My research questions and methods were largely guided first by theoretical work on embodiment, and second by what was emerging in my fieldwork: these apparent issues in self-cultivation. The latter narrowed the broader interest in the secular 'mindfulness movement' with which I had entered the field.[4] My questions fell into two categories. The first was typological: given that existing work on 'Buddhist modernism' (McMahan 2008) and mindfulness in the West relied heavily on discursive and documentary evidence, I wanted to know what kinds of 'mindfulness' were ethnographically discernible; likewise, what kinds of 'practitioner'. Moreover, I wondered how these discrete entities or enactments and their relationship to one another might be theorised: whether boundaries between one thing and another were visible or transcended, in instances of doubt, confrontation, and therapeutic relief. As Laidlaw has asked, critiquing the ontological turn, 'What on earth happens at the boundaries

[3] See 'Debates in Buddhist Studies', below in Introduction.
[4] Wilson defines the 'mindfulness movement' as follows: 'the widespread and growing collection of people who practise (and, especially, those who actively promote) techniques of awareness derived originally from the Buddhist cultures of Asia, which are typically grouped under the label "mindfulness"' (Wilson 2014: 9).

between…different ontologies, and when things or people cross from one to another?' (2012: n.p.).

While I initially took Laidlaw's question at face value, the context of its critical spirit became inescapable. Beneath a typology of mindfulness and practitioners lay what was *at stake* for my research subjects in that typology: conversations about the identity of mindfulness or its practitioners disclosed both deeper anxieties about and intentions concerning how to craft mindfulness, or oneself as a practitioner. Wilson, who has worked on the emergence of mindfulness in America, notes:

> …terms such as "scientific," "superstitious," "traditional," "modern," and so on are not mere statements of fact…they are markers of value employed strategically by agents in ways that reveal further patterns of value and preference. (2014: 9)

My typological enterprise both necessitated a particular kind of method, and turned into a heuristic. I would investigate the nature of mindful self-cultivation and transformation specifically as it occurred among practitioners and participants of MBIs: how did one become such a practitioner; of what qualities did their concept of 'embodiment' consist? If the 'experiential' was so important, then the development of a practitioner's subjectivity must be mapped.

Theoretical Framework

A sense of work in anthropology within which to situate this project is now required. The ethnographic episode at the beginning of this introduction disclosed underlying themes of theories of 'ontological' multiplicity, trajectories through self-transformation, and the role of embodied reflexivity. This outline is intended as a

broad outline of the influences on the thesis, while chapter-specific reviews in Chapters 3, 4, and 5 will address the specific themes of biomedical compliance and neoliberal self-care, care of the self, embodiment and the anthropology of the body, and detachment.

First some definition of meditation is needed. It is arguably a polythetic set of practices which have properties both in common with and apart from one another. Meditation is often silent, sometimes not; it can be comprised of stillness or movement (Pagis 2010b, Pagis 2009b, Pagis 2009a); it often replenishes (Hsu 1999, Alter 1992b), but can also exhaust (Cook 2010). It is often just one part of a broader self-fashioning regime: the self constructing itself, a reflexive enterprise conducted with the aim of embodying a system of values. This is visible in the cases of '*pahalwani*', Alter's Indian wrestling (1992b, Alter 1992a); Cook's Thai Theravada nuns (Cook 2010b, Cook 2009); and '*yangsheng*' (cultivation of life) in China (Farquhar and Zhang 2005, 2012).

To situate current anthropological debates concerning self-cultivation, a brief foray is required into a series of tensions in anthropology over the past thirty years regarding the nature of the self that is being cultivated in the West. The analytical stance on Western selves has often been akin to what D'Andrade called a 'moral model' of 'denunciation' (1995: 399): the 'Western', individual, 'neoliberal' self has been oft-lamented and occasionally investigated. Understanding this context is necessary in order to place the contributions of recent ethnographies on meditation, sometimes considered an 'asocial' practice.

The 1980s were particularly critical of Western individualism. Notably, Bellah (1985), Lasch (1980), and Bruce (1995, 2002) took to task the individualists of prosperous post-war consumerism. Whether their subjects were American suburbanites or New Age practitioners, the discourses and practices of such individuals were diagnosed as narcissistic and politically ineffectual. Yet such interpretations were founded on structuralist contrasts that often took the discourse of informants at face value. When informants used the terminology of 'self', the researchers assumed an a-priori egoistic self, rather than establishing *what kind* of self from first principles; likewise, the 'individual'. With a sharp demarcation drawn between public and private, and between inner and 'outer' life, Bruce argued that the self-cultivation practices of Western individuals made no difference to the outside world: 'There is little or no impact on the world at large. The state, civic society, the polity, and the economy remain unaffected' (1995: 95). 'Social structure' and 'the individual' thus took on ontologically static, rigid status, rather than being recognised as useful analytical concepts that represent dynamic, relational processes.

Tautologically, therefore, Bellah *et al.* tended to find exactly the (much-maligned) 'self' that they feared. The odd glimmer demonstrated that there might be more to Western subjects than the conceptual toolkit allowed. '[T]hey have difficulty articulating the richness of their commitments,' Bellah *et al.* comment; 'their lives sound more isolated and arbitrary than, as we have observed them, they actually are' (1985: 21). Rather than this observation prompting an investigation of this 'actuality', and the reasons for this disconnect between rhetoric and embodiment, Bellah *et al.* critique the moral language of individualism. Somewhere along the analytical line, critiques of this language became an indictment of the lived reality of Western

subjects: they *are* narcissistic, individualistic, disconnected and politically apathetic consumers, if they partake in such discourse.

Foucault responded to such critiques not with complicity in their project but rather with theoretical critique of their premise. For Foucault, it was a historical fact that subjects had self-fashioned since time immemorial. Scholars should not automatically distrust the self and its care. Such distrust was simply part of our Western intellectual heritage: 'We find it difficult to base rigorous morality and austere principles on the precept that we should give more care to ourselves than to anything in the world' (2000: 228).[5] This in turn prohibited us from asking interesting questions: how and why selves chose to self-fashion.

In his term 'technologies of the self', Foucault therefore captured a framework for analysis of the way that certain technologies 'permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality' (1988b: 18). By his own account, this iteration of his work formed a final stage in his intellectual trajectory, previous work having been concerned with various forms of 'objectivizing' the subject (1982: 777). Now Foucault wished to write about the formation of subjects from the subject's point in view, in such a way as to demonstrate to people 'that they are much freer than they feel' (1988b: 10).

[5] For full discussion of this, see Chapter 4.1.

Others subsequently took up this premise. Many became preoccupied with the moral project of mitigating previous indictments of Western subjects. If previous work had exemplified suspicion of the detachments and self-containments of Western individualism, it was followed by celebration of ways in which such individuals were, indeed, engaged with and relational to one another (as described in Candea et al. 2015: 10-12).[6] Such relationality purported to disprove the notion of the narcissistic self, yet arguably Foucault's stance was that such proof projects were not what was most interesting. Some of these projects were less successful specifically for this reason: Heelas, for example, writing in defense of New Age spiritualities (2008), freely admitted the paucity of research in this area, yet his monograph was more of a manifesto featuring the odd lone practitioner voice than a sustained analytical study of the people and practices actively involved in such spiritualities. Critical ethnography of communities of what he termed 'inner life' practitioners in Western contexts was missing.

Yet ethnographic work on self-cultivation has flourished in the last twenty years. Much of it nods to the engrained structural suspicion of such practices, but proceeds to move the theoretical discussion forward.[7] Cook, who conducted fieldwork on meditation in a Theravada Buddhist monastery in Thailand, notes that meditation 'is often thought of as an asocial activity,' but 'has an important social dimension…this profoundly influences the psychological benefits that people experience and intend to experience as a result of practice' (2010b: 7). Having established this premise, Cook unpacks the practices of Buddhist meditation and ascetic cultivation as technologies of the self. Meditation is a vehicle through which the virtuous subject comes to

[6] For extended discussion of these issues, see Chapter 5.1.
[7] Such suspicion continues in the form of recent anthropological critiques of 'neoliberal' self-care: see Chapter 4.1.

embody particular tenets. For Theravada Buddhists, for example, the truths of impermanence, the ubiquity of suffering, and the nature of non-self must be realised. They 'engage in specific practices in order to change their experiences in relation to religious concepts…they learn and practise with intent and in so doing, religious tenets become real' (2010b: 9). This leads to the identification of new theoretical problems and paradoxes: how it is possible wilfully to reduce one's future capacity to be wilful; and why it is that the rules of self-cultivation appear to have, inbuilt, the expectation that these exertions will fail.

Pagis (2010a, 2010b, 2009a) has investigated *vipassana* meditation in centres in the United States and Israel that are more decentered than Cook's monastic setting. In the main her work attempts to undermine notions of meditation's asocial nature. She emphasises the 'intersubjectivity' of meditation practice, despite its ostensible silence, and argues that practitioners' relationships must be understood as valid forms of relation, rather than the lack of it: in the centres, modelled on Thai forest monasteries, people are silent yet 'together and safe' (2010b: 315). She is at pains to point out that accusations of narcissism 'have missed the one important moral point behind the idea of self-improvement. Self-transformation is considered by meditators the best way to achieve a better social world' (2009a: 242). Pagis, like Cook, nods to the elusiveness of the whole enterprise of self-work: the lack of socialising or discussion highlights how 'the problem of other minds is never solved, but rather it is an emergent faculty of every social interaction' (2010b: 323).

One problem that emerges from this recent work on meditation is the capturing of embodied experience. The anthropology of the body is a well-established field. As Scheper-Hughes and Lock sum up,

> Conceptions of the body are central not only to substantive work in medical anthropology, but also to the philosophical underpinnings of the entire discipline of anthropology, where Western assumptions about the mind and body, the individual and society, affect both theoretical viewpoints and research paradigms. (1987: 6)

Pagis and Cook both note, as did Foucault, that working with bodies has particular purpose in pursuing mastery of the mind. Foucault notes that among the Stoics, there is considerable 'ambiguity about the body in this cultivation of the self. Theoretically, the culture is soul-oriented, but all the concerns of the body take on a huge importance' (1988b: 29). This ambiguity is visible in both Pagis and Cook's respective work. The body must be disciplined and transcended, yet religious concepts must be 'embodied' not only in the figurative sense of becoming habitual parts of the meditator's conduct, but also in the literal sense of being witnessed as playing out in embodied experience.

Possible roles for the body therefore multiply. Harris' schema of bodies in Theravada Buddhism helpfully captures this. For these persons, the body is indeed in part a 'problem' to be transcended, but must also be understood in two additional ways: 'the body as problem (to be recognised); the body as teacher (to be observed and learnt from); the body being transformed on the path to liberation (to be developed)' (2012: 105). Since the body was 'discovered' post-structuralism, we might argue that it has been largely identified in these ways as 'reflexive object'. As Cook and Pagis describe, it can be disciplined through deprivation; as Adams and Strauss respectively

describe, its capacities can be expanded through the tactile manipulation of massage or yoga (Strauss 2005, Adams 2002).

The objectification of the body is captured by the preponderance of the concept of 'embodiment' as a shorthand for 'making habitual' – for example, the rendering habitual of religious precepts, as in Cook (as above), Mahmood (2001), and Hirschkind. The latter clearly states this as a point of difference from the work of Csordas:

> …while Csordas focuses on identifying the preobjective foundations, or habitus, on which a religious discourse erects its particular discursive architecture, my own work has been concerned with the practical techniques (such as sermon audition) by which the bodily dispositions that underlie virtuous conduct are inculcated. That is, I give less attention to how those dispositions have been objectified within the discourses of contemporary Islam and more to the techniques though which they are inculcated both as sensory skills and moral habits. (2001: 629).

This version of embodiment often analytically demarcates the body as the subject of habit, and the mind as the subject of intention. The body is thereby denied the capacity for intentionality. To some extent, this replicates the Cartesian legacy that creates a 'fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal' (Scheper-Hughes, Lock 1987: 8). This has been much critiqued in anthropology over the last thirty years – yet, as has been pointed out, wherever one dualism is dissolved, another tends to resurface elsewhere (Venkatesan et al. 2013).

Csordas took up the project of the body-subject in his work on religious healing among Catholic charismatics in the southern United States. Drawing on Merleau-Ponty's notion of body-subject and body-object, and Bourdieu's notion of habitus,

Csordas conceived embodiment as a paradigm that accounts for all varieties of embodied experience, including *but not limited to* the habitual (1990). For Csordas, 'the body as a methodological figure must itself be nondualistic, that is, not distinct from or in interaction with an opposed principle of mind' (1990: 9). He argues therefore that the body is 'not an *object* to be studied in relation to culture, but is to be considered as the *subject* of culture, or in other words as the existential ground of culture' (1990: 5). This leads to the intriguing possibility that we might capture the body's experience, as intentional subject, of itself as both subject and object. Csordas's work enables the discursive and the image to be *a part* of embodied experience, rather than *apart* from it (1994a). Csordas's and Hirschkind's respective forms of embodiment appear to be converging from different directions upon their subject.

For my purposes in this thesis, Csordas' concept of somatic modes of attention is particularly helpful: 'culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others': the process through which one's body is constituted – objectified – out of a pre-objective, 'indeterminate horizon' (Csordas 1993: 138). This describes ways in which the body attends to, and with itself, as well as to the perception of the bodies of others (for example, a healer, or a demon). The body's changing experience *is* the subject's experience that change is occurring; when a Charismatic subject feels the demon leave her body, her embodied experience is a vital component of being a knowing subject, rather than an extra piece of information one step removed that must be relayed and interpreted. This felt sense of transformation is also evident in Desjarlais' concept 'presence' (1996), and in Hsu's depiction of healing through the presence of pain (2005).

In recent work on meditation, the concept of embodiment displays considerable slippage. Pagis, for example, argues that what distinguishes *vipassana* from extant Western self-help culture is that it constitutes embodied self-reflexivity 'rather than' discursive. She argues that her research subjects reject discursive processes of self-reflexivity at every level of the practice: from the silence of the meditation room, in which no-one speaks (2010: 310); to meditators' reluctance to share their experience with others in the intermittent phases of entering and leaving the room, and *vipassana* teachers' calibrated refusal to elicit personal narratives from distressed participants (2009: 272). Here it is difficult to discern between the analytical and the ethnographic lens. Arguably, from Pagis' *vipassana* research subjects' perspective, they are objectifying the body. Analytically we cannot therefore describe it as an embodied 'rather than' discursive form of reflexivity, because from Csordas' embodiment perspective, *both* these forms are embodied, but different in other ways.

In particular, if the body is liable analytically to Cartesian roles – body-object, body-subject – this points to a fundamental question for us about what framework may navigate these. For Scheper-Hughes and Lock, the concept of the 'mindful body' exhibits their negotiation through the emotions (1987: 6). For Potter, the example of contemporary dancers shows that they are negotiated through cultivation of the senses (2007, 2008). Dancers must mediate body-object and body-subject through sight and kinaesthesia – scrutinizing its extensions and shapes in the mirror, while knowing how to reach, reshape, and honour the body's current limits as intentional subject (2007: 91-2).

These theoretical efforts open up the question of how the subject knows themselves, or hold themselves together across moments in time as body-subject and body-object. Recent work on ontologies has arguably disclosed a need for the further elaboration of such forms of 'knowing' or 'holding together'. This ethnographic vignette from Alcayna-Stevens, for example, investigates not incarnations of the body or the self, but varieties in propositional beliefs about 'other' minds. She captures a conversation at a chimpanzee sanctuary in Catalonia, with a keeper, Jo, who says:

> 'There is no way we can know how a chimpanzee thinks or feels – we can't even know what other people think, let alone a different species.' In her argument, Jo articulates the perils of attempting to relate the other's world to one's own…However, our conversation does not end there. Several minutes later we are talking about the importance of social interactions for chimpanzees…We are talking in particular about Julio, a large male who has been in quarantine due to a disease…'It's horrible,' she explains, 'he gets so lonely all day on his own.' Suddenly curious, given her earlier argument, I ask her how she can tell that he is lonely. 'It's obvious!' – she looks at me with a slightly chastising confusion on her face – 'You've seen him...! His body language, his face – he's so withdrawn…" As I look down at my notes, where these two possibilities appear side by side, I am struck by what I perceive to be an irreconcilable contradiction. A paradox. How can it be both 'impossible' and 'obvious' to know what a chimpanzee thinks and feels? (2012: 91-2)

Alcayna-Stevens concludes, 'To me, Jo's expressions appeared to contradict, because they appeared in the same world. That is, my world had not changed from the wooden picnic table in the mid-afternoon sun. Jo, meanwhile, had been wandering into and evoking different worlds in the course of the conversation' (2012: 95). For an animal keeper reflecting upon other species, alternative 'worlds' appear within a few moments.

It is tempting to explain away such paradoxes as situational: each 'world' refers to a different domain or situation, through which someone like Jo the chimpanzee keeper, in this specific instance, might imaginatively wander. For Candea, the danger of

'ontologies' is its reification, whereby traversal betwixt and between comes across as a passive 'ontological flip-flop' (2013: 432). Such ontologies apparently hover in the air, ready-made, and people become subject to them as they pass through particular times and spaces. In Candea's own work on animal behaviour scientists, he argues that the notion of 'ontological flip-flop' 'fails to attend to people's agentive attempts to keep in view multiple ontological possibilities at once, without committing to any' (2013: 432). Others have mooted concepts of 'ontological choreography' (Cussins 1996) and 'bridging work' (Timmermans, Buchbinder 2012) as means to capture how these worlds might be put in orderly motion.

Subjects *as well as* bodies must therefore be active, effortful and intentional, but we also need to consider the subject as inherently entailing an intentional body. This is mostly absent from this 'ontological' work, although I suggest its clues are there. Alongside the possibility that active subjects may adopt Candea's 'keeping in view' of 'multiple ontological possibilities', Alcayna-Stevens points out that in the context of multiple ontological possibilities 'enactment itself often prioritises one of these possible worlds over another, even if they are enacted in rapid alternation…possible engagements with worlds…are enacted creatively, expressively and (more often than not) *wholeheartedly*' (2012: 94. My emphasis). Such whole-heartedness may emerge ethnographically as the leap of faith necessary during experiences of doubt, or the interest in 'leaping across' social landscapes precisely because they are unknown (Pederson forthcoming, cited in Laidlaw 2013: 176). The concept of the wholehearted seems to me to reach towards that of embodiment: the subject is embodying something different in each moment.

As Candea and Alcayna-Stevens note there is an extent to which ontologies are simply 'conceptual artifacts internal to anthropological argument' (2012: 41). Identifying 'ontologies' in the descriptions of research subjects may therefore be simply a new way to describe the anthropologist's expression of intention to attend to her research subjects as *equally* intentional persons. Yet here we need to remember, precisely if subjects are not passively flip-flopping, that they are embodying each 'world', and that Csordas's paradigm of embodiment precisely captures the instability of the body that renders these movements possible.

This thesis therefore attempts a close focus on the body with engaging with the ethical. To treat ontologies as a heuristic, as I have above, leads us to recent work on the subject's reflection, intention, and freedom. Lambek summarises,

> Ethnographers commonly find that the people they encounter are trying to do what they consider right or good, are being evaluated according to criteria of what is right and good, or are in some debate about what constitutes the human good. Yet anthropological theory tends to overlook all this in favour [sic] of analyses that emphasise structure, power, and interest. (2010: 1)

This stimulates Lambek's call for an 'ordinary ethics' that is 'relatively tacit, grounded in agreement rather than rule, in practice rather than knowledge or belief, and happening without calling undue attention to itself' (2010: 2). This approach comprises ethnographic sensitivity to 'the actual and circumstantial – specific instances of conduct, insight, action, or dilemma' (2010: 4). Similarly to Candea's conclusion regarding ontologies – that we need to attend to the subject within their horizon of possibilities – Lambek suggests that 'rather than attempting to discern or objectify specific virtues, an anthropological account of ordinary ethics might do better simply to observe ongoing practice' (2010: 20).

Laidlaw takes up these concerns in his work on the reflective capacities of the subject in order to move towards a concept of 'freedom'. He argues that 'the ethical dimension of social life – the fact that everyday conduct is constitutively pervaded by reflective evaluation – is irreducible' (2013: 44-45). He critiques the Durkheimian conflation of the moral with the social, which essentially reduced the analysis of individual conduct to the question of whether the rules had been followed, and, therefore, whether the individual had been sufficiently well-socialised (2013: 20). The social sciences thereby reduced to a 'science of unfreedom' (Bauman, cited in Laidlaw 2013: 3), and agency becomes simply 'the efficacy of individuals' actions in reproducing, resisting, or altering structures' (Laidlaw 2013: 5).

A key question emerges from this, summed up by Heywood: whether ethics is 'simply a matter of doing as we're told, or…only really possible in the absence of moral pedagogy' (2015: 207). For Robbins, for example, moral life in Papua New Guinea is comprised of 'two cultural orders', each of which defines the moral according to certain rules, but between which occurs ethical reflection (2007: 307). Yet Heywood rejects a particular 'situational' understanding of ethics constituted by the notion that rules alternately apply and subside, depending on the context. In his ethnography of *doppia morale* in Bologna, he argues that this conclusion does not quite fit: it is not that in some domains (for example, the public) rules such as monogamous fidelity apply, and in others (the private), 'personal judgment and individual values are permitted to supersede such conventions' (2015: 209). Rather, 'the notion of *doppia morale* describes specific ways in which it is possible to relate to moral codes precisely by betraying them' (or indeed adhering to them) (2015: 210):

it is Foucault's 'mode of subjectivation' enacted by a sentient subject, in which 'already inscribed in it is the possibility that conventions may be broken under certain circumstances': 'rule-breaking behaviour' remains 'defined by the rule in question', and the possibility of the betrayal of conventions 'is already allowed for' (2015: 213-14). This arguably signals a shift in analytical focus from a third-party diagnosis of ethics as 'situational', towards the first-person trajectory of reflection and intention.

Scholars therefore agree that the task of current attention to ethics is to reject such binaries – individual/social; agency/structure; rules/ethics – altogether, on the basis that to describe one part of the binary solely in the terms of the diminution or enlargement of the other says little about either. In the place of this, one might examine 'the movement or tension between', for example, 'the ostensible…and the tacit' (Lambek 2010: 28), or the ways that the extraordinary and the ordinary are 'opposed and intertwined in shifting but productive ways' in Sufi practice in Lebanon (Clarke 2014: 421).

Finally, even though we must be wary of discovering 'New Guinea highlanders who speak fluent Heidegger' (Laidlaw 2013: 41), attention to the ways in which our research subjects are also engaged in movements and tensions-between may illuminate our own theoretical concerns. Clarke, for example, articulates his unease about the emphasis on the ordinary at the cost of the meaningfulness of 'rules' to our research subjects themselves:

> …if the consequence of always wanting to look past the rules is that we lose sight of them altogether and disregard the fascination of many societies (including our own) with what…I call 'ruliness', then it is deeply damaging…[T]o reduce social life to obedience to [rules] is clearly fallacious.

> But the sheer ubiquity of human use of explicit rules is nevertheless incontestable. (2016: 799)

Day, in turn, attends to the temporal fluctuations that may be evident among our research subjects' objects of fascination by noting how among the life trajectories of sex workers in London, the 'work of time…leads an initial morality into an oppositional politics and then an ordinary ethics defined by accumulated experience and habitual skill' (2010: 307). She might equally be describing the trajectory of anthropological theory.

Mindfulness: An Introduction

The Development of Mindfulness-based Interventions

Some more detailed attention to the development and content of MBIs is now warranted.[8] Among MBI practitioners, Jon Kabat-Zinn's infusion of meditation practices into biomedical healthcare settings is hailed as the defining moment in MBIs' story of origin. In spring 1979 Kabat-Zinn was on a two-week *vipassana* (insight meditation) retreat at the Insight Meditation Society in Barre, Massachusetts. He had practised various forms of meditation, including Zen and hatha yoga, for thirteen years while he worked towards his PhD at MIT. While on retreat, he began to wonder how he might share 'the essence of meditation and yoga practices...with those who would never come to a place like IMS or a Zen Center, and who would never be able to hear it through the words and forms that were being used at meditation centres' (Kabat-Zinn 2011: 287). One afternoon, inspired by the practice, he visualised:

[8] For a detailed outline of the content of an MBCT course at the Centre where I did fieldwork, session by session, please refer to the Appendix.

> ...not only a model that could be put in place, but also the long-term implications of what might happen if the basic idea was sound and could be implemented in one test environment – namely that it would spark new fields of scientific and clinical investigation, and would spread to hospitals and medical centres and clinics across the country and around the world, and provide right livelihood for thousands of practitioners. (ibid.)

In this vignette, a potentially evidence-based mindfulness appears in a vision that is not triggered by a conversation or a book, but literally emerges from Kabat-Zinn's meditation practice. This encapsulates a number of themes pertinent to MBIs. First, the sense of novelty and innovation: MBI practitioners typically consider that they are engaged in something quite radical, and Kabat-Zinn is widely acknowledged to have founded the first Western medical centre for the practice of mindfulness, the Stress Reduction Clinic at UMass Medical School. Second, MBIs deliberately bring the act of meditation into secular health-care settings, and emphasise that change emerges from this act, rather than from knowing the principles of the act. Kabat-Zinn's MBSR was an eight-week programme that contained elements of attention training, aikido, and yoga, with a strong emphasis on extended meditation practice.

Third, the vocabulary of its pedagogy must be made context-appropriate. Key to the purpose of MBSR, but something that would later become controversial, was 'an American vocabulary that spoke to the heart of the matter, and didn't focus on the cultural aspects of the traditions out of which the dharma emerged' (ibid.). The programme was intended for patients with chronic health problems from heart failure and chronic pain to HIV; it needed to be suitable for Westerners of mixed socio-economic and religious backgrounds. Today, the language and specific exercises of MBIs have been tweaked into various protocols, each to meet various needs: whether

people in mid-life experiencing depression, or schoolchildren learning how to settle their minds before class.

Finally, not only must different vocabulary be used in pedagogic praxis, but the premise itself must also be empirically tested. Kabat-Zinn and his colleagues swiftly began to pilot trials of MBSR for psoriasis and chronic pain (Kabat-Zinn, Lipworth & Burney 1985, Kabat-Zinn et al. 1998). Many of the accolades afforded Kabat-Zinn by my interviewees centred on the historical significance of this manualisation of mindfulness: MBSR was replicable and could be tested. Christian, the Centre's sub-manager in the opening ethnographic vignette above, described this development as 'genius'. Notwithstanding some earlier research on Transcendental Meditation, notably Herbert Benson's studies on its relaxation response in the 1960s and 1970s (Benson, Klipper 1976), an extended meditation programme was a new subject for healthcare research.

Olendzki argues that in the case of MBSR, 'Buddhism is playing the role not of a religion gaining converts or losing itself in syncretic forces, as much as a medical manifesto offering a unique perspective on the human condition that has to do with suffering and healing' (2000: 322). The emergence of MBIs demonstrates the determination of Kabat-Zinn and his subsequent collaborators to 'offer' mindfulness not just as a therapy complementary to mainstream medicine, but as part of evidence-based medicine (EBM). In the wake of Kabat-Zinn's first mindfulness 'protocol', mindfulness centres for teaching and training in healthcare contexts have been established throughout the United States, the UK, continental Europe, and East Asia.

Secular mindfulness's appearance in the UK can be traced approximately to the late 1990s and early 2000s. In 2000 Vidyamala Burch, an ordained Triratna[9] member, set up eight-week mindfulness courses for chronic pain and illness in Manchester with the help of a Millennium Commission grant. Since 2000, Breathworks has grown to a full-time business and now offers a mindfulness teacher-training programme. In the UK, MBCT, MBSR, and Breathworks are arguably the leading forms of MBI. Many of the implementation efforts in the NHS have stemmed from the success of MBCT, which emerged out of cognitive therapy.

Some attention to cognitive therapy's purpose and design is necessary to understand MBCT. In the 1970s, depression was reconceptualised in clinical psychology. It was increasingly understood that not only could depression be acute, but that most people who experienced depression had also suffered it at least once before – that it was chronic, recurrent, and episodic in nature.[10] American psychologist Aaron Beck conceptualised depression as a self-contained network of thoughts, feelings, and behaviours, triggered in response to stress, and becoming steadily more efficient at being triggered, each time that it recurs (Beck 1979). The key driver of a depressive episode was thought to be negative rumination. Constant negative thoughts, in combination with low mood, were thought to make the sufferer feel worse. The latter became trapped in a mutually-reinforcing complex of depressive thoughts, feelings, and behaviours.

Beck developed a new kind of talking therapy – 'cognitive behavioural therapy' (CBT) – to tackle the 'thoughts' believed to drive the enactment of this network. This

[9] Formerly known as Friends of the Western Buddhist Order.
[10] For discussion of a broader paradigmatic shift in understandings of population health burden, from acute to chronic, see Chapter 3.1.

was used when patients were acutely depressed to teach them skills that – it was hoped – they would be able to use to keep themselves well. The intervention rapidly became the psychotherapeutic gold standard for treating acute depression. In outcomes it was noted that CBT lifted depression effectively, but that propensity to relapse remained a hallmark of the illness (Rush, Khatami & Beck 1975, Taylor, Marshall 1977, Teasdale, Fennell 1982). Psychological attention soon turned to the construction of interventions that could be employed 'in between' episodes of depression, to reduce their likelihood of recurrence.

The founding premise of MBCT as a 'maintenance' form of cognitive therapy thereby emerged. In 1991 Zindel Segal, a clinical psychologist at the University of Toronto, Mark Williams, then at the University of Bangor in Wales, and John Teasdale at the University of Cambridge, were funded by the MacArthur Foundation to investigate this possibility. The trio's first task was to isolate the properties of cognitive therapy that were primarily effective. The psychologists suspected that metacognition – the capacity to see thoughts as mental phenomena, rather than as absolute truths – was key. This had a 'de-centering' or 'distancing' effect on the relation between thoughts and sense of self (Segal, Williams & Teasdale 2002: 38). It therefore interrupted negative rumination: if one could be 'aware' of thoughts, rather than be swept along by them, one might gradually short-circuit one's spiral of depression.

When Williams and colleagues came across Kabat-Zinn's MBSR, 'The accounts of what his patients were getting out of the program bore a striking similarity to what we were beginning to see as the central change process in cognitive therapy' (Segal, Williams & Teasdale 2002: 41). MBSR's emphasis on 'awareness' of one's daily life

seemed highly promising to the clinical psychologists (Kabat-Zinn 2005: 433). In the cognitive model, interest was burgeoning in 'attentional control': specifically, the capacity of attention to take up space in the ruminative conceptual processing channels considered to be instrumental in the maintenance of depression (Teasdale, Segal & Williams 1995).

Although Segal and Williams had no previous experience of meditation, Teasdale was a longstanding insight meditation practitioner who had practised in the Thai Forest tradition. The three psychologists developed Mindfulness-based Cognitive Therapy over the best part of a decade, visiting the Stress Reduction Clinic at periodic intervals for fresh direction when the project appeared to have stagnated (Segal, Williams & Teasdale 2002: 55). Borrowing Kabat-Zinn's eight-week MBSR structure, MBCT was an eight-week course structured around concentrated internal *practice* of the cognitive skills believed to protect patients from depressive relapse.

In due course, an RCT of MBCT for recurrent depression appeared to demonstrate a reduction in relapse by approximately half compared with treatment as usual (Teasdale et al. 2000), for participants who had experienced three episodes of depression or more. As a result of this research, MBCT was recommended for the treatment of depression in this patient group by the National Institute for Health and Clinical Excellence (NICE) in 2002, 2004, and 2009 (National Institute for Health and Clinical Excellence 2009).[11]

[11] Subsequent RCTs have been more mixed in success, as discussed in Chapter 2.2.

As I was deciding on which form of MBI to focus my fieldwork, the apparent momentum behind MBCT seemed to make it and its non-clinical derivatives an obvious choice. The early clinical success of MBCT established a new precedent for mindfulness in healthcare in the UK. Today eight-week mindfulness-based interventions with corresponding acronyms have proliferated: Mindfulness-based Childbirth and Parenting for expectant parents was developed from MBCT, and aims to prevent maternal post-natal depression; Mindfulness-based Relapse Prevention was designed for prevention of substance abuse relapse; Mindful Self-Compassion explicitly teaches self-compassion practices alongside mindfulness, and is increasingly touted by MBCT clinicians as a possible 'follow-up course' for former MBCT participants. Outside the clinic a series of MBCT-derived programmes have developed, notably an eight-week non-clinical course for schoolchildren called .b,[12] the flagship programme of the Mindfulness in Schools Project; and Finding Peace (formerly known as 'Frantic World').[13]

As mindfulness-based protocols have expanded, a new source of uncertainty has arisen: the professionalisation of its teachers. The field is currently unregulated as a whole. In 2016, the UK Network for Mindfulness-based Teacher-Training Organisations established a 'teacher listing', compiling MBI teachers working in the UK who satisfy the Network's Good Practice Guidelines (2011) and have been vouched for by referees. This listing is available to the public, but the Network does not offer accreditation or conduct complaints procedures. In clinical settings, it is

[12] Pronounced 'dot bee'.
[13] This course was created by Mark Williams and Chris Cullen, based on Mark Williams' and Danny Penman's book, *Mindfulness: a Practical Guide to Finding Peace in a Frantic World* (2011). Initially colloquially shortened by most of its teachers to 'Frantic World', later on a concerted effort occurred to rename it 'Finding Peace' – the latter was considered more upbeat. 'Finding Peace' was often taught by Centre staff in workplaces, to university staff and students, and to healthcare staff.

assumed that mindfulness teachers abide by and are subject to the professional standards of their predominant qualification as clinical psychologists, mental health nurses, occupational therapists, counselling psychologists, or psychiatrists. As forms of mindfulness have proliferated outside the clinic, teachers offer mindfulness in their capacities as school-teachers or prison chaplains. In private practice in the UK's unregulated wellbeing market, mindfulness is taught by a plethora of complementary and alternative medicine practitioners, specialising in anything from yoga and Traditional Chinese Medicine to shiatsu (Japanese massage).

Common to all these settings is an enduring opacity as to what it means to be qualified to teach mindfulness, or how to gauge the 'quality' of a mindfulness resource. Teacher-training programmes pop up and then disappear.[14] Masters programmes, offered originally at the universities of Bangor, Exeter and Oxford and now increasingly at other university centres, cost anywhere between two thousand six hundred pounds (Exeter, MSc) and twenty thousand pounds (Oxford, two-year part-time MSt) to complete, as of 2017. In the past five years, a set of Mindfulness-based Interventions Teaching Assessment Criteria (MBI-TAC) have been developed to gauge teacher competence (Crane et al. 2012). As conceptual structures such as the MBI-TAC and the Good Practice Guidelines emerge, the practical mechanisms of such structures are often evolving simultaneously. Appropriately-trained supervisors and MBI-TAC assessors for example are scarce, and some of my research subjects considered costs – particularly for assessment – somewhat prohibitive.

[14] Including the informal training pathway that I completed at the Centre, which is no longer offered.

Meanwhile, print and digital technologies have arguably accelerated the proliferation of mindfulness as a Westernised cultural concept. Headspace, a mindfulness app founded by former Tibetan Buddhist monk Andy Puddicombe, provides short daily practices and claims to be used in 190 countries (Headspace n.p.). In bookshops, mindfulness titles abound. Those by MBI figureheads are typical of the 1990s and early 2000s: Kabat-Zinn's *Full Catastrophe Living* (1990), his nod to 'embodiment' *Coming To Our Senses* (2005), and Williams' *The Mindful Way Through Depression* (2007). The more recent mindfulness boom beyond the clinic is represented by *Mindfulness for Creativity* (Penman 2015), *Mindfulness for Women* (Burch, Irvin 2016), and – one hallmark of cultural success – *The Ladybird Book of Mindfulness* (Hazeley, Morris 2015).

The proliferation of mindfulness courses, teachers, websites, apps, books, and newspaper and magazine articles, renders mindfulness an idea to which many have minimal exposure, and perhaps only a few may go so far as to 'practise' for a time. This incremental character in combination with the field's nascent professionalisation has made it impossible to quantify the number of secular mindfulness practitioners in the UK. A 2010 survey by the Mental Health Foundation attempted to gauge the extent of MBCT provision in the NHS by commissioning a survey of 250 GPs. 20% reported that they definitely had access to MBCT in their primary care trust, while 48% said they did not, and 32% didn't know (Halliwell, Mental Health Foundation 2010: 8). MBCT is still patchily available across the NHS, typically spearheaded by individual 'champions' rather than systematically implemented, despite being recommended by NICE; concrete numbers are not available (Crane, Kuyken 2013). As some gauge of the range of 'incremental' exposure, as of October 2015,

Headspace had more than 700,000 users registered in the UK (The Mindfulness Initiative 2015: 72).

Debates in Buddhist Studies: a Brief Historiography of MBIs

This section fulfils two functions: first, giving some account of the historical background to the development of mindfulness-based interventions – in particular, the latter's focus upon mindfulness meditation practice as the primary vehicle of self-change. Second, it rapidly becomes apparent from the available sources that this in itself exposes interesting tensions: commentators are using the history of MBIs to articulate particular ethical concerns. Introductory attention to recent work on MBIs in Buddhist Studies and social psychology is therefore necessary as a way of pointing to some latent context for this thesis. Current disputes and problems in these scholarly critiques may be of interest to anthropologists working particularly in the field of ethics. As Harrington and Dunne point out, historical and social scientific commentaries on MBIs have become increasingly characterised by 'intense moral indignation and sharp criticism' (2015: 628).

These commentators have largely focused not on whether MBIs 'work' in an efficacy sense, but rather, on whether the instrumental purposes of health and wellbeing are an appropriate site for the use of mindfulness. Just as anthropologists have of late found themselves preoccupied with 'ontologies', MBI commentators seem to be equally preoccupied with what things – mindfulness, attention, MBIs – 'are'. The chief questions posed are the nature of the attention that is cultivated in MBIs, the sources of its 'values and preferences' (Wilson 2014: 9), and whether the 'skilful means' of adaptation are justified for therapeutic effect. Buddhist meditation has undergone

waves of popularisation throughout history, and this has not always led to controversy. In the latter part of the twentieth century D. T. Suzuki's advocacy of Zen was received with alacrity rather than scepticism by humanistic psychoanalysts of the 1940s and 50s, as was Benson and Klipper's (1976) work on meditation's relaxation response (Harrington, Dunne 2015: 622-4). The particular nature of this debate therefore requires an outline.

A key origin for MBIs is considered to be Theravada Buddhist revival movements in Asia in the nineteenth and early twentieth centuries (Sharf 2014, Purser 2015a, Monteiro, Musten & Compson 2015, Stanley 2013, Wilson 2014). Burmese monk Mahasi Sayadaw was a key figure in the revitalisation of *vipassana* (insight) meditation in the early twentieth century (Harrington, Dunne 2015: 627, Monteiro, Musten & Compson 2015: 3). Mahasi Sayadaw's revitalisation of *vipassana* was intended to render it accessible to laypeople excluded from scholarship. Instead of lengthy practice of concentration (*samatha*) or absorption (*jhana*) as the correct path to *sati* ('mindfulness'),[15] Mahasi advocated a different form of sati: a simple 'bare' attention to experience of mental and bodily phenomena as it ebbed and flowed, moment by moment.

Both body and breath were important training grounds for this attention. In the Mahasattipatthana Sutta (Larger Scripture on the Foundations of Mindfulness) the main practice is mindfulness of the breath, followed by mindfulness of the body, feelings, and thoughts. The austere quality of this awareness can be captured in this description from the Sutta: 'just as a skilled butcher or his apprentice, having killed a

[15] The Pali term 'sati' was first translated as 'mindfulness' in 1881 by Rhys Davids, a British colonial administrator working in then-Ceylon.

cow, would sit at a crossroads cutting it up into pieces, the monk contemplates this very body'. McMahan comments, 'there is no hint here of the loving attentiveness, the openness and communion with all things, one often comes across in some modern dharma literature. The attitude is far from celebratory' (2008: 233).

The cultivation of this 'bare' attention did not require previous lay exposure to Buddhist doctrine, the renunciation of lay life, or long retreats (Sharf 2014: 4). This enabled what has been termed a 'democratisation' of meditation among laypeople in Buddhist countries throughout the twentieth century, including Thailand, Nepal, and Sri Lanka (Gombrich, Obeyesekere 1988, LeVine, Gellner 2005, Cook 2010b). Gombrich and Obeyesekere argue that this trend was the biggest aggregate change in the practices of Theravada Buddhist societies since the Second World War (1988: 237). The scale of lay participation can be indicated by this testimony from Cook, who conducted fieldwork in Thailand:

> The monastery in Thailand where I conduct my fieldwork has functioned as a meditation centre since it was founded in the 1970s…The monastery is focused on the propagation of vipassana meditation to the laity, and every year approximately 4000 laypeople undertake retreat at the monastery. (2009: 350)

Historiographic tensions emerge as scholars dispute the extent to which textual learning was required by laypersons in order to partake in these revitalised meditation practices. Monteiro *et al* argue that Mahasi's new vipassana did not require deep textual learning or supplementation (2015: 4); yet Purser points out, following Braun (2013) that Mahasi's predecessor, Ledi Sayadaw,

> …was a strong advocate for systematic study, textual learning, particularly the Abhidhamma, on the part of the laity…While it is true that both Mahasi Sayadaw and Ledi Sayadaw downplayed the cultivation of concentration (samādhi), they stressed meditation as a practice depended on textual learning.

> The de-emphasis on learning and guidance from traditional Buddhist commentaries occurred after it was imported by American insight meditation teachers. (2015a: 30)

This divergence of interpretation in commentaries on MBIs is significant because it discloses the extent to which the relationship between textual learning and practice is currently fraught. Their apparent decoupling seems to pave the way for alarm. For Purser it is a key point that Mahasi Sayadaw, for all his radicalism, was steeped in Buddhist textual doctrine and philosophical inquiry, and that his popularisation of vipassana would not have been possible without Ledi Sayadaw's textual revitalisation. For Monteiro *et al.*, the figurehead of Mahasi Sayadaw and his popularisation of vipassana as 'bare' attention historically legitimises the extent to which practices of embodied reflexivity may be adopted without recourse to extensive textual study.

This point discloses a broader split among commentators, propagators, and critics of MBIs. Monteiro *et al.* describe a distinction between 'traditional' mindfulness, concerned with 'systems of training and practice that are deliberately oriented around teachings derived from the Buddha'; and 'contemporary' mindfulness, 'used to refer to all forms of mindfulness programs that are not explicitly based in Buddhist practice' (2015: 1). The latter includes clinical programmes that use meditation for therapeutic purposes, while apparently leaving behind the precepts of Buddhist teachings (Hickey 2010: 173). Purser is sceptical of the analysis of Monteiro and colleagues. He argues that they demonstrate a perspective that 'often depicts Buddhist traditionalists as inflexible, dogmatic, and deficiently adaptive, in effect, setting up traditional Buddhism as a straw man' (2015a: 24). To simplify, one party is seen by

the other as leaving the rules behind, while this latter party objects to their characterisation as the party with the rules.

In these debates over the roots of MBIs in Theravada revivals, notions of historical and cultural specificity appear to be at stake. 'Those interested in the therapeutic effects of mindfulness and bare attention are often not aware of the existence, much less the content, of the controversies surrounding these practices in Asian Buddhist history', argues Sharf (2014: 1). The 'adaptors', it seems, are peculiarly selective with their historical interpretations. To the 'traditionalists', history is indelibly linked to and comparative with the present, and historical precedent should be a source of illumination; the adaptors' apparent lack of historical awareness signifies their ontological otherness. Most egregiously, the cognitive perennialism inherent in the 'modernist' reinterpretation of Buddhism as an ancient psychology masks itself by appeals to science and 'natural law'. This is 'reflective of a collective blind spot among North Americans to downplay the importance of culture' (Purser 2015a: 29), and arguably renders new historical and ethnographic approaches to MBIs long overdue.

Buddhism's movement into Britain over the last century arguably replicates Mahasi Sayadaw's popularisation of *vipassana* in its evolution from being text- to practice-based. T. W. Rhys Davids, a colonial officer in Sri Lanka (then Ceylon), founded the Pali Text Society in London in 1881. Clausen notes that Victorians considered the Pali texts to be an authentic and useful source of edification on the subject of moral striving (1975: 12). Bluck describes the emergence of a late Victorian Buddhist textual culture of scholarship: 'Buddhism was often measured against prevailing

British values and applauded for its charity, patience and humility, its fine moral precepts and lack of obscenity and vice [compared to Hinduism]' (2006: 5). Contemporary Asian Buddhism was considered suspicious (for its 'morally selfish' teachings of karma and rebirth) and inferior to the 'ideal textual Buddhism of the past'. Theravada Buddhism, with its literary humanist emphasis upon the Pali canon, was therefore considered the 'purest form' of Buddhism. This assessment of value possibly endures in the 'Buddhist traditionalism' perspective in current debates about MBIs.

Bluck notes that there were 'hardly any Victorian converts to Buddhism', and it remained a matter of 'intellectual' interest until the post-World War II period (2006: 6). At this point, emphasis shifted from interest in Pali texts, to a focus on Buddhism's participatory praxis. Gradually, noted then-President of the Buddhist Society, Christmas Humphreys, 'increasing emphasis on personal spiritual experience' engendered a shift in the nature of Buddhist participation (1968: 74). The negotiated nature of that shift is suggested by considerable debate over the *necessity* of meditation in 1960s editorials in the Society's journal publication, *The Middle Way* (Humphreys 1965). By 1991, Bell noted that British Theravada Buddhists saw meditation as a practice which 'defines a person as a Buddhist in Britain' (1991: 155).

As Humphreys observed, the shift towards 'experience' was a particularly important shift in twentieth-century Buddhist praxis. To Sharf, this replicates in current Buddhist scholarship. Both scholarship and practice are therefore linked back to the Buddhist reform movements in Asia:

> Few scholars seem to question the notion that Buddhist monastic practice, particularly meditation, is intended first and foremost to inculcate specific religious or "mystical" experiences in the minds of practitioners…the privileging of experience may well be traced to certain twentieth-century Asian reform movements, notably those that urge a "return" to zazen or vipassana meditation, and these reforms were profoundly influenced by religious developments in the West. (1995: 228)

As anthropologists have noted, the latter twentieth century was generally marked by increases in practices (spiritual or otherwise) that emphasised 'experience' and 'participation', from yoga to the New Age. Heelas comments:

> …a major factor in the appeal of the New Age…is that it does not require any great leap of faith. Basically, all that one has to do is participate, in order…to experience one's barriers, one's potential, or the inner wisdom of Buddhism (for example). Rather than having to convert, in the sense of coming to 'believe' in a set of claims, what matters is seeking within by engaging in effective practices. (1996: 173)

It is not entirely clear whether Heelas offers this from an emic or etic perspective, but it appears similar in form to the claim from some MBI advocates that 'practices' themselves are not only sufficient, but actually more accessible without textual or 'didactic' exegesis. It posits the interesting notion that self-change occurs in the absence of the onerous, rather than potentially within or through it.

Scholarly reactions to the development of *vipassana* in America testify to the unease that ensues. The Insight Meditation Society (IMS) was founded as a retreat centre in Barre, Massachusetts in 1975 by four North American laypeople who had undertaken Buddhist study in Dharamsala. IMS has offered residential Buddhist retreats ever since, ranging from days to months long. IMS is styled after the Sayadaw model of intensive retreats, rather than the Thai Forest Theravada model that emphasises awareness in daily communal living. Gleig argues that Jack Kornfield, one of IMS's

co-founders and a former Theravadin monk, has since spearheaded a movement in American Buddhism that

> …has revisioned the Theravadin Buddhist goal of enlightenment, from a transcendental condition that demands a renunciation of the world to an embodied enlightenment that affirms everyday life as a site for awakening. (2013: 221)

This has given rise to what Gleig describes as a specific 'West Coast vipassana' with a 'tantric' turn, focused around the Spirit Rock retreat centre outside San Francisco. Kornfield's 'embodied enlightenment' is an important point of reference for MBIs' emphasis on bringing 'embodied' awareness into daily life. While the notion has rendered Buddhism increasingly accessible to interested American 'householders', this has been controversial to some Buddhist commentators: Prothero laments that a 'banal' emphasis on embodied inhabitation of the ordinary has replaced the quest for enlightenment (2001: n.p.). McMahan's work, on the other hand, argues that these are not 'misrepresentations' of what Buddhism is but rather understandings of what is indeed a new kind of Buddhism 'that has emerged more recently' (2008: 4):

> What many Americans and Europeans often understand by the term "Buddhism"…is actually a modern hybrid tradition with roots in the European Enlightenment no less than the Buddha's enlightenment, in Romanticism and transcendentalism as much as the Pali canon, and in the clash of Asian cultures and colonial powers as much as in mindfulness and meditation. (2008: 5)

In these historical developments and interpretations, particular tensions emerge around the meditative cultivation of attention. Sharf argues that discontent in response to popularisation is nearly inevitable:

> …the cultivation of present-centered awareness is not without precedent in Buddhist history; similar innovations arose in medieval Chinese Zen (Chan) and Tibetan Dzogchen. These movements have several things in common. In each case the reforms were, in part, attempts to render Buddhist practice and insight accessible to laypersons unfamiliar with Buddhist philosophy and/or unwilling to adopt a renunciatory lifestyle. In addition, these movements all promised astonishingly quick results. And finally, the innovations in practice were met with suspicion and criticism from traditional Buddhist quarters (2014: 1).

The 'bare' quality of attention in MBIs is a potent source of conflict that leads us to the fundamental issues of this short historiographical introduction. 'Mindful' attention is often described as a 'non-judgmental, non-discursive attending to the moment-to-moment flow of consciousness' (Sharf 2014: 1). Stanley attributes the term 'bare attention' to a 1953 usage by the German-born, Sri Lanka-ordained Theravada monk Nyanaponika Thera, and expands:

> …['bare' mindfulness is] being aware of the initial moments of perception, before an object is recognised and conceptualised. For example, when we become aware of the sensations of our body breathing, bare mindfulness allows us to just feel the breathing, without adding concepts or stories to it (such as 'I am not breathing properly'). (Stanley 2013: 155)

Here the issue for commentators becomes problematic. Ostensibly ontological – *can* attention be 'bare' in the sense of non-judgmental and non-discursive – the debate rapidly becomes characterised by ethical alarm: MBSR's 'fetishisation of the present moment,' says Purser, is a form of 'social amnesia' and is 'predicated on a politics of subjectivity that assumes stress is localised to the failure of the individual to regulate their emotions' (2015b: 6). A predominant response among critics, including Purser, has been to revisit depictions of *sati* (mindfulness) in the Pali canon, thus methodologically echoing the nineteenth-century Burmese textual renaissance that they consider an important factor in the revivals' history. As Sharf and others describe, the practice of *sati* in the Pali canon has a temporal quality beyond the

'moment-to-moment flow of consciousness'. It has an element of recollection or remembering:

> Specifically, sati involves bearing in mind the virtuous dharmas so as to properly apprehend, from moment to moment, the true nature of phenomena. At least this is the explanation found in early Pali exegetical works such as the Milindapanha and the commentaries of Buddhaghosa…In short, there is little "bare" about the faculty of sati, since it entails, among other things, the proper discrimination of the moral valence of phenomena as they arise. (Sharf 2014: 4-5)

For Sharf, mindfulness as construed in MBIs when held up against its historical predecessor is found ethically wanting: *sati* cannot be bare of judgment, so the question becomes, what kind of judgment will it exhibit? I suggest that these reinvestigations of sati operate on the dualistic premise that practices require (separate and determining) precepts. This is evident in the notion of the 'de-ethicisation' of MBIs (Stanley 2013: 151). If *sati* cannot be bare of judgment, then nor can MBIs; this term is perhaps a rhetorical way to express the analyst's own ethical preference.

The dualistic separation of practice from precept takes the claims of advocates of 'bare attention' at face value. If practices are subject *to* precepts, rather than subjects of them, then practices are thought to be indeed perennially liable to subversion – especially from reductionist sources – and one should be extremely careful within what source of ethics one explicitly couches them. On the other hand, perhaps the notion of 'practice' requires reconceptualising to the same extent as the anthropological 'Western self', body, and ethical subject.

This exposes a methodological point. Analyses of MBIs are often based on discursive evidence such as website testimonials and speeches given by figureheads such as

Kabat-Zinn (Stanley 2013, Barker 2014, Purser 2015a), or first-person accounts of a particular mindfulness course, like Purser's charmingly titled, if not quite auto-ethnographic 'Confessions of a Mind-Wandering MBSR Student' (Purser 2015b). The testimonies of practitioners are lacking, as is the vital sense of the in-and-out day-to-day construction of MBIs in research, teaching, and policy. On this basis, we cannot know whether mindfulness practitioners really teach, think of, or experience their form of attention as 'bare', nor whether the lurking norms of reductionism are really as powerful, pervasive, or terrible as critics suspect.

This thesis will therefore attempt to address this theoretical and methodological lacuna. It will do so in part by taking practitioners' ontological claims as the serious expression of particular intentions – in other words, as claims that do not simply describe where one is, but that are rather the function of the distance between one's extant and one's hoped-for state. Moreover, the thesis addresses an analogous problem that is implicit in and pertinent to these debates but not acknowledged. If the relationship between practice and precept is fraught, so, too, is that between mind and body, and comparing the two cases may be illuminating. The ethnographic vocabulary of practitioners' 'headiness' and 'embodiment' must be taken not only as signifying the absence or habituation of virtuous qualities, but also as a literal indication of the mind-body site where these issues play out.

Chapter Outlines

This first introductory chapter described my way into this research project, and conducted a theoretical review of debates in anthropology that frame the specific issues addressed in each ethnographic chapter. I described the main features of the

development of MBIs: their focus on the practice of meditation, vocabularies adaptive for particular settings, situation within evidence-based medicine, and extension beyond the clinic. This was followed by a historical review of MBIs in the West, introducing particular debates and critiques of MBIs from Buddhist studies and social psychology perspectives.

The next chapter describes my methodology for this project and some of the methodological issues attending my particular field site, research participants, and subject of study. I describe my stance of participant-experience, arguing that by undertaking the same technologies of the self as my research subjects and gaining whatever degree of 'virtuosity' I was capable of, this offered me a more considerable understanding of the fluxing stakes and tensions within my subject of study; and I describe a concerted interviewing strategy that responded to and complemented the decentered nature of my field site.

My first ethnographic chapter, Chapter 2, establishes a broad theme of the thesis: the elusiveness of therapeutic transformation, and the simultaneous intention of mindfulness course participants, practitioners, and researchers alike to strive for its possibility. The chapter compares and contrasts two ethnographic cases to examine how biomedical, EBM-derived rubrics of subjectivity are intentionally sought and constructed in MBIs. In the first case, Alan, an MBCT course participant, finds himself increasingly at odds with the practices and presuppositions of his mindfulness course; in the second, researchers digest ambivalent clinical trial results on MBCT for the prevention of relapse in recurrent depression. In the first case, Alan aspires to a particular kind of therapeutic subjectivity, typified by the concrete certainty and

temporal rapidity of the therapeutic agent's efficacy. When mindfulness fails to deliver on these terms, he forsakes the enterprise in search of relief elsewhere. In the second case, MBCT researchers designing an RCT craft their mindfulness-based intervention according to biomedical parameters; when the results come in, they must choose whether they will end their commitment, as did Alan, or reflexively mould what they have learned into a way forward. The chapter suggests that the researchers' recommitment enacts a 'mindful' form of the scientific project, in which uncertainty and ambivalence must be reflexively folded into one's praxis as one looks to the future.

Chapter 3 takes up the theme of looking to the future by first establishing the extent to which biomedical discourse, including that of MBCT, is characterised by future-oriented notions such as risk and prevention. This seemingly incurs corollary obligations on the part of individual therapeutic subjects to comply with regimes for the good of their future health; in MBCT, in particular, the prevention of recurrent depression and distress. In cases from mindfulness classes, I show how (re)definitions of what mindfulness 'is' are used pedagogically to signal the need for such intentionality on the part of participants: specifically, the intention to practise mindfulness regularly in demarcated meditation.

Nonetheless, as I turn to what actually happens in such participants' futures, we discover some examples of long-term praxis that fit neither into the terms of compliance, nor incompliance. Some practitioners discursively acknowledge the need to practise 'preventatively', yet they do not do so, nor hold themselves accountable for the recurrence of their distress in the ways that one might expect. Others practise

regularly, but still uncomfortably recount the nagging experience of feeling insufficiently 'close' to the practice, or are gently told that there is a little more to the task of being mindful.

Chapter 4 addresses the lacuna disclosed in Chapter 3. It begins by framing the ways in which 'care of the self' might depart from a neoliberal, as well as biomedical, 'self-care'. Its ethnographic departure occurs by examining what happens when practitioners take incompliance – their own, or others' – seriously: that is to say, within the terms in which it is spelled out. In these cases, the same way forward is disclosed, even if it remains unrealised: the cultivation of a capacity for (self-) compassion rather than punitive (self-) discipline. Indeed, the latter must become the object of embodied reflexivity: termed the 'inner critic', it is pedagogically reconstituted as a curious – if unhelpful – technology of the self.

The second half of Chapter 4 ethnographically explores the emergence and cultivation of the 'curious' and 'compassionate' dimension to mindful selfhood. We discover that for mindfulness practitioners, the appropriate form of curiosity is inherently kindly. 'Attending' to how patterns hang together is inevitably bound up with this valence, or it is not mindful. As an ethic this must be cultivated in ways both direct and oblique: sometimes language is sufficient to encourage self-compassion, yet sometimes this may merely trigger further perception of one's own 'incapacity to comply with' self-compassion. It is therefore additionally cultivated through attending to the body, seemingly the kindly structural opposite of the judgmental 'mind'. As we revisit the nature of 'mindfulness' at the end of the chapter, we discover that since practitioners' future-oriented definitions in Chapter 3, it has been correspondingly re-characterised.

No longer solely an effortful regime for the prevention of future ill-health, mindfulness has become a quality that for practitioners is 'always here', like 'coming home'. I suggest that such statements are not simply reflections of practitioners' successful embodiment in the subjectification sense. Rather, they are statements of intention that capture the subversion of biomedical metrics of compliance: if mindfulness is 'always here', one can always move forward from where one stands. The chapter concludes that mindfulness course participants and practitioners' navigations of their trajectories as *mindful* practitioners shows, first, that there is more to the nature of therapeutic subjectivity in MBIs than the parameters of EBM suggest. Second, it shows that this conclusion is not simply a methodological matter of looking more closely as an anthropologist: kindly curiosity is not 'what mindfulness really is'. Rather, deferring 'realism', mindfulness as kindly curiosity is an ethnographic function of moving along a first-person trajectory of mindful self-cultivation.

In Chapters 5 and 6, I turn my attention to the specific forms of 'embodied' reflexivity cultivated by mindfulness practitioners, prompted ethnographically by practitioners' recurring vocabulary of 'headiness' and 'embodiment'. I begin by pointing to parallels between the anthropology of embodiment and recent work on detachment: namely, the ways in which respective turns to the body and engagement, and subsequently to embodiment and detachment, reflect similar theoretical needs. I suggest that just as a mindfulness practitioner must construct a particular trajectory to become a mindful self, she must do something similar to become a 'mindful' body.

Chapter 5 therefore addresses mindfulness practitioners' primary concern: how they 'come into the body'. Practitioners learn to attend to their own bodies by cultivating

senses of touch, the breath, and the body in movement. They refer to the body in this capacity as a 'resource' or point of 'grounding'; sensory experience is both considered to be and experienced as the diametrical opposite of cognitive experience. As practitioners attend to the body, both by parsing it from 'cognition', and attending to each feature in turn, they do not so much fragment or alienate its parts from one another with their attention, but rather experience a sense of 'presence' and 'wholeness'. Yet becoming a 'mindful' body does not end here, as the last part of the chapter's ethnography discloses. Ethnographic vignettes reveal how practitioners' experience is more than that of redirecting their attention perpetually to the felt sense of the body, and so a final aspect of 'mindful bodiliness' looms on the ethnographic horizon.

The first part of Chapter 6 demonstrates this final aspect, arguing that as practitioners attend more closely to the body, its fundamental properties appear to shift. Not only a 'constantly available' and 'resourcing' body, the body is dynamic and constantly changes. For mindfulness practitioners, perception is therefore not so much a matter of multiple perspectives or ontologies of a given object; rather, perception is a function of closeness and distance, variable across time as the practitioner moves along a forward trajectory. Furthermore, as the attention moves into the body, the very nature of that attention becomes more 'embodied'. This enables the practitioner to turn it reflexively upon 'thoughts': aspects of cognitive experience that she previously took for granted or lamented are newly discerned as 'headiness'. The most apparently ordinary and even banal aspects of experience are rendered 'visible', even 'extraordinary'.

The chapter argues that the practitioner's embodied reflexivity is therefore not a pendulum swing from mind to body and back to mind. The mindfulness practitioner's embodied reflexivity emerges as integral to their personhood. Moreover, it becomes clear that practitioners' tendency towards 'headiness' does not fundamentally breach their trajectory toward (their concept of) 'embodiment', but rather is a precondition of it. Without experiences of headiness, there would be no need to turn to the body, and no subsequent insight about oneself-in-the-world. Headiness will perpetually recur, and so to be a mindfulness practitioner it must be perpetually folded into one's self-work through the generation of insight. In this act of embodied reflexivity, the practitioner weaves a forward trajectory whose shape bends in accommodation of the most difficult moments of life.

Chapter 6 ends ethnographically with a practitioner's reflexivity about her reflexivity, pointing to the essentially indeterminate nature of the knowledge that her practice discloses. While a mindfulness practitioner perpetually attempts to access the 'real', attribution of the real is simultaneously something that she must perpetually defer. Notwithstanding that mindfulness practitioners may maintain, like some scientists (Candea 2013: 432), that the jury is 'out', the jury will never be in. Their moral choice is therefore ultimately simple: whether to practise this form of reflexivity, with its inherent and asymptotic uncertainties, or to reject its terms. Both are possibilities, and the choice constantly recurs.

Chapter 1. Methodology

While I was doing fieldwork in 2013 and the early months of 2014, there was very little social scientific scholarship on MBIs within which to situate what I was observing. There was no existing ethnographic work in press, although a handful of anthropologists were like me either mid-fieldwork or about to start. There were three major MBI centres in the UK at this time: I was based at one, another PhD student, Matthew Drage, was working at another, and Joanna Cook, who had previously worked on Theravada Buddhism in Thailand (2010b, Cook 2009), was about to begin fieldwork at the third. In the US, PhD student Francis McKay was conducting fieldwork at the Center for Mindfulness at the UMass Medical School.[16] Today, although Cook has published two articles from her fieldwork (2015, 2016), most of the ethnographic fruit of this fieldwork is still in press; meanwhile some lively commentary has emerged from Buddhist Studies and social psychology, as discussed in the Introduction (Stanley 2013, Wilson 2014, Monteiro, Musten & Compson 2015).

I conducted fieldwork in the UK between January 2013 and April 2014. For the calendar year 2013, I was primarily based at a university's mindfulness research, teaching, and teacher-training centre. I participated in the day-to-day life of the Centre, which had about fifteen core members of staff. I did 'participant-experience' (see below) in its monthly specialist day-long workshops, which contributed to the MBCT teacher-training pathway that I began a few months into my fieldwork; from September to December 2013, I attended eight days of CBT training, as part of this teacher-training, and then in March 2014 took part in a six-day residential MBCT

[16] This was where mindfulness was reportedly first systematised in a Western healthcare context, by a molecular biologist and Zen practitioner, Jon Kabat-Zinn; see Introduction.

teacher-training retreat. I began teaching mindfulness six months after the end of my fieldwork and continue to do so.

I did participant-experience in several MBI courses. Four of these were the Centre's eight-week MBCT courses for the general public: this entailed meeting in a class for two hours, every week for eight weeks, and practising mindfulness daily for up to an hour at home. I participated in a further two 'Frantic World' courses outside the Centre, taught by Centre staff: one in a workplace, and one for university students. Finally, I participated in an eight-week MBCT course taught by a trainee teacher in a local mental health charity, and a four-week 'Frantic World'-derived course in the same charity. Throughout my fieldwork I periodically attended a mindfulness sitting group that met at the Centre; from July 2013 until the end of my fieldwork I also ran a student mindfulness sitting-group that met weekly. Throughout my fieldwork I also endeavoured, with mixed success, to maintain a daily formal mindfulness practice.

Beyond the city in which the Centre was situated, I attended half a dozen workshops at the London Mindful Practitioners group spaced throughout my fieldwork, and spent February 2014 interviewing and spending time with lone practitioners in London. I attended a small number of day-long insight meditation workshops/retreats on the Buddhist psychology of mindfulness, and attended two insight meditation residential retreats: two days on 'compassion', and seven days specifically on the Buddhist 'foundations of mindfulness' that underpin secular mindfulness-based approaches.

I conducted one hundred formal, semi-structured audio-recorded interviews with mindfulness practitioners throughout my fieldwork, both in the Centre and outside

it.[17] Thirty-one of these as part of their self-description taught or were training to teach mindfulness; an additional fifty-three had attended eight-week mindfulness courses, most of which were MBCT. Of these, twelve had attended MBCT in a clinical setting, either through the NHS, through a local branch of the mental health charity Mind, or in one of the Centre's clinical trials; forty-one had attended a non-clinical eight-week course, run either at the Centre, by a member of staff elsewhere in the city, or elsewhere in the country. The remaining interviewees were self-taught (1), 'Buddhist' mindfulness meditators with no 'secular' mindfulness experience (3), or exclusively mindfulness researchers rather than teachers (2).[18]

I did not use surveys or questionnaires in my research. This was partly because I feared the putative 'research fatigue' that I was warned I might encounter among local mindfulness practitioners. The Centre was coming towards the end of a ten-year trial on MBCT for recurrent depression, and questionnaires with psychological criteria of mental health were ubiquitous in this research. By contrast, one-on-one interviews were not; additionally, the structure of a mindfulness class was such that it was rare for participants to ever speak to a teacher, or each other, at length one-on-one. I never had any difficulty finding practitioners and course participants who were willing to talk to me in this format.

[17] I audio-recorded interviews, but did not record courses, sitting groups, workshops, or casual conversation. Instead I wrote notes immediately afterward in as much detail as possible. In this thesis all interview quotations are verbatim, while those from conversation or courses are reconstructed from notes.

[18] In writing up I have used pseudonyms for all participants, who usually spoke to me on this condition, except in the occasional case signified by provision of a surname. Where appropriate, I have also changed identifying details such as age or occupation, and, very occasionally, gender.

Additionally, although I considered designing questionnaires partway through my fieldwork, I was suspicious of both this framework's and my own capacities to capture the complexities that seemed to emerge in class and conversation. Questionnaires seemed to demand a level of pre-definition and categorisation that I struggled to see clearly in the midst of fieldwork, and I preferred to wait to reconstruct such categories rather than imposing them in advance of sufficient evidence.

Field-Site: the Centre

The mindfulness centre that I chose as my primary field-site was one of three main university mindfulness centres in the UK. The team occupied a building that was part of the university's psychiatry department, positioned at a short distance from the other psychiatry buildings, on the grounds of a psychiatric hospital. For the past ten years, the staff of the Centre had run pioneering randomised controlled trials of MBCT for prevention of relapse in recurrent depression. In 2013 the Centre had many branches of expertise: it conducted research, taught MBCT courses both in the NHS and to the fee-paying public, ran regular workshops as continuing professional development for mindfulness teachers, and ran both formal and apprenticeship teacher-training programmes. The Centre's director had been a co-founder of MBCT in the 1990s, and it therefore seemed central to the position of mindfulness in the UK. My process of field-site selection felt analogous to Candea's account of his own as he settled on a field-site in the 'old village' in Corsica:

> …the aged…were considered keepers of a form of super-autochthony, as it were, and were identified as the living embodiments of 'tradition'. But however central that made them to certain imaginations of Corsica and villageness, this center-ing was in itself a form of marginalization, in which

> they became the distanced objects of admiration and ethnography. (2007: 176)

I similarly set up my fieldwork in the 'old village' of MBCT. Yet I quickly discovered that my arrival at the spatially contained Centre was just the beginning. The executive directors at the Centre had suggested politely that I might not have much to 'observe'; that it would be a strange and 'probably not representative' year, with the director due to retire partway through, and the recent major trial having just ended. It would be quiet, they warned. Confidently, I replied that representativeness was not a problem, as I was interested simply in documenting how things were at that point in time.

Nonetheless, I was disconcerted when I arrived to discover that there were really only about fifteen core members of staff, many of whom were part-time; there were another twenty or so associate teachers, researchers, and board members, who occasionally came into the Centre. The Centre occupied two floors and was composed of demarcated offices, whose doors were often closed. This entailed participant-observation by prior appointment: I quickly learned that I couldn't catch people on the way into something, tagging along in time-honoured anthropological style. If I stumbled across an interesting-looking meeting, I had to contain my enthusiasm and wait to ask if I might attend the next one. In due course, I consulted one of the administrators about the staff's upcoming engagements, and emailed to ask if I might also attend. I was left out of as many meetings as I gained access to; learning that board meetings were 'confidential', I stopped asking if I might sit in. I was disconcerted too when the director left in the summer, and life seemed to continue as usual without a replacement. This, it seemed, was de-centering in action at a methodological 'centre'.

The staff at the Centre consisted of senior research staff in their mid-thirties to sixties; clinical workers – psychologists, social workers – in their fifties; and a few younger psychiatry research students in their late twenties and early thirties. Like many of my interview participants, most of my primary informants were therefore either significantly older than me, senior to me in professional status, or both. In one sense I was 'studying up' (Ortner 2010), but in the sense that I was studying another academic sub-discipline, I was also studying sideways. Like Ortner found among independent film-makers in Hollywood as opposed to media moguls, my informants shared my interest in the research enterprise, 'working in the same general cultural zone as ourselves – the world of knowledge, information, representation, interpretation, and criticism' (2010: 223). This was the basis of their cooperation and encouragement throughout my time at the Centre and beyond.

Nonetheless, there were cross-cultural differences. The term 'participant-observation' was in frequent use at the Centre, to describe mindfulness teacher-trainees attending MBCT courses for the purposes of developing their pedagogy. My informants with research experience wanted to know 'what methods' I was using – Interpretative Phenomenological Analysis? Mixed methods? Initially I tried and failed to explain participant-observation. After explaining the inductive nature of anthropological methods to the organisers of a mindfulness sitting-group, I heard back by proxy that they had concluded that I 'didn't know what I was doing'. I soon settled on saying briskly (and truthfully) that I was using 'grounded theory' with a variant of IPA.

My access within the branches of my field-site was particularly affected by the clinical backgrounds of my subjects. It seemed that the staff at the Centre – in archetype the doctor, rather than the patient – seemed most uncertain about how to 'be' research subjects. To change their office behaviour – propping open doors, taking me to meetings – to accommodate me would have been to change the way they did things. Early on, I spoke to the staff about the possibility of my doing ethics clearance to gain access to NHS mindfulness courses, but the teachers were over-stretched and concerned about having to contribute time and 'clinical supervision' to me if I extended my research to such settings.[19] Instead, it was agreed that I would attend the non-clinical eight-week courses for the general public.[20]

As the doors closed protectively, it seemed, at the boundaries of the clinic and the 'confidential', I attended closely to what I could observe within the spaces that I was permitted. The silence and stillness of the Centre, with its closed doors negotiated by email, and perpetual feeling of half-emptiness, was noticeable but not constant. It regularly ricocheted from quiet to bustling. On workshop days, fifty people would fill the seminar room, lobby, and corridors, and I would generate half a dozen new contacts and tens of pages of field-notes to write up during the quiet days following. This oscillation between busyness and stillness replicated, in microcosm, the Centre's own energies. I arrived at the tail-end of a ten-year grant, during which the Centre had

[19] As a junior anthropologist with limited formal experience of working with people with severe mental health problems, keeping my active data-gathering outside the NHS arguably protected both them and myself.

[20] A word on the local availability and cost of courses: at the Centre in the year I did fieldwork, six courses for the general public were offered, each filling twenty-six places, in addition to a handful of courses provided in the local NHS Trust; I was aware of a number of others being offered in the local area by MBSR and Breathworks teachers, workplace mindfulness providers, and psychologists working for the university counselling services or the local branch of Mind. Courses ranged correspondingly in price for the participant, from just thirty pounds at Mind to cover the guided practice CDs, hand-outs and refreshments; a hundred and twenty-five pounds for a local MBSR course; and three hundred pounds for MBCT at the Centre.

run a multi-sited trial of MBCT for recurrent depression. Behind the closed doors in January 2013, researchers were writing up the results, emailing statisticians and making sense of their vast amounts of data; this was a quieter business, I was led to believe, than managing recruitment, teaching the courses, and monitoring therapist fidelity.

The quietness continued beyond the director's retirement into what was wryly called the 'interregnum'. It was an interregnum in part because there was no replacement director; this appointment depended upon the acquisition of a new multi-year trial grant. Almost a year after I left, a replacement director arrived with a new multi-year grant to assess mindfulness as a universal intervention for school-aged children. The 'interregnum' had characterised much of my year at the Centre, but, just as the staff had warned me, the interregnum itself did not predominantly characterise the Centre. Although the timing of my fieldwork limited my capacity to assess the 'busyness' of the trials that were run pre- or post-fieldwork, the arrival of the new director brought the trial-management apparatus of persons and protocols whirring into action. The interregnum appeared in retrospect to have been the calm in-between the multi-year storms.

Field Methods: Participant-Experience

The Centre's MBCT courses for the general public were in premise near-identical to those taught in the NHS. The teacher's textbook and class structure were the same; teachers who taught MBCT for depression or chronic fatigue syndrome also taught the classes for the general public; there remained the same emphasis on prolonged, regular formal mindfulness practice, as appropriate to the task of improving one's

health and wellbeing. Some practitioners actively pursued ‘good mental health’, learning mindfulness to counter prevailing risks of relapse in recurrent depression, post-traumatic stress disorder, anxiety, chronic fatigue syndrome, or chronic pain. Others experienced additional, or self-standing physical ill-health such as cancer, multiple sclerosis, postural orthostatic tachycardia syndrome, or sports injury. Some pursued emotional resolution following bereavement, including the death of a spouse, parent, or miscarriage; others sought counsel in the management of lives conducted at the crux of the ongoing demands of work or home: difficult bosses, ambivalent relationships, small children.

Others still found themselves unable to articulate why they had come to a mindfulness course. While participants often spoke of rediscovering themselves, in the background hovered the means and conditions through which the ‘self’ had become obscured, eroded, or confused. The Centre’s position at the crossroads of health and illness meant that the people who came through its doors and into my research were inevitably plural.

Early in my fieldwork, I discussed participant-observation in mindfulness courses with one of the staff. ‘We don’t want people to feel “observed”,’ she said, ‘and think that if they smell or something during a meditation, you will write about it.’ ‘Participant-observation’ appeared to be problematic, as Baumann notes:

> I have heard it said by a number of colleagues working in cities that the urban field does not really allow for the methods of participant observation. Among the reasons given, one can expect to hear generalities about the privacy, anonymity, and variety in city life that render social relations diffuse and often single-stranded. (1988: 228)

In addition to this, at the Centre, an air of clinical protectiveness hung over their research and clinical work with vulnerable people. It was vital to bring an interested but respectful curiosity. In one sense, it would have made no difference whether I had smelt body odour as another 'participant' or as an 'observer' – I would still have smelt it. Linguistic rather than embodied reflexivity appeared to have particular consequences: language and concepts, it seemed, would pejoratively objectify the 'other'. Although Herzfeld suggests that anthropologists 'are trying to get their informants to get off the stage and whisper all those intimate and lightly disreputable bits of gossip that make good, juicy ethnographic data' (2009: 143), it was explicitly expressed to me that the 'juice' of mindful bodies was not up for ethnographic grabs. This required a reorientation in method: I needed to be able to attend mindfulness courses as a researcher in a way that could adequately bridge what my research subjects seemed to suspect would be a self-other, mind-body gap. For this, I turned to the concept of 'participant-experience' (Hsu 1999: 15-17).

Hsu, responding to de Castro and Goldman's (2012) notion of symmetry, proposes that the power relations of fieldwork inevitably render the relationship between anthropologist and research subjects somewhat asymmetric. For Hsu, as an anthropologist she 'learned' to be an acupuncturist, rather than 'became one' (Hsu 2006: 149). To 'become' implies that one is passively and indeed unreflectively shaped. Rather, the anthropologist conducting participant-experience considers that she must undertake the effortful work of learning in order fully to understand the work that her research subjects do. This stance is different from auto-ethnography (e.g. Murphy 1990), where primary self-reflection is used to connect with cultural experience.

For example, the ethnographer uses her embodied experience of 'being-in-the-world' during fieldwork as a source of knowledge about the 'world'. This notion is also evident in the recent call to rehabilitate emotion 'in the field' (Davies, Spencer 2010, Cook 2010a). For my purposes, this would entail the capacity that I needed in my own field-site to relate the anthropologist-self to the informant-other. Potter, who undertook professional contemporary dance training, 'was able to systematically observe the movement-learning process as it occurred in myself and in my dancing peers', and 'most importantly, as a daily participant…had access to my own set of sensory experiences (including emotions) that stemmed from the training process' (2007: 36). Like Potter, in the courses and workshops that I attended I was always very much a 'participant': I sat and meditated with my eyes closed, I engaged fully in the pair or group exercises, and I, like my research subjects, by turns attempted, avoided, struggled with, and enjoyed the daily home mindfulness practice.

Meanwhile, I attempted to remain critical. 'Participant-experience' did not solely privilege the primacy of the anthropologist's embodied experience, ending with the levering of my embodied experience directly onto the page: this would have been more auto-ethnographic. Instead my own experiences of the practice were pieces that interlocked with those of others. They enabled meaningful discussions with mindfulness-practising teachers and friends about our shared and diverse embodied experiences of self-cultivation. As I conducted research, I was simultaneously learning to be a mindfulness practitioner – just as Potter and Hsu trained respectively as dancer, and qi gong and acupuncture practitioners. Despite my struggles and ambivalences, my overall position – that I was committed to this process – quickly

became as 'unambiguous' as Cook's as she undertook fieldwork with Theravada Buddhists in Thailand: 'My religious position was unambiguous. I was a Buddhist and I was committed to the ordination and meditation' (2010b: 19-20). It was equally as unambiguous, if opposite to Clarke's, who 'made it clear to [the members of a Sufi order in Lebanon] that I was neither a Muslim nor otherwise religiously committed' (2013: 217).

As I worked through fieldwork, I therefore noticed that when informants spoke to me about their experience their meaning increasingly resonated for me in an 'embodied' way: I, too, could appreciate a particular sense of 'presence', the irritating nature of mind-wandering, or a 'kindly' quality of attention. By contrast, my most dissonant informant, Alan, experienced such conversations as 'jabbering nonsense'.[21] I in turn had struggled with these sufficiently that I was curious to hear more from participants like Alan, with the ambition to make sense of both sides. Participant-experience with its entailed arduousness therefore enabled me to address the particular challenges of doing an ethnography of MBIs.

Field Methods: Interviewing

At the Centre, with its silence periodically punctuated by bustle and activity, it became clear to me that my findings would be enriched by a concerted interviewing strategy.[22] I conducted a hundred interviews during fieldwork. Forty-two of these took place in quiet meeting-rooms in the Centre with mindfulness course participants (current and former) and teachers. I sought interview participants through the Centre,

[21] See Chapter 2.1 for Alan's story in full.
[22] Interviewing was also much more methodologically recognisable to the other Centre staff members, who were familiar with interviewing participants as part of trial protocols.

recruiting via the email list of its weekly mindfulness sitting group, by word of mouth, and through an approximate snowball sample.[23]

My interviewees reflected a slightly higher proportion of men than was usual among mindfulness practitioners: these can be largely characterised as female, white, and middle-class, as has been noted elsewhere (Wilson 2014: 104, Purser 2015a: 29). I interviewed a total of thirty men and fifty-nine women. The majority of mindfulness teachers were female, as was typical for clinical psychology and the caring professions; the majority of participants in mindfulness courses and workshops were also female. Most of my participant and practitioner interviewees were educated to degree level. They were school-teachers, doctors, psychotherapists, physiotherapists, social workers, or former civil servants. Some worked in commerce in the City. Several were retired or ran their own businesses. Others were stay-at-home mothers, and a handful were students. Among the mindfulness teachers or trainee-teachers I interviewed who worked clinically, most taught MBIs as part of or alongside their other work as clinical psychologists, mental health nurses, counselling psychologists, or complementary medicine practitioners. I also had a clear contingent of interviewees who taught mindfulness in education and the workplace.

Interview recruitment drew stark attention to the de-centering of the Centre: I discovered how many mindfulness course and workshop participants were commuters from London or other cities, as I had to interview them either before or after the class in order to get hold of them. Thanks to a connection with one practitioner, Nick Pole,

[23] The roughness of my 'snowball sample' illustrated the need to exercise ethnographic flexibility in the face of an imperfect method. I often encountered polite apologies from my interviewees – they did not know anyone else who practised mindfulness, or were conservative about divulging others' contact details. This seemed in line both with the de-centered nature of the MBI social world and the urban contingencies of fieldwork that Baumann describes (cited above).

in due course I began to attend the meetings of the London Mindful Practitioners in Swiss Cottage. I met Nick at a workshop in which I had mentioned my interest in the language of mindfulness-based approaches; when we organised an interview a couple of months later, I found to my surprise as Nick pulled out his notebook and pen that *I* was being interviewed, rather than the other way round (he was writing a book on 'clean language' in bodywork). It was an ironic moment in my construction of the ethnographic 'other'.[24]

Two particular methodological themes emerged from my interviews. First, my participant-experience was a vital condition of participants' willingness to speak to me in the first place as well as what they disclosed during the interview itself. In their testimonies they often revisited painful memories, and demonstrated in real time how they practised mindfulness amidst such memories. One woman in her sixties, Kate, had experienced delayed-onset post-traumatic stress after a road accident in her teens. She spoke in detail about her family history, work as a schoolteacher, and participation in a mindfulness class after an accident at work triggered PTSD. As we spoke about her experiences, her account was peppered with reflexivity about her state of mind and body in the present moment:

> …even talking about it, I'm calming down, I can feel the effort of explaining all that to you which was up here [points to her head] coming down into my heart, I can feel the energy flowing and comforting me because it's not nice…even though this isn't easy, it's not much fun talking about the whole thing *whoomph* like that but I'll just go away and be ok, my brain isn't thrashing about, I can feel that it's feeling quite ok and I'm feeling good in myself and centred…mindfulness gives you that, and it gives me a warm feeling in my heart that I don't want to get rid of, and a really good energetic

[24] The peripatetic nature of the participants in Centre courses and workshops meant that, outside the Centre, I conducted an additional forty-four interviews with practitioners and mindfulness teachers from the surrounding small towns, usually meeting in cafes. In due course, in London, I conducted a further ten interviews with teachers from the London Mindful Practitioners group.

> feeling, like I feel very energised sitting here talking to you. I know that's because we're empathising in a way, because we're both talking about something that we believe in.

For Kate, the fact that we shared a mutual understanding of the experience of mindfulness and were both actively learning to practise it meant that she could both participate in my interview, and articulate her reflexivity of this participation in real time. Despite our obvious differences – I was twenty-five and she was sixty; I was at the beginning of my working life and she at the end of hers – this commonality rendered such disclosures possible.[25]

Second, my interviews with peripatetic practitioners often differed in one crucial regard from my interviews with staff associated with the Centre. The latter rarely spoke about the specifics of their practice's purpose: details of personal lives, health and relationships were usually left out. Instead, they spoke more about the form and the 'history' of their mindfulness practice and training: their experiences of training to teach at or coming to work with the Centre. Although this imbalance was produced perhaps in part by the boundaries between home and work, as well as those between senior research staff and a junior anthropologist, it rendered such interviews a potent source of different kinds of reflections. It opened up my scope of inquiry beyond practitioners' 'instrumental' use of mindfulness (however one might dispute the term) to their reflections upon the nature of 'mindful' knowledge. It suggested that for the majority of my research subjects, their mindfulness practice could not be described in the sole terms of their expectation of particular gain. Rather, it was a continual experiment in knowing, shaping, and moving forward a self that was in-the-world. On that note, I now turn to the ethnography.

[25] For Kate's story in full, see Chapter 5.2: Sensing the Breath.

Chapter 2. The Mindful Bullet: In Pursuit of Efficacy

Introduction

This chapter presents two ethnographic cases that explore the tensions that emerge from constructing mindfulness within biomedical parameters. The first part of the chapter outlines how particular kinds of embodied experience, reflexivity, and self-representation are implicated in a biomedicalised form of therapeutic subjectivity, as people present themselves for normalisation based on the self-understanding that they are a 'certain type of person' and therefore well-suited to an evidence-based intervention. As a course progresses, either trouble or adjustments of expectation must ensue, as both mindfulness and its targeted therapeutic subjects appear different upon closer acquaintance.

The second part of the chapter describes how MBCT is constructed in RCTs through controls that disclose the aspiration to 'cure' recurrent depression, thereby fulfilling the rubric for evidence-based medicine. Nonetheless, even as researchers attempt to determine the efficacy of an intervention as if a standalone therapeutic agent, the intervention remains indelibly linked to the conduct of its participants. As definitive results are carefully crafted through conventional RCT means, so must the researchers' capacity for reflexivity. By the end of the chapter, it becomes clear that 'mindfulness' and its therapeutic subjects are entangled in ways that defy a neat subject-object dynamic.

Across the chapter, two themes recur: first, the elusiveness of normalisation, or the process of constructing a normalising agent. Indeed, Wolf-Meyer argues that in a

Western context where disease is increasingly chronic, rather than acute, 'normalcy is best understood as elusive, something that individuals – patients and physicians – strive toward but will ultimately fail to achieve' (2014: 146). I will suggest that the mindfulness 'cure' is not (in this case) an actual category of treatment, but the ideal benchmark, a hoped-for outcome that often forms the basis both of patient expectation and of RCTs.

Second, if elusiveness is a potent part of the biomedical experience, then ways in which mindfulness course participants and researchers respond to that elusiveness and look to the future become subjects of interest. My ethnographic cases therefore attempt to track this process. In the first case, Alan, an eight-week MBCT course participant in his early sixties, became suspicious of his experienced lack of efficacy in the course. A professional data analyst, he set out to acquaint himself with the theory and evidence-base for mindfulness in order to discover whether mindfulness itself was inefficacious. In so doing, his case reveals assumptions about the stratification, personalisation, or 'dividing practices' (Foucault 1982: 777) of therapeutic agents that bring biomedical norms into direct conflict with those of the current psychological provision of health and wellbeing interventions.

In the second case, Centre staff and researchers digested the ambivalent outcome of a trial ('*Staying Well After Depression*') of MBCT for recurrent depression. In this trial the core part of the programme – the 'practice' – had been tested independently for the first time by being compared with a specially constructed, non-practice-based and therefore 'didactic' cognitive psycho-education (CPE) programme. As both parties construct their findings – Alan at Web of Knowledge, the researchers in SPSS – they

must ultimately make a choice: whether to continue to engage with or research mindfulness, or look elsewhere for potential sources of transformation. The choices that they make in an ambiguous epistemological milieu illuminate how elusiveness is either rejected or folded into one's onward trajectory.

2.1 A Participant Problem: Alan and the Object of Mindfulness

When a course participant takes against mindfulness, how does it happen, and what circumscribes the fallout? Over the next few sections I will present a case that demonstrates how embodied reflexivity, and the perceived efficacy dynamic between participant and mindfulness, are crucial components of the fabric of mindfulness courses. As Alan traversed a path from mindfulness participant to outspoken critic, moments of transition would be marked by clashes between Alan's embodied experience, and that apparently cultivated in the mindfulness course; between Alan's notion of his responsibilities as therapeutic subject, and the adherence that was expected; between Alan's standards for an evidence-base, and those of health and wellbeing contexts at large. As these clashes were negotiated, issues of choice, responsibility, and trust would be framed by two more potent questions: how far to pursue certainty, and when one had found enough.

Alan Makes His Opinion Apparent

It was a crisp late October evening in 2013, and five weeks had passed since the group of twenty-five had first filed into the large, airy room to begin their MBCT course. Tonight, session six, the two teachers had split the group of twenty-five into two smaller groups to discuss the previous week's home practice, and we sat in two

circles each at one end of the room. The teachers sometimes halved the group like this during the course in order to make the setting more intimate for the task. It seemed like a particularly good format for discussing the past week's practice: a 'turning towards difficulty' mindfulness meditation of about twenty-five minutes.

This practice involved deliberately bringing to mind something that caused some emotional discomfort: an argument at work, an unpaid bill, or a child's problem at school. The practitioner then moved the attention into any body sensations that arose in response to this: tension, tingling, heaviness. They must notice what happened with this movement of attention: did the sensations change, or stay the same? Did the mind leap in with more commentary, more distressing thoughts? When they'd had enough, they might return the attention to sensations of the breath in the belly until the end of the practice, when a bell rang out from the CD whirring in its player.

Throughout my fieldwork, people were often reluctant to speak about their experience of this practice when they came back to class. These were not clinical groups, but people usually came with self-described experience of depression, stress, or anxiety, often in relation to workplace or family concerns. From the therapeutic perspective of the course teachers, turning towards the difficult was the culmination of the eight-week course. Up until now, week by week, we had been training what they termed an 'embodied' or 'bodily' attention in long practices, building this 'muscle' to apply it under careful guidance to the stress, pain, or loss that had brought participants to the mindfulness course in the first place. The break in the formality of the large circle was intended to enable greater comfort in the discussion. On this particular evening, however, things would not quite go to plan.

In my group, the teacher – a psychologist in her late thirties – asked how we had got on with the practice. A quiet trickle of comments ensued from the small cluster of participants, a white-collar group of small business owners, health professionals, teachers; mostly female, mostly over forty. The teacher nodded and listened, asked questions to find out more. *What did you notice in the body? And then what was the thought? So there was an impulse – ?* The participant paused, thought back, remembered, and replied.[26] I was only half-listening, because Alan had struck up in the other group. His voice carried easily in the big room, with its wooden floorboards and cavernous ceiling, as he questioned why they were talking about the home practice – indeed, why they were being expected to spend long periods of time doing formal mindfulness practice at all.

My stomach lurched as I heard Alan's voice rising. I knew where this was going from previous classes; Alan had worked in data analysis for forty years. 'There's been no proper clinical trial among those who aren't very unwell with depression,' he said forcefully. 'There's no proof that what we're doing works.' The teacher said that, as she had previously offered, she would be happy to talk to him outside the class. 'Why shouldn't they hear it?' he responded, gesturing to his group. 'Regardless of whether some people anecdotally might find it useful, surely it would be better to have something shorter and more effective that they might actually *use* after the course!' Another participant spoke up in support of the evidence-base. The back-and-forth multiplied, the teacher gamely trying to interject.

[26] For descriptions and examples of 'inquiry', see Chapter 3.2: Mindfulness Coming Up Through the Floorboards.

I wrestled my attention back to my small group. The teacher asked if anyone had not yet said anything during the course and would like to contribute. Sitting opposite me Alan's wife, Sara, fixed her gaze decidedly on the floor and remained intransigent. She had not said a word since session one. I wondered whether she was listening to her husband a few paces away: was she embarrassed or cheering him on? For the remaining time before we moved our chairs back to the big circle, I wondered if the rest of my group, too, couldn't help but hear what was happening on the other side of the room.

Those minutes of home practice review articulated something fundamental about mindfulness courses. Alan's outright challenge to the long practices showed the extent to which they formed the bedrock of this setting.[27] The whole MBCT course was designed around extended mindfulness practices. Every Monday evening class thus far had started with a thirty-minute practice. With eyes closed, and the posture upright, we had moved the attention around the sensations in the body, or the breath; we had noticed the interjection of thoughts, or the pull of sounds. That evening as usual we had finished a thirty-minute practice and a ten-minute inquiry before we scraped the chairs back to form our smaller groups. Meanwhile, the eight-week course's daily 'homework' was 'home practice' of thirty to forty minutes. Between weeks one to six, the participants had been asked to do approximately nineteen hours of formal mindfulness practice in-between classes, alongside other informal practice and cognitive exercises. The formal practice was the primary vehicle of self-change.

[27] For discussion of the historical context of this, see Introduction, section Mindfulness: An Introduction: Debates in Buddhist Studies.

On my side of the room, this was not disputed. The dialogue proceeded along established lines: the participant offered her experience during the home practice, the teacher asked for more information, the participant gave it, the teacher pointed to insight about how 'the mind' worked. On the other side of the room, Alan challenged the efficacy of the very practice itself. The dialogue ricocheted from participant to participant: it worked, it didn't work, it was too long, the evidence wasn't enough, 'well, I find it really helpful,' said a quiet teenager with long curly hair. *It* was a thing, spatial and definite, and it either worked upon the proffered mind-body, or it didn't. Emotion and investment were high. For this non-clinical course, participants had each paid three hundred pounds; demand for places on these courses were such that they had booked a year in advance. They had brought their sadness, irritation, depression, problems at home or in the workplace. Now, the debate about 'whether it worked' itself came down to a key question: whether mindfulness practice was something you did, with discipline and persistence; or something that was done *to* you – a passivity more reminiscent of the magic bullet or cure. As these different representations of the participant-practice interface clashed, the efficacy of MBIs themselves was at stake.

2.1.1 The 'Obligatory Passage Point': Potential Participants Make a Choice

I had swapped contact details with Alan and Sara earlier in the course. After session six I emailed them: might they be able to meet for an interview? I heard back within the hour. They had now withdrawn from the course, by mutual agreement, but if I could come into town they would buy me a pub lunch. To prepare, I looked back over my notes from the course. The challenge that Alan had presented over recent weeks was unlike anything I had witnessed in my eleven months of fieldwork to date. What was the aetiology of his disenchantment, I wondered; what had led Alan to question

and challenge 'the practice', and the efficacy of mindfulness, so vociferously? In order to understand this I needed to go back not just to the beginning of the course, when I first met Alan, but to the threshold before it.

Hoeyer and Hogle argue that in the context of medical research, informed consent has become an 'obligatory passage point…thanks to its ability to conjure a morally appealing image of stability, simplicity, and interoperability, while simultaneously serving as an empty signifier, an image onto which people project very different hopes, concerns, and intentions' (2014: 348). In this section, I will outline 'passage points' identifiable in the initial choice to attend a mindfulness course. As potential participants discern their own needs, and inform themselves about 'mindfulness' through the means available, a particularly biomedical configuration of expectation and potential efficacy emerges.

Information, Choice, and Consent

At the Centre, the provision of mindfulness courses for the general public was a relatively new venture – they had only been running for a couple of years when I arrived for fieldwork. Unlike participants in clinical MBCT courses, those in non-clinical courses were considered fully responsible for their own choice to attend. 'The public classes participants are not referred by a doctor,' the director of the Centre told me several weeks after Alan's course.[28] 'So people are making a choice based on their knowledge of mindfulness and perhaps recommendations from other people.' People wishing to partake in non-clinical courses were participant-consumers who filled out

[28] Comments from the director in this chapter were not audio-recorded, but reconstructed from notes written during our discussion.

an application form and provided a credit card number, rather than patients who consented to the expert recommendation of others.

The path towards participant choice began with identifying the problem in need of remedy, and in any given mindfulness course that I attended, the single room held a diversity of concerns. The public mindfulness classes at the Centre were targeted at those who were generally stressed-out, with sub-clinical levels of malaise. The forty-one non-clinical course participants who I interviewed cited recurrent mild-to-moderate depression or anxiety, chronic physical illness, workplace stress, bereavement, or difficult relationships at home as their reasons for being there; twelve clinical course interviewees described recurrent or post-natal depression, post-traumatic stress disorder or traumatic physical injury. Protecting their privacy, some participants would say in the introductions that they weren't quite sure why they had come; others cited 'curiosity', or prior experience in various meditative traditions. Others – yoga teachers, business coaches, and psychotherapists – increasingly attended the public MBCT course at the Centre as a professional development opportunity, with a view to incorporating mindfulness into their professional practice.

An individual signing up to an eight-week course must have more than an experience of suffering, malaise, or interest: they perceived mindfulness to be a fitting fulfilment for their requirements. Information had to be acquired for this perception, and this process was different in non-clinical than in clinical settings. For MBCT in the NHS, potential participants received a one-on-one orientation session prior to the course, in which they could ask questions. They would also fill out standard psychological questionnaires (PHQ-9 to assess depression, GAD-7 for anxiety) for the teacher's

information. These mechanisms enabled an exchange of information between participant and teacher: the questionnaires created an architecture of diagnosis, so that the teacher could ascertain the individual's suitability for the course, and the participant's questions ensured informed consent. If potential participants were in acute distress with active depression or psychosis, or otherwise contraindicated, they would be advised not to attend a mindfulness course at the present time.

For non-clinical courses, pre-course procedures varied across the country. Some teachers and centres conducted a group orientation session, or individual interviews over the phone or in person. Before my fieldwork began, the member of staff who headed up the Centre's teaching had conducted telephone interviews; but as demand boomed, the Centre's small number of full-time staff were severely stretched. Jettisoning the interviews, the Centre dispatched psychological questionnaires to its potential non-clinical course participants. These in turn were eventually dismissed in favour of a streamlined application form. If the potential participant disclosed anything concerning – recent bereavement; active depression – the course lead would double-check the applicant's suitability in a phone conversation. Risk and responsibility were both considered lower than in the clinical setting. There were other natural gatekeepers: with demand high, there was a year-long wait to gain access to a non-clinical course, and a three hundred pound course cost. Somewhere amidst filling out the application, going through SagePay, and turning up to the first class of an MBCT course, informed choice was therefore deemed to have occurred.

Irritable Bodies and the Promise of MBCT

In alighting on MBCT, Alan and Sara had identified their problem, accrued some sense of what MBCT was, and formed a clear hypothesis about what mindfulness could do for them. 'Irritation' was their complaint. In the first class's introductions, Alan, with florid features and an energetic presence in his seat, declared that he felt in his sixties he should learn to slow down because of his 'Type A personality'. Sara agreed. They were very irritable people, she said, and wanted to learn 'how to handle that better.' Their irritation was particularly problematic at home: they frequently found themselves snapping at each other and their visiting grandchildren, who partly lived with them. As the small children interrupted Sara on a work call or forgot crucial items on the school run, the lid would blow. 'I just don't think that I am being a good example,' Sara said.

Alan and Sara willingly situated their irritation as remediable through psychological intervention. They had investigated cognitive behavioural therapy (CBT) and found it useful. 'I've got a book from a series…on anger and irritation, and it all looked really good,' Alan told me later on. CBT also met their high standards for an evidence-base: they were both data analysts. 'CBT seemed to be an approach that has developed over time…they wouldn't cherry-pick, they would run their studies generally quite well, and I thought well this looks like proper science,' Alan told me. He knew that MBCT was partly derived from cognitive therapy, so 'I…jumped to the conclusion that…a melding of CBT with something like mindfulness would have a thoroughly robust technical base to it.' He in fact assumed that MBCT would be less mindfulness, more CBT: 'I just thought well maybe the 'M' bit in MBCT would be a minor part.' From a distance, MBCT had looked like a good fit for their requirements.

Alan trusted the expertise attributed to CBT, but had a low opinion of psychiatry and psychotherapy generally and New Age practices. He was critical of his early experience of Transcendental Meditation, which he had practised for a year as an undergraduate decades earlier, and commented acerbically that 'Freudianism, Jungianism, has probably ruined as many lives as Stalin managed to, maybe in a more longwinded way and possibly not in an ultimately fatal way, but…some of these longer talking therapies are clearly wrong, they are clearly based upon approaches that don't work.' Rose argues that 'psy experts have achieved a certain privileged position over the past century – for it is psy that claims to understand the inner determinants of human conduct' (1996: 13). Alan would beg to differ. His selective privileging of some 'psy' specialisms, and abrasion about others, rested on a particular criterion – demonstrable efficacy at a population level – garnered from his own scientific expertise. Alan willingly chose psychological means as 'techniques for the disciplining' of his own 'human difference' (Rose 1996: 19), as long as the evidence indicated that they worked.

Images of Efficacy

Potential non-clinical mindfulness course participants had to acquire this evidence themselves. The Centre's direct provision of information at time of sign-up was minimal, but in the local area many of the available materials and first-hand resources, including one-off introductory sessions, were produced by the Centre or its associated staff. The bestselling popular mindfulness book of the time in the UK – *Mindfulness: A Practical Guide to Finding Peace in a Frantic World* (Williams, Penman 2011) – was co-authored by the Centre's retiring director. National

newspapers including the *Guardian*, *Daily Mail*, the *Times*, and the *Telegraph* often featured articles about mindfulness with quotes from Centre staff. For participants like Alan with access and inclination to Web of Knowledge, a considerable amount of the UK's evidence-base for MBCT had been generated by the Centre's researchers. Internet resources – Youtube; the Be Mindful website, run by the Mental Health Foundation – were numerous.

Much of the health and wellbeing discourse at these mindfulness gateways alluded to the prospect of efficacy. Alan and Sara, for example, attached 'great hopes' to the claim on the Centre's website that not only did mindfulness help those with experiences of recurrent depression, but that '*mindfulness also works* for people who are struggling to keep up with the constant demands of the modern world' (my emphasis).[29] In introductory mindfulness sessions in local bookshops, workplaces, and student halls, Centre staff disseminated information to the general public about what mindfulness offered. In order to talk about efficacy, mindfulness had to be visualised or articulated in objective ways. A PowerPoint presentation by a senior teacher talked through brain images and graphs from trial papers. One graph represented the efficacy of MBCT for recurrent depression, demonstrating reductions in participants' propensity to depressive relapse compared with treatment as usual. Despite its specificity, audiences often interpreted the graph to mean that mindfulness simply 'worked'; the fact that the National Institute for Healthcare Excellence (NICE) had recommended MBCT for recurrent depression in 2004 was also a highly valued part of MBCT's credibility. In popular interpretation, the representative graph or brain scan often came adrift from the mind-bodies that had enabled it.

[29] Website accessed in May 2014. Two years later in February 2016, this sentence had been modified to read: 'Extending MBCT to people who are struggling to keep up with the demands of the modern world has also been a key development.'

Brain images in particular grabbed an audience's attention. In taster sessions, teachers often used the image below.[30] I discovered when I asked about its original source that it too had come adrift before it was ever displayed: the paper citation was 'buried in an old email from a former colleague'. When I finally tracked it down it appeared in a paper using not mindfulness, but 'three different rest conditions: visual fixation on a crosshair, eyes closed, and eyes open in low-level illumination'; the paper ultimately identified 'two diametrically opposed, widely distributed brain networks' (Fox et al. 2005: 9673). In the taster sessions, the image was likewise used to show regions of the brain differentially lighting up in response to two 'modes of mind': 'driven doing' and 'being'. The blue-green regions in the medial prefrontal cortex demonstrated a conceptual, narrative mode of mind, while the yellow-red in the lateral and viscero-somatic regions of the brain were associated with a sensory, experiential mode of mind, that might be strengthened through mindfulness practice. The conceptual mode of mind, when overused, could lodge a person in the ruminative states of anxiety or depression.

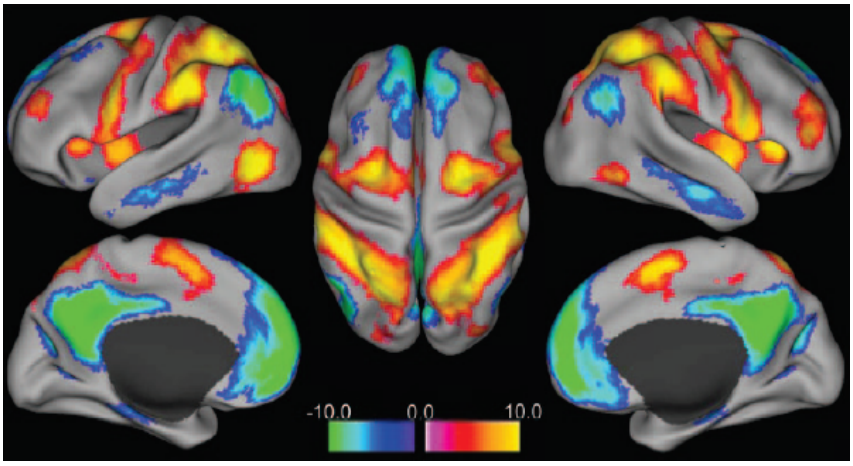


Figure 1. 'Intrinsically defined anticorrelated processing networks in the brain', Fox et al (2005: 9676).

[30] Indeed, as I learned to teach and began teaching 'tasters', I used it myself.

Activation of a particular region of the brain thus became rhetorically synonymous with the practice of mindfulness. Students would pay close attention, and nod in self-recognition. In this exposition the image had taken on some of the qualities of the 'fundamental neural dissociation between two distinct forms of self-awareness' identified in a separate paper, that had indeed used mindfulness meditation as a condition in functional magnetic resonance imaging (Farb et al. 2007: 313). The use of the image in introductory mindfulness sessions showed the discursive slippage between neurocognitive evidence generated on separate grounds, and evidence that was specific to 'mindfulness'. Analytically, it disclosed the elusiveness of objectifying 'mindfulness' even in the attempt to do so.

Slippages may occur in the very generation of such images in the first place. Hickey has critiqued the rhetorical use of images of the brain in MBI research, warning: 'we must bear in mind that at every stage of production, these images are generated in a "black box" of assumptions, technical procedures, and human factors that we cannot see' (2010: 176). Rose and Abi-Rashed comment that '[many] of the researchers in this area, including many of those actually responsible for generating the statistical maps that make the images possible, feel profoundly uneasy about this translation of their quantitative data into pictorial form' (2013: 74).

The 'localisation' of mental functions in the brain discloses a broader quest for objectivity, both in the general locating of a person's felt experience in the brain, and the subsequent localised differentiation of different kinds of experience: the blue-green 'narrative' region, versus the yellow-red 'experiential' region. Rose and Abi-

Rashed call this the 'objectivity effect': the way in which functions of mind come to be seen as objects. As mindfulness offered to unlock different locations in the brain, it itself accrued location – to persuasive effect. Another mindfulness teacher, who was known to be rebellious, would joke: 'Here's a picture of a brain. The evidence shows that you are now more likely to believe what I say.'

At mindfulness gateway points, the objectification of mindfulness through language and imagery was temporally specific and pragmatic. The introductory settings I observed included people like Alan and Sara who were seeking potential remedy within a collective vocabulary of health and wellbeing: their mind was not yet made up, but the parameters of the making were set. For an onlooker who understood himself to have particular requirements, talk of NICE and images of brains offered a perception of 'mindfulness' as the efficacious entity that could meet his own horizon of need. The objectification of 'mindfulness' appeared equally contingent upon the self-objectification of the potential practitioner. While the choreography of an introductory mindfulness session aspired to a hopeful outcome, it therefore also contained the potential for something less auspicious: just like the brain image, the practitioner might turn out to be not quite as he first seemed.

2.1.2 Body Problems: Alan Encounters MBCT

Alan Experiences an Absent Body

6.45pm on the evening of the first class: we were forty-five minutes in. As we lay on the floor on rolled-out yoga mats, wrapped in soft synthetic blankets, the teacher guided us to notice the weight of our bodies on the floor where they made contact with the mat, the blanket or the air. Then we were invited to bring our attention into

the toes of the left foot, noticing any sensations or temperature in that part of the foot. Over the next forty minutes the teacher's instructions slowly directed our attention up the body, bit by bit, sometimes expanding in scope to a whole limb, sometimes contracting to a finger. Afterwards, we sat up and listened cross-legged on the mats as some volunteered their experience. Alan was perplexed, and wondered if others felt the same. He had done part of the body scan with his eyes closed and part with them open. When his eyes were shut, he found that he was visualising the body 'out there' rather than inside himself. When he had his eyes open, he couldn't feel his body at all. His wife joked, 'you should have felt *something* after you ran ten kilometres yesterday!'

The teacher responded to this with professional equanimity. We won't always experience sensations when we do the body scan, she said, and there's no should or ought about it – it is what it is in that moment. The trick is simply to *notice* what is or isn't there, moment by moment. Alan listened, said nothing, and the class moved on. The body scan was the first practice that participants would be asked to do at home; it would take nearly forty minutes, daily, for the next two weeks. By week two, however, Alan was chafing. The class opened with another thirty-five minute body scan, and in the inquiry period afterwards, Alan asked the group:

> I'd like to know whether anyone else felt like this: I found it excruciatingly dull. Really boring, and I don't really understand why I'm doing it. I don't really see what could be exciting about paying attention to my body. If you think about it, evolutionarily, we notice when we're in pain, but apart from that, the body is just sort of there. I'm not doing this for excitement, if I wanted excitement I'd go and do something else, but it's not that its neutral, it's very, very dull. And it's not that my mind is wandering, I'm actually quite focused on each part of my body, but I just find it boring.

Many participants struggled to maintain and move their attention as per the guidance, but Alan described himself as paying attention in the required focused way. What bothered him was what he found when he did so: although he was not 'doing this for excitement', what he found was 'very, very dull'. His body was not the interesting source of sensation and information that the body-awareness practice – forty minutes a day, seven days a week for two weeks – appeared to suggest it should be. Alan's attempts to re-enchant the body simply drew attention to its disenchantment. At this stage, his question about 'why he was doing it' indicated an early requirement for clarification about the practice's theoretical purpose. Although many participants experienced boredom early on, for Alan the dull nature of MBCT's primary attentive landscape – the body – was sowing seeds of doubt about the entire enterprise.

Indeed, as I discovered later on in our interview, Alan's experience of his body was distinctly different from that cultivated in a mindfulness class: it was Leder's 'absent body' (1990). When Alan closed his eyes for the body scan, he 'visualised' rather than sensed his body. He described his body as either invisible – 'just sort of there' – or as a source of 'issues' such as pain. Indeed, Leder argues that the body is usually and healthfully 'absent', brought back into awareness only through the experience of distress and disease: 'this disappearance arises precisely from the embodied nature of mind. The body's own structure leads to its self-concealment' (1990: 115).

Alan considered this invisibility an evolutionary function. His body was a vehicle for his mind, an 'absence' that in fact in his case was something of an inconvenience. Prone to overweight, and now to aging, it was to be controlled, exercised, and dieted, the chips of his pub lunch pushed to the side. In our interview he commented too

about the body-objects of other participants – their weight and requirements for exercise. His wife was following the 'Fast Diet' (Mosley, Spencer 2013), and as we worked our way through lunch he teased her for eating 'her bodyweight' on the five non-fast days per week.[31]

Alan's astringent comments about the Centre, the teachers, and others in the course appeared to be grounded in simple experiential facts: he was 'in the world', and in his body, in a very different way from that apparently valued by mindfulness practitioners. Anthropological investigations of embodiment and the body-subject tend to prioritise forms of embodied expertise, such as ritual healing and professional dance (Csordas 1994a, Potter 2008), that are by definition demarcated from more ordinary perceptual worlds. Embodiment as a paradigm thereby is liable to conflation with forms of sensory acuteness or difference that strike the anthropologist as 'other'. Alan's experience of embodiment – or what mindfulness practitioners, tellingly, called 'disembodiment' – may have been an exaggerated form of what was reported in mindfulness classes, but it was nonetheless recognisable and recurrent. Indeed, it was a glimpse into the embodied experience of an 'expert' of another kind: a professional statistician. 'Bodies' like Alan's may be more common in 'Western' subjectivity than we suspect; they were certainly populating mindfulness classes at the Centre.

The Subject of Cures

The absence of Alan's body need not necessarily have signified a problem. Alan was not the only participant who was periodically bored by the body scan; and after all, if

[31] A diet popularised by Dr Michael Mosley, in which calories are restricted to a quarter of normal intake on two days in the week, and unrestricted during the remaining five.

participants were here to learn something different, then spending hours attending to one's twitches and tingles was certainly new. Yet Alan's scepticism continued, and its mechanisms begin to disclose how scepticism turned ultimately into dissent.

The first month of the MBCT course focused on the cultivation of body awareness. Body scans were followed by mindful yoga and stretching practices to familiarise participants with the felt sense of their own bodies, the body's pockets of tension, and the conceptual narratives about it that popped into mind. In the entrenched slippage between the body he had, and the 'mindful' body that it seemed he was meant to aspire to, Alan's experience of mindfulness practice did not feel remedial. He began to question the teachers about the 'point' of these practices. Early on, Alan's questions struck me not as challenging mindfulness itself – yet – but rather as genuinely seeking to understand how it might help him. His pursuit of understanding was not yet a project in which the worth of the enterprise was at stake.

Alan's contributions to a cognitive exercise in session three of the course revealed a small but significant turning point. The exercise required participants to imagine walking down the street and seeing a friend on the other side. You waved and smiled at them, but the friend just walked straight past without acknowledging you. 'What do you feel?' asked the teacher. 'What thoughts go through your mind, and what body sensations accompany this?' She wrote the responses up on the board in three columns: thoughts, feelings, and body sensations. One participant found his stomach lurching (body sensation) because he had decided that the person 'is angry at me' (thought); another felt amused (feeling), concluding that the person had 'left their contact lenses at home' (thought). The teacher explained that this parsing of

experience enabled us to become aware of how the interpretation of, or 'thoughts about' an event, impact emotions and bodily sensations.

Alan wanted to understand. 'So which of these elements is mindfulness most good for?' he asked. 'Because I can see how it could work with thoughts, but with emotions they've already happened, they're already there in my body, so what can it do…?' Alan and Sara's reading on CBT before the mindfulness course had led them to believe that thoughts, despite their persuasive nature, were events in the mind rather than facts. With some effort one could 'unhook' from them; the mind could thereby be disciplined. But to Alan the involvement of the body gave 'emotions', unlike thoughts, a material, deterministic, and unwelcome reality: they were 'already there'. So how did mindfulness help?

The teacher replied that 'seeing' these contingent relationships between thoughts, feelings and body sensations would enable us to '*decide* which patterns are our friends and which are less so'. The exercise was intended to show how the mind filled in the bare bones of a scenario with supposition, and how those meanings affected the emotions.[32] To 'see' this interrelated pattern and its elaboration of 'reality' created a remedial sense of metacognition: a distance from both the thoughts *and* the emotion. This purportedly weakened their persuasive tug. Emotions in the body were thus rendered dynamic, alive, and conditional upon reflexivity: they shifted and changed in response both to thought, and to mindful awareness. By becoming aware of or 'seeing' these patterns, mindfulness created a sense of distance and space, said the teacher.

[32] A later exercise in class six demonstrated that this relationship was not one-directional, but also worked the other way round: mood and feelings affected thoughts. Awareness could therefore be brought to 'unhelpful' feelings and/or thoughts to disrupt the system's self-reinforcement.

This piece of psycho-education about the role of mindfulness depended upon a particular sequence to embodied experience: thoughts *created* feelings, and feelings *created* thoughts, and therefore if you could (through mindfulness) identify the thought or the feeling without simply being swept along in its self-perpetuating rhythm, this would disrupt the cycle and both thought and feeling would ease. Yet this was not Alan's experience. His emotions were concrete objects in his body; they were made of a different stuff from thoughts, and although he could 'see' them, this increased visibility did not produce change. The temporality of his sensory experience did not allow for voluntary endings and beginnings.[33]

Alan's questioning of the teacher, hoping that she might enlighten his perplexing experience of the exercise, demonstrated his emerging quest for more knowledge about mindfulness as therapeutic agent: what it could 'do'. Yet the information offered – of mindfulness as the reflexive capacity to work with emotion and bodily sensation – did not resonate for Alan. In the face of the materiality of his emotions, this kind of mindfulness seemed ineffectual. Alan was therefore unmoved by the inference that it could give him 'choice'. How could he 'choose' something that was not contingent, but simply 'there'? If 'mindfulness' was apparently the solution to his difficult emotions, then it was looking increasingly dubious.

In examples of embodied expertise, the body requires conceptualisation both as body-object and as body-subject in order to experience transformation or reorganisation. In Potter's work on contemporary dancers in London, she describes how the dancing

[33] Further discussion of the temporality of embodied reflexivity occurs in Chapters 5 and 6.

body-in-training was cultivated. In the mirror, 'One's own reflected image is an object of scrutiny, an entity viewed at a distance from one's subjectively empowered self' (2007: 91). Yet in order to train effectively, the dancer required something else:

> …one's image in the mirror is fundamentally linked to actions taken by oneself as a thinking, feeling agent. A constant interplay of choice in action with perceived movement of the body-object is apparent: a decision to 'stretch' corresponds to an image of 'length' in the body-object, for instance, just as an observation of 'tension' or 'restriction' in one's reflected image might lead one to consciously 'relax' or 'soften' one's movements. (2007: 91-2)

For dancers, scrutiny was a necessary part of constructing the dancing body, but so was a felt bodily sense – constructing a dancing body that could be scrutinised in a meaningful way at audition or final examination. For Potter the dancer is therefore an 'experiential overlay of body-as-subject and body-as-object'. The knowing subject therefore begins self-transformation by directing their attention toward an identified object. Alan, for example, could observe emotions in his body. Yet the next step is critical: for Foucault, the 'knowing subject' as he perceives new objects 'reorganises himself, changes himself, and begins to function in a new way' (2003: 109). The gaze is therefore specifically a technique of inter-relationality between the observer, and the observed. The former changes in response to the latter. For the knowing subject, the *gaze itself* is therefore not a visible third party: it is an invisible technology that exists only in its enactment.

Yet Alan's identification of his emotions did not 'reorganise' his experience of them, leading to a feeling of 'distance' or 'space', or even their fluctuating presence: they were simply 'already there' with a sense of finality and solidity. Alan did not question, and the teacher did not offer, what else he might do with his attention to encourage the desired effect. Alan was already starting to question, 'reorganise', and

'change' not how he thought about himself, but what he thought about mindfulness. In so doing he began a process of rendering more solid and visible the technology that purported to work upon him.

So far I have described mismatches between Alan's awareness of his own embodied experience, and that cultivated by MBCT; I suggested that for him this provoked burgeoning visibility of 'mindfulness' as the questionable technology at work upon himself. I wish to conclude this section by considering how this affected Alan's actions as therapeutic subject. We have already seen how Alan willingly engaged with third-wave psychological resources such as CBT, yet I was struck by how quickly Alan became disenchanted with the programme: 'I was really holding out great hope for it, with what was emerging as a disappointment by week three,' he told me in our interview.

This temporal framework for his disenchantment disclosed a particular understanding of the relationship between therapeutic subject and agent. After session three Alan stopped using the CDs and went back to doing yoga instead, to stretch out his back. In our interview he justified this by telling me that the MBCT course manual suggested that one ultimately 'pick one's own practice'. Stopping one's adherence to the course after two weeks was not quite what 'picking one's own practice' generally meant. The concept was introduced in the seventh week of an MBCT course, for three main reasons: first, so that the manualised course was followed, which was important not least for preventing recurrent depression; second, so that participants were familiar with the full range of MBCT practices; and finally, so that they were sufficiently familiar with the working patterns of their own minds and bodies that they could

make an informed choice about what practices would be useful to them going forward. By contrast, teachers often used the phrase 'surrendering to the practice' to encapsulate how participants should approach the first seven weeks of the course. By MBCT standards, Alan had jumped ahead.

Mindfulness thereby took on a temporally distinctive burden of efficacy. In Barry's ethnography of homeopathy in South London, a homeopathic patient reported 'over the last few years my homeopath has really improved my hay fever', whereas a biomedical patient gave up on the remedy when it failed to work after three days (2006: 2651). Wolf-Meyer argues that the biomedical 'cure' is distinguished by its temporality: cures 'offer one-time resolution of symptoms', like antibiotics; they 'follow a longstanding Western interest in transcendence', and 'are predicated on the event over the everyday'; their delivery provides 'a rupture between past and future', thereby becoming 'a historical marker' (2014: 144).

Alan lasted some days longer than Barry's biomedical patient, but the temporality of his expectations nonetheless appeared to be fundamentally at odds with those of the mindfulness programme. Bound up in his urgency were correlating assumptions about therapeutic agency and responsibility that emerged more concretely in a comment from Sara. She looked forward to the body scan in the first two weeks, she told me, for one particular reason: it was her chance to 'have a nap'. The couple appeared to construe mindfulness as something that should 'work' despite 'having a nap' or 'picking one's own practice' a mere two weeks into the course. They *wanted* to be quintessential biomedical subjects: to be disciplined and shaped according to requirements that they themselves had identified. Unfortunately for them, it seemed

that whatever form of transformation mindfulness might offer, it would not deliver under these terms.

2.1.3 Abstract Bodies Collide, and Alan Objects

As the gap between the 'mindful' body and his own widened, Alan decided to find out more. It was becoming apparent in class that the provision of information about what 'mindfulness' was, or did in relation to thoughts and emotions, was frequently secondary (if it occurred at all) to the investigation of the participant's embodied experience. Every question that Alan asked about why we were doing what we were doing, or what the theory was behind a particular exercise, was met with its own question: what had Alan noticed in that particular practice, or what had he noticed 'in the body' when 'these thoughts were around'. For the teachers, this was precisely because mindfulness *was* the participant's reflexivity of their embodied experience. For Alan, however, it was deflection, and he became increasingly convinced that there must be more to mindfulness than met the eye. As his independent investigations gathered steam, it became clear that Alan was not only concerned with his subjective experience of efficacy – whether he became less irritated – but also with the broader terms of his engagement: whether psychological interventions for the general public was sufficiently stratified.

Mismatched Theory

Alan began by looking up one of the teacher's email addresses on the Centre's website and writing her an email, asking for some clarification about the theoretical and evidential basis for the course. In an unfortunate turn of technological events, the email apparently never arrived. Alan, not put off, spoke to the teacher in class to

clarify on which book the course was based. He purchased the manual for MBCT (Williams et al 2002), waving it around in its glossy green cover with grim enthusiasm in the lobby before each session as the participants sipped tea. By this point in the course a few others gathered round him, seeming interested in what he had to say.

As Alan read through the theory for MBCT in the manual, he concluded that it did not fit his requirements. He explained in our interview:

> I think the fundamental insight of MBCT which seems to me to be of value and worth exploring more is this idea…that you can wake up a bit sad, if you're depressed, probably, and it could cause this cascade of thoughts and emotions…But if I wake up a little bit sad, usually it's because Chelsea have lost the match the night before, you know, stupid match against Newcastle for example, but it's not going to cause this cascade of memories from the past and bad emotions and all the rest of it.

MBCT's cognitive theory was based on the 'kindling' hypothesis (Post 1992): that with each episode of depression, the person became increasingly sensitised to stress. MBCT assumed that incidents of 'ordinary low mood' therefore triggered the embodied-cognitive network of depression increasingly rapidly: a small flame would kindle a bigger fire. Yet the extension of this to participants in non-clinical settings 'is the point where this does not really truly work for people like us,' Sara told me. Their problem felt different in nature, as Alan explained:

> For me, it's because I know…I don't ruminate really, I probably should ruminate more, I might be more thoughtful then! But…for me it's just this blowing out and then I'm fine. Just let it out. And it's not even pressure cooker with me. Someone will say something, [I'm] like, "YOU WHAT?" So [laughs] and then it's fine afterwards.

The manual starkly reiterated the mismatch – this time, a temporal one – between Alan's embodied experience and that supposed by MBCT. The latter's mood-related ruminative model of distress appeared more elongated than Alan's own 'blowing out and then I'm fine.' To Alan and Sara, this temporal mismatch validated the couple's lack of subjective efficacy from the course. From my perspective as scholar-practitioner the two models did not seem wholly incompatible in mechanism, if not duration: Alan described how on a morning when he had a project due – for which we might read, 'ordinary low mood' – he was more likely to 'blow out' when the grandchildren disrupted him by looking for their school-clothes. Yet to the couple the model of mood-related cognitive reactivity was sufficiently different that it was not a helpful means of reassessing their model of their own particular kinds of distress. Instead, it affirmed their attribution of their inefficacy to the therapeutic design of mindfulness: mindfulness 'was not right for them'.

Mismatched Evidence

After investigating the manual, Alan took his professionally-honed attention to the construction of the randomised controlled trials (RCTs) in the evidence-base itself. This did not produce pleasing results. In week five I sat next to him as we discussed the previous week's home practice in threes. 'I only did the sitting meditation once, got fifteen minutes in, thought "this is just bunkum" so I went and looked it up on Web of Science and there was nothing on there. These psychologists, the methodology is just rubbish. I emailed one of the teachers wanting to see proper, reputable studies, not five people of this and waiting-list rubbish, proper-sized samples.' I replied that there was a systematic review of the clinical trials that suggested MBCT was effective. 'Three trials. For people with three episodes of

depression, not for the general public. I know there's some stuff from Jon Kabat-Zinn but I went back to the yoga, I know that's evidence-based.' Alan was vociferous: having had no 'straight answers' from the teachers, and explored some of MBCT's theory for himself, he had got his teeth into a domain of objectification in which he possessed genuine expertise.

Most objectionable to Alan was the fact that the evidence-base was nascent for non-clinical populations. There was therefore little evidence that mindfulness worked for people with 'low-level nuttiness', which was how he considered himself. 'I think it's important that you…do segment the different populations for whom you think this will work, and then provide some evidence that it does work for those people,' he told me. The director acknowledged that 'the current trials for "healthy" populations are open trials. It's a very young field so much of the data is exploratory', also commenting that the rationale for the non-clinical courses was based not on the known outcomes of MBCT or MBSR, but on the 'component effects': the known efficacy of particular models and mechanisms at work in discrete exercises within the course.

This 'hypothetical' model of provision is common in the NHS, where 'access with evidence development' is often a condition of recommending that a particular treatment be made available (Holland, Hope 2012: 366). Holland and Hope argue that in the NHS, recommendations regarding the provision or rejection of a new 'health technology' frequently 'make access conditional on generating further evidence' in this way. Where 'resources are too scarce to fund all clinically beneficial interventions… increasingly, this is seen by authorities as an appropriate way to allow

access to promising treatments while managing uncertainty and improving the evidence base for future resource allocations' (2012: 366). The Centre's director confirmed: 'We promise to collect data first to establish, are we doing harm? If not, are we doing good? Collecting data under these circumstances is a legitimate thing to do.' Indeed, during Alan's course, a young postdoctoral researcher at the Centre was collecting data from the participants to investigate psychological traits disposed towards the efficacy of MBCT (subsequently published, Cousin, Crane 2016).

Alan's objection revealed that when taking part in the MBCT course, he had assumed he was engaging with a specific fragment of the overarching category of mindfulness-based interventions. He assumed that the programme for the general public had been adjusted for and tested upon stratified populations, and was therefore known unequivocally to 'work' upon mind-bodies like his own. What he discovered when he went looking for the type of mindfulness to which he was subject was something a little different. He discovered that it was, ostensibly, merely a replica of the monolithic 'MBCT for recurrent depression'. Week after week, the presence of the 'green book' – the manual of MBCT for recurrent depression – on the table at the front of the class affirmed this replication. It confronted him in class, too: Alan was astounded to find during pair-work in one session that his partner had experienced recurrent depression. In our interview, as he relived this discovery, he expostulated to the invisible woman, 'what the hell am I doing in the same class as you, girl?!'

Alan judged the slippage of interventions between clinical and non-clinical realms to be unscientific, defying an ideal and certainly tidier stratification. In preventative

mental health, however, this slippage was somewhat inevitable.[34] Depression was conceptualised not solely as chronic, but as remitting and relapsing. The very definitions of the 'clinical' and the 'non-clinical' therefore fragmented along temporal lines, merging into each other. A person might be clinically depressed at one point in time, but partake in an NHS mindfulness course while 'well', in between episodes, to 'stay' well: *Staying Well* was even the title of the Centre's flagship RCT (Williams et al. 2010). 'Non-clinical' courses might likewise include people gauged to be currently well, but who have experienced and are 'at risk' of experiencing future episodes of depression.

Alan's argument that particular treatments should be provided for correspondingly particular persons was in stark contrast to the perennialism of the model of cognitive reactivity and rumination that underpinned MBCT. 'You know,' Alan said, 'we find different ways of dealing with things, and different people find their own route.' He commented on the range of problems that the other participants had described, from recurrent depression to worrying about work. 'It seems a bit of a stretch to suggest that mindfulness is the optimum way of dealing with all of these. I'm sure it's a way of dealing with some of them some of the time in some people. But it's just the work hasn't been done adequately to work out which ones and when, and for how long.'

Alan's conceptualisation of the appropriate relationship between the therapeutic subject and the mindfulness intervention was therefore not just temporally specific; it also aspired to a high level of certainty for the individual participant: the knowledge that when you signed up to mindfulness, it would work. This was more important for

[34] For further discussion of this, see Chapter 3.1.

those in non-clinical than in clinical settings, he said, because the ordinary, 'low-level nutty' had many more options at their disposal: running, talking to friends, drinking beer. 'It seems quite likely that that we might identify some opportunity costs of doing mindfulness,' he told me. 'There are lots and lots of different things that could be done with someone like Sara, someone like me, someone like you. Which [there aren't] with these people who are seriously depressed. You're either going to have them on antidepressants, or they're going to do something else.' Alan believed that the relatively healthy subject had more potential mechanisms of self-transformation, and therefore that mindfulness was correspondingly *more* obligated to demonstrate its fitness for purpose. For Alan, the programme's availability for the general public, at a nascent stage in the creation of evidence, exhibited a lapse of judgment somewhere in the process.

Alan's investigations had changed the scope of his discontent. Not only was the remediation of his individual mind-body at stake, but now more abstract categories of mind-body to which he did or did not belong were also in play. To Alan's mind, certain therapeutic outcome depended upon the adequate representation of differential mind-bodies and traits in the evidence-base: Foucault's 'dividing practices' (1982: 777). Wolf-Meyer uses the case of American sleep medicine to describe this process. 'The mobility of sleep as an object depended on a two-fold process of representation: it began with the rendering of patients' bodies as abstract and produced as data from which they could be re-constituted as individual cases' (2008: 94). He coins the term 'abstract body' to describe 'assemblages of data wholly divorced from a body, and mobilised within medical discourses in order to construct nosologic understandings of

diseases-as-signs. In so doing, medical populations can be produced, an abstract entity that individuals can be interpellated into by themselves or others' (ibid.: 99).

In other words, individuals 'know' or are judged by medical professionals what kind of 'abstract body' they are – a recurrently depressed, or narcoleptic body. As therapeutic subjects, they must learn what kind of regimen they must follow in order to manoeuvre among types of abstract body – to move, for example, from the recurrently irritated to something less explosive. As the thesis continues, we will see that what mindfulness practitioners must also learn is what configuration of lived experience attends this abstraction.

With the misfit between his own 'low-level nuttiness' and the recurrent depression of the MBCT evidence-base, Alan concluded that MBCT as it stood could never have worked for him in the first place. With this conclusion, any obligation he might have felt to participate in the suggested way dissipated. In session five, as Alan disputed the "rubbish" RCTs, Nina, the secondary school teacher sitting with us, was unfazed. She had participated keenly in the course and found it challenging but rewarding. The apparent problems with the evidence-base did not undermine her month's learning. 'It's exactly like anything else – if you want to see results you have to do it,' she told him, as Alan described how he had been doing yoga at home rather than the set sitting meditation. But the 'discipline' of practising was no longer meaningful to Alan. From his perspective his evidential findings had completely undermined the legitimacy of the programme: it had never been designed for abstract bodies like his own; his own experience of inefficacy was inevitable.

For the Centre's director, Alan and Sara's case illustrated a different kind of inevitability. In one study, he told me, 'people who are highly ruminative didn't change at all'; and there were therefore 'always some people that it doesn't work with.' For him, there was a distinct possibility that Alan fitted into a certain type of 'abstract body' – the highly ruminative – that was known to be resistant to mindfulness. Their perspectives were not so dissimilar: for Alan, MBCT was not right for his type of abstract body; for the director, abstract bodies were indeed inevitably implicated in the efficacy of mindfulness. Yet their ethical implications were different: Alan was outraged; the director was compassionate, yet without qualm. To make matters more complex, Alan – as we have seen – did not consider himself to be 'ruminative' at all. While the two agreed in principle that MBCT was selectively efficacious, this simply devolved the issue to the accurate abstraction of the bodies at stake: how well a participant knew themselves, or how accurately a psychologist discerned rumination. For Alan, however, the epistemology of it all was irrelevant: for him, mindfulness had simply incurred opportunity costs.

Critique, Entitlement, and Retrospective Choice

Alan's mind was made up about the usefulness of mindfulness for himself. He acknowledged in our interview that mindfulness might be useful for those with recurrent mental illness, and even for some without. Yet in the final sessions that he attended, Alan – brandishing the MBCT manual in the lobby to his small audience over pre-class tea – assumed the role of dogmatic hero as he sought answers for the apparent benefit of the other participants. 'Why shouldn't they hear it?' he had asked the teacher as he critiqued the evidence-base. 'What about all the other people on the course,' Sara told me she had asked the teacher on the phone during the conversation

in which they agreed to leave; 'aren't they there under false pretences?' Alan was already thinking about how to take his critique of MBCT public in some way. 'It wasn't that we'd had enough,' Alan told me later over lunch. 'I'd said to Sara, I'll finish this. Because I can't critique it unless I've finished it.' Alan was no longer a participant, but a discerning critic.

Alan articulated his sense of grievance towards providers of MBCT-for-the-public in particular ways. He demurred from using the term 'medicalised' to describe the slippage of MBCT into non-clinical settings, calling it 'the wrong word': 'I think when it becomes… systematised in a department of psychiatry as…a one-size fits all sort of approach, that I think is a bit unfortunate.' The issue of the course cost was another matter. In the city at the time that I did fieldwork, the cost of an eight-week course ranged from a hundred and twenty-five to three hundred pounds. At the Centre, participants paid the latter. 'The point is,' Alan said,

> …[Sara and I] come from a different and…I will say in my judgmental way, far superior branch of [intervention], where actually you do things because you've got some good evidence that they work, not because you've got some…idea that it might or might not work, and by the way we'll gather some evidence whilst we're charging people to see whether or not it works.

As he articulated his critique of what he perceived to be a 'one-size-fits-all' approach on escalating platforms – from the lobby, to the classroom, to a home phone call – he finally and unexpectedly found his evidence-base complaints falling on ears that were both receptive and financially-sensitive. When he put his case to the Centre after session six, Alan told me that they had a particular response. It was '"well…we don't disagree with what he says here. Offer him a full refund." So we got our full refund.'

A month later in the Centre, when the director asked how my interview with the couple had gone, I replied that Alan had issues with the evidence-base and how the trials had been run. 'I have issues with that too,' he affirmed. 'And it's not cheap, three hundred pounds. If you compare it with the NHS, where it was always meant to be a gift – you pay your taxes and then whatever you get, you get. Paying upfront takes the gift out of it. You hand over your money and then you feel entitled to something, and it's that sense of entitlement which creates this slight sense that you might be missing out on something.'

The language of 'entitlement' seemed to echo the director's earlier comments about 'choice'. From the Centre's perspective, participants like Alan made a choice to attend a mindfulness course for the general public, based on what they knew about mindfulness – as well as what they knew about themselves. As Alan's case reveals, however, the implications of a participant's prior knowledge and expectation for their entitlement and responsibilities were somewhat opaque. The concept of informed choice becomes moot, as Alan chose that which he thought he understood, only to discover that he did not; and signed up to a particular enactment of therapeutic subjectivity, only to discover that it was untenable. As Hoeyer and Hogle describe, informed consent is an epithet to which everyone can subscribe in a neoliberal modernity, thanks to its discourse of patient autonomy that is 'akin to consumer choice'; yet it frequently fails through circumvention or misinformation:

> One of the enduring mysteries of informed consent is the way in which repeated failure to achieve it does not diminish attempts to enforce it. On the contrary, failure in practice seems to strengthen the political force of the intentions. The politics of intent operates in a moral domain: The stated intentions signal what "ought" to be. (Hoeyer, Hogle 2014: 349)

I found it striking that attributions of entitlement and choice occurred only after the event, when they were concerned only with what 'ought to have been'. Each party retrospectively misattributed particular intent to the other. While for the Centre the potential participant educated himself before signing up to the course, and then 'surrendered to the practice', for Alan the existence of the course in the absence of a specific evidence-base indicated a failure of discernment somewhere along the way. Hoeyer and Hogle distinguish between the 'politics of intent' and the 'politics of practice', and in this case the politics of practice were quite different from the intent. Participants educated themselves in various ways, or not at all; they extrapolated from their own previous histories of yoga, or interpreted the NICE recommendation as evidence that mindfulness generally 'worked'. The Centre, for its part, provided mindfulness to the public not out of certainty that it would definitely work, but in a healthcare context in which evidence-bases ranged from the NICE-recommended to the inconclusive, the non-existent to the still-developing.

Alan had not thought to check in advance to which type of evidence-base MBCT belonged; the Centre took, with safeguards, mindfulness course participants who 'chose' them. These facts, and the retrospective attribution of 'choice', demonstrated the operational primacy of mutual trust. They also disclosed the hazards of such trust in an ambiguous world in which expertise was both concentrated in the hands of psychologists and simultaneously diffused to potential participants. Alan assumed that psychologists would provide a particular kind of programme; the Centre trusted participants to know themselves and their intervention of choice sufficiently. Alan's experience ruptured *his* trust, engendering regrets about 'opportunity costs'; but the director's re-affirmation of participant 'choice' only re-affirmed the Centre's own

trust. It enabled the Centre to parcel up the case and move forward. Alan had chosen the course; it was unfortunate that he transpired to be the type of person who did not benefit from mindfulness. In an uncertain world, and indeed one in which purchases are sometimes made and regretted, this was simply what occasionally happened.

Yet the Centre's incremental responses over the following two years implied that notwithstanding the director's re-affirmation, such an episode did not disappear without trace. The Centre refunded its disgruntled participant, and continued, at first, as before. A year later, it began to offer the option of full reimbursement if participants attended session one and did not want to continue. A year after that, the structure of the first session was altered to include a half-hour presentation of information about the theory and history of MBCT. This was a mindful timescale – or, at least, an institutional one; Alan and his urgency were long gone, but fragments of his effect endured.

2.2 A Research Problem: Trial, Error, and Ambivalent Knowledge

Alan and MBI researchers had more in common than first met the eye: they were both interested in the issue of efficacy. The situation of MBIs within evidence-based medicine (EBM) through the conduct of RCTs has been a pragmatic project of scientific legitimation ever since Jon Kabat-Zinn's early trials on MBSR in the 1980s. The willingness of MBI researchers to artificially and conceptually 'control' trial variables that render everyday teaching practice almost unrecognisable by comparison speaks to the commitment of researchers to the exigencies of scientific credibility.[35]

[35] See 'The Research Object: Testing the Mindful Bullet', in this chapter below. In the UK, evidence-based psychotherapy forms a large part of psychotherapeutic provision within the NHS, particularly through IAPT (Improving Access to Psychological Therapies), which mainly offers CBT.

Yet as Alan discovered and the director agreed, the evidence-bases for MBIs and for mindfulness practice itself are imperfect. This imperfection consists, first, of the nascence and uncertainty described above. Second, MBCT's efficacy for its primary application, the prevention of recurrent depression, appears to be roughly the same as (instead of better than) other active treatments. Across trials, it reliably results in an approximately fifty per cent relapse rate (Teasdale et al. 2000, Williams et al. 2014). In *PREVENT*, which compared maintenance antidepressants with MBCT-TS (MBCT with support to taper or discontinue maintenance antidepressants), 'The time to relapse or recurrence of depression did not differ between MBCT-TS and maintenance antidepressants over 24 months' (Kuyken et al. 2015: 63); 46% of patients relapsed in the MBCT-TS group, compared with 49% in the maintenance antidepressant group (ibid.: 69).

Throughout my fieldwork, MBCT researchers pointed to the problematic fifty per cent who still experienced depressive relapse. The ideal dialectic between the honed curriculum of MBCT and the abstract bodies of the recurrently depressed remained elusive. In conversations at the Centre, this elusiveness was almost normalised. In research group meetings, the director often pointed out – as in my conversation about Alan – that 'there are always some people that it doesn't work with.' This was simply part of the current therapeutic landscape for the treatment of recurrent depression.

I wondered, therefore, how the Centre staff would receive the results of their latest multi-centre trial. In their work this group of people both strove towards an ideal 0% relapse rate, and lived with its perpetual elusiveness. Would the *Staying Well After*

Depression trial be any different, and if not, how might their reactions to elusiveness compare with Alan's? *Staying Well* compared MBCT, which contained large amounts of mindfulness meditation practice, with cognitive psycho-education (CPE). CPE was closely modelled on MBCT, but without the 'experiential cultivation of mindfulness through meditation practice' (Williams et al. 2014: 278). It was the first time that an RCT had demarcated mindfulness practice as a testable component; in CPE, the demands of EBM had required the construction of what was, essentially, an artificial MBCT spinoff that was not available anywhere outside the trial. A paper published towards the end of my fieldwork at the Centre acknowledged this hitherto-unaddressed problem:

> …no study has yet compared MBCT with an active psychological treatment. This means that we do not know to what extent the beneficial effects of MBCT are attributable to the process of learning mindfulness meditation skills rather than to psychological education or nonspecific factors such as group support, despite the fact that mindfulness meditation is widely assumed to be the component critical to effectiveness. (Williams et al. 2014: 276)

The results of the trial were clear. The 'raw relapse rates for the 255 participants (93%) with follow-up data were 46% in the MBCT group, 50% in the CPE group, and 53% in the TAU group' (ibid.: 280). The authors concluded, 'Treatment group had no significant main effect on risk of relapse ($p = .56$)' (ibid.: 281). This meant that MBCT, with its significant quantity of meditation practice, had no more preventative an effect upon rate of relapse in recurrent depression than discursive psycho-education, or indeed TAU (treatment as usual). A welcome surprise, however, was that MBCT appeared to be particularly helpful for participants with a history of childhood trauma: 'the severity of experience of childhood trauma significantly moderated both the contrasts between MBCT and CPE, and between MBCT and TAU' (ibid.: 281)

The authors concluded that:

> MBCT provided significant protection against relapse for participants with increased vulnerability due to history of childhood trauma, but showed no significant advantage in comparison to an active control treatment and usual care over the whole group of patients with recurrent depression. (Williams et al. 2014: 276)

The active phase of the *Staying Well* trial comparing MBCT with CPE occurred before my fieldwork, and much of its writing-up was held behind closed doors to protect the data. Once the results were openly discussed, I cross-referenced the trial's published papers with researchers' and teachers' informal responses to its findings. Although I did not have full access to the process, what I gathered offered some clues as to how both aspects of the mindfulness research process occurred: both the careful construction of an evidence-base-worthy version of mindfulness, and the reckoning with these aspirations when the results came in.

The Director's Update Day

In October 2013, ten months into my fieldwork and just as the first papers from *Staying Well* began to emerge, I received an email from the head administrator at the Centre:

> As most of you will know, [the director] is retiring and now on sabbatical – however he's kindly offered to host a [centre] "Update Day" to associate teachers, trainers and research staff… It's intended to be a day of taking stock, with [the director] talking about where he sees MBCT currently, the evidence as he understands it and challenges for the future…with lots of time for all the questions that you forget to ask.

The director was a clinical psychologist who had co-created MBCT in the 1990s, and co-established the first two university mindfulness centres in the country. He had run the key early trials of MBCT for the prevention of recurrent depression, enabling the

protocol's recommendation by NICE and its slow, incremental journey into mental health provision in the NHS. He had worked with many of his Centre colleagues for ten years. His departure marked the beginning of uncertain times for the Centre itself, which was entering an executive interregnum. They were waiting for research grant money in order to appoint another director. Moreover, the recently published results from *Staying Well* seemed ambivalent. It seemed the right time to have a day of 'taking stock'.

On a cold December morning, thirty familiar faces took their seats in half-moon rows facing the director, as he sat quietly on meditation cushions on the bare wooden floorboards at the front of the room. As well as core Centre staff, associates who periodically taught or participated in its research were there: mental health nurses, counselling psychologists, mindfulness-in-the-workplace practitioners. We began with a period of mindfulness practice, sitting in silence with eyes closed, hands lying in our laps. We brought our attention into the sensations of our breath and our bodies sitting on our chairs, until the director softly sounded a brass singing bowl. As its resonance died away, people shifted slightly in their seats; some yawned or rearranged blankets around themselves. The director invited any questions that people might have, not to answer them immediately but so that we might return to them during the course of the day. The questions emerged half-subdued in the practice-quietened room. The director nodded and acknowledged each one as it was voiced:

How can we stop the DNA of mindfulness getting lost?

What's next for the evidence-base for depression? What might be measured next?

(That was me.)

What's next in the evidence-base for things other than depression? (A clinical psychologist who had had a distinguished career in cognitive therapy.)
How can we understand that mindfulness makes some people worse?
It's something about…competence, and when do we feel competent, versus when we should bring 'beginner's mind' to what we're doing. (A counselling psychologist.)
How much home practice makes a difference, and for whom? What dosage? (The distinguished clinical psychologist again.)

As I listened, my own queries about the direction of the evidence-base for depression and what might be measured next – which had seemed topical to me the day before, and well-suited to a day of 'taking stock' – felt too sharp and specific. In my field notes on the day I recorded the group's questions minimally, so that they appear stark and succinct. Yet a sense of hesitance was pervasive in their qualifying words and phrases – 'I'm not quite sure what I'm asking…'; 'it's something about…' I felt uncomfortable, and wasn't sure why. Equally, I felt committed to the questions I had asked. As more questions were voiced, the theme not of evidence but of 'competence' recurred: when one might feel competent; how to approach unregulated practitioners 'doing their own thing' and calling it mindfulness.

When the group fell silent, there was a long pause before the director spoke for several minutes on the subject of teacher competence.[36] Underlying these questions, he said, were issues about authority, trust, and the 'clarity of our intention'. 'What obscures trust?' he asked, and answered himself: 'fear. Fear that somehow this won't be taken seriously; fear of some [unaccredited] person setting up mindfulness courses

[36] Quotes not verbatim, but reconstructed from notes written during the day.

in our [NHS] Trust. How we relate to that fear enables us to discern how we deal with these troubles. When it comes to competence we don't have an association to decide who's in and who's out.[37] Anyone chucked out would only set up their own association.' He paused and said, wryly, 'Jon [Kabat-Zinn] would teach for them.' Laughter sounded in the room. With this joke, he pointed to Kabat-Zinn's inclusiveness, and the obfuscation of exclusion.

'So what do we do with our sense of contraction?' he continued.

> What do we do with our own fear? Seeing someone doing something daft, I think of how daft I am. It's the fear of not being good enough. Fear leads to in-groups and out-groups…so how can we befriend the bit of us that feels daft; befriend the bit that thinks they're daft. I'm not saying ignore it; I'm saying it's a really good practice to offer friendship and support. Otherwise we're sort of arming ourselves with spikes and tusks for the wrong enemy. And with issues of competence, do we need tusks?! We'll need certificates from the government, no doubt, but how can we prevent it becoming rule-based?

The answer, he said, was to practise:

> We pay attention to the ecology of our mind and bodies. How can we be a compassionate witness to our own ecology? The [NHS] Trust, the Centre, Parliament, the wider world: how can we discern with attentive presence within our wider world? That's why we practise every day. That attitude of "what am I going to discover today?" It takes off some of the burden of practice.

The roomful of mindfulness teachers and researchers was quiet and attentive. His language was more colourful than the minimalist style usually found within an MBCT course, but the core approach was the same. He did not want these issues to become 'rule-based', but for us to 'practise' friendship and support. We must inquire into our own fear, not competitors' encroachment; our own sense of lack, rather than their

[37] Two years later, in 2015, the UK Network of Mindfulness Teacher-Trainers established a reference-based register of trained MBI teachers.

failings; our capacity to reach out, rather than exclude. Attending to the 'ecology' of our own minds and bodies was the method that would enable us to act wisely in 'our wider world'. At this point, he paused. 'Let's do some sitting practice,' he said. We re-arranged the blankets around our knees and closed our eyes. In the big seminar room, the sound of the heating system whirred.

The day continued with long periods of sitting practice – twenty minutes, half an hour – interspersed with discussion. The director did not impose a conceptual structure upon the discussion. It emerged seemingly organically from the questions, which were often open-ended. In return, the director offered his thoughts and rhetorical questions. Later on he spoke about the evidence-base for depression. I noticed that no-one asked probing questions about the ambivalent outcome of *Staying Well*, but neither did the director assert anything concrete about the evidence-base for depression. 'One of the roles of evidence is to challenge our views,' he said. He questioned aloud:

> …are we using the wrong measures? Do we use negative measures too much? Is it that mindfulness is no good for people who have only had one or two episodes of depression [the trials suggest this], or is it that they're not getting what they need from being in a class with very vulnerable people? Do we need to focus less on working with negative emotions, and more on positive re-engagement with life factors?

As the day continued, its atmosphere reflective and unhurried, I observed the disconnect between my prior expectations and ethnographic reality. In the context of the research mission of the Centre, I had expected an 'update day' to consist of in-depth analysis of the latest evidence, rather than a day of practice and professional concerns. In the context of the director's career as a pioneering clinical psychologist, I had expected the exigencies of the recent trial to shape the substance of his last day on

the job. From the convocation of mindfulness teachers and researchers, I had expected more probing into the evidence that had just emerged to 'challenge our views'. Instead they seemed more concerned about the monitoring of competence; the merit of the enterprise was a given.

Yet afterwards, as I chatted quietly with some of my colleagues, it seemed to me that these apparent binaries were more intermingled than my expectations had given credit. Amidst the ambivalence of the trial results for its practice-heavy MBCT, this update day had reaffirmed the integral nature of 'practice' in the social life of mindfulness. The day had been about doing practice and talking about practice. This had had a particular effect. People seemed less worried and more celebratory, quietly repeating choice phrases about inclusivity, talking with interest about potential psychological measures. In the drinks reception afterwards, most of the Centre's staff eschewed the lobby with its trays of canapés and stayed together in the hub room for a while, laughing, talking, and celebrating the retiring director, while those from elsewhere in the department gathered outside.

The day had illustrated a crucial difference between Alan's and the researchers' respective objectifications of mindfulness. Alan's trajectory of deconstruction had ended in denunciation and opting out, as he determined that mindfulness could never suit him. The researchers' own epistemological trajectory did not end in denunciation, despite its similar outcome of imperfect efficacy. This ambivalence was not a prompt to jettison the scientific project, and the 'update day' of practice and reflection was neither a denial nor an admission of defeat. Instead, it seemed to acknowledge the end of the fruitfulness of the existing path. The RCT had run its course; its methods had

revealed all that they could about this particular, carefully-constructed version of mindfulness and its effect upon the abstract bodies of the recurrently depressed. At this point, the route to revitalisation was to swing the epistemological pendulum back the other way, from the constructed object to the curious and constructing subject.

The Research Object: Testing the Mindful Bullet

What had been done to mindfulness, in order to turn it into an EBM-worthy MBCT? Many critiques of MBIs object to the EBM creation of meditation as a technological object. Hickey describes the increase in psychological research on meditation over the past half-century as 'the booming industry in meditation-as-medicine' (2010: 170). On the one hand, she critiques this research trend because 'meditation' is 'not well defined'; yet in the same paragraph she acknowledges that the majority of current psychological research on meditation concerns manualised, therefore replicable, mindfulness-based programs such as MBSR, MBCT, or Dialectical Behaviour Therapy (DBT). She is reticent about the individualised application of meditation for health purposes, free from the ethical and long-term context of 'religious community' (2010: 178). Her critique taken as a whole is actually that meditation has become *too* defined, according to parameters that she finds objectionable, but recognises are 'pragmatic' (2010: 171). For Hickey, meditation's very objectification renders it complicit in reductionist, 'magic bullet' notions of efficacy: the scientists are looking for what Wolf-Meyer would define as a 'cure'.

This can be understood within an existing humanist critique of EBM. Mykhalovskiy and Weir explain,

> In [a humanist] reading, EBM strips patients of their stories and the meaning of their experience, reducing them to passive recipients of doctor-centered communications. This critique is performed in the name of holism and against the fragmentation and reification of the subject. (Mykhalovskiy, Weir 2004: 1062)

This is particularly important for anthropologists of complementary and alternative medicines (CAM). The 'evidence' that is required to legitimise CAM within EBM is inherently biomedical, they argue, and CAM inevitably lose something of themselves by being assessed according to another's terms. To Barry, the EBM notion of 'healthcare technologies' is reductive:

> [S]uch terminology itself denotes a separation of treatments from: the people they treat, the people providing them, and the settings in which they are provided…In an alternative orientation such a separation makes no sense, as the therapeutic effect does not reside inside a homeopathic remedy, for example, but in an energetic system that comprises the patient, the remedy, the healer and the setting. (2006: 2647)

The notion of the 'healthcare technology' therefore subscribes to an idealised, passive and non-participatory notion of therapeutic subjectivity, and a curative, 'magic bullet' formulation of therapeutic objectivity. CAM advocates dispute the imposition of such object-predicated clinical trials, with their Cartesian notion of evidence, and reductive rather than systemic analysis of cause and effect.

The Centre, however, willingly situated its intervention within EBM, just as Alan had willingly situated his personal requirements within evidence-based psychotherapy. From the 2010 *Staying Well* trial protocol, I investigated what mechanisms might sufficiently objectify a mindfulness 'healthcare technology' that its efficacy becomes assessable according to EBM standards. The abstract body under scrutiny was selected: participant admittance to the trial depended upon their having experienced at

least three previous episodes of major depression. The protocol then described a further act of objectification that was both temporal, and manipulated the behaviour of the therapeutic subjects at hand. The authors reported that treatment effects would be monitored over a year post-intervention, and that participants were therefore asked not to continue regular mindfulness practice after the course ended (Williams *et al.* 2010: 2). After this point of discontinuity, there was a sixty-week follow-up period, to test whether depression recurred within a specific time frame following the intervention.

No mindfulness teacher that I ever observed throughout my fieldwork asked their participants not to practise after the course's conclusion. This went against the very grain of the programme, which was specifically conceptualised as 'effective ongoing management' of one's mental health (Kuyken et al. 2010: 85). The deliberate temporal demarcation of mindfulness set the latter up to be a 'historical marker' by creating a point of 'rupture' (Wolf-Meyer 2014: 146): it set up the parameters of a potential cure. It therefore differentiated itself from the 'mindfulness' of the classroom in a genre-specific way.

This differentiation demonstrated how for the purposes of scientific knowledge, the interrelationship between subject, object, and agency must be carefully crafted through temporal and bodily means. To say something about the efficacy of mindfulness for carefully selected abstract bodies, not only did the temporality of the technology need to be refashioned, but the conduct of the therapeutic subjects engaging with it was necessarily implicated. For all that 'mindfulness' was on trial, it did not exist independently of its practitioners.

Anthropologists have criticised RCTs on the basis that they depend on defined, and often imminent notions of time, rather than longitudinal time as 'process'. Etkin (1988: 301) argues, 'one of the most formidable obstacles to full comprehension of efficacy and other characteristics of indigenous medical systems is the failure to understand healing as *process',* and Waldram (2000: 610) asks, 'What is the appropriate time frame in which the determination of success or failure…is made?' In their design of the MBCT-CPE *Staying Well* trial, Williams and colleagues deliberately positioned their eight-week intervention within the norms of EBM, rather than those of the everyday. This process was not the same as guaranteeing that MBCT would, in fact, produce the elusive 0% relapse rate. Instead it was subscribing to the idea that this was the ideal against which MBCT should be measured: its measures of control were premised on perennial hope.

Looking to the Future

The findings of *Staying Well* – the equivalent efficacy of MBCT, CPE, and TAU in preventing relapse in recurrent depression – were clear. However, there were points of puzzlement. It was particularly interesting that in the multi-sited results, the authors noted 'a greater reduction in risk of relapse' in participants allocated to MBCT at the Centre, rather than at its partner. The efficacy of 'the practice' had therefore been demonstrated emphatically in the trial arm run by the Centre's staff:

> We checked the therapist fidelity data and could find no hint of a discrepancy in therapist competence that might explain the site difference, nor did the sites differ in perceptions of treatment credibility or homework compliance. We then looked for population differences that might have accounted for it…It remains possible that subtle but unmeasured sociocultural differences in the two populations from which the samples were drawn explains this effect… and we

> suggest that future trials examine such issues systematically. (Williams et al. 2014: 282)

The authors represented the different efficacies as products prospectively of 'unmeasured' participant differences. This meant that the question of the practice's efficacy was still up for exploration. The collective results had obscured the Centre trial branch's MBCT efficacy, but the fact that it was there pointed to the possibility that mindfulness 'practice' was more helpful for some sociocultural groups experiencing recurrent depression than others. The cure might be the *ideal* purpose of clinical research on mindfulness practice, but its absence did not disrupt a process of deconstruction, synthesis, and the subsequent generation of new hypotheses. The scientific process remained perennially experimental, based on the gradual accumulation of knowledge: each new disclosure from the evidence-base pointed towards a new horizon of inquiry, to be examined in 'future trials'.

One junior staff member at the Centre neatly encapsulated this apparent ambivalence. 'I think it's brilliant,' she said, when I asked her over lunch one day what she had thought of the trial report. 'When I first read it I was initially disappointed, but then the fact that they are both better than treatment as usual, and also that the meditation is better for people with childhood trauma – that is really good.' A brief sense of discrepancy between the ideal and the actual outcome was therefore followed by reconciliation to the latter, hinging on a new piece of information: for those with a history of childhood trauma, the practice-based programme was superior to CPE in preventing depressive relapse.

In addition to this unexpected finding, the performance of the meditation practice more-or-less as expected in the Centre's branch of the trial reinforced its normativity as the vehicle powering MBCT's efficacy upon recurrent depression. A subsequent paper specifically discussed the efficacy of the course's home practice element. There I found reinforcement that, in the context of depression, 'practice is regarded as one of the primary vehicles for becoming aware of, and relating differently to, mental habits and thus learning relapse prevention skills' (Crane et al. 2014: 17); and that 'There was a significant effect of amount of formal practice on hazard of relapse to major depression…those who practised on three or more days per week were almost half as likely to relapse to major depression over the 12 month follow-up period as those who practised on fewer than 3 days' (ibid., 21-22).

Given the marginality of MBCT's efficacy over CPE, and based on my reading of the paper, this presents the intriguing possibility that participants in the MBCT branch who practised two or fewer days per week were *more* likely to relapse than those who had taken CPE. This in turn raises two further possibilities: that patients comply less when they are most vulnerable – or that a low level of patient 'compliance' is worse for mental health than no requirement for compliance at all. The enduring narrative that 'more practice was better' reinforced my perception that a historically and culturally grounded faith in 'the practice' underlay its primacy in MBCT's treatment of recurrent depression.

Overall, the efficacy of mindfulness practice appeared ambivalent: it was effective, but no better than other interventions. Among the researchers, this seemed a creative opportunity for deconstruction and further investigation. Unlike Alan, they did not

denounce or write off the whole mindfulness project and start again. Instead, my colleague followed her 'disappointment' by identifying 'brilliance' in one part of the project's findings. According to Laidlaw, 'the view that moral language is a way of expressing emotional feelings' is an emotivist understanding of morality of which Alisdair MacIntyre disapproved (Laidlaw 2013: 56), and I will attempt not to fall into that trap: when my colleague ascribed 'brilliance' to the childhood trauma results, perhaps she was not 'expressing emotional feelings' in parallel with her disappointment, or even attempting to cultivate them by way of cheering herself up. Instead, she seemed to be enacting a stance of persistence. To pick out 'brilliance' amidst disappointment demonstrated one's determination to continue. This was not to deny or be undone by disappointment, but to allow oneself to be redirected by it.

It also disclosed a broader pattern to the substance of these points of redirection. Identifying how socioculturally-particular groups or those with a history of childhood trauma responded to MBCT were stratifications of exactly the kind that Alan had desired. As the task of researchers was to remain curious – to pursue research into MBCT in 'objective', investigative, and experimental ways – the focus of their curiosity was not only the 'object' of mindfulness; they were interested just as much, if not more, in the abstract bodies at stake. It was new information about these that underlay their statements in response to 'disappointment' or surprise: their resolution encapsulated an intention to move forward, looking already to future endeavour. The absence of a certain outcome did not foreclose the field of inquiry, but simply opened up a new direction – in this case, as Williams *et al.* summed up, towards 'future trials'.

Conclusion

In this chapter I have argued that the realisation of MBCT as a healthcare technology is dependent upon the bodies – researchers, participants – with which it is implicated. Simultaneously, the mirage of MBCT as a standalone 'cure' is highly sought-after, both in the parameters of EBM and the expectations of certain therapeutic subjects. The uneasy jostling between the two sides of this ambiguity emerges ethnographically as the hope and preparation for – and ultimate deflection of – transformation. The ambiguity's resolution also emerges: one can choose, like Alan, to reject its terms entirely and make one's exit in search of clarity elsewhere; or one can choose, like the MBCT researchers, to inquire into the specific convolutions of the path it outlines, and move forward within it.

Among researchers, the construction of an MBCT that has the potential to transform occurs through the selection of biomedical parameters that have the best chance of producing definitive results. *Staying Well* laid the efficacy of mindfulness practice open to scrutiny by creating an artificial version of MBCT without the meditation practice, dubbed cognitive psycho-education, as an active control. Meanwhile, the elusive spectre of mindfulness as object emerges in imagery and discourse about the efficacy of mindfulness. As we saw with Alan, mindfulness crafted in the domain of EBM becomes bound up with notions of therapeutic certainty. As it apparently reduces systemic processes to bare subject-object, EBM invokes – for some – a corresponding notion of therapeutic subjectivity that can undergo transformation despite, or indeed because of, passivity. It seems inevitable therefore that some mindfulness course participants will experience themselves not only as 'absent' in embodied experience but also as somewhat absent in their therapeutic selfhood.

Yet as we also saw, ways that mind-bodies were implicated in the construction of mindfulness were significant in both cases. Research participants were asked not to practise after the eight-week course: MBCT could not be fashioned without particular temporal conditions that curtailed the actions of its therapeutic subjects. The 'abstract bodies' under assessment were carefully selected. Moreover, as the results came in, it was the specificity of their efficacy for certain groups of people – those with a history of childhood trauma; those with as-yet-undiscerned 'sociocultural differences' – that pointed to the way forward. In the MBCT evening class, a couple of rooms over from the researchers, these factors echoed resoundingly for the restless man with the 'green book' in his backpack. Just as the researchers followed particular inclusion and exclusion criteria to identify suitable trial participants, it was equally important – and personally exigent – to Alan that he was 'low level nutty' rather than 'recurrently depressed'. Alan indeed *aspired* to be subject to what Foucault called 'dividing practices' (1982: 777), and was disappointed that MBCT was not so personalised.

A key differentiation between these cases is how they resolved. Alan and Sara told me that the one good thing to come out of their experience was the certainty that it was not for them. When they discovered that MBCT as taught in the public classes was not the specialised technology that they had presumed it to be, nor were the abstract bodies for whom it was currently indicated the same as their own concepts of themselves, they determined that it was not good enough for the research to be ongoing; it was not good enough for the jury still to be out.[38] They renewed their use of CBT, using awareness of how their 'context' affected their 'thoughts' to

[38] In part, perhaps, because it would never quite be 'in'. See Chapter 6.3: Patterns, Commitments, Truth, for Candea's discussion of ontological commitments (2013: 432).

manipulate aggravations around them. Consulting the grandchildren's mother, they organised the morning school routine differently and took pains to enjoy going for walks.

At the Centre, the *Staying Well* evidence did not affect the provision of MBCT for recurrent depression. In one research meeting, when I raised the question of whether CPE should now also be taught – based on its apparently equal efficacy, and reduced time commitment for participants – no-one seemed particularly interested. The focus of attention was the efficacy of MBCT; responses to its marginal efficacy took the form of a choice between disappointment or recommitment. Novelty, at this point, was not an option.

The Centre's staff chose to be sanguine. In the update day, they reaffirmed their professional concerns: teacher competence, and implementation. They used the self-inquiry of mindfulness practice to ask themselves repeatedly and at length how exactly their interests in protecting, monitoring, and researching 'mindfulness' came to construct it. The question beneath the director's contributions was not 'does mindfulness work', or 'how do we make others use mindfulness correctly', but rather something like, 'how do *we* create mindfulness?' Not only could researchers change the conduct of participants to craft the object under trial, but they could also change their own. The director pointed out that many of the measures used to assess MBCT's efficacy were negative, and that positive measures could be trialled; my colleague pointed to the new horizon of the practice's superior efficacy for those with a history of childhood trauma. Inquiring into one's current fear or disappointment enabled one

to approach afresh the task of constructing a research-worthy mindfulness. From gazing inward, the gaze outward appeared to acquire new clarity.

Mindfulness practice for these researchers was therefore a practice of curiosity.[39] Foucault's 'knowing subject' had gazed upon the final research manifestation of mindfulness, noting its characteristics; questioned the methods of the gaze – not on the basis of reifying the gaze itself, but rather of seeing it as interdependent with themselves; and, finally, turned the gaze inwards. This process mirrored the movement of an epistemological pendulum, object to subject and back to object. Yet each constituent part was subtly changing or 're-organising' in turn as a result of the movement, demonstrating its temporal contingency. We might visualise it not quite as a pendulum swinging between two static poles, but rather as a dynamic and perpendicular redirection between perpetually re-organising components, in which the nature of the redirection itself is also changing. The researchers therefore recognised themselves to be contained within their way of knowing, and the latter to be contained within the object of their research. As they looked to the path ahead, they did not so much put what they had learned behind them, but rather folded it into the direction in which they faced.

Alan's experience leads us to suspect that there was a space and time in which EBM versions of mindfulness were unwelcome: the eight-week course itself. Here, EBM mindfulness was disorderly and disruptive. The classroom door seemed to mark a point of departure into the cultivation of a different kind of mindfulness, with a different requirement of therapeutic subjectivity. This mindfulness was participatory,

[39] For extended investigation of curiosity, see Chapter 4.

not imprinted. One could no longer place oneself, as if a receptacle, at the juncture between problematic past and ameliorated future; it would require an extended reflexivity to build the bridge in-between. To investigate this further, I now turn to the cultivation of the mindful practitioner in the classroom.

Chapter 3. The Mindful Practitioner Part 1: Practising For the Future

Introduction

The previous chapter's ethnography uncovered a particular configuration of therapeutic selfhood. When one expected the certainty of a biomedically-efficacious mindfulness, one might experience oneself as a somewhat passive subject in the eight-week course, and as an 'absent body' in the practice. I demonstrated that in ordinary mindfulness class contexts, such tenacious quests for certainty, and their attendant disappointments, could be disruptive if one allowed the latter to derail one's trajectory as a mindfulness practitioner. It seemed that one was required to respond with different qualities, including reconfiguring one's sense of therapeutic subjectivity.

This example began to disclose by contrast the ideal or virtuous mindfulness practitioner, to which (in a mindfulness class) participants might come to comply to varying degrees. A chief point of ethnographic departure for this chapter is that the ideal mindfulness practitioner seemed to be someone who practises mindfulness through extended formal meditation – as Alan found objectionable, as I found striking at the director's update day, and as papers from the *Staying Well* trial acknowledged. Ostensibly, the formal practice brings together two otherwise alienable entities – the 'mindfulness' object, and its therapeutic subject – and is the vehicle to which the practitioner must adhere.

This chapter therefore investigates the discourse and enactment of therapeutic 'compliance': ways in which the mindfulness practitioner is pedagogically directed towards the act of mindfulness *practice* rather than – for example – simply reading about it, or 'thinking about' practising it.[40] This pedagogic direction is partly at the hands of teachers; the practitioner also perpetually attempts to redirect themselves 'back to the cushion'. Mindfulness is discursively redefined by dismantling notions of mindfulness as an objectified 'cure', thereby obliquely addressing the participant's sense of their own therapeutic obligations (or lack thereof). This ontologically different, if equally biomedical representation of what mindfulness is – a 'therapy' (Wolf-Meyer 2014. Discussed below), rather than a cure – is designed to engender a different kind of therapeutic subject.[41]

This discloses an ideal end of a mindfulness practitioner who is not only actively but also perpetually responsible for her own health. Just as the mindful 'cure' exhibited particular temporal properties, the construction of the mindfulness practitioner must therefore include the development of a 'therapeutic' temporality. To practise mindfulness with persistence for the good of one's health and wellbeing in the future, the practitioner must overcome an overwhelming perception of self-conduct as instrumental and self-transformation as imminent. She must transform her hope for immediate change at the hands of a transcendent therapeutic agent into an expectation of continual self-work.

[40] See text/practice contrast as described in Introduction.
[41] As with practitioners' 'embodiment' and anthropological embodiment, here again terms seem to be equivocal. I use quotation marks around 'therapy' and 'therapeutic' to designate Wolf-Meyer's concept and my ethnographic elaboration of its properties, as it is discussed in the following chapters, and therapeutic without quotation marks to designate common parlance.

The ethnography in the second half of the chapter points to two problems with this agenda. First, and most obviously, attempts to comply with these rules are often imperfect; practitioners make their own practical choices about whether, when, and how to 'practise', and such choices are guided by a variety of concerns. Second, even when complicity is achieved, it becomes apparent that this is not enough for a practitioner to feel like a mindful self. Even as mindfulness practitioners seek to obey the rules, in the very rule-seeking, something is lost.

3.1 Practice as Prevention: Situating a Future-Oriented Biomedicine

Some attention to the broader biomedical context of this chapter's subject is now warranted. MBCT was originally conceptualised as an intervention for the prevention of relapse in recurrent depression. As I described in the previous chapter, this preventative purpose can on the one hand look like a single demarcated 'dose', as in the *Staying Well* trial which delivered mindfulness as a concentrated eight-week burst. As I suggested, however, and as will be explored ethnographically in this chapter, in the pedagogy of 'real-life' mindfulness classes the key to prevention is not a single upfront dose, but an ongoing commitment. If the participant is truly to reap the benefits of a preventative practice, they must take on its particular therapeutic obligations: to practise 'now', and in the never-ending series of 'nows' both during and beyond the course, for the future. Future-oriented discourse in biomedicine therefore inherently entails rather than occurs separately from expectations of patient self-responsibility. Yet the extent of those expectations, and the repercussions of self-responsibility's non-fulfilment, may be more ambiguous ethnographically than first meets the eye.

Varieties of Future: Prevention, Risk, and Hopes

In the previous chapter I demonstrated that in psychological research, MBCT is nominally measured against the biomedical benchmark of the 'cure': it forms a single dose whose efficacy is measured over time against, on the one hand, an ideal 0% relapse rate; and, on the other, an alternative active treatment. *Staying Well*'s testing of the 'practice' also demonstrates the attempt to reify patient participation; MBCT requires RCT-specific manipulations to conform to an object, or collection of objects, that can be measured within this biomedical genre. However, its origins as a psychological protocol are inherently preventative rather than imminently curative – consisting of both a moderately long time-scale within which to assess recurrence, which *was* represented in the *Staying Well* trial protocol, and ongoing patient participation, which was not.

This preventative purpose emerges from MBCT's design in the 1990s to treat recurrent depression. As we saw in the Introduction, in the 1970s psychological researchers began to suspect that depression was not simply an acute illness, experienced as a single episode, but rather that most people who experienced depression had suffered it at least once before – that it was chronic, recurrent, and episodic in nature (Segal, Williams & Teasdale 2002: 7-19). MBCT was designed for people suffering from depression who were currently in-between episodes, and therefore relatively well. It was hoped that this would equip them with self-care tools that might protect them against future relapse.

MBCT's effects, measured in time to relapse, might not necessarily be seen now, but rather in the future. Although MBCT is now used with more 'acute' episodes of

health anxiety and chronic fatigue syndrome, for depression it is still predominantly considered a preventive technology for those who are inherently 'at risk': specifically, patients who have experienced three episodes of depression or more. Without intervention, these patients are considered highly likely to experience further episodes of depression. One recent trial was actually called PREVENT (Kuyken et al. 2015), comparing MBCT (with support to taper antidepressants) with maintenance antidepressants; the future-oriented vocabulary of 'prevention' and 'risk' therefore defines the language of psychological research on mindfulness for depression.[42] Moreover, the Centre's latest RCT of mindfulness as a universal intervention for school-aged children is also billed as a preventative intervention. The purpose here is not to prevent 'further' episodes of depression, but to prevent stress and strains from turning *into* depression, catching this age group just before they are statistically most likely to experience a first episode of major depression.

The future-orientation of MBIs, created to prevent repeated or escalating distress, is part of an identifiably future-oriented biomedical landscape. The timing of the new psychology of depression in the 1970s coincides with what Andersen and Whyte argue was a new political resonance to the prevention of chronic disease, the intention being 'to reduce suffering, prolong life expectancy and relieve the substantial burden of chronic disease morbidity on the national health system and society in general' (2014: 267). The governance of future health is based on the certainty of chronicity and recurrence (Manderson, Smith-Morris 2010). As Wolf-Meyer describes, 'Instead of returning an individual to some prior state…efforts now aim at producing

[42] As observable in a sweep of relevant paper titles. See Segal, Williams & Teasdale 2013 [2002], Teasdale, Segal & Williams 1995, Teasdale et al. 2000, Williams, Kuyken 2012, Williams et al. 2006, Williams et al. 2014.

individuals as normal-in-advance, as prepared for future risks. Normalcy now exists in the future rather than the past' (2014: 146).

Recognisably biomedical future-oriented notions – risk, prevention, patient compliance and potentiality – are all concerned with the *uncertain* future, but they are variously fearful and hopeful. Taussig *et al* articulate this ambivalence, describing the growth of a concept of 'potentiality' in biomedicine that '[i]n some respects…can be understood as the partner to, or flip side of, "risk"' (2013: S4). Potentiality, unlike risk,

> …is articulated – either by explicit naming or implicit framing or both – as a hopeful idiom through which to imagine the benefits of new medical interventions. Such visions are also often premised on disrupting the negative potentials of life – for example, various types of genetic mutations, deleterious microbes, unwanted cell growth and death. (ibid.)

The value of 'hope' has emerged in recent years as an important part of self-governance in circumstances of uncertainty, both in medicine and elsewhere (Mattingly 2010, Lindquist 2006, Crapanzano 2003, Johnson-Hanks 2005). The emergence of 'potentiality' in the discourse of biomedical governance, too, perhaps demonstrates an orthodox re-making of existing strategies of hope. De Michaelis for example notes that 'realisation' terminology, concerning the maximisation of human potential, 'abounds in New Age discourses' from the 1960s and onwards (2004: 186). This perhaps renders it more likely to capture and therefore to govern the biomedical imagination[43] of participants, that is, the part of the imagination that is oriented towards biomedical intervention: 'Potentiality…strikes us as an unusually explicit and persuasive trope', comment Taussig and colleagues (2013: S4).

[43] After the 'pharmaceutical imagination' in Jenkins 2010.

Yet ‘potentiality’ continues to jostle with its more conservative colleague, ‘risk’. Rose (2010) for example argues that the notion of psychiatric susceptibility entails using screening techniques to identify ‘risky individuals’, who may develop psychiatric disorders. If both Taussig and Rose are right, potentiality and risk – and their corollaries, hope and fear – are equally resonant concepts that may occur near-simultaneously, to greater or lesser extent in different biomedical specialties. If ‘risk’ is so easily identifiable in the discourse of MBIs, an ethnographic question mark hangs over whether ‘potential’ can equally be located, and what its implications are for the individual’s model of self-cultivation.

One’s Own Future: The Individual’s Complicity

Whether hopeful or fearful, discourses of the future have particular implications for the attribution of responsibility for individual health. Preventative medicine and psychotherapy purport to depend for their efficacy upon the participation of the patient outside the time and space of the biomedical institution. Wolf-Meyer demonstrates how, with ‘cures’ few and far between, temporality and responsibility are bound together in the notion of the ‘therapy’: ‘The model of therapy is the pill, which offers temporary relief of symptoms providing the taker continues to take the same pill for the continued alleviation of symptoms’ (2014: 146). In an age of ‘therapies’ of all kinds – psychological, psychotropic, contraceptive, genetic – the efficacy of therapy is temporally delimited to the continued participation of ‘the taker’. Rose has described how in the case of genetic medicine, there is a ‘responsibility for the self to manage its present in the light of a knowledge of its own

future'. The person must exhibit the virtue of 'genetic prudence' by educating himself about his genetic characteristics and risks (2007: 134).

The individual is therefore conceptualised as the site of intervention and responsibility across multiple contemporary domains of governance, with longstanding historical roots: Foucault argues that it was towards the end of the eighteenth century that 'the care for individual life [became]…a duty for the state' (1988a: 147). Many anthropologists have argued that individualising models for distress and disease conceal their social construction; models that 'blame the victim' deflect the application of remedial energy from the social to the individual, collude with structural predispositions to distress, and therefore do not effectively address the real etiology of suffering (Conrad 1992, Lock 1993, Farmer 2001, Wolf-Meyer 2012, Davies 2012). This critique replicates throughout the medical anthropology of depression (Kleinman 1986, Jenkins, Cofresi 1998, Martin 2007, Ehrenberg 2010).

If a person refuses to comply with his individualisation, he may be cast as irresponsible, like Gino, a limb-girdle muscular dystrophy sufferer on Reunion Island who would rather watch football than participate in the local muscular dystrophy patient network – to the disappointment of his family, and, if only initially, the inquiring sociologists (Callon, Rabeharisoa 2004). Yet such refusals are common, often couched by anthropologists in terms of resistance to the changing medical identity that compliance to the use of personal health technologies or medication would entail. In a paper on the use of glucometers and blood pressure monitors in Denmark, Andersen and Whyte (2014: 265) argue that these devices, by monitoring 'invisible risks…produce and maintain a view of health as something that can best be

known through the use of medical technology'. This has a negative effect on patients' willingness to use the technology:

> …because [technology-generated] numbers influence subjective experiences, they can come to take up too much space in everyday life. Therefore, people have reservations about how often they should measure their values at home. The formative processes of being diagnosed with a risk condition are thus about subjectivity both in the sense of being subject to the demands of living with an illness and of being a subject who acts to keep life from being colonised by concerns about health. (Andersen, Whyte 2014: 265)

Resistance to anti-retroviral therapy has also been interpreted 'as a refusal of assuming an AIDS identity, of becoming that biological being that the virus and the regimen of its treatment determine its host to become' (Kistner 2009: 11). As we saw in the previous chapter, Alan rejected what he perceived to be the over-extension of a particular psychological identity: he was 'low-level nutty', rather than recurrently depressed. Yet I suggest concerns about one's subjectivity are not solely about 'being colonised' – a subject-object power struggle. They also reflect the enduring temporal construction of one's health as an immediate affair, amidst one's right to make one's own health decisions in a manner that may come to include preventative self-care should one choose. In Andersen and Whyte's paper, a patient, Lars, 'explained that he did not feel ill and that if he had, he would probably have done more about his lifestyle. But as it was he was able to keep his values stable with medication, and so he would continue living a life he enjoyed' (2014: 272). Lars rejected the extensive commitment of exercise or dietary change because he currently felt well; nonetheless, projecting into the future was an alternative, if the one least-preferred.

In MBCT, the self-responsible individual is also the ideal end. In the construction of evidence-based medicine, the protocol is a single, if elongated eight-week dose;

within and beyond the mindfulness classroom, however, it is a therapy in which the responsible bodies of participants must actively partake. Mindfulness course participants are not required to take a regimen of pills or tests, but they *are* ostensibly required to undertake regular formal practice – to 'get onto the cushion', as they would tell me. The idea that the embodied practice is what works, rather than the mere idea of mindfulness, renders this the main disciplinary matter. Mindfulness practice is an act to which practitioners must be redirected by their teacher, and attempt to redirect themselves, over and over again. They must commit to it not only for eight weeks, *for* the future, but also *in* the future, as ongoing self-management.

3.2 Creating the Mindful Practitioner in Class

Mindfulness Coming Up Through the Floorboards

It was mid-February, 2013, and session four of a student mindfulness course. Outside it was dark by five thirty, and a long gravel walk through campus grounds to find our meeting room. The room was wood-panelled, with austere lighting, no windows, and a grand piano tucked discretely in one corner. The teacher, Matthew, asked the usual question: 'so, what happened in your practice this week?' Matthew was an experienced mindfulness teacher in his mid-forties, who had taught this course between twenty and thirty times. In response to the question, Daniel stuck up his hand. He was a graduate student in his early thirties who was suffering from insomnia after a painful divorce. He said that he had not enjoyed the week's meditations as much as the previous ones, so his motivation for practice had diminished; he had got to the end of the week and realised that he had not practised at all. He also had a knee injury and was waiting for an operation, so had been concerned about doing the mindful movement practices that had been set. As Matthew listened and questioned,

however, Daniel offered that he felt this had been partly ‘an excuse’ for not practising.

This exchange was known as ‘inquiry’. In MBIs, ‘inquiry’ is the term for a period of (usually discursive) reflection. I often heard it during my fieldwork at the Centre, used to describe the thoughtful investigation of a problem: ‘I’ll inquire into that…’; ‘let’s inquire into…’ In teaching settings, the term is used to describe the period of dialogue between teacher and participants following a mindfulness practice or cognitive exercise. In ‘vertical inquiry’, the teacher and a participant dialogue about the latter’s experience for two or three minutes, in front of the group. The teacher concludes by saying ‘thank you’, and inviting further, perhaps different observations from the group. In ‘horizontal inquiry’, a participant volunteers a comment. ‘Ah! Did anyone else notice that?’ the teacher asks, deliberately ‘broadening’ the inquiry, and participants swiftly see, through nodding heads or another’s interjection, that others are having similar experiences. From the teacher’s perspective, inquiry requires constant balancing of participant inclusion, and the elicitation of insight appropriate to the theme of the session.

For a couple of minutes, Matthew and Daniel explored how Daniel’s expectations of enjoyment had ‘got in the way’, leading him to stop practising as soon as the practice felt less pleasant. ‘Great to notice how that thought that this should be “enjoyable” comes up, and stops us following through with the practice,’ Matthew said. By suggesting that expectations of enjoyment had ‘got in the way’ of Daniel’s practice, Matthew implied that pleasure needed to be reframed as a possible by-product, rather than necessary end-game of mindfulness practice. Having discovered what had

hindered his practice, Matthew asked Daniel what had helped in previous weeks. Daniel commented that previously he had timetabled the practice at a particular time of day, and Matthew suggested that he might do so again in the coming week. Through this practical piece of inquiry, Matthew implied that the practice was a discipline: a task that, like any other that was good for us, might be scheduled and performed regularly, regardless of its pleasure.

Notwithstanding this exchange, Daniel continued to look doubtful. Then the inquiry took a different turn. As if to challenge the idea that the practice was worth this process, Daniel said that despite not really practising, he had slept much better this week. He looked rebellious, and spoke quickly. Matthew replied, calmly, 'mindfulness is a coming-up-through-the-floorboards sort of practice where you keep practising and keep practising and the effects creep up on you, rather than a front-door practice, just happening immediately.' Daniel seemed persuaded, and keen to practise again this week: 'maybe I'll enjoy these ones more,' he said.

This exchange demonstrated particular expectations at work in Daniel's experience of the practice, and of his health. His challenge to Matthew was based not on the premise of the practice's failure, but rather on the experience of good health – in his case, sleeping well – despite *not* practising. His construct of his own health was therefore imminent and discrete, rather than preventative and ongoing. Matthew, responding, did not address Daniel's notion of his health directly. Instead, taking on the theme of temporality, he redefined *mindfulness*: as incremental, rather than immediate. This in turn implied a new understanding of mindfulness as a 'therapy', rather than a magic bullet, that built on the implication from their first exchange that mindfulness was in

purpose a discipline for future gain, rather than an act for imminent pleasure. Matthew lightly offered the temporal redefinition of Daniel's health as a future state for which one might prepare in the present. Moreover, Daniel quickly acquiesced in this redefinition, demonstrating that the idea of mindfulness practice as an ongoing 'therapy' was a relatively uncontroversial paradigm. This changed his perception of his own obligations in relation to the practice. From waiting to see whether his insomnia would return if he continued not to practise, Daniel expressed the resolve to begin practising again right away, regardless.

In a mindfulness class, the principal aim of inquiry is to point the participant towards an understanding of their experience that is therapeutically helpful: 'that will reduce the risk of future depression and increase their capacity to live more fully and freely,' say the clinical psychologists who founded MBCT (Segal, Williams & Teasdale 2013 [2002]: 254). Here, Matthew's act of redefinition, which appeared to remotivate Daniel, demonstrated that it was 'therapeutically helpful' in itself to understand mindfulness to *be* a 'therapy'.

'You Have to Weave Your Parachute'

In the last class of the eight-week course, looking to the future was a particularly potent theme. New learning was gathered together and reassessed. Matthew distributed a paper hand-out listing the themes of each session covered: among others, 'waking up from the autopilot', 'relating differently to thoughts and worries', and 'rebalancing activities to support wellbeing'. 'What are your intentions for future practice?' Matthew asked, inviting us to position the formation of practice intentions in relation to 'what themes from the course have resonated for you'. 'Bearing in mind

that we are always practising something – whether busy, driven-doing mode of mind, or being grounded in the present moment. So it can be really helpful to take the time to ask yourself, what is it that I'm going to practise?' In the last session of each course, 'intention' was an oft-cited theme. Our intentions for further practice were therefore specifically conceptualised as the ongoing concerted remedying of whatever psychological and behavioural patterns we had noticed in ourselves over the last seven weeks. Our 'intentions' were our future-oriented direction, our commitment to ourselves.

To reinforce the point, Matthew introduced a final image for our reflection. 'Jon Kabat-Zinn says that you have to weave your parachute, day by day,' he told us. 'You can't weave your parachute when you're already falling out of the plane; you weave it every day, so that when you need it, it is ready and waiting to support you.' Doing the practice little and often was most supportive, he suggested. Yet in the 'little' practice, a delicate balance between immediate and preventative use must be struck. This was best illustrated by consideration of the 'breathing space'. Participants often reported that they would continue to use the breathing space, a three-step (usually three-minute) practice that was introduced early on in the course.

When the breathing space had been introduced some weeks earlier, we had been asked to practise it three times a day, at regular times in our schedule. First, after placing the attention in sensations of the body where it was in contact with whatever held it up (the chair, or soles of the feet on the floor), we checked in with the 'weather pattern' of mind and body in the present moment: the thoughts, feelings and body sensations that were currently 'around'. This was not an escape from reality, but a

moment to recognise it consciously, parsed in this particular manner. Second, we gathered the attention to sensations of the breath in the abdomen, focusing awareness on sensations of breathing in and breathing out. Finally, we expanded the awareness to include the whole body – a general sense of proprioception, the body in space – before moving back into daily life. The practice's 'hourglass' shape – expanded awareness, focused attention, expanded awareness – was drawn up on the board visually to help us remember its sequence. The breathing space was intended to enable the practitioner to step out of whatever psychological 'autopilot' they were in, drawing the attention back into the present moment to gather themselves before re-entering life. With practice, the three steps could be performed in three minutes or three breaths, depending on what time was available.

After we had honed the skill by practising it at regular times of day for a couple of weeks, we began to apply the breathing space in specific moments of stress or overwhelm. This sanctioned use of the breathing space in times of difficulty showed that mindfulness had a recognised immediate application, but in those moments its efficacy was thought to depend upon its regular practice at other times. Some participants neglected to practise the breathing space at first, seeing it as 'just three minutes', and then reported that when it came to applying it to moments of difficulty, they would frequently forget in the moment either that the breathing space was something they could do, or indeed, how to do it. Others, practising faithfully, reported that the breathing space helped them bring 'non-reactivity' back to their difficult encounter with children or colleagues. The breathing space was not purely instrumental, aiming for calmness or the dissolving of negative feelings. Instead it was premised on 'acknowledging' whatever might be happening in one's experience,

and gathering the attention for focus. This rendered the experience legible rather than automatic, purportedly giving the practitioner more 'choice' about how they subsequently responded to the situation.

When the students reported in week eight that they would continue to use the breathing space, Matthew used the opportunity to reiterate that the immediate application of mindfulness in the moment of distress was grounded back in the overarching discipline of its regular practice. The usefulness of the breathing space depended not only upon the practice, two or three times a day, of its specific sequence of skills of attention, but also upon the deeper 'reservoir' of awareness and attention flexibility cultivated during longer regular practice. The breathing space was 'tapping into' that reservoir. Without this regularity, the reservoir would gradually drain away, and the resource would run dry for acute use. This was true for any immediate use of mindfulness – not just the formal breathing space, but also the general capacity to switch from 'driven doing mode' into the present moment. Although he did not say this explicitly, after the course Matthew would not be there to probe gently the logistics of our practice habit-formation, or reorient our understanding of what mindfulness was. The extent to which we chose to practise in ongoing life – to discipline ourselves – was therefore crucially connected to both the practice's preventative and its imminent efficacy. 'Week Eight is the rest of your life', said the hand-out: 'what are you going to practise?'

In his exchange with Daniel, Matthew's invocation of mindfulness as a 'therapy' and a discipline had not altogether sought to banish the notion of immediate benefit – for good reason. Daniel already had one motivation for doing the practice: he found some

of it ‘enjoyable’, just as others found the quick breathing space ‘helpful’ or ‘calming’. Matthew did not refute the pleasant nature of enjoyment or the utility of imminent effect; he merely pointed to how it might set up persuasive expectations. If one expected mindfulness to be pleasant, this expectation created the likelihood of opting out of mindfulness practice if the experience one week proved unpleasant, especially if one’s health and wellbeing did not feel imminently threatened. If one expected the practice perennially to ‘work’ upon application, one might not trouble oneself with regular formal practice. In both scenarios, the ‘therapeutic’ subject who practised faithfully for the future would come unglued.

When he spoke to Daniel, Matthew was direct in the way that he redefined the temporal characteristics of mindfulness. Yet he did not ask Daniel to choose dualistically and absolutely *between* enjoyment and self-discipline; rather, he offered the incremental model of mindfulness as an alternative on which to draw when an immediate expectation of health or pleasure threatened to derail one’s regular practice. He therefore attempted to render Daniel’s technology of himself non-dual, literally consisting of more than one ‘right’ way of understanding the practice, and giving Daniel an extra resource of ‘mindfulness’ that he could draw on to motivate himself to continue practising. At times when mindfulness was not enjoyable, it could be experienced nonetheless as for-the-future. To quote Cook, who observes something similar occurring in the conduct of mindfulness policy-making, this ‘did not flatten diversity but, rather, enabled it’ (2016: 155).

When speaking to participants at the end of the course, Matthew brought out this subtlety and simultaneity more substantively. The code of usage of the breathing

space demonstrated how the immediate and the preventative use of mindfulness were not just Janus-faced alternatives – either/or – but were dependent upon one another: the one, *therefore* the other. The short effective practice of the breathing space depended upon not only its own repetition, but upon the cultivation of the deeper reservoir of the participant's ongoing practice. Equipped with this understanding, the practitioner could both motivate their act of regular practice more consistently, and reap the benefits as needed. They thereby moved closer toward the unifying end of being a healthy mindful practitioner.

3.3 Not So 'Therapeutically' Subject: What Happened in the Future

Even if, as Matthew suggested, 'Week Eight' was 'the rest of your life', the rest of one's life was not always straightforward. The following examples describe the practice trajectories of three long-term practitioners, in 'the future' for which exchanges like that between Matthew and Daniel prepared. Alice, a young woman with recurrent depression, appears to know that she should practise regularly to prevent its relapse, but does not do so; nonetheless, even when she relapses, her non-compliance does not seem to trouble her. By contrast Rob, a trainee mindfulness teacher, appears more-or-less to fulfil the requirements of 'therapeutic' subjectivity – he practises regularly – but nonetheless, he experiences himself as incompliant. Finally, mindfulness teacher Sandra gently counsels me that there is a little more to mindfulness than my re-establishment of a 'proper practice'.

As these cases unfold, they therefore disclose that there is more to the therapeutic subjectivity of the mindful practitioner than what is suggested by the preventative discourse of MBIs, and the 'coming up through the floorboards' discourse of

mindfulness teachers. If mindful compliance is honoured equally in its breach as in its observance, and, even when observed, is still insufficient, the horizon of the mindful practitioner's praxis therefore opens up beyond the ostensible remit of the 'therapeutic' model, and the notion of mindful 'compliance' is in turn destabilised.

'A Little Bandaid Over a Massive Wound': Managing Depression

During fieldwork I became close to a woman in her late twenties, Alice, who had experienced a severe episode of depression some years earlier. Alice's maternal family were Jewish, although she herself was non-practising. Her grandparents had fled Eastern Europe as children when Hitler invaded Poland. Alice grew up on the outskirts of London, where her parents both worked for the local council. A decade before I met her, Alice was studying a law conversion course at university when her mother was diagnosed with a rapidly degenerative disease, and died within months. Depression did not come crashing down on Alice until two years later, when the flurry of extended-family grief and reaction had diminished. By then, she was working as a lawyer in a London law firm.

Overwhelmed by the depression, she left her job and moved back home with her father. She bought a popular guide to mindfulness – the *Mindful Way Through Depression*, by Mark Williams – and started practising. She didn't have a CD drive in her laptop, and felt self-conscious about putting the CD with the guided practices on the stereo system in the family living-room. Instead she sat in the garden, bringing her attention into the sensations of her body sitting, and went for mindful walks in the local park. Over six months at home, she gradually got better, moved back to central

London, and took part-time work in her old law firm. It was a step down from her ambitions, but for the time being it felt manageable:

> I was kind of getting used to being myself again…I was trying to figure out where were my limits, in terms of stress… how much could I do, how much work could I do, [and] I suppose I'd started to think of myself as being more fragile…than maybe I was, because I'd felt so fragile for so long. I kind of started thinking…I've got to do all these things to look after myself, to…prevent the same thing happening again.

Hearing this, I asked her whether she had continued to practise mindfulness after the first episode of major depression eased. Notwithstanding Alice's sense that she needed to 'do all these things to look after myself', she said:

> …that had pretty much stopped I think. Because going back to London and going back to the old lifestyle…obviously it wasn't as busy as it had been when I was working full time, but there was still a lot more social stuff going on and just having to deal with house chores much more than living at home.

Hearing Alice talk about 'social stuff' and 'house chores' did not surprise me. As I got to know her, I saw that Alice lived her daily life with a sense of urgency. Her 'leisure' calendar was a rotating roster of social events and pro bono legal consultation. Alice 'wove her parachute' not with mindfulness, but with her social network. I could see how her mindful walks could have inched their way out of her list of priorities. Back in London, Alice said, 'I started to feel not great again…mentally and emotionally…it wasn't as I'd previously felt…stress, with added anxiety on top, there was no real stress that I was under…objectively…but it was kind of pure anxiety.' Back at work,

> …even though I had these intentions of, oh I'm going to start meditating regularly…it was a bit like putting a plaster on if someone's been shot, you know, putting a little plaster, a little bandaid over a massive wound. It was…too little too late, to actually help with the particular stress that I was under at the time. So it didn't become part of my routine at all.

At that point, she said, ‘I decided that I needed to do something as a more long-term solution to stop this cycle happening.’ Alice found an MBCT course at a local Buddhist centre, and signed up.

Speaking in retrospect, Alice emphasised that mindfulness was preventative ‘rather than’ immediately efficacious. In so doing, she suggested that her intentions generally were to practise the skills that she would need to ‘stop this cycle’ – to make her future different from how it might have been otherwise, by taking responsibility for her psychological health. As I got to know Alice, though, I suspected that this was not something that she generally put into practice some years on from her course. Although we had met at a mindfulness workshop, we mostly talked about other things: our respective work and daily lives. Mindfulness was often mentioned in passing, sometimes in detail. Occasionally we practised together. I gleaned that once a week or so, Alice did a formal mindfulness practice of thirty minutes. At other times she used what she termed the ‘concepts’ to remind herself to ‘be mindful’ and stay in the present. Alice’s intention to construct a rigorously preventative set of mindfulness skills seemed to have wavered. Even though her episodes of depression were (by her own description) miserable, her life was not organised around compliance; it was not even organised around *non-compliance*. Although she occasionally said she’d like to meditate more, it was not a desire to which she gave a lot of thought.

Later during my fieldwork, Alice again became very depressed, and I visited her house to see how she was. She looked pale, and drank endless cups of tea because she did not feel much like eating. The depression had descended quite rapidly, over a

period of about ten days. She said that as she realised that she was becoming depressed, she had started practising mindfulness again formally, sitting on the low sofa or constructing a medley of cushions on the floor so that she could sit, Zen-style, with her feet tucked beneath her. Additionally, she told me that she repeatedly sought to bring her attention 'into the present moment' by feeling the sensations of her body in space and against points of contact. We were standing in the kitchen when she said this, and she gestured to her feet on the linoleum to indicate how she sent her attention into the sensations where the soles of her feet were in contact with the floor.

Alice said that she was using mindfulness in this way because her mind was repeatedly attempting to 'solve' her depression by travelling back in memory to her previous experiences of depression. Her mind would not stay in the present, but scrambled compulsively away from her, back in time again and again, to all the other times she had felt gnawed up by depression and anxiety. Unsurprisingly, remembering all the other times she had been depressed made her feel worse. She told me that she wondered 'whether my life will always be like this' ('this', being a life punctuated by recurrent episodes of depression). Although this was not a question she could answer in the present moment, what she could do was attend to the present moment and the body as a remedial counterpoint to her symptoms of depression.

This response to her depression merits closer examination. When Alice had talked to me about mindfulness practice in our interview before, she had told me that practising when she was depressed was *only* 'putting a little bandaid over a massive wound'. She had expressed vague prospective regret about not practising as much as she should, and said that she knew she should be doing all kinds of things to take care of

herself when she was well, so that she could ‘break the cycle’ and prevent the depression from coming back. Yet she had ostensibly not ‘woven her parachute’ for the future, and now the future was here and she was depressed again.

In our conversations, however, Alice notably did not say that she should have done more practice in the past, nor that maybe she would not be depressed if she had done so, nor that there was nothing she could do now to help herself, even though she had failed to practise mindfulness as it was intended. Instead, she immediately started practising again. Alice did not consider her depression her fault as a failed psychological citizen. Despite her lack of a bedrock of regular practice, she was quite clear that mindfulness had a specific and immediate purpose in extracting herself, again and again, from the gnarly pull of depressive rumination.

In so doing, Alice clearly experienced her individual mind-body, and the present moment, as the most clearly available site of intervention. As we sat on the living-room sofa drinking tea, Alice did talk about her family history and the many factors in her work and social life that had all come together around the time that the depression had started. Most of all, she spoke about the loss of her mother. There was nothing that Alice could ever do that would undo this loss, yet in these moments her condition of being-in-the-world was not solely defined by it. In finding herself to be an individual landscape of thought, feeling and sensation, she also found that within this landscape, with concerted attention, she could overcome the most visceral qualities of her depression, while still remembering her mother.

This form of mindfulness practice was common among the former course participants I interviewed. Teachers jokingly dubbed the pattern 'emergency meditation': the instrumental use of mindfulness for immediate concerns. The implication was that some of the experience of uncontrollable distress that necessitated the practitioner's sudden take-up of mindfulness practice might have been pre-empted, had the practitioner undertaken more regular self-work. Yet it was simultaneously acknowledged that in times of difficulty one would, of course, draw upon one's mindfulness practice to greater extent to 'resource' oneself. This practice might look quite different from the less instrumental explorations of one's recurrent patterns of personal difficulty that were thought best done when feeling more stable.

Indeed, when the depression began to ease, Alice told me that she was going to start doing formal practice every day again to help prevent it 'coming back'. For some time following, she continued to practise regularly, until she tailed off again to what seemed to be her once-or-twice-a-week baseline. Even when they were brief, Alice's periods of preventative practice tell us something interesting. During these, she was finally enacting therapeutic subjectivity in Wolf-Meyer's 'therapeutic' sense of future-orientation, practising even when not actively ill or 'needing' the practice. Yet this only occurred in the aftermath of her episodes of depression, the memory of the latter still fresh. It seemed that for Alice, committing to regular practice depended upon a lively felt sense of herself as a 'mindful' body: a fluxing composite of thoughts, feelings and sensations, however difficult. It was not enough to know conceptually – as Alice did – that one 'had to practise' in order to prevent further episodes of illness. Without experiencing oneself as a 'mindful' body, rather than an

absent one, practice rapidly became meaningless or dull – as it had always been for Alan – and fell away.

Just as Leder's paradigm of the 'absent body' only made itself felt when in pain (1990: 115), so Alice only began to practise embodied reflexivity when her mind-body was in crisis, and her psychological survival required her to look and act within it. On the one hand, it was not surprising that Alice continued to practise for a while after the immediate need for it appeared to have passed. Potent depression highlighted the need for her capacity for mindfulness to be equally potent. This was obvious, yet it had also been obvious to Alice, when we spoke earlier on in our acquaintance, that practising mindfulness regularly was something that she knew she should do. I suggest that Alice's preventative practice was therefore emergent as much as it was strategic, enabled by her depression as much as by a sense of self-responsibility. The embodied experience of depression paradoxically unlocked the experience of a 'mindful' body that was prerequisite for a 'therapeutic' subjectivity. Even having had a depressive relapse, by folding her episode of depression into a period of self-care Alice became a mindful practitioner in a way that she had not been when, saying all the right things, she told me that instrumental practice was simply a 'bandaid over a massive wound'.

As we saw in the previous chapter, different forms of therapeutic subjectivity therefore emerge ethnographically as constellations of embodied experience, temporal understandings of mindfulness, and correlating understandings of one's capacities and obligations as therapeutic subject. To be a truly 'therapeutic' rather than 'curative' subject, one must have a sense of mindfulness as a technology of the self rather than a

technology implemented by others, and that is therefore 'for the future' as much as for present purposes. In this case, we observe Alice moving among different kinds of subjectivity not as a passive 'ontological flip-flop', the concept of which Candea critiques (2013: 432), but with concerted forms of attention and commitment. Even as her periods of preventative practice subside, Alice is recommitting to the work and social life that define her as much as her periodic depression.

In so doing, Alice did not always follow the trajectory of a 'therapeutic' subject. According to Matthew, the regular practice of mindfulness enabled and enfolded specific moments of acute relief, such as in the breathing space. For Alice, however, this typology decoupled: future-orientation and immediacy became alternatives, rather than mutually implicated. Although this looked ostensibly non-adherent, it enabled Alice's long-term experience of mindfulness to be more flexible, while still meaningful. She picked up the thread of her mindfulness practice when she needed to, rather than lamenting her apparent lack of prerequisite discipline. She thereby demonstrated her own particular manoeuvrability in action.

This flexibility in the repertoire of self-conduct perhaps counts where it is most needed – for the most vulnerable – for whom a primarily preventative practice of mindfulness may be most difficult to sustain. In the moment in which, in the kitchen, Alice wondered 'whether my life will always be like this,' she was confronting the likelihood of a future with recurring depression. Day *et al.* have argued that 'living for the present' is common among socially marginal persons because of the uncertainties of their existence, day-to-day and long-term (Day, Papataxiarchēs & Stewart 1999). Alice's family history and its impact upon her experiences in childhood and

adulthood were intimately connected with her vulnerability to depression. They were also, I suggest, pertinent to her capacity to be the kind of therapeutic subject whose reflexivity was intended 'for the future'. Alice's multiple commitments demonstrated not just how she lived 'in the present' when she was well, but how she wove together a resourceful life. For Alice it was a fine balance between a multiply-resourced life and an under-resourced one. Alice's embodiment of her own and her family's historic marginality did not only surface when she was ill, but it also perhaps circumscribed how she was 'well'.

In an era of personal responsibility, Alice's slippage among enactments of mindfulness rendered it forgiving. Had she considered it solely preventative, she might equally have considered her depression 'her fault' for not practising. This self-criticism might have further crippled her. Yet Alice pragmatically used mindfulness's multiplicity to evade a self-moralising narrative of personal responsibility, while, so she said, simultaneously effecting longer-term efficacy: by redirecting her attention again and again into the grounding sensations in her body, away from the powerful spinning oppression of rumination, Alice reported to me that over time her episodes of depression were gradually shortening and weakening.

Laidlaw suggests 'that some ethical traditions…are only liveable *insofar* as they may be apprehended as fragmented narratives whose relation to each other is left somewhat unclear, thus enabling people to shift as best they may between them' (2013: 82). Here I have argued that the bell-curve of Alice's mindfulness practice clearly demonstrates the form of a relationship between two biomedical narratives – the preventative, and the acute – peaking and subsiding in contingent fluidity, rather

than neatly dualistic alternation. Amidst the historically engrained uncertainties of Alice's life, her choices over her self-conduct demonstrated a 'judicious opportunism' (Johnson-Hanks, 2005) increasingly familiar in the anthropology of uncertainty. The multiplicity of mindfulness gives practitioners like Alice a path of self-conduct with perennial (if not perennially easy) opportunities for choice.

'A Bit Heretic' as a Teacher: Managing 'Meditation Failure'

Robert was in his early forties and half-way through mindfulness teacher-training when I interviewed him in a freezing cold pub garden, one dark evening in February 2014. We had met at various mindfulness teacher-training events over previous months. Robert cut a tall, angular biker figure in his black leather jacket, and wore a degree of pensiveness. He was a CBT therapist and taught mindfulness classes in the NHS, and at the beginning of our interview he happily described years of experience as a mental health professional, and meditation in various Buddhist traditions. When I asked him about his current practice, however, the mood of the interview shifted radically. He seemed uncomfortable and thoughtful, staring into his untouched pint of beer.

> [This] feels like one of the first times I'm…struggling to know what to say about this. I still have some sort of practice, and…my frequency of practice is a lot less now than it used to be. I aim for once a day…and sometimes I don't do that. And there are various reasons why. The point is that that doesn't sit that comfortably with me. I'm feeling a bit lost about it actually. It does feel like there's a lot there, there's something important, but it does require a lot of effort to keep the subtlety of mind to stay close to the practice, because it's not just about paying attention to the breath, but it's not the thing that makes it…compelling…it's not always easy to contact that...And when I do get to sit sometimes I do really connect with the practice, but it doesn't automatically make it easier to do it every day. Actually I don't have a space at the moment because the room where I usually do it is covered with tools and dirt and various things…

Robert described the relationship between himself and mindfulness now that he was struggling to practise – how difficult it was to maintain an experience of mindful self whereby 'the subtlety of mind' feels 'close to the practice'. In the language of 'contact', 'connect', and 'close', he described the felt sense of the connection between the two entities of himself and the practice, that he used to and now only 'sometimes' feels. Despite the longevity of his practice, and opportunities for its refreshment as a mindfulness teacher, mindfulness had become a distant object once more. Almost as an aside, he told me that the renovation of the room in which he usually practised, 'covered with tools and dirt', had disrupted his practice's usual space. Although Rob was nominally aware of this environmental aspect of his compliance or lack thereof, this fact had little evaluative counterweight in his sense of his mindful subjectivity. Moreover, dropping into the sensations of the mindful body, as Alice did, was not 'compelling' enough by itself to tune Rob back into the felt sense of the practice's congruence with himself. He looked sombre as he said, 'I think there's a sense in the mindfulness teaching [world] you should be practising every day without a break and without fail, being this example of dedication and discipline.'

I knew what Rob meant. Mindfulness teachers and teachers-in-training were expected to have a regular formal practice (UK Network for Mindfulness-based Teacher Trainers 2011). It was the foundational part of being a teacher; otherwise, as was said by teacher-trainers, 'whatever you're teaching, it's not mindfulness-based'. With the rapid expansion of MBIs, anxieties centered around whether people purporting to deliver them were 'really practising'. At the Centre, meetings of the teacher-trainers included concerns that some of the trainees were 'barely practising', along with discussions of 'how finger-wagging' to be about it. In one case, of which I repeatedly

heard informal snatches throughout my fieldwork, a local teacher had persistently and explicitly taught her participants that formal mindfulness practice was not necessary at all. This was considered a breach of care. In a profession that was not formally regulated, the predominant form of teacher discipline was institutional exclusion, and throughout my fieldwork and beyond, I never knowingly set eyes on this teacher in the mindfulness-based approaches community.

This recollection flitted through my head as I sat and listened, taking notes with half-frozen fingers. There was so much noise in the pub garden despite the cold February night that it was easier to let Robert continue to talk than to interject with a question, although I had one: it surprised me that Robert felt so distant from the practice, considering that he still 'aimed for once a day'. Aiming for once a day, and 'sometimes' not managing this, was still a very regular formal practice, unless what he had said was a face-saving over-estimation. The form of regular practice, despite apparently fulfilling the biomedical definition of compliance, was clearly not enough for Rob to feel 'close to the practice'. Something was missing, and I wondered what it was. Rob was still talking, and with no prompting from me, he told me how he responded to this sense of himself as an incompliant mindfulness teacher-practitioner:

> The focus and the themes…I lose them in the chaos of my life, and then I pick them up again, oh there's that one, isn't that interesting, and then I get lost in my life again. What I'd like is to have continuity…. So my practice in some ways feels to be…not just about sitting down and performing mental tricks, it's about how my expectations of myself and my practice, how am I with that. The practice can have something to say about that, it has some role in my life that is meaningful, so I can feel like a meditation failure, yet I can still practise, and it doesn't feel like I'm kidding myself, or fooling anyone…the richness of what it gives you is so much more than whether you can notice a breath – how we handle that moment of failing…these sorts of things…can sound a bit heretic… but actually…my practice now is my life, in a way.

Rob's sombre demeanour took on purposefulness as he spoke. He described picking up on 'the focus and the themes' of the practice amidst the 'chaos' of his life: 'oh, there's that one.' Rob did not reduce these to the language of thoughts, feelings, and body sensations. He pointed out that the meaning of being able to 'pick up' these phenomena was more than 'whether you can notice a breath': it was about 'how we handle that moment of failing'. In noticing feelings of loss, failure, and disappointment, he saw these as an opportunity to 'practise' a theme other than the self-perception of chaotic incompliance. In letting go of the persuasiveness of his lack of compliance, he paradoxically constructed a bridge back into being a mindful practitioner: 'I can feel like a meditation failure, yet I can still practise'. This was what the practice was about, just as much as sitting upright with one's eyes closed and one's hands in one's lap for an observable and regularly scheduled chunk of time.

Rob's testimony demonstrates that he did not see this process as a perennially sufficient way of being a mindfulness practitioner, replacing the role of formal practice. There was still ethical significance to being an orthodox, daily practising teacher-trainee. He still described himself as aspiring to 'continuity' of formal practice; he even pre-emptively mocked himself as 'heretic' for drawing so strongly on an informal sense of direction in his moments of incompliance. Yet his statement that 'my practice now is my life' demonstrated the recovered sense of intimacy between himself and mindfulness, and an attitude to his own embodiment (in both anthropological senses) that in itself was significant. Whereas in his perceptions of self-incompliance, he struggled to 'stay close to the practice', here he was telling me that it was in *releasing* his sense of struggle that he felt mindfulness slip once more

into his sense of self. In so doing, he became by his own definition a regular practitioner: 'I can still practise'.

Rob's case demonstrates that beneath the surface, the MBI community's emphasis on regular formal practice was just part of the praxis, rather than the whole. The act of practice was so often characterised among practitioners as their primary responsibility in their transformation into mindful selves. The evidence-base supported the idea that the more practice one did, the better one's chances would be of resisting depressive relapse. Yet buying into the idea that one was an incompliant practitioner, and self-punishing because one did not 'practise' daily, it seems, was not the way to *become* a mindful practitioner. To become preoccupied with one's own lack of discipline, judging oneself for the felt gap between oneself and the practice, was a distraction. Truly mindful subjectivity had to be approached obliquely. In part, it was the emergent property of embodied reflexivity: for Alice, dropping into the experiential complex of thoughts, feelings, and bodily sensation had naturally led for a short time to a regular, committed practice, where there was congruence between what Alice 'knew' about regular practice, and her enactment of it. For Rob, however, being able to tune into the literal phenomena of mind and body – in his case, the breath – was not enough. There was still something missing; an attitudinal extra needed to bring mindfulness back into himself.

'There's No "Doing It Properly"': De-stabilising Compliance

The idea that regular practice was the seminal key to mindful selfhood began to destabilise early in my fieldwork. At the end of May 2013 I had been taking part in an MBCT course, and we were halfway through session eight. These courses usually had

two teachers, but the second had dropped out at the last minute and Sandra, a clinical psychologist, had taught the group alone. Sandra was petite and unassuming, but she was an experienced teacher-trainer and one of the most clinically skilled mindfulness teachers at the Centre. Sandra walked around the inside of the big circle holding out a handful of coloured pieces of card, one of which each participant might select. She invited them to consider what was important to them, what they 'valued' in their lives, and to write this on one side of the card. Then, turning it over, she asked them to consider how their ongoing practice might support them with what they valued. The participants filled out the coloured cards in silence, some writing at length, others just a few words.

Feeding back to the group, a man in his fifties spoke about how mindfulness slowed down his 'runaway train' of depressive rumination, and that this was why he would continue to practise. Others spoke about mindfulness supporting their presence in family life, or in managing demanding jobs in the NHS. The closing of the course seemed once more to designate regular mindfulness practice as the force for good, the instrument of self-work, its techniques sufficiently general to encompass all of our individual needs and values.

Afterwards, as we debriefed with a trainee teacher in one of the offices, I said to Sandra how happy I was that I had managed to revitalise a 'proper daily formal practice' as the course had proceeded. This was no small feat for me. Since taking an MBCT course four years earlier and becoming a committed practitioner, it was in the past eight months or so that my regular practice had fallen by the wayside. I had first stopped practising formally in rebellion at the hold that it seemed to have over my

time and schedule, and at the sense of anxiety that I felt when I skipped a day or two. I couldn't be sure whether my anxiety was 'real', or the product of the feeling of incompliance, and had decided to stop practising to find out. A couple of months without meditation had been enough to prove to myself that I could manage without it, but that life was altogether preferable with it. I had been trying to re-establish a regular practice ever since on my own terms. Although I didn't elaborate to Sandra, this lay behind my comment. Sandra listened to what I said and responded with a smile, 'how lovely. You know, though, I think all our practice goes up and down. That's just life – and in a way there's no "doing it properly".'

I was surprised at this ambiguous response. My regular formal practice and sense of compliance felt hard-won. A close look at Sandra's reply shows that first, indeed, she offered some acknowledgement of my sense of achievement. But second, she offered a comment that gently undermined the idea that this validation was a stamp against a particular benchmark: 'all our practice goes up and down'. The 'achievement' of my past weeks' regular practice, as defined against what it was one was expected to achieve, thereby lost some of its potency. Moreover, the general nature of her second comment invoked the temporally elongated sense of the act of practice – as a project that does not end simply with reflecting on one's past practice, but that continues to unfold. Sandra thus appeared to offer equivocal possibilities for how I might orient myself as a practitioner in that moment.

Sandra's withholding of definitive approbation therefore shows the importance of both parts of the sequence to therapeutic change: the actor's continual as well as single action is necessary. In class the teacher will not singly approve of a completed

act of practice, without also pointing the participant towards the fact that practice is unfolding. Once the onward march of time is considered, demarcated actions – whether of eight weeks, or eight years – are incomplete in and of themselves. This apparent ambiguity fulfils a particular function in self-cultivation. Rather than being a generic property of social politeness among middle-class clinical psychologists with their middle-class course participants, who must be mollified over their small success before being nudged toward repeated effort, it discloses a particular relationship between the complete act, and the unfolding discipline of practice. Because the teacher does not dismiss the former, the practitioner comes to realise that it is folded into the latter. By collapsing the dualism between the complete and the unfolding act in this way, the teacher takes an ethical stance that is neither explicitly cautionary nor motivational, but rather points to the practitioner's *potential* – as if to say: what are you going to make of this newly unfolded future?

The complete and the unfolding act incur respective ethical resonance in many traditions. Laidlaw comments that an Aristotelian notion of the exercise of virtue concerns the value of action (praxis) rather than production (poesis): 'in Aristotle acting virtuously is not a means towards a distinct end of living a happy life. Acting virtuously constitutes a happy life' (2013: 74n). Lambek suggests that 'Value is something we attribute to practice viewed from outside, as though the practice were an object…virtue expresses the qualities needed to excel in the practice viewed from the inside' (2008: 151). As Daniel discovered, the practitioner's first challenge is to come to value mindfulness practice as an act, rather than for its immediate outcome. Yet as one becomes a practitioner, the 'achievement' of enacting regular practice is no longer sufficient. The mindfulness teacher's pedagogical acknowledgment and

redirection confirms that the act of practice *is* valuable; but this value is not absolute. She perpetually points the participant towards the possibility of continued action. Although regular practice is held up as the ideal point on the 'indeterminate horizon' (Csordas 1993: 138) toward which one must navigate, as one 'arrives', the horizon correspondingly recedes, and new possibilities of 'constitution' emerge.

In Rob's experience, we saw that 'arriving' had a particular effect upon his embodied experience: the object of practice moved within the sense of himself. To form the mindful self, in the end it was insufficient for the practitioner to be an actor, performing 'mental tricks', and for mindfulness to be an act. In the discursive model of biomedical compliance, disciplined consumption is prioritised and sufficient to become a pharmaceutical self. Psychotropic compliance is sufficient to alter one's sense of self, to such an extent that a patient might even incorporate the drug's name into her own (Biehl, Moran-Thomas 2009: 269). In ART adherence, one is liable to the 'disdain' of healthcare providers if one is incompliant (Mattes 2011: 159); in mindfulness courses, however, one could not be a moral success or in Rob's case feel 'close to the practice' even if one *were* apparently perfectly compliant to the production of practice.

Undermining my assumption that a regular practitioner who produced neatly parcelled acts of practice was a compliant practitioner, Sandra appeared to undermine the notion of biomedical compliance itself. She took it as a given that formal practice would go through periods of fulfilment, and periods of lapse, and saw neither my confession of former lapse as an opportunity for 'disdain', nor my more recent achievement as an opportunity for definitive praise. Amidst the immediate and wider

contexts of this exchange – the fact that we had just heard course participants reaffirm that they would continue to practise, for the good of their future; the fact that formal practice was apparently a pre-requisite for the maintenance of one's health and wellbeing – this ambiguous response caught my attention. I thought I was finally a compliant practitioner; in thinking this at all, Sandra implied, there was something I had not yet grasped.

Conclusion

In the past two chapters, I have presented two forms of subjectivity in mindfulness-based interventions. The first was comprised of aspirations that were 'evidence-base'-specific: to be the subject of a fairly rapid intervention from a particular agent, that left one's past health and wellbeing in the dust by accelerating one into an ameliorated future. This was represented in the parameters of trial protocols; in the discourse and imagery with which participants like Alan familiarised themselves in advance of an eight-week course; and in the hopes of practitioners like Daniel who expected immediate relief.

This chapter has analysed a second form of therapeutic subjectivity in a mindfulness-based intervention. It demonstrated that although the first might emerge without negative consequence outside the space and time of the class (to capture attention and commitment), within the class itself it must be gently but persistently transformed into a participatory form that looks to the future. I situated my ethnography by suggesting that in a biomedical climate of 'therapy', we might expect mindfulness to be taught as a regimented discipline, whereby the practitioner must act both now and continually to prevent the manifestation of otherwise chronic distresses in the future. I

demonstrated that mindfulness practitioners are indeed encouraged in class to consider mindfulness a 'therapeutic' discipline, in the sense of Matthew Wolf-Meyer's (2014) 'spatiotemporal' typology of treatments.

In particular I argued that teachers focus first on eliciting, and then on redirecting participants' understanding of the temporal nature of mindfulness – rendering it incremental, instead of acute, with the image-heavy invocations of mindfulness 'coming up through the floorboards' and the need to 'weave one's parachute'. This oblique discursive redefinition differs from strategies that directly moralise the participant themselves. To borrow from Foucault's disciplinary gaze, when the participant understands 'mindfulness' to be a 'coming up through the floorboards kind of practice', so, by inference, they come to change their understanding of their own role in its perpetuation: mindfulness becomes an ongoing act, the practitioner an ongoing actor, and the latter's subjectivity thereby inherently more 'mindful'. Nonetheless, I demonstrated that this apparent substitution of one 'ontology' for another is not so straightforward. Even by the last class in a mere eight-week programme, a more subtle relationship between the acute and the preventative natures of mindfulness has emerged. Mindfulness is permitted and indeed encouraged to be instrumental provided that this use is folded within a regular praxis. Varieties of mindfulness are not broken in two, but woven together.

In the very 'future' for which participants are prepared, I argued that a future-oriented 'therapeutic' compliance is often more honoured in its breach than in its observance. Moreover for practitioners like Alice, whose lives exhibit multiple commitments – perhaps because of her weighty history of depression – the preventative and the acute

possibilities of mindfulness decouple from their mutual implication. On the whole, Alice uses mindfulness acutely in a way that nonetheless, for a time, segues into preventative use. I suggested that for Alice the fact that mindfulness is mutable offers a lacuna from a potential consequence of 'therapeutic' subjectivity. Given that Alan blamed mindfulness and the Centre for its inefficacy, Alice might just as easily have blamed herself for her depression when it arose. Yet instead of spiralling down into a sense of hopelessness, she slowed the downward trajectory, continuing to steer herself towards preventative healthfulness for a period afterward.

Notwithstanding Matthew's skilful redefinition of mindfulness, Alice's case also begins to demonstrate that being a mindful practitioner depends not only on the capacity to engage in discourse about one's obligations, but on the sense of the self as an embodied site of reflexivity. Yet for Rob, a mindfulness teacher who practises regularly, awareness of the breath is not enough for him to feel like someone who embodies 'dedication and discipline' – something else is needed. Likewise, my interaction with Sandra, an experienced mindfulness teacher-trainer, showed that regular formal practice was somehow incomplete. We therefore come to an apparent impasse: from practitioners' perspectives, a 'therapeutic' subject must apparently practise mindfulness regularly for her future good; yet, simultaneously, her success is insufficient.

Indeed, by this point it seems that practitioners persistently shift among experiences of subjectivity – from 'curative' to preventative, to the sense of an as-yet unrealised third – and that either one on its own is insufficient as a rubric for a mindful self. This in itself is such a common pattern that it appears to point to a principle of mindful

personhood: a virtue of manoeuvrability. While Lambek suggests that 'an anthropological account of ordinary ethics might do better simply to observe ongoing practice' than to discern particular virtues (2010: 20), here it seems appropriate to note that 'the master or meta-virtue for Aristotle remains simply finding the right balance both in the circumstances and in life overall…Judgment is…entailed in balancing or moving between incommensurable practices' (2010: 23). The capacity to move from one position to another is perhaps not just the recalcitrant practitioner's get-out clause when she fails to fulfil the rubric of the first. As the practitioner weaves together her mindful self from multiple resources, she increasingly undermines any sole position as the singular definition of a mindfulness practitioner. This has an embodied manifestation. As Rob acknowledges the paradox of what he is saying, yet asserts its possibility, he finally feels 'close to' the practice.

Rob's unspecified missing dimension of mindfulness that is pertinent to incompliance – 'how am I with that' – is my point of departure for the next chapter. Just as we discovered in the previous chapter that for mindfulness researchers the EBM 'object' of mindfulness was ultimately dependent upon the abstract bodies for whom it was implicated, the reluctance of experienced practitioners to reify or praise regular formal practice suggests that the latter's pure 'form' is known to be dependent in turn upon something else. To investigate this, I now turn to the construction of mindfulness as care of the self.

Chapter 4. The Mindful Practitioner Part 2: Practising From the Present

Introduction

In the last chapter I concluded that although mindfulness practitioners emphasise the necessity of 'therapeutic' efforts for reaping the benefits of mindfulness, at the margins of such emphasis – indeed, even as one approaches it – the notion begins to waver. Practising for one's future health, even if executed like a well-oiled machine, seems somehow insufficient for being a mindfulness practitioner, and an additional component to mindful selfhood hoves into view. This chapter's ethnography turns first to cases that suggest what may be at stake, should practitioners not have a narrative alternative to that of 'compliance' upon which to draw, or felt sense that may emerge. For practitioners like Janet, a woman in her fifties with recurrent depression, failing to practise mindfulness is simply emblematic of her broader failings as a therapeutic subject of various kinds. Seeing no way out of her characteristic incompliance, she becomes seemingly paralysed.

Yet as the ethnography continues, it becomes apparent that such instances of 'failure' have a particular place for mindfulness practitioners. The recognition of failure paves the way for the emergence of a different attitude towards oneself. To mindfulness teachers, self-compassion and curiosity may indeed be cultivated through specific techniques of attention. Teachers may ask participants to recall that mindfulness is not somehow out of reach, but is rather a perennial property of the self.

This configuration of mindful subjectivity differs from those explored earlier in the thesis, in three interconnected ways. First, in the temporal particulars of its discursive emergence. The practitioner considers mindfulness to be 'always here': it exists inside rather than beyond the horizon that marks the future, and in the pragmatic time of the everyday. In this perennial present-orientation, mindfulness is 'already here' and will be somehow 'always available to us'.

This both expresses, and may affect, the practitioner's sense of her own implication in 'mindfulness'. While she can be certain of the perennial possibility of its emergence, she does not consider mindfulness an object, agent or resource that is separate from herself, to be acquired or applied to it with any certainty of efficacy; nor is it something solely to be performed or brought into being through endless practice. Instead, it is an inherent and intimate property of the self, that when not emergent lies dormant and waits to be rediscovered. Mindfulness and the practitioner thereby become mutually constituted. Not only is mindfulness therefore temporally perennial – 'always here' – but it is also a perennial part of its subject, being 'within all of us'. To become an appropriately 'curious' and self-caring form of mindful subject, she must discover the 'mindful' body within herself.

Third, in order to become curious and self-compassionate the practitioner must recognise that her 'therapeutic' future-orientation may have tipped over into something unhealthy. Indeed, the more this constellates in her perception as 'rules', the more imperative for her health it becomes for the practitioner to note that she is self-imposing this moral narrative of biomedical selfhood. If she continues to subscribe to it, denouncing herself for her incompliance may positively contribute to

her malaise. The practitioner realises that she must have – and in that realisation, arguably enacts – kindliness and curiosity toward herself if she is to move forward, and that there are a range of redefinitions and techniques of attention on which she may draw to this end. Although such techniques are alternative to the 'therapeutic', they are simultaneously still 'mindful' because of the confluence between their substantive nature, and their judicious application.

4.1 Practice as Care of the Self: Situating Self-Transformation

This section outlines a framework for comprehending the cultivation of a 'curious' form of mindful subject. First I will describe Foucault's genealogy of the care of the self in antiquity, and situate current anthropological literature on self-care. Second I will examine the critique, and the critique's critique, of the apparently neoliberal version of 'self-care'. Finally, I will demonstrate how this points to a role for the increasing cultivation of 'curiosity' and self-compassion as capacities not only of therapeutic subjects, but subjects in modernity more broadly.

From Foucault's Care of the Self to Self-Care

In his examination of one of Plato's dialogues, Foucault describes the moment when a young man, Alcibiades, is initiated into the notion of care for himself. Alcibiades is engaged in discussion with Socrates, about to enter fully into political life, desirous to make a name for himself and exert influence upon others. Socrates inquires into his 'personal capacities' and his education to date – his knowledge of law and justice – but 'Alcibiades clearly knows nothing'. Socrates tells him he must apply himself, but Alcibiades does not know how, and to what. 'He is embarrassed and confused'.

Socrates encourages him, and for the remainder of the dialogue they discuss how one might construct the care of the self (Foucault 2000: 230).

The initiation of Alcibiades' care of himself thus has particular characteristics. First, the facilitation needed from others in the care of the self: Socrates reveals Alcibiades' ignorance to himself, and thereby activates his wish to remedy his ignorance. Second, the role of affect, particularly discomfort, in the discovery that one's current conduct is not moving one towards one's desired endpoint: Alcibiades is downcast as he contemplates how he will enter effectively into political life. Third, identification of *how* and *of what* one might take care, as means to move one forward: Alcibiades must care not for the body, but for the soul, through self-examination. He must *know himself* as part of caring for himself: 'The effort of the soul to know itself is the principle on which just political action can be founded' (2000: 231). In this moment Socrates points Alcibiades towards a trajectory in which he must become 'the doctor of oneself' (2000: 235); the care of the self is not solely a pedagogical enterprise, but also a therapeutic one.

In medical anthropology, use of Foucault's concept of care of the self to analyse practices of self-care is still a relatively new undertaking (Ecks 2004: 75), yet there are common threads emerging. For Ecks, care of the self in post-colonial Kolkata mimics that of the Foucauldian formulation just described: the attentive care of one's health – in particular, of one's stomach and digestion – enables a certain political sovereignty, and doctors therefore frequently attempt to get their patients to eat attentively (2004: 76). In post-Mao Beijing, care of the self for older Chinese women entails taking time for oneself for the pursuit of enjoyment (Shea, 2014). After

decades previously spent putting others and the Party above themselves, they now acquire consumer goods, partake in 'fragrant qigong' at dawn in the city's parks, and attempt to reduce their responsibilities to children and grandchildren (2014: 9).

In both these cases, to care for oneself means to use the terrain of one's individual mind-body to create a more pleasant existence, in the relative advantage of present circumstances. In Kolkata, this is a responsibility to one's post-colonial nation; in Beijing it is a freedom, enabled by the altered politico-economic climate, that may now be enacted. Care of the self therefore sits uneasily between responsibility and freedom, and it is this dualism that encapsulates current tensions in anthropology over the terminology and analytical meaning of care of the self.

The Limits of Neoliberalism?

In neoliberal contexts, self-care – what Socrates described as the assumption of personal responsibility for one's 'health and holdings' (Foucault 2000) – has acquired a pejorative tone for anthropologists because of its association with a neoliberalism that is thought to be fundamentally uncaring. In the enduring critique of neoliberalism, governmental oversight of self-care practices represents the offloading (increased in times of austerity) of responsibility by the state for the welfare of its citizens, and its unceremonious reloading onto the shoulders of those who are already most suffering; by emphasising autonomy and choice, it also invites the individual likewise to deny their own socio-political embedding.

This kind of care and care for oneself is often self-defeating. Mol (2008) has argued that in biomedicine the 'logic of choice', which accompanies neoliberal notions of

patient empowerment, results in biomedicine's failure to 'care' well. Adam's work on HIV prevention among gay men in Toronto demonstrates how the rhetoric of 'choice' and 'informed consent' leads to unintended consequences in some gay men's care for themselves. The widespread publicity of these concepts in the gay community has led to the latter's assumption that subjectivity has indeed been successfully re-wrought. The idea that other men *are* informed and choice-making actors, fully understanding the risks of unprotected sex, means that HIV-positive men do not actively disclose their health status to casual partners while simultaneously not questioning their 'choices' not to use condoms (Adam 2005: 340).

Yates-Doerr also suggests that a notion of self-care that assumes total personal responsibility is an idealisation that is ultimately transgressed. She describes how patients struggling with their weight in Guatemala 'actively seek nutritionists' care, asserting their self-care attempts have failed and they need support from others' (2012: 136). Care and compassion become ingredients that one runs out of for oneself and must source socially. Hence nutritionists cultivate care for their patients with 'an affect of tenderness, empathy, compassion, and respect' (ibid.: 139), and self-care becomes a collective project – defying responsiblisation.[44]

'Neoliberalism' has therefore acquired a pejorative tone in anthropology that Ferguson (2010) notes is problematic when attempting to use it as an analytical concept. Laidlaw agrees:

> …literature…that analyses contemporary 'neo-liberal governmentality' in terms of the power relations involved in the responsibility for self-government that

[44] Yates-Doerr and others use this term to mean the inculcation or internalisation of total personal responsibility; I use it likewise to situate my argument with reference to their work.

> liberal democracies place on their citizens…is splendid, except for the rarely articulated but pervasively implied thought…that this fact is in itself a criticism of liberal societies…and the equally pervasive Romantic suggestion that authoritarian relations of command are somehow more honest. (2013: 109-10, n. 5)

Some ethnographies have sought to evade falling into perennial critique by instead detailing ways in which neoliberal practices of self-care are delimited, or its practitioners defy and turn these to their advantage. Kitanaka describes how in Japan, amidst a stumbling economy and high rates of workplace depression and suicide, employees are encouraged to disclose their mental health status. One 'highly overworked but seemingly healthy' woman frequently declares that she is feeling suicidal; 'she believes that this "data double" of herself can serve as a shield of protection and proof of her stress in case she does become depressed' (2015: S259). The government provides a psychological programme called Rework to such self-disclosers. Based on CBT, Rework aims to equip workers with emotional self-management skills that will bolster them at work, but still permits the 'secrets' of the emotional self to remain intact (2015: S258). Workers need not surrender their entire selves to their correction by the state, instead modifying only those interfaces of themselves at which they encounter the working world.

The analytical problem appears to be in part that we do not know where to draw the lines of neoliberalism. Cook has argued that the neoliberal critique has formed the idea that 'practices of subjectification are always already in the service of neoliberalism', and that subjectification makes 'people totally responsible for their mental health, detached from a broader socioeconomic and structural context'. In her analysis of the UK's All-Party Parliamentary Group on mindfulness, which launched in 2014 and published its report in 2016, she argues that this is 'not borne out

ethnographically' (2016: 143). The APPG's members, for example, understood mindfulness to be 'an intervention that might help people deal with stress, anxiety, and depression *in contexts of* social and political disenfranchisement' (my emphasis); to offer mindfulness is therefore to offer people the best treatment that one can, cognisant of an undesirable context. Particular types of care creep in around the sides of neoliberalism but need not be subject to it.

In the ethnographies cited above, the apparently genuine benevolence of 'care' is contrasted with a punitive and indeed self-defeating notion of self-care that as anthropologists we regard with some suspicion. Adam comments that his observations raise 'the question of how appealing to gay men to take care of other men (instead of simply defending themselves against other men) could prove effective in building community norms' (2005: 344); care and compassion for others, as Muehlebach (2012) notes in her ethnography of voluntarism in austerity-era Italy, may themselves be in the service of and simultaneously subvert a neoliberal state. There is an assumption that the neoliberal state expects self-care, and should be providing actual care; analytically, it becomes difficult to speak about 'self-care' without automatically invoking a neoliberal critique. If we assume that practices of subjectification are 'always already in the service of neoliberalism' (which Cook critiques, 2016: 143), there appears to be nothing left for us to do analytically, and no meaningful way forward for our subjects.

I echo Cook in arguing that it would be analytically unhelpful to conflate all technologies of the self with a pejorative form of responsiblisation.[45] Indeed, it runs the risk of unreflexively imposing upon the problem what Foucault considers to be our intellectual inheritance: 'We find it difficult to base rigorous morality and austere principles on the precept that we should give more care to ourselves than to anything in the world' (2000: 228) – or, perhaps, we find it difficult to regard the promotion of this idea without suspicion.

It seems clear from Foucault's contrast between Greco-Roman 'care of the self' and early Christian 'know yourself' that the former meant attending to oneself in a particular way, of which, seemingly, he approved (2000: 228). Caring for oneself enabled a greater variety of ways in which one might relate to oneself than the more punitive aspects of the Christian 'know yourself' that Foucault argued endured in his lifetime. It is clear that care of the self required a certain discipline or repeated practice – Alcibiades must be willing to expend 'effort' to know his own soul (2000: 231). However, the implication in many of the ethnographic considerations of neoliberalism cited above is that a 'real' form of care should contain an affect, to re-quote Yates-Doerr, 'of tenderness, empathy, compassion, and respect' (2012: 139), rather than one of blame and defensiveness. When Alcibiades is 'embarrassed and confused', after all, Socrates encourages him.

To adopt a vocabulary for the form of mindful subjectivity that is the subject of this chapter, therefore, I draw on an anonymous interview that Foucault gave to *Le Monde* in 1980. The interviewer asked him whether France was not currently experiencing a

[45] See, for example, the benefits that Alice experiences, Chapter 3.3: 'A Little Bandaid Over a Massive Wound'.

period of ‘mediocrity and lowered expectations’. Foucault replied that no, to the contrary, ‘there is an enormous curiosity, a need, a desire to know….Curiosity is seen as futility. However,…it evokes “care”; it evokes the care one takes of what exists and what might exist…I dream of a new age of curiosity’ (2000: xxi). I therefore propose to use the shorthand ‘curious’ to describe this chapter’s particular emergence of the mindful practitioner. I suggest that this word encapsulates a care of the self that, as we will see in Chapter 6, and like that of Alcibiades, also requires one to know oneself.

4.2 Doing Incompliant Subjectivity: A Depressing Technology of the Self

In the last chapter’s closing cases I showed that discourses of future-orientation and compliance reach certain limits in their capacity to encapsulate what it means to be a mindfulness practitioner. Here, I will demonstrate how and why this is the case. I will suggest that from a practitioner’s perspective, the fact that one’s regular formal practice or ‘compliance’ can be disrupted lends a particular danger to a singular sense of one’s mindful identity as a disciplined ‘therapeutic’ subject. As the example of Janet illustrates, she finds herself trapped in the tautology of her incompliance, with a particular experiential correlate for the stagnation of herself as a practitioner: she is unable to sense herself as a ‘mindful body’ of any kind.

In the gap between the ideal of regular practice and its fulfilment therefore lies the possibility of an alternate stance towards oneself – compassion – that emerges ethnographically through the lens of mindfulness teacher Sofia’s ambivalence. I will suggest that Sofia’s case highlights tension at the boundary between discipline and curiosity that is inevitable for mindfulness teachers and participants alike in the

construction of governance. Expectations of the discipline of a practitioner inevitably rub up against the fact that for depressed bodies, as Sofia says, this is 'not working'.

'I Have Beaten Myself Up A Lot'

Janet and I were sitting opposite each other at a small table in the Centre. It was a warm day in September 2013, and the window was open to allow for a flow of air; the smell of the pine trees occasionally wafted into the room. Mugs of tea sat on the table in front of us. After I had let Janet into the building I had made the tea as my usual pre-interview ice-breaker, but this had done little to assuage her look of foreboding. She was in her fifties, divorced, and lived alone, describing her life as very solitary. I often saw her at mindfulness sitting groups, but we had never spoken before she came up to me after a session to answer my request for interview participants. Janet had practised meditation for a long time in various traditions, describing herself staunchly as 'not a Buddhist practitioner', and the year before I interviewed her she had completed an MBCT course with a local teacher. She had decided to take the course following extensive treatment for cancer, and prolonged experience of depression and anxiety. She started to tell me about her subsequent mindfulness practice:

> I can detect…that there's a certain pattern of not doing it…And I have beaten myself up a lot about it…it's really difficult without beating yourself up, it's like I've been to a woman chiropractic…who's very bossy and very directive and why shouldn't she be…I wouldn't have the exercises written down, so I couldn't refer to them, and I couldn't be bothered to read her writing, so I'd go and not do them, she'd tell me off…I've had a lot of reconstructive surgery, and she'd go on – 'this is affecting your body' – and I could see then that that pattern is repeated, about not doing things, and I'd really like to change it…I was seeing a physiotherapist, and I'll only start doing those stretches when I think oh shit it's time to go I've got an appointment, and I quite admire these people who are disciplined enough to do it and I thought I was breaking a bit through that mould throughout this course, because I was more, in my terminology faithful, than I had been probably to anything in my life.

As she spoke, Janet made it clear that she considered her failure to practise to be in line with her general lack of 'therapeutic' compliance. Whether it was in her role as physiotherapy or chiropractic patient, Janet simultaneously 'couldn't be bothered' but also strongly desired to be self-disciplined. During her mindfulness course, on the other hand, after twenty years of meditation, Janet had become 'faithful' in a way that surprised her. The regularity with which I had seen her at several groups over the preceding eight months' fieldwork had suggested to me that Janet was a committed practitioner. Yet in the aftermath of the course she had found herself slipping once more. This led to her 'beating herself up': she perceived it to be her fault for not practising.

Unlike Alice, who evaded self-blame for the consequences of therapeutic incompliance, Janet appeared to be haunted by 'ruliness' (Clarke 2016: 799) – the standard that she was unable to meet. The responsibility for practising mindfulness and preventing her relapse into depression fell squarely and inescapably on her shoulders. Its weight was so heavy that she could not bear to practise, even as she was intensely preoccupied during our conversation with how much she should be doing – twenty minutes twice a day, she thought – and what the minimum should be in order to experience any positive effect. Would five minutes twice a day do anything? She asked me.

Nonetheless, she had an idea of what might be needed in order to get out of this trap. As we talked about her experience of the course, she cited 'being kinder to myself' as something that had struck her as particularly helpful. 'That was quite prominent,' she said, 'and I try to make it so now as well, to really be aware of that, that dreadfully

critical voice and being kinder to myself.' Knowing that Janet had practised insight meditation, which includes deliberate *metta* or 'lovingkindness' practice towards oneself and others, I asked her to tell me more. 'Is that something that forms part of your mindfulness practice,' I asked, 'or is it more something…that you use on an informal basis?'

'When you say part of the mindfulness practice, what do you mean?' she asked. 'I mean part of formal practice, something you decide you might work with in a practice?' I said. 'You mean when I'm sitting?' Janet asked.[46] 'I suppose I have done that once or twice but not often. But it is, it has to be a companion a lot of the time, because I am so speedily destructive or critical of myself. …I just wonder,' she said tentatively, 'in the sense that, my imagination is telling me that I don't really know how to answer these questions about making it part of my practice, etcetera, formally, and that if I had done it [at this centre], I mean I won't be doing it here, but that would be instilled and I would have an understanding of it.'

Despite the fact that Janet acknowledged the importance of an everyday, attitudinal quality of kindness to herself, she quickly zeroed in on my suggestion that this might be part of her *formal* mindfulness practice. It was not a suggestion that brought her any consolation, principally because she felt that she did not know how to incorporate it, and also that she was not doing such regular practice. The specifics of intentionally forming one's practice – what one did *in* it – appeared somewhat mysterious, and she wondered whether this would have been 'instilled' had she learned mindfulness elsewhere. The notion of instilment indicated her current sense of therapeutic

[46] The word 'sitting' instead of 'practice' was often used among insight meditation practitioners.

subjectivity, as she wondered whether a more decisive imprinting of mindfulness might have occurred under different tutelage. Her testimony veered between attributing responsibility for her current state to those who had taught her, and the notion of her own incompliance that incurred self-blame. Janet simultaneously felt responsible, and defied self-responsibility by not practising. Yet, in her wish to be kinder to herself, she also articulated her sense of what might need to change.

I began to suspect that Janet's sense of herself here had more to its embodied experience. Her inability to talk about making something 'part of the practice' suggested that she could not articulate her subjective experience of the practice itself. I tried to reassure her, and to probe further. 'I don't know that that's necessarily the case,' I replied to her tentative might-have-been. 'The questions are designed to try to get at what the experience was like for you, so if the questions are not quite resonating then that doesn't mean that they're alluding to the 'right' way. Perhaps a more helpful question might be: what was your practice like after the course ended?'

Janet was pensive. 'I suppose it's very interesting, that use of the word your "practice".' 'Because I notice that you use the word sitting,' I said, 'instead, which is interesting.' 'Yes,' said Janet. 'So what is "sitting" for you?' I asked. 'Well,' Janet replied, 'it's stopping and sitting for a little while.'

Janet could not be drawn on what more it was that happened while she was 'sitting'. Although her response perhaps invokes a Zen concept, 'just sitting', in Chapters 3 and 4 we began to see that particular kinds of embodied reflexivity are entailed in being a mindfulness practitioner. Mindfulness is experienced as intentionally practising

‘something’ in the ‘mindful’ body’s framework of thoughts, feelings, and body sensations: whether feeling sensations of the feet on the floor, de-centering from thoughts, or exploring the edges of difficult sensations. Alice, when well, had also competently discussed what it meant to be a preventative practitioner mindfulness, without actually enacting it; yet in the midst of her distress, she could point to her feet on the linoleum and tell me what she was doing and what the depression was like in the terms of embodied reflexivity.

Janet, however, was trapped in the worst of all worlds – one where she could participate in the discourse of ‘therapeutic’ subjectivity, but not experience any of its components. Janet knew what she should be doing on two counts: practising regularly, and also trying to be kinder to herself. Yet she was currently stuck in an ‘absent body’ (Leder 1990), unable to articulate or embody the reflexivity of mindfulness practice.

In Janet’s experience, the content and form of mindfulness practice were split off from each other. She was stuck in the tautology of her own incompliance, paralysed by her lack of discipline, and haunted by the memory of her lost and brief capacity to be ‘faithful’. Moreover, she, somewhat like Alan, lacked the embodied sense of how to move forward with mindfulness: she was unable to describe or to sense herself as a ‘mindful’ body, reflecting upon its thoughts, feelings, and body sensations as phenomena rather than indictments. Janet knew that she was trapped in the rulebook to which she subscribed, but she was not sure how to change her terms of reference – how to get out.

The Inner Critic

Mindfulness practitioners cited the 'inner critic' with knowing wryness. Where a participant like Alan might interpret an experience of boredom or discomfort as an indictment of mindfulness, other participants turned their evaluative gaze upon themselves: it was their own fault. In the 'Frantic World' course the inner critic received explicit attention in Session Six. It was presented as one of the ways in which the mind attempted to resolve an emotional problem. The mind's habitual inclination when faced with difficulty, we were told, was to go into 'doing mode': thinking and problem-solving, often churning a problem around and around as if to shake a key from a pile of clothes. Self-critical thoughts were one such way of trying to shake ourselves into the right form of action, to act in a way that would dispel the emotional problem at hand. Self-criticism might be a pattern that we had learned when we were young – at school, or at home – that we had internalised, because it had at one time appeared to produce the desired outcome. We *had* perhaps, 'pulled our socks up', or 'quitted being lazy', or learned to behave appropriately after 'thinking about what we had done wrong'.

In the context of depression or prolonged stress, however, we were told that the inner critic 'no longer serves us well'. Indeed, self-critical rumination was believed to be the hallmark of depression. In classes, the substance of self-criticism took two general forms: first, specific social roles – so one was a bad mother, student, employer, husband, or mindfulness practitioner; second, a particular attack on oneself for feeling low or depressed. In such cases, participants were used to being told that they should just 'snap out of it' or 'change oneself'. In class, the language of *should, must, ought,*

good, bad, or *properly* signalled to mindfulness teachers that the inner critic might be at work.

The MBCT manual replicates an inquiry between one of the authors and a participant in a class for recurrent depression.[47] The woman describes an experience of losing concentration when a noise distracted her during the practice: 'I only need one noise, and that takes it away instantly' (Segal, Williams & Teasdale 2013 [2002]: 190). When the noise comes, and her concentration goes, 'I know it sounds stupid,' she says, unhappily, 'but…well, I feel that I'm not really contributing like I should.' The participant assesses herself to be an incompliant therapeutic subject: she 'should' contribute in a particular way in order to recover from her depression.

In the manual itself, John Teasdale, Zindel Segal and Mark Williams, the co-founders of MBCT, interpret this comment within a cognitive framework – as a technique of the self: 'Here is rumination laid bare,' they comment, 'a thought-affect spiral with escalating attempts to deal with a negative thought by criticising the self for having it' (ibid.: 190-1). In class, the teacher replies: 'The job you have is not to achieve a particular standard, but to be aware, if you like, of the thoughts…It's very easy just to get sucked into those things and not see them for what they are. They are just things in the mind' (ibid.). Through cognitive vocabulary, the teacher invites the participant to reconstitute self-criticism as a curious phenomenon of thoughts, rather than an indictment of one's therapeutic subjectivity. Whereas the latter evokes moral self-reckoning for having been distracted, in the former it is merely an interesting occurrence.

[47] I include this for illustration of the clinical, as I did not observe clinical classes.

In this clinical setting, an 'ontological' 'exchange of certainties' (Candea 2013: 426) takes place: the teacher is unambiguous about the nature of the participant's self-criticism. The participant is not seeing the thoughts 'for what they are': 'just things in the mind'. The teacher invites the participant not only to re-constitute the distractedness, but also thereby to re-define what is actually needed from a mindful practitioner: the way for her to 'contribute' is to be able to parse her experience in the terms of the 'mindful' body – 'just thoughts'. The terms of mindful subjectivity thereby change. This has a clear therapeutic purpose: it will gradually engineer change in her depression, by undercutting its driving ruminative force of self-criticism.

The fact that the inner critic often took the form of preoccupation with one's own perceived incompliance is, from our perspective, analytically interesting. In one workshop I heard John Teasdale, one of the co-founders of MBCT, term this self-aversion 'depression about depression'. If we take this term seriously, we might extrapolate that the 'inner critic' may enact a particular configuration of therapeutic ethics: the perception of the failure to fulfil one's duties as a future-oriented psychological citizen. The fact that identifying the 'inner critic' is such a core part of mindfulness pedagogy implies that the compliance narrative of EBM and psychotherapy incurs consequences with which these forms of therapy are now attempting to grapple. It seems that mindfulness has a critique to offer concerning the *efficacy* of 'self-responsibility' among persons whose sense of self-responsibility is far from lacking – indeed, it is dangerously acute.

Yet the very *notion* that one may have learned how to 'beat oneself up' from available cultural models is, arguably, a technique of the self for mindfulness practitioners – because it serves to open up a new way forward. As the inner critic is observed to be a cognitive phenomenon, it becomes something not that others are imposing upon one, but that one does to oneself. By understanding the inner critic to be something that does not simply 'exist' but that is actively 'done', participants arrive at the possibility that they might intentionally practise an alternative.

This alternative was a gentle curiosity. When participants described mind-wandering and difficult thoughts in class, teachers often actively praised them as if their awareness already contained this spirit. 'That's great noticing, that's really helpful,' they would say, sometimes implying a reflexive awareness on the part of the participant – a capacity to see their experience as mind-body phenomena, rather than marker of capacity – that the participant's facial expression or verbal tone belied. The spirit of congratulation and praise seemed a vital part of the teacher's perpetual redirection of the participant's attention, from their objectification of themselves, to an embodied reflexivity. This encapsulated the curiosity that must be cultivated: that there was more to this experience than the participant's current horizon. When a participant seemed trapped within a narrative of compliance and incompliance, a curious embodied reflexivity disclosed a new way forward.

It was clear during my fieldwork that the general emphasis in mindfulness classes was skewed more towards emphases on care and curiosity than on compliance. Simultaneously, as we have seen throughout the thesis so far, participants were always required to practise regularly in order to experience maximum benefit. As we

have seen in the last two chapters, discourse in EBM is skewed towards something more 'corrective'. I now turn to the way in which teachers found themselves caught within this tension.

Between Discipline and Curiosity

Sofia was an MBCT teacher-trainer in her late thirties and had worked extensively with clinical depression, as well as teaching mindfulness to the general public. She had steely blue eyes and an infectious laugh, and we often spoke about the ambivalent necessity of an emphasis on formal practice. During our interview in the Centre one afternoon, I asked her to elaborate on this. She told me:

> I think it's a consequence of seeing all of our mental activity as habits, because then you can choose, you know? So if you look at our mental life not as primarily anyway a consequence of what our parents did in the first five years of our lives, but habits, or habits that we have from all sorts of different – and if you take that notion seriously you can't get away from intention to [change them].

Intention, however, was not quite the right word to describe the commitment to regular mindfulness practice:

> …what you do in social psychology is studying the relationship between intention and behaviour, and it never goes together [laughs] – I don't want to smoke, or I want to wear a helmet, but I can't, you know, health behaviours, so that's the only way we deal with it meaningfully within psychology, but it's more like a commitment, it has a deeper resonance for me in Buddhist psychology, but I don't think it's a feeling, no. It's more a resolve, is that the right word?

Notwithstanding this required sense of direction, 'We go a long way in making people feel OK about not practising,' she said. '"Oh it's not about levels,"' she parodied, '"oh ok, well how does it feel in your body when you – now talk to me about the time

that you [didn't practise] – how does that – "'. 'Making people feel OK' redirected practitioners' reflexivity to an embodied form. Bodily attention was the remedy for the bodily absence (Leder 1990) of a practitioner preoccupied with the achievement of compliance. Frowning, in half-finished sentences, Sofia expressed her doubts about this redirection and its efficacy in promoting a compliance that was, after all, necessary:

> ... I mean we do talk about the discipline or commitment I would probably say, especially with the press people, the commitment and compassion, but…I would hazard a guess that we are talking 70% about the compassion side and 30% about the commitment side. We are often very reticent about the value of, not about the value of regular practice, but yeah I sometimes wonder whether we are a bit too ok with – but I mean it's their life, so you can't – [I wonder whether we're] too sort of afraid to induce guilt or you know...

Here, as Sofia described her ambivalence about the relationship between compassion and compliance, she nodded to the distinction between the required discourse – 'especially with the press people' – and the '70% compassion' that will actually be effective in the mindfulness class. Sofia finds herself caught between two sets of therapeutic values: two notions of therapeutic subjectivity, with emphases on self-responsibility and self-compassion to complementary degree.

As she spoke, however, Sofia was working through her doubt: 'if you were to force people to feel positive, someone else has done that for many years and it's not working, you know what I mean? That's another business altogether.' The inner critic, which is the calcification of a 'compliance' ethic, thus for Sofia comes under the umbrella of 'force'. The fact that Sofia is struggling with the 'need' to show compassion, and being 'afraid to induce guilt' in participants, shows how for her as a mindfulness teacher, this need accrues some of the properties of Clarke's 'ruliness'.

Nonetheless, this is temporary. After a brief internal struggle, she concludes that to emphasise discipline would simply not be effective.[48]

Moreover, Sofia's indication of how compassion is expressed – 'how does it feel in your body', as she parodied – begins to suggest that techniques of inquiry directing attention to the body, as well as those in the clinical class vignette above that sought to create distance from thoughts, were particularly important within MBCT's constitution of '70% compassion'. With the attitude that practising mindfulness was 'not about levels', the teacher obliquely gave the participant to understand that practising mindfulness *was* about the capacity to be curious about felt experience.

Sofia considered this movement itself 'compassion': an ethically-sensitive manoeuvre necessary for good care. To know oneself through embodied reflexivity did not necessarily bifurcate oneself from a 'compliant' therapeutic subjectivity. Yet in its compassionate and curious way of knowing oneself, it offered a particular implication for self-cultivation: it opened up a new vista from an otherwise closed room. Such redirections were not just a matter of reality – whether the thought really 'was' just an event in the mind or not. They were also simply a way forward, and in that lay an acknowledgment that the 'jury' on 'reality' might never come in (see Candea, 2013: 432).

4.3 Techniques of Care: Towards the 'Mindful' Body

So far in this chapter I have begun to suggest that the mindfulness practitioner's construction of her own therapeutic subjectivity must entail 'curiosity' and 'self-

[48] As, indeed, Janet also experienced.

compassion', yet that these must simultaneously emerge not as the fulfilment of an 'obligation' but as a technology of the self. As we will see below, these are encouraged by the mindfulness class's predominant environment of care, and deliberately cited in moments when the practitioner's self-perception as compliant subject is most evident. To exemplify the perceived nature of this curiosity, I will begin by revisiting the fallout of Alan's encounter with the Centre, before showing how this kind of curiosity segues into the perceived need for 'friendliness' towards one's experience. I will then show how compassion and curiosity were considered firmly rooted in attention to 'the body' by describing an encounter with Matthew.

Curiosity and Interest: 'Perhaps We Begin To See Our Habitual Patterns'

In Chapter 2's discussion of the contrast between mindfulness researchers' response to clinical trial results and Alan's response to the slow (non)workings of mindfulness practice, I contrasted the former's particular form of curiosity in the face of the elusiveness of desired outcomes, with Alan's relinquishing the enterprise in search of certainty elsewhere. I wish to return to this now in order to illustrate the therapeutic intersection, for mindfulness practitioners, between curiosity and self-compassion. Alan had objected to the course's emphasis on self-compassion, which he found unnecessarily precious. When I spoke to the Centre's director about the case, he picked up on this. 'I understand they got upset about particular words and phrases,' he said. 'Some people have an aversion to any soft or gentle language like "as best you can", which for you or me might be really lovely and soothing, but which rubbed them up the wrong way. It's so sad that at the point at which something pressed their buttons they didn't use the opportunity to explore it.'

The phrase ‘as best you can’ in guided mindfulness practices was part of a repertoire of discourse designed to direct while being nondirective. The present participles of ‘shifting’ one’s attention, ‘guiding’ the mind back from distraction to the breath, and ‘noticing’ what body sensations arose were intended to be ‘invitational’ rather than instructional; a means whereby the listening practitioner met the teacher’s guidance halfway, adopting this same kindly attitude with their own fulfilment of the practice. Invitation or care was thus substantively allied with the practitioner’s capacity to be reflexive in an embodied capacity at all, and to fold the fruits of such reflexivity into their impression of the situation at hand. For the director, the couple’s outright rejection of compassionate language encapsulated their unwillingness to entertain this kind of curiosity. The distinctive curiosity of the mindfulness practitioner must thus be flavoured with self-compassion.

This nexus between the two is demonstrated further by an exchange in class between Irina, an experienced MBCT teacher-trainer in her late fifties, and her small group of course participants. In session six the class had been split into two groups to talk about experience of the home practice – ‘sitting with the difficult’ – during the past week. One young woman described how frustrated she was with her home practice. The night before, she had fitted in the practice last thing at night because she was so busy, and she was ‘just finding that my mind is all over the place, planning things, remembering things left to do that need doing, thinking I’ve spent all this money on this course and I’m not getting my money’s worth.’

Irina reassured her that that was all that meditation was, noticing the irritation with oneself and mind-wandering and adding the irritation with oneself on top of that. She

asked if the woman could be 'friendly' towards those experiences. The woman, surprised, said that it hadn't occurred to her to try to be friendly, but that she would have a go. Irina asked, furthermore, whether she could be 'interested' in this experience. The atmosphere heightened. First one participant, then another and another said that they didn't think it was interesting at all that they were irritated, or that a chance conversation about something had set off a whole day of self-recrimination, and then irritations with the self-recrimination when, after all, it had all turned out fine. Irina responded gently: 'but perhaps we begin to see our habitual patterns and to notice, oh, I'm planning, I am so busy, is that serving me well? And then we can choose.'

Here, Irina deliberately invoked the two concepts of compassion and curiosity in quick succession. In so doing she deliberately kept the discussion at the level of 'habitual patterns', by suggesting to the young woman that she extend this 'friendliness' towards her 'experience', rather than towards her 'therapeutic' or 'curative' self; these might be seen reflexively by the witnessing participant. Furthermore, Irina suggested that being able to see these might result from the cultivation of 'interest' in the experience.[49] Irina's participants had directly challenged the worthiness of the cultivation of interest. Why should they be interested in patterns of mind that they would otherwise simply reproach themselves for? They had self-recriminated for 'a whole day' and then 'it had all turned out fine'; they should simply be irritated with this. But for Irina, self-compassionate 'interest' towards one's

[49] The etymology of the word 'interest' is itself noteworthy, deriving from the Latin *interesse*, 'between' (inter) and 'being' (esse). This suggests a dynamism between entities, which is precisely how mindfulness teachers attempted to use it – '*it's interesting isn't it*', *'can we be interested in…'* – pointing to mental 'patterns', where participants saw disorder or hindrance. We might recall from the last chapter how Rob described his sense of becoming aware of his own state of incompliant mind: 'oh there's that one, isn't that interesting'.

experience thus allowed one to come to see how they were patterned, which allowed one to 'choose' among them: to move forward from them.

Among mindfulness practitioners, self-compassionate curiosity thus emerged as a two-part construct integral to reflexivity. Each component was potentially incomplete by itself. Alan and Sara had plenty of curiosity, but it was targeted toward a different end; they lacked the capacity for self-kindliness that might emerge to fill the space between the ideal and the actual – and in so doing, transform this space itself. For the cofounders of MBCT, mindfulness is a construct in which compassion is a necessary part:

> …mindfulness cannot be reduced to awareness or attention alone. Whether mindful awareness enables a fundamental shift in how we relate to what is arising in the internal or external world depends on whether friendliness and compassion can be brought to those elements of present-moment experience to which we attend. (Segal, Williams & Teasdale 2013 [2002]: 137)

Meanwhile the young woman in Irina's class, able to notice her mind-wandering and irritation with herself, was willing to try 'friendliness' with her experience on the basis of recognising that this had indeed been absent from her reflexivity. For Irina, remaining stuck in irritation with oneself prohibited one from ultimately experiencing any freedom from unhelpful mental habits. Cultivating 'interest' in these habits instead was the virtue that might not merely expose, but actually give the practitioner traction with them going forward.

Self-Compassion and Bodily Attention: 'Cradling the Body'

As Sofia had implied – 'how does it feel in your body' – the body was a vital aspect of this process. Attending to the body not only opened up a new terrain of reflexivity;

it was also tightly bound up with the cultivation of self-compassion. Early in my fieldwork I had an exchange with Matthew to this effect. I had come down with a bad bout of the flu and was bedridden for a week. On my first day back in the field, exhausted and delicate, I attended two separate mindfulness classes at different times of day. The first class was part of a Frantic World course being held in a local workplace. It was session five, once more turning towards the difficult. In the practice, we were invited to close our eyes and bring our attention into sensations in the body, to sounds in the room and thoughts flitting through our minds, before turning our attention to any 'difficult' sensations in the body.

Scanning my recovering body, I noticed its fatigue, aching legs and stomach and fuzzy brain. Distinct if subterranean feelings of hostility and antagonism welled up in me at these aches and pains. I was fed up with them; I was early on in my work at the Centre and frustrated at having missed several days. These feelings and lurking thoughts were, it seemed, my 'inner critic': my mind's attempt to solve the unpleasant sense of getting insufficient work done. In the moment of 'catching' them these feelings surprised me, but I also instinctively recognised them as familiar at times of illness and recovery. I realised, too, how they only made the experience of post-viral malaise more unpleasant. Being angry with my aching legs would not make them recover more quickly; 'it's not working', as Sofia would have said. I wondered whether I might catch such feelings sooner in future if I did more regular formal mindfulness practice. At this point in my fieldwork, I was practising sporadically, two or three times a week, yet my experience here and interpretation of my 'inner critic'

shows that I was aspiring 'towards' therapeutic subjectivity, rather than predominantly struggling with it.[50]

Later that day, I attended a second class with Matthew. I stayed behind afterwards to speak to him, and he asked me how I was after the flu. 'Fine,' I said, but he replied, holding my gaze, 'are you sure?' I told him briefly about my experience earlier that day, and the conclusion I had drawn from it. I said that the experience had made me think that I wanted to schedule in more regular practice. 'Do you know about "weaving the parachute"?' he asked. 'Jon Kabat-Zinn says, you need to weave your parachute every day, so that when you need it, it's there for you. You can't weave your parachute in the moment you need it, when you're jumping out of the plane.'[51] I laughed, conceding the point. 'In the practice,' he said, 'you might like to think about how you can give yourself some more self-care and compassion – really cradling the body with awareness, being receptive to it.' I listened and thanked him, before we locked up the room and went our separate ways.

In this exchange, Matthew scoped my path ahead in a manner that deliberately wove together compliance with care. He used the metaphor of 'weaving the parachute', offering the image to support my self-diagnosis that regularly doing more formal practice would be helpful to me at times of illness. But recognising that I was already orienting towards self-discipline, he also offered me another lens to pre-empt any overly rigid pursuit of such compliance: he explicitly encouraged me to consider cultivating 'self-compassion'.

[50] This was a few months before my subsequent exchange with Sandra, detailed in Chapter 3.
[51] For more on this, see Chapter 3.2: 'You Have To Weave Your Parachute'.

Finally, not just giving me a concept, nor telling me to do more practice, he gave me particular guidance on *how* to do these. To 'cradle the body with awareness' evoked the end of the body scan, when the awareness settled in the whole body lying on the mat with an invitation to 'allow' its experience to be however it was. This was particularly appropriate for my complaint. The expanded awareness differed from the systematically shifting focus upon individual limbs and regions of the body that occurred earlier in the body scan. In my current state, already aware of specific and unpleasant sensations in legs, stomach, and head, these might precipitate further hostile thoughts. The expansion of awareness to the whole body would, Matthew considered, evoke greater kindliness, enabling me to be 'receptive' to my experience as it was.

Matthew therefore offered guidance whose form was comprehensive. He attended to my broader, future-oriented purpose, but suggested self-compassion as a protective inoculation against further self-critique. Furthermore, he addressed the specific techniques of embodied reflexivity that I should employ. Not only was the body the instrument of self-compassion, but self-compassion was also the prescription for judgment of one's 'difficult' body. Attending to the body in this particular way was therefore both an obviously therapeutic path away from self-judgment, and the enactment of a curiosity that might suspend the very terms within which such self-judgment emerged.

The oblique role of bodily attention in the cultivation of self-compassion emerges in clinical psychology, where compassion and self-compassion have been studied as constructs only in the past ten to fifteen years. Self-compassion is considered to be

different from, if overlapping with 'self-esteem' (Neff, Vonk 2009), and recent work both examines its deliberate invocation within MBIs (Neff, Germer 2013) and its role as a psychological mechanism of change when more broadly implicit in MBIs (Baer 2010).

MBCT for recurrent depression deliberately omits a 'loving kindness' practice, in which compassion for the self is explicitly cultivated.[52] The cofounders of MBCT comment that for those with recurrent depression, this is thought actually to *increase* self-criticism rather than reduce it: 'For someone who is highly ruminative, the words "[may I be] happy" or "[may I be] free from harm" can…elicit a cascade of painful emotions based on feelings of failure to do so' (Segal, Williams & Teasdale 2013 [2002]: 139). The calcification of an impetus to self-compassion, as well as to compliance, can therefore also be a source of distress if the practitioner is unable to meet its standards and to 'feel' kindly towards themselves. For Sofia, in the vignette above, it was a source not of distress but of doubt.

In cases of distress, it is therapeutically imperative that self-compassion be cultivated subtly. While on the one hand this is given over to the caring environment – 'the quality of [the instructors'] welcome, their guidance of meditation practice, and their responses to questions' (Segal, Williams & Teasdale 2013 [2002]: 138) – it can also be cultivated through the participant's own untapped resource of bodily attention. Kirschner recently compared the body scan with a loving kindness practice, measuring biological and psychological correlates for participants who (according to psychological measurements) had low levels of self-compassion, but high levels of

[52] This is derived from insight meditation, and is referred to as *metta* practice.

self-criticism. He discovered that the correlates responded favourably to the body scan, but not to the loving kindness practice, concluding:

> …for these people a more indirect approach to cultivate self-compassion like the body scan might be an easier way to stimulate…self-compassionate feelings. This might be because this induction focuses less on the self, whereby self-compassion is more indirectly interwoven to the induction via instructions like "Whenever you notice that the mind has wandered off, bring it back with gentleness and kindness". (2016: 96-7)

Kirschner assumes that for this group of people, it is the indirectness of compassionate *language* in the body scan that is effective at creating self-compassion, compared with the direct language of loving kindness practice. This obscures the ethically-infused meaning that bodily attention itself appears to have for mindfulness teachers. Matthew's understandings of 'the body' as a place that one might 'cradle', and to whose intentions be 'receptive', begin to demonstrate the multiple meanings of bodiliness and its importance when folded into the care of the self among mindfulness practitioners. Reversing the compliance dualism of mind-over-matter, curiosity seemingly required the invocation of body-over-mind.[53]

The role of an ethically attentive stance to the body continually recurs in self-compassion practices. Shea (2014) describes practices of self-compassion among older women in China who lived through the Cultural Revolution. Her informants are drawn to Fragrant Qigong, an outdoor practice of attending to the body and senses that 'was a kind of non-consumerist, non-competitive form of communal appreciation of one's embodied self being in the world before it was open for business. It was about being gentle and kind to one's self, one's body, one's sensibilities, and each other. Participants were all in the same boat, all people with bodies that felt things'

[53] This will be explored fully in the next chapter.

(2014: 17). These women construed turning their attention to their own bodies as (almost literally) revolutionary after spending their lives attending to the bodies and business of others.

After my exchange with Matthew, I increasingly noticed how my research subjects spoke about the role of self-compassion in the context of the particular 'business' of the practice itself. In a pub one evening as I chatted with students from the student mindfulness society, a girl said that she found it hard to sit down to 'do some mindfulness' unless she first had a sense of extending compassion to herself, rendering herself 'deserving' in some way. In the third class of Matthew's course for students, one graduate student said that she struggled to fit in the meditation unless she 'did' it – carved out time for it – but that this felt like the wrong way of doing mindfulness, because the latter was about 'being'. Matthew responded that maybe an easier approach would be to see it not as something else to 'do', but as a way of 'resting, being kind to yourself – a gift, an opportunity, not an action.' Thus a mindfulness practice must contain curiosity, as a condition for its very existence: being kind to oneself, and interested in one's own experience, enables one to go 'to the cushion'.

In instances of incompliance, self-compassion therefore enacts a bridge back into being a mindful practitioner. In the case of Kirschner's highly self-critical participants, self-compassion itself must be approached more obliquely: attention to the body is an alternative route to the kindly care of oneself. For mindfulness practitioners afflicted by 'ruliness', such affliction can be eased not simply by trying

harder to do what one is already doing, but by acting in such a way as to change the terms of one's actions entirely.

How might such changes be ethnographically visible in discourse about 'mindfulness' itself? We have seen how discourse that defines mindfulness as only something that will arise in the future with repeated practice is implicated in incompliant practitioners' experiences of paralysis and self-punishment: the benefits of mindfulness would be theirs if only they could practise with the duration, frequency, and concentration that they are supposed to. The curious practitioner must therefore have somewhat different ideas about the temporality of her endeavour, disclosing an alternative perception of the subject-object relationship between herself and mindfulness, and to this I now turn.

4.4 Being Mindful: Moving Forward From the Present

'Mindfulness is a coming-up-through-the-floorboards sort of practice,' Matthew had told Daniel, after he expressed doubts from having experienced no ill effects during a week without practice. Future-oriented concepts and images were important tools for constructing a mindfulness practitioner who realised that how they behaved in the present contributed incrementally to the future state of their health and happiness. However, perpetual reminders of the future were but one way of reconfiguring their therapeutic subjectivity. As we have seen, excessive future-orientation did not usually result in excessive practice. Rather, it rendered the practitioner vulnerable to paralysis when the gap between where one was and where one should be yawned deep and dark. In these cases, mindfulness practice felt far removed from the self's capacities. The path to the future decoupled from a sense of incapacitated present, and thinking

about one's required capacities merely led to 'beating oneself up'. Something must emerge to bridge the gap, not to reinforce it, but in such a way as to defy its very premise, and in so doing exemplify a different form of mindful subjectivity.

'It'll Always Be There'

It was the end of an MBCT residential teacher-training retreat, and forty retreatants sat eating lunch in the dining-room, talking and swapping email addresses before taxis arrived to take us to the train station. We had been on retreat for six days: for the first two the four teachers had systematically taken us through the eight-week course, teaching us just as participants, asking us to participate fully without our trainee-teacher hats in play. The third day we had spent in silent meditation, guided by the teachers in sitting practice, body scans, mindful walking, and 'sitting with the difficult'. For the final days of the retreat we had practised teaching each other, working through each session of the course under the guidance of each of the teacher-trainers in turn, trying out the exercises, leading practices and attempting the much-feared inquiry process.

In between sessions, as we gathered for tea and biscuits or lunch in the dining-room, retreatants swapped stories about their clinical practice or work in counselling services in schools. Because MBCT was still a nascent field within psychological services in the NHS, many were uncertain about the teacher-training process, the role of the retreat within this, and whether a specific qualification above and beyond the retreat's attendance would be required to teach MBCT clinically. The training retreat was a stand-alone module for continuing professional development offered by the Centre, but at one time it had been part of an informal teacher-training programme.

Retreatants were confused and anxious, aware of the scarcity of teacher training opportunities. They wondered whether the Centre would continue to support them after the retreat by offering them supervision, or opportunities to teach.

At the final lunch I sat next to Simon, one of the retreat's teacher-trainers. He was a jocular mental health practitioner in his late thirties. He spoke warmly about some of my teaching that he had observed, and asked me if I wanted to go on to teach mindfulness.[54] I replied that I did, although I was not clinically trained, which would prohibit my teaching in the NHS. For a while, Simon and I spoke about the Centre and possible teaching trajectories that I might consider. I was keen to start teaching sooner rather than later, I said. The opaque state of current teacher-training opportunities made me incline towards continuing the momentum of teaching development while I still had it. Simon understood, but seemed relaxed. 'It'll always be there,' he told me.

Simon's comment in response to my time-sensitivity struck me as debatable. I was not certain that openings to teach, either supervised by experienced teacher-trainers, or at a respected centre, would 'always be there'. The Centre itself was in a liminal period between research grants; implementation of MBCT within the NHS was patchy; the supply of experienced supervisors was limited. Moreover, I was coming to the end of my fieldwork and getting ready to leave the day-to-day world of professional mindfulness practitioners for that of anthropologists. But I realised that Simon was not really referring to nor even denying the current structure of

[54] It struck me as odd that someone might be willing to pay a thousand pounds to attend the retreat and *not* want to go on to teach, but there was a wide range of prior mindfulness experience among the retreatants; I had heard from some of them that they had been sent on the training by their employers, and there were accordingly variable degrees of personal interest.

mindfulness teacher-training in the UK; he was talking about mindfulness as a different kind of construct. For him, 'mindfulness' transcended its professionalised scaffolding, and while the latter might wax and wane, mindfulness itself was perennial. This might appear to be a pragmatic response to the (equally challenging and permissive) informalities of a slowly regulating field, but Simon was not only advocating pragmatism – he was making a statement about what mindfulness 'was' as an expression of his own experience.

In class, the idea constantly recurred that mindfulness was 'always there'. It was cited both at the broader level of one's compliance in general – when a participant expressed concern over a week's patchy home practice – and within the terms of a practice itself. With both, we were simply 'dropping into' a capacity for kindly awareness, and for 'being' rather than 'doing', that was already there – something that was natural, and human.[55] Mindfulness was a psychological trait, a found object in the mind. 'Mindfulness exists in every philosophical, religious and spiritual tradition,' Simon had counselled during a discussion earlier in the retreat about how secular MBCT was distinct from the Buddhist tradition. 'It exists already within all of us,' replied a clinical psychologist who was on the retreat. Heads around the room nodded in recognition at this trope of latency.

This incurred a particular possibility for one's compliance: despite the latter's future-oriented flavour in contemporary therapeutics, 'we can always begin again.' Teachers would repeat this phrase at judicious points in class: halfway through a course, in participants' inevitable dip of enthusiasm somewhere between weeks three and six;

[55] 'Sometimes I like to bring a tennis ball,' Jon Kabat-Zinn said in one talk, as he mimed dropping it, to make this point (Google 2007).

and again at the end of a course, when we wrote what we valued on one side of a piece of card, and set up our intentions for our home practice going forward. The teachers' confidence in this statement gave us no reason to doubt its self-compassionate implication: that failure of compliance, however protracted, was never the end of the line.

During a practice, we might also be invited to 'begin again' in response to extensive mind-wandering or distraction. Jeremy, a psychotherapist and trainee mindfulness teacher in his mid-forties, described how the idea had affected his attention and extent of self-judgment when his mindfulness practice was not going as planned:

> …one of the guys on the .b[56] led a meditation and a morning practice and he said something that was so helpful for me. He said – I don't know about you [to me], but if I set a little timer for forty minutes, then obviously I count the bells, and I know when it's the last five minutes or even the last ten minutes. And my brain just starts going "yeah ok this mindfulness shit's really good but you know you've got to do *this this this this*." So the last three to five minutes of mindfulness practice are traditionally for me quite hard… Whereas one of the guys leading the practice right at the end in the last three minutes, so after he'd done that thing that they often do where they say "and in the last moments of the practice" at which my mind's going "yeeeah I'm outta here." He just went "so just starting again."

Jeremy paused and looked at me, wide-eyed:

> He kept saying "just starting again." And I thought *shit*! And I've just internalised it so now, all the way through the practice, if something stirs me or it's right at the end, so I'm thinking "ok so we're just right at the end. So just start again." So that has massively improved my ability to deal with…you know when your mind wanders and they say "so gently recognise where your mind has gone and gently escort it back," well I suffer classically from being really judgmental, so certainly when I first started doing it I didn't gently escort my mind, I was like "JEREMY YOU IDIOT GRRR exactly, WHAT ARE YOU DOING!!" [we laugh]. And that has got better over time, but that comment about "just start again" has really helped.

[56] .b (pronounced 'dot bee') was the mindfulness teacher-training offered by the Mindfulness in Schools Project.

The notion of perpetual beginning implies a confluence of time and the capacity of the subject that is distinct from that of disciplined compliance. Lambek makes a distinction between beginnings and origins: 'Beginnings are acts and therefore require specific actors or agents. Origins are events and imply extra-human forces. Beginnings entail human intention. Beginnings also imply a narrative that leads forward from their present' (2007: 21). For mindfulness practitioners, the experience of 'beginning again' collapses this distinction between the extra-human force and the human intentional act, in so doing implying a condition. When mindfulness as the 'force' is experienced as already within the practitioner, it makes intentionality, or future-orientation, itself possible; it thereby possesses a more perennial temporality than that of an 'event'. The perennialism of mindfulness within oneself enables one's intentional action.

The fact that mindfulness was 'always here' did not mean, however, that it was always emergent. If one wanted to retain some closeness to its capacity one could not give oneself over entirely to the notion of its perennial activity, just as one could not give oneself over entirely to the notion of its manifestation only at some future point. Its two temporalities – for-the-future, and already-here – required constant weaving together, just as Matthew had signalled at the close of his eight-week course.[57] Kabat-Zinn cautioned this too in a talk at Google headquarters in 2007:

> The real meditation practice is your life. And how you carry yourself in each moment. Now that's [inaudible] "oh great, now I don't have to meditate, I'll just go out and do mindfulness in daily living and it'll be great." That won't – you won't get to the *door* without forgetting…so there's something very beautiful about the combination of formal meditation practice, even if it's for thirty

[57] See Chapter 3.2: 'You Have To Weave Your Parachute'.

> seconds, or five minutes, every day, but the fact that you will anchor it…and then see what happens. (Google 2007)

The flourishing mindfulness practitioner therefore seemed to be situated in time in a particular way: firmly anchored in the present, and moving forward upon a visible path into the future.

The Doctor of Oneself: Coming Home

For long-term practitioners, the combination of formal practice and non-demarcated 'dropping in' to mindfulness in due course created an interweaving of oneself and mindfulness not only in abstract subjectivity, but also in the felt sense of daily life. Practitioners described how being mindful, or doing one's practice, had become ordinary and uneventful; like eating, drinking, sleeping or washing, it was 'just what I do'. Gillian, a woman in her seventies who had taken part in an MBCT course for recurrent depression, described how mindfulness was 'vital, it's a vital part of my life. I don't even think about it any more. It's like eating three meals a day, it's just what I do, part of my day. It's nourishment to me.' For long-term practitioners, the notion of perennial mindfulness had become entirely persuasive, facilitated by practice: mindfulness was embedded within them.

Besides the form of embodiment described in the Introduction in literature on self-cultivation (Mahmood 2001, Hirschkind 2001), this sense of intimacy is recognisable from much of the anthropological literature on compliance. In their ethnography of psychiatric inpatients in Brazil, Biehl and Moran-Thomas describe how a woman changed her name to encapsulate her newly pharmaceutical self: 'The drug Akineton used to control the side effects of antipsychotics is actually embedded in the new

name Catarina gave herself in the dictionary: CATKINE' (2009: 269). In ART treatment in Tanzania, Mattes describes how nurses actively inculcated an 'implicit' relationship between one's sense of self, and the treatment:

> Taking the pills was like putting on clothes in the morning, the nurses claimed. Some equated the medicine with life itself (*dawa ni uhai* – the medicine is life) or even identified the medicines with the patients (*wewe ni dawa, dawa ni wewe* – you are the medicine, the medicine is you). (2011: 164)

Just as the practitioner uncovered the mindfulness within herself, so too as the self and mindfulness became mutually constituted, she considered the act of mindfulness practice to mean being *with* herself. Jeremy described how he felt about doing his daily formal practice each morning in the middle of winter:

> …it takes a lot to get me out of bed in the morning but there are two things that I will get out of bed for, and as I'm swimming up through that feeling of "oh God I've got to take the duvet off and it's cold" – I then experience a sense of "oh but actually…what I really want is I want to be there, more than in here," and that swimming or meditating will get me out of bed. So [regular practice is] at the moment self-sustaining because I'm not waking there thinking "I MUST, MUST GET OUT," I'm waking up and thinking "ah, I'm going to go meditate, that's my home…" – in Buddhism they call it "refuge" don't they. And it feels like a refuge.

For Jeremy his regular formal practice currently felt not like a performance, nor even in any particular sense as a must-do for-the-future. Instead, it was a homecoming. Spending time with the 'mindful' body became about 'returning to oneself'. A woman with teenage children in one of Sandra's classes described how she felt when 'It was 9.30pm and I realised I hadn't done my movement practice for the day. I was overcome by a sense of deep sadness, and I realised how important it is for me that I do it. It was almost as if not my thinking mind but my – my self was saying *please*, please do this for me.'

In these accounts we find an echo of Foucault's comment that 'Permanent medical care is one of the central features [of the care of the self]': 'One must become the doctor of oneself' (1988b: 30). The embodied sense of mindfulness as perennially within oneself, as opposed to the embodied sense of it without, encapsulated a capacity for response to uncertainty and the elusiveness of desired outcomes. This directly contrasted with the mindfulness and mindful subject constructed within the discourse of EBM and compliance. The notion of what one 'must' do gave way to the sense of what one 'could'. Practitioners with histories of hospitalisation in particular told me that mindfulness was something they could always do for themselves. Whether they might also need surgery, inpatient stay, or antidepressants, practitioners seemed to choose to define themselves as mindful selves rather than surgical or pharmaceutical selves. 'Being' with the self in contrast with 'doing' its various activities became a useful binary opposition whose purpose did not so much perform a binary as unperform it: as practitioners reflected upon, for example, the 'ruliness' (Clarke 2016: 799) enacted in their inner critic, so it felt like less of a rule.

Discourse about mindfulness as fundamentally of the self and perennially available, in turn expressed the practitioner's reconstituted sense of their role and capacity. In the last chapter, defining mindfulness as 'for the future' implied the therapeutic necessity for the practitioner to act; here, defining mindfulness as 'always available' implied that the practitioner always *could* act – or not. Taken together, they operated as dynamic interlocking components that emerged along a mindful practitioner's trajectory of self-cultivation.

Conclusion

In this chapter I have outlined a third way in which practitioners consider themselves mindful. I began the chapter by demonstrating that constructing oneself with a strategy of self-discipline can – particularly for practitioners who are already vulnerable – become self-defeating. In the case of Janet, responsiblisation emerged as self-blame and a sense of paralysis. Janet had a sense of what would help her break free of this paralysis – she knew *that* she needed to be kinder to herself – but she seemed to lack techniques ('knowing *how'*) of self-compassion, and remained suspended in a miserable sense of her own incompliance. The possibility of being kind to herself was emerging on her 'indeterminate horizon' of perception (Csordas 1993: 138), but she could not quite move towards it. As demonstrated by the concept of the 'inner critic', being stuck in this particular way of relating to oneself was thought by practitioners to be a hallmark of depressive vulnerability. To find therapeutic relief, mindfulness practitioners needed first to conceptualise the inner critic as a technique of the self: as something that they had internalised and were doing to themselves, and therefore that they might intentionally supplant with an alternative.

I have outlined this alternative form of subjectivity by describing its techniques in contrast with those outlined during the last two chapters. I suggested that they are discernable from one another first in ethic and second in temporal experience. First, I demonstrated that practitioners must constitute in perception a form of relating to themselves that is reminiscent of Foucault's 'care of the self', rather than of a neoliberal version of 'self-care' that individualises with implicit blame. Practitioners are curious and interested in their own experience, and flavour it with self-

compassion: Jeremy cannot wait to get to the 'home' of his practice. This form of self-relating is directly tied to its techniques of attention: attending to the experience of mind and body both *enacts* curiosity and self-compassion, and in turn obliquely *creates* these, as exemplified by Kirschner's work on the body scan. The mindful subject is thereby redefined: mindfulness is not the comparison of one's performance against 'levels', but rather the capacity to observe one's lived experience as a constellation of thoughts, feelings, and body sensations.

Second, I demonstrated that the curious practitioner has a particular temporal experience of mindfulness, whereby it is emerging from the perennial present, pointing towards the future. As I have demonstrated in the past few chapters, this temporal experience of mindfulness is closely tied to the practitioner's subject-object encounter of it: for the curious practitioner, mindfulness is 'always and already here', but for Daniel, in Chapter 3.2, it is a time-limited commodity that is 'over there'. In Foucault's discussion of Plato's care of the self in *Alcibiades I*, he notes that for Plato, 'one must discover the truth that is within one', while for the Stoics, these truths lie in the *logoi*, the teaching of the masters (2000: 238). I have demonstrated that for mindfulness practitioners, the sense that mindfulness is 'within all of us' must emerge as a felt experience.

To McMahan, MBIs encapsulate how a form of Romantic perennialism strains against technological scientific rationalism. Adherents to the former position their ideas as a counterweight against the nihilistic potentials of scientific reductionism. They emphasise 'spontaneity and creativity through the cultivation of an interior experience, the transcendence of conventional morality through an intuitive and

interior source of ethics, the reverence of the simple and the rustic over the complex and technological' (2008: 76). Indeed, the possibility that one can tune into the sensations of the soles of the feet on the floor right now – as Alice did, in the previous chapter – seems rather simpler and less technological than the imperative that one must painstakingly construct a long-term mindfulness practice for some opaque future. The sense that one has resources within oneself that are perennially available and render one perennially in common with others, likewise can emerge to alter the sense of hopelessness that a practitioner like Janet experiences when she is depressed.

Self-compassion and the perennial availability of mindfulness might appear on the one hand to be in the service of a (pejoratively speaking) neoliberal form of care. After all, they equip the practitioner with a panoply of self-initiated techniques for the prevention of malaise. However, the curiosity of the mindfulness practitioner analytically destabilises the notion of mindful 'compliance'. Its previous terms suddenly recede, and the whole notion of compliance becomes ambiguous. This resembles what McKinney and Greenfield (2010) have termed the 'ambiguous and fluid' issue of pharmaceutical compliance in areas of mental health where the evidence-base is non-definitive, and the consequences of incompliance are not life-threatening. They note:

> …individuals with less pernicious mental conditions than psychosis, (e.g., garden variety anxiety disorders and depression) who possess greater cultural, social and monetary capital, and who are not constrained by legal and other coercive measures to enforce medication compliance, do not have medication experiences organised around "compliance" to the same extent or in the same manner…for chronic and severe disorders such as diabetes, for example, insulin "compliance" can be a matter of life and death. For mild depression, much less is at stake with regards to antidepressant compliance. (2010: 174)

The implication of the authors' argument is that the inherently noncommittal nature of such an evidence-base, in combination with the lessening of the 'stake', filters into patients' experience of their medication regimes, perhaps via equally noncommittal therapeutic encounters with agents of governance.

This argument would obscure the complexity and deliberateness of mindfulness practitioners' commitments in the noncommittal. In the previous two chapters I demonstrated the wholehearted enactment and emergence of various forms of therapeutic subjectivity. In this chapter, by outlining how what Wolf-Meyer termed the 'therapeutic' recedes and the 'curious' emerges in experience, I have demonstrated that mindfulness practitioners' subjectivity is manoeuverable. This is not 'ambiguity' that is muddled or hesitant; it rather speaks to one of the literal meanings of the Latin *ambiguus*, which is 'moving from side to side'.

While I have as an analytical necessity demarcated these forms of subjectivity, I have demonstrated that they are dynamic in emergence. In ethnographic moments where ambiguity arises, they seemingly respond to and at times envelop one another; their apparent binary opposition in any one ethnographic moment is seemingly a device for therapeutic effect. I have therefore attempted analytically not to reify these apparently discrete forms. Taking the dualism literally – mindfulness 'is' one thing rather than another – would be inaccurate. The concept of mindfulness in this chapter, for example, depends upon its 'latency' within the self if it is to be 'practised' meaningfully by the mindful self, and is therefore necessarily two-fold.

Not only is reification theoretically inaccurate. Ethnographically, it is in the rigidifying of these forms of subjectivity that practitioners appear to encounter discomfort, doubt, and distress. As a practitioner doubts the efficacy of mindfulness, so in distress or irritation she claims that it should have 'worked already'. As a practitioner is depressed about her incompliance, doubting herself, she attempts to spur herself on to greater efforts, with metaphorically squealing tyres but little forward movement. Practitioners even think that trying to be self-compassionate can make the self-critical more self-critical. As I have demonstrated, these moments are signals of struggle, whether the mindfulness practitioner ultimately makes their effortful transition from one way of 'being in the world' to another, or not.

The experience of discomfort therefore marks the interface between these forms of being mindful. I noted in 4.1 that Alcibiades experiences discomfort at the point at which he realises that he must now prepare for his entry into political life in an as yet unknown new way, by taking care of himself. Laidlaw argues that Jains feel perpetual discomfort (2013: 126) precisely because Jainism 'is impossible' – or rather, being a good Jain is impossible *because* of its value pluralism. There are multiple ways to be a Jain in practice, but a single 'monastic' ideology of good Jainism that renders moving among these perpetually uncomfortable. Discomfort and self-direction thus become mutually dependent: discomfort arises at the interface between demands. The manoeuvrable mindfulness practitioner must recast discomfort as useful information, as a cue to shift intentionally to a different way of caring for themselves.

Over the last three chapters a particular kind of pedagogic trajectory seems to appear: from Alan, the aspiring subject of cure, to the 'therapeutic', to the 'curious'. The

practitioner's overall care of the self seems to consist of a certain manoeuvrability between forms of embodiment, at the place and time that are appropriate for her health and wellbeing. This form of embodiment does not preclude intentionality; indeed, the practitioner must become in some sense ever more intentional and less 'absent', as she becomes mindful.

An analytic absence remains at the end of this chapter. Here, as with Chapters 2 and 3, the body's capacities and experiences have been crucial aspects of their mindful subjectivity. Yet to understand the nature of practitioners' 'turn to the body', we need to know of what this consists in greater depth. We need to investigate how these emerge within meditation practices and pedagogies that in their breach as well as observance appear to create a mindfulness practitioner. Of what, precisely, does a subjectivity consist in which – to re-quote Mattes' informant – 'the medicine is you, you are the medicine' (2011: 164)? To unpack this, I now turn to the making of a 'mindful' body.

Chapter 5. The Mindful Body Part 1: from Absence to Presence

Introduction

In using the term 'mindful' body to investigate the mindfulness practitioner's mind-body, I riff on Scheper-Hughes' and Lock's (1987) analytical notion of the *mindful body*.[58] In using this term they appear to intend 'a suspension of our usual belief and cultural commitment to the mind/body…opposition[s] and assumption[s]', and to designate a body 'as simultaneously a physical and symbolic artifact, as both naturally and culturally produced, and as securely anchored in a particular historical moment' (1987: 7). I therefore adopt this analytical approach to the mind-bodies of mindfulness practitioners, at this point abstaining from pre-emptive assessment of whether this is indeed how they conceive their own mind-bodies.

In the previous three chapters I described apparently different forms of mindful subjectivity that segue into one another as the practitioner navigates self-cultivation. These are ethnographically discernable through practitioners' definitional statements, pedagogic approaches, and demeanours; they can be grouped into discrete, and internally coherent groups, yet are interrelated. They are ostensibly differentiated from one another in 'mind-body temporality': in whether mindfulness is felt to be 'for the future' or 'already here', and the degree to which practitioners are felt to be 'in the body', rather than 'in the mind'. The practitioner's need to *be* manoeuvrable seems necessary for their being, in their term, 'embodied'.

[58] As with 'embodiment' and Csordas' paradigm of embodiment, here I will use quotation marks to designate the mindfulness practitioner's form of 'mindful' body from the analytical mindful body.

The next two chapters will describe how 'embodiment' emerges through the enactment of attention within the practitioner's mind and body. Practitioners' very vocabulary of 'headiness' and 'embodiment' demonstrates that the mind-body relationship is central to mindful self-cultivation. I will suggest that when mindfulness practitioners speak of being 'embodied', they are describing both the enactment of ideal practitioner-self qualities (principally, curiosity and the capacity to care for oneself) and the development of a certain mind-body relationship. It is therefore in the judicious use of attention within the mind-body that they become good practitioners.

Here I recapitulate that during these two chapters, it will be necessary to use the term *embodiment* both theoretically (Csordas 1990, 1993) and ethnographically.[59] In the latter sense, it was frequently used in its various forms – 'embodying', 'embodied', 'embodies' – by the mindfulness practitioners with whom I worked. A close cousin was the term 'being in the body'. I will suggest that techniques of 'being in the body' indicate the cultivation of two particular mind-body configurations in mindfulness-based approaches.

Thus far in the thesis we have already witnessed one mind-body relation that is generally not considered ideal, and can be analysed as an 'absent body'.[60] In this chapter I will suggest that practitioners' preoccupation with transforming this way of being-in-the-world can be understood through the lens of (both theoretical and ethnographic) detachment. In a state of what practitioners call 'autopilot', the mind is thought to spin away from its ideal grounding in the body, into 'the head'. The

[59] W*ith* inverted commas to designate its ethnographic use, *without* to designate theoretical use.
[60] See Chapter 2.1.2: Alan Experiences an Absent Body.

apparent consequences of such 'headiness' for depression and distress mirror what Candea *et al.* (Candea et al. 2015) have identified as a modernist distrust of detachment. In MBIs, a 'heady' practitioner is one whose mind-body configuration exhibits an uneasy detaching or dualism between mind and body. As practitioners are taught to identify their own headiness not as the natural state of things, but as the specific manifestation of 'doing' mode of mind, self-work becomes an ethical as well as a therapeutic imperative. Becoming 'embodied' therefore acquires a particular valence in its bodily sense, as much as in its associations of habituation.

The following two chapters will differentiate between two forms of experience of, and groups of techniques toward, being 'embodied'. Just as practitioner-selves range from 'curative' to 'therapeutic' and 'curious', these chapters will suggest that likewise the mindfulness practitioner's mind-body relationship is multiple in its possible configurations. This chapter will explore how the mind is trained to 'come back to' the body: the body is cultivated to be an internal *resource*. Being in the body is thought to be, in the first instance, therapeutic, remedying the mental malaise incurred by being too much 'in the head'. A particular 'ontology' of the body emerges: it is commonly human – we all have one – and permanently available, an untapped instrument for the alleviation of distress. The resourcefulness of the body must be cultivated through multi-sensory attention, and practitioners attend deliberately to perception of touch or contact, the breath, and the body in movement. This creates a felt sense of 'presence': sensing the body renders it present against the past-future pull of 'cognition'.

As the practitioner learns to attend to the body, however, new quandaries arise: what to do with one's persistent departures from it, in the pervasive form of mind-wandering; and whether one's determined redirection of attention from 'cognition' to 'sensation' results in a therapeutically sanctioned form of passive internality. As practitioners navigate these encounters with their mind-bodies, the chapter points to the ways (then taken up by Chapter 6) that mindful 'embodiment' is more than the achievement of bodily presence.

5.1 Situating the Mindful Body

Over the past thirty years the anthropologies of the body, embodiment, and the senses have reshaped analyses of medical experience and the cultivation of the self. In this thesis so far I have described various forms of embodied experience of the practitioner's therapeutic subjectivity. In this chapter I wish to pay closer analytical attention to the precise experience *within* the mind-body of the mindfulness practitioner, by investigating the latter's cultivation of bodily attention. In order to explore these ideas ethnographically, first some comparative context and theoretical background are necessary – both from the anthropology of the body, and recent work on detachment.

Around the time of *Writing Culture* (Clifford, Marcus 1986), anthropology discovered that among its postmodern problems was a mind/body problem: principally the omission of the body as active participant in the generation of social and cultural life. In 1977 ethnomusicologist John Blacking argued that body techniques were not 'learnt from others' but rather 'discovered through others' (1977: 3), paving the way for a new 'anthropology of the body' that 'must be concerned primarily with somatic

states and capabilities that normal organisms can share' (1977: 13). This moved away from the structuralist notion that the body was 'inscribed' by culture: 'a microcosm of society, facing the centre of power, contracting and expanding its claims in direct accordance with the increase and relax of social pressures' (Douglas 1973: 101).

Anthropology's diagnosis of a mind/body problem must be contextualised with the contemporaneous diagnosis of a modernist 'detachment' problem: detachment of nature from culture, us from them, and indeed mind from body. According to Candea, Cook, Trundle and Yarrow, postmodernism turned against detachment in a way that has had far-reaching theoretical consequences. They argue, 'the spectre of "western modernist detachment" has haunted public discourse and social theory and made it hard to think of detachment in any but the most dichotomous and morally charged terms' (Candea et al. 2015: 3).[61]

According to Candea *et al*, the postmodern turn reacted against detachment by attempting to demonstrate its impossibility. Anthropology showed 'single-minded focus on documenting the inexistence and impossibility of modernist detachment' (2015: 7). It thus became singularly attached to demonstrating *engagement:* nature was engaged with culture after all; 'we' were engaged with 'them'. Let alone being modern, we had never been detached. Candea *et al* argue, 'A key trope of contemporary social theory, which has now passed into dogma, is that purported detachment can and ought to be revealed as really relational, engaged and entangled' (2015: 7). As anthropology discovered that detachment was ethnographically impossible, it was simultaneously discovering that the same applied to mind/body

[61] We might therefore add mind/body dualism and detachment to the 'morally charged' term of neoliberalism already noted in Chapter 4.1: The Limits of Neoliberalism?

dualism. Lambek, for example, argued that 'mind/body dualism is at once everywhere transcended in practice yet everywhere present, in some form or other, in thought' (1998: 105). New dualisms thus emerged to demonstrate the transcendence of old ones.

Meanwhile, theorists mooted re-engagement with the body. Csordas's new approach to embodiment sought not only to bring the body back into anthropological analysis, but a particular kind of body – the phenomenological. Csordas addressed the three forms of body described by Scheper-Hughes and Lock (1987): the individual, the social, and the body politic. He argued that each of these could be seen from two perspectives. The first is semiotic – 'body as representation'. The second is phenomenological: 'body as being-in-the-world' (1993: 136). By now the former had received plenty of attention, but the latter remained occluded from analysis: how the body experienced individuality, social metaphor, and the political. Influenced by Merleau-Ponty's phenomenology, Csordas developed an 'embodiment paradigm' to depict the lived experience of the body, focusing on ritual healing (1990).

Csordas's paradigm set out particular parameters of re-engagement. He argues, 'This approach to embodiment begins from the methodological postulate that the body is not an *object* to be studied in relation to culture, but is to be considered as the *subject* of culture, or in other words as the existential ground of culture' (1990: 5). Culture and self are thus analytically redefined: they are not concrete systems that exist as objects outside the individual, but rather are constituted *by* the individual in bodily processes of perception. The body was theoretically reinvigorated: once a 'passive lump of clay or *tabula rasa* upon which society imposes its codes', it became 'a

source of agency and intentionality, taking up and inhabiting the world through processes of intersubjective engagement' (1999: 178-9).

For Csordas, a phenomenological approach to embodiment described the body's multisensory engagement with the world. Seeking to overcome theoretical mind-body dualism, his outline of 'somatic modes of attention' depicts these as 'culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others' (1993: 138). Since the early 1990s, this approach to embodiment has been used fruitfully to investigate experiences of disability (Murphy 1990), pain, disease, and healing (Jackson 1994, Desjarlais 1996), processes of bodily learning such as dance (Potter 2007, 2008) and the Alexander Technique (Tarr 2008), and the senses and personhood (Geurts 2002, Ewart 2008).

Another kind of theoretical re-engagement with the body was also taking place, to slightly different effect. Csordas's development of a phenomenological approach to embodiment was contemporaneous with a new anthropology of the senses, pioneered by Howes and Classen (Howes 1991, Howes, Classen 2014, Howes 2005). They argue that different cultures 'elaborate' particular senses, whether vision in the West, odour in Japan, or heat in the Peruvian Andes. This results in 'sensory hierarchies' in which certain senses are more celebrated and respectable than others, often demonstrated by what Csordas would term their 'conscious cultivation'.

As the senses have gained analytical traction, so they have become fundamental to broader anthropological understanding of social praxis. Anthropology has quietly expanded the five-sense Western model to encompass a range of internal bodily

experience less easily classified. Hsu has researched both 'touch' in Chinese diagnostics, and the energetics of *qi* and the specific forms of pain that signify its therapeutic presence (2005, 1999, 2000a, 2000b). Potter too has examined pain and, in particular, kinaesthesia – a felt sense of bodily movement – in the context of learning to be a contemporary dancer (2007; 2008). Hirschkind's work on the 'ethical soundscape' of cassette sermon listening in Cairo throws the ears, ethics, and daily activities of Muslims into sharp relief (2006, 2001), offering the concept of a 'pious' sensorium: 'the visceral orientations enabling of the particular form of life to which those who undertake [cassette discipline] aspire' (2001: 640).

Despite its richness, the anthropology of the senses has not necessarily taken up Csordas's task of constructing the body-in-the-world alongside the body-as-representation. Rather, as the latter quote from Hirschkind reveals, and as discussed in the Introduction, it produces a different analytical notion of embodiment as the inculcation of dispositions. This apparent clash is visible in a debate between Howes and Ingold. The former's version of the anthropology of the senses suggests a structural determinism – the idea of sensory hierarchies 'out there', conditioning experience – that departs from Ingold's more Csordas-esque focus on sensory experience as being-in-the-world (Ingold 2011b, Howes 2011, Ingold 2011a). This enduring theoretical binary is not necessarily a problem for the discipline, nor for my purposes in these chapters. Csordas himself noted that the individual and the social body can be viewed either as representation or as being-in-the-world, describing these as 'complementary' rather than mutually exclusive perspectives (1993: 137). The senses can also theoretically slip into either camp.

This brings us to a point of interconnection between the uses of mind/body dualism and detachment as analytical categories. Anthropology has historically considered that theoretically mind/body dualism needs to be solved, and that ethnographically mind/body dualism is problematic, leading to social discord. Jackson, for example, in her work on chronic pain, argues that its mind/body liminality is what precipitates stigma (2005: 332). Yet recent work, particularly on self-cultivation, challenges this assessment. Potter's work on contemporary dancers in London demonstrates that they rely upon notions both of body-object and body-subject, which emerge from the fundamental instability of embodied experience, in order to shape themselves (2007: 91-92. As discussed in Chapter 2.1.2.). In this thesis, various notions of body-object or embodiment in the 'inculcation' sense are useful to mindfulness practitioners. The ethnographic co-emergence of various forms of mind-body relation indicates the usefulness of 'mind/body dualism' as a category of inquiry.

Candea *et al.* similarly argue that detachment must be seen as an ethnographic category. They develop a four-part typology of detachment based on analyses in a variety of contexts, from animal behaviour science to Inner Mongolian Buddhism: detachment is a phenomenon that is an ongoing process or a state, a form of self-cultivation (ascesis) or a stance (2015: 22). The authors wish to prevent analysing detachment ultimately as just another kind of 'relation', or vice versa. Instead they draw upon Strathern's notion of relations as 'connections that cut themselves' (described in 2015: 15): in Candea's work on animal behaviour scientists, the latter's 'suspension of disbelief' concerning the nature of animal mind means they must constantly navigate between a 'commitment to engaging in intersubjective relations with the nonhuman animals they study while simultaneously detaching from

propositional beliefs about the latter's inner lives'. Detachment and engagement therefore cut across one another constantly, a phenomenon Candea terms *epoché* (2013: 423).

For Cook, mindfulness practitioners respond to a modernist detachment by detaching from thoughts, in order to engage fully once more in life: therefore, 'detachment and engagement are dialectically constitutive' (2015: 231). Over the next two chapters I will agree with Cook that mindfulness practitioners' detachment from thoughts builds upon their perception of a specific 'modernist' detachment. In the previous chapter I demonstrated that mindfulness practitioners used 'the body' as a tool of re-engagement in order to effect transition from being overly self-responsible to being 'curious'; in this chapter I will take this further by showing that for mindfulness practitioners, modernist detachment takes the form of an unhealthy mind/body dualism. Cook's ethnographic exposition to date therefore omits a crucial step of this dialectical re-constitution – the fact that detachment from thoughts must be constructed through engagement with the body.

5.2 Sensing the Body

In this section, mindfulness practitioners navigate the beginning of a transition from 'headiness' to 'embodiment'. First, Matthew sets out the case for mindfulness to new course participants by suggesting that 'doing mode' has limited epistemological value. Then, mindfulness practitioners practice 'tuning into' various forms of sensory experience. Touch is elaborated as means of sensing the external boundaries of the body, the breath is invested with significance as means of bringing the attention back into an internal sense of bodiliness, and attention to the body in movement enables a

sense of ‘settling into’ the body. Finally, practitioners describe the overall effect of sensory attention as enabling them to have a whole body that is ‘present’ and ‘focused’. Through these practices, a particular configuration of the mind-body relationship emerges: the body is a resource that is ‘always here’ to steady the mind. Mind and body are no longer actively detaching from one another, but rather painstakingly working towards each other for an emergent effect of presence and focus.

The Limits of Headiness

Matthew hit the button on the electronic clicker and the screen of the PowerPoint presentation went a blank white. ‘A really helpful way into understanding mindfulness,’ he said, ‘is to notice how so much of our mental health and happiness in any given moment depends on where we place our *attention*.’ It was January 2013, and the first class of the student course. There were thirty of us sitting in rows facing the projector screen in the wood-panelled room. The bouts of doubt, struggles with home practice, pedagogical suggestions that mindfulness came up through the floorboards, and advocacy of self-compassion were all to come; we were right at the beginning. This was the only PowerPoint that the course would feature, but it had a crucial role to play. ‘Most of the time, our attention is in thinking,’ Matthew said. The blank screen jumped into life and a diagram appeared:

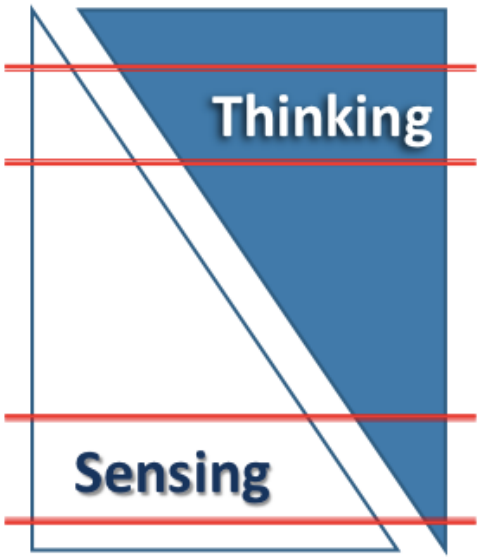


Figure 2. Thinking/Sensing[62]

Matthew pointed to the top set of red lines. 'So our experience can look a lot like this. As human beings we have the fantastic ability to spend much of our lives in the past and the future, re-living or pre-living. And for good evolutionary reasons our attention often goes to the most intense or difficult thing, the urgent thing that's calling for me to do something about it right now.' The students' watching faces were half-tilted and thoughtful. 'So with mindfulness, what we're practising is something much more like *this*.' Matthew pointed to the bottom set of red lines. 'We're practising placing our attention much more in sensing, being in the body in the present moment.'

The PowerPoint clicked onwards. Thinking and sensing, Matthew said, were 'portals' into two quite different 'modes of mind' termed *doing* and *being*. These different modes had particular identifying qualities. 'Doing' was a very habitual mode of mind. Typified by its focus on the past and the future, it tended to be reactive, to kick in quickly when a problem arose. 'Being' mode on the other hand was more present-

[62] This image reproduced courtesy of The Mindfulness in Schools Project, based on original image in a paper by Williams (2010: 2).

focused. It could be more intentional and creative, and therefore enabled us to 'respond' rather than react. There was nothing intrinsically wrong with 'doing mode', Matthew told us. Like Google Maps, it could get us from A to B if the problem at hand was amenable to such terms. But when it volunteered for a job that it couldn't do, like solving the emotional problem of feeling low, or upset, that's when we could get 'stuck' in rumination: 'why am I feeling like this', 'what's wrong with me', 'I always feel like this'. This, Matthew told us, was the cognitive signature of depression and anxiety. Like kicking against quicksand, it only made matters worse, reinforcing the message that we were no good.

What is principally recognisable in this description is the presentation of context-specific utility of ways of being-in-the-world: Matthew was stating that 'doing mode' was undeniably useful for certain things. Doing mode was a state of mind-body typified by 'thinking', habit, objectification of the body and the self, and absence of the felt sense of the body. This was sometimes useful: as we saw in Chapter 2, potential mindfulness course participants were expected to make an informed choice about their participation; this depended both on their notion of themselves as a 'type' of biomedical subject – recurrently depressed, or 'ordinarily' stressed – and on their notion of mindfulness.

However, context-specificity also invoked the *limits* of certain ways of being in the world: the idea that doing mode sometimes 'volunteered for a job that it couldn't do'. For Matthew, its limits arose in the remedying of distress. This was a fundamentally different type of endeavour from that of 'informed choice', and protracted 'thought' simply made distress worse. The term 'headiness' was often used to encapsulate

instances of excessive 'thinking' in contexts that were thought to call for an alternative approach. The inner and the outer critic were both potent examples of 'headiness'.[63] Ethnographers were not immune from being assigned a slot within the 'headiness-embodiment' spectrum: Irina, giving me feedback after a teacher-training retreat, politely suggested to me that I was a little 'heady' at times.

The vocabulary of 'headiness', as well as that of 'modes', disclosed a particular kind of binary at work. In earlier chapters I described gradual points of analytical departure between each 'body' of techniques as a practitioner-self. For Matthew, however, there was a fundamental bifurcation between 'doing mode' and 'being mode': a mode that elaborates 'the head', and a mode that emerges from 'the body'. This typology also encompassed a temporal distinction: doing mode, he said, was 'past and future'-oriented, whereas being mode was more about being in the present. This was based on an interacting cognitive sub-systems model of mind, elaborated by Williams (2008), following Barnard and Teasdale (1991). To Matthew, therefore, it is being too much in the mind, the past, and the future that creates malaise. One must learn when and how to swap out one mode for another, particularly when distressed.

Most importantly, Matthew's representation of doing and being modes and teachers' representations of 'headiness' shared a common characteristic. They were practices: 'we're always practising something', Matthew said, and 'what we practise, we get better at.' If we practised doing mode, we would get better at doing mode; if we practised mindfulness, we would get better at unhooking from doing mode at times when it did not serve us well. To present 'doing mode' as a practice was already a

[63] See Chapter 4.2: The Inner Critic.

subtle shift in its character. Within Candea *et al.*'s typology of detachments, doing mode's practicability turned it from a matter of stance to one of ascesis, or process. Matthew's depiction of bifurcation with the simultaneous language of 'practice' rhetorically renders the bifurcation dynamic. Doing mode becomes not so much a resting-place as a perpetuation of a dynamic mind/body detaching, the person's attention going ever further into the 'doing mode' of excessive 'thinking'. Matthew's representation of mind/body detachment has 'mind' stationed at a decided distance from 'body', along a continuum, and moving in the opposite direction:

←[64] Mind Body

Matthew's testimony ethnographically exemplifies what Candea *et al.* have observed to be the postmodern stance upon 'modernist' detachment. Matthew expresses his critique of 'doing mode' in evolutionary, cultural, and therapeutic terms. For his student audience, he cites the enculturation of a world-class university. 'Doing mode' is presented as the natural ascesis formed by what is at stake in a knowledge economy. To Matthew this builds on tendencies from our evolutionary heritage: the idea that attention typically veers to and conceptually elaborates upon whatever is painful in the landscape of perception, building a perceptual life constituted by a succession of attention shifts from one pain to another. Again, this conceptually resonates with Leder's 'absent body' (1990). This particular kind of modernist detachment, it seemed, was causing us ill-health.

[64] ← signifies the direction of attention.

Yet if doing mode could be *done*, it could also be undone. Two questions therefore emerged for the practitioner: first, whether one wished to continue enacting doing mode; and second, if one did not, how to enact something else. To Matthew, the body and the present were the counter-dualistic instruments of remedy. In his testimony, 'attention to the body' was the therapeutic lynchpin of mindfulness practice – the instrument of correction for a Cartesian, absent way of knowing oneself and the world. The direction of attention still took place between a mind and body that were distant from one another, but because it was an ascesis, rather than a stance, they would be moving closer together:

Mind ➔ Body

The cultivation of bodily attention would be therapeutic in the corrective sense, because it would counter a prevailing tendency of 'thinking'. It would also be 'therapeutic' in Wolf-Meyer's dynamically *temporal* sense: 'sensing' was a capacity that must be trained for future benefit. The redirection of attention from the world of thought to that of the felt sense of the body required practice 'over and over again'. Attention was therefore constituted as the tool of mediation between the 'doing mode' of excessive thought and the 'being mode' that invoked the previously neglected body. It was by training our attention to come back into the body intentionally and non-judgmentally, Matthew told us, that we would develop our capacity for mindfulness. Inattention on the other hand would leave the body just as absent as it

had been before – even if the guided meditation CD was playing – because inattention was actually itself a practice, the attention merely defaulting to other subjects.[65]

For Matthew, a particular form of sensory engagement was required in order to bring the body to attentive life and thereby undo the mind's detaching. Following Csordas, we can conceptualise this as the cultivation of a somatic mode of attention, whereby our own bodies and those around us become constituted from an 'indeterminate horizon'. Some modes of attention, Csordas argues, are 'spontaneous cultural elaboration'; others are modes that are 'consciously cultivated'. They thereby become an ethnographic as well as an analytical category: 'Some emphasise attending to the body and some with the body; some emphasise attending to one's own body, some attending to others' bodies, and some to others' attention to our bodies' (1993: 140). In the next sub-sections, practitioners delve into the sensory techniques of 'attending to the body', by attending to touch, the breath, and movement.

Touch: The Envelope of the Skin

MBCT contained seven distinct mindfulness practices, introduced at various points during the eight-week course.[66] The beginning of each practice had a particular characteristic: its attention to touch. 'Tuning into the sense of your body lying on the mat, the sensations of contact between your body and the mat – the heels, backs of the legs, the back, backs of the arms, and the back of the head,' intoned the teacher in the body scan as twenty-five participants lay on yoga mats spread throughout the room.

[65] We might recall from Chapter 2.1.2 how Sara looked forward to the body scan because it was her 'chance to have a nap', with particular consequences.
[66] Refer to Appendix for timeline. Practices included the body scan, stretch and breath, mindful yoga, sitting meditation, turning towards the difficult, breathing space, walking meditation. These were practices that participants would do at home in-between classes. The raisin practice was led formally only in class.

‘Checking in with the points of contact between your body and the chair, the sit-bones, the soles of the feet on the floor, hands resting in your lap,’ at the beginning of the breathing space, participants sitting upright in their chairs, feet flat on the floor and eyes closed. At the beginning of a walking practice: ‘tuning into the sensations shifting in the soles of the feet, as the heel begins to lift up from the ground and the weight shifts into the other leg,’ participants standing at the head of the yoga mat and beginning their snail-paced path of a few steps to its foot.

Touch was therefore one of the first senses that practitioners began to cultivate. In the first practice of the course, the raisin exercise, the teacher walked around the inside of the wide circle with a spoon and a bowl of raisins, placing a raisin in each participant’s upturned palm. Despite its recognisability the raisin was anonymised, and any previous perspectives upon it relinquished: ‘I’m going to place an object in your hand,’ the teacher said, ‘and invite you to look at it as if you were an alien from outer space and had never seen one of these before.’ Participants were invited to feel the raisin’s texture as they rolled it between thumb and index finger-tip, pressed it against the lips, and moved it inside the mouth with the tongue.

The body scan followed ‘the raisin’ in session one, and was practised every day at home for the first two weeks. After beginning with the contact of the whole body lying pressed against the mat we slowly moved the attention throughout the body. As the practice progressed, settling on one part and then another in turn – the toes; the whole foot; the lower half of the left leg, from ankle to knee – the teacher would call attention to sensations of touch in this part of the body. We noted the sense of contact between the toes, or awareness of spaces between the toes; the sensations of one’s

sock, or the air on one's foot; the sensations of clothing as we passed the attention up the body. We observed sensations of breath in the abdomen and chest, the sensations of the increased and decreased touch of clothing as we breathed in and out. We drew attention to the contact between the fingers, and the backs of the hands as they lay on the floor. We even noted the touch of the eyelids closed against each other; the sense of air on the face, cooler and now warmer at the nostrils as the breath entered and left the body. At the end of the body scan, we opened up the attention to the sense of the whole body.[67]

As we scanned the body, attention to touch therefore spanned from sensations localised to particular parts of the body, to its whole – the felt sense of its entire back and back of the limbs in contact with the yoga mat. 'Coming into the body' therefore depended upon the cultivation of different types of attention in sequence. An alternating focus and expansion meant that the practitioner might now notice particular sensations in depth, now expand to a broader sweep of sensory information. This resembles Alcayna-Stevens' depiction of the various somatic modes of attention required by animal behaviour researchers:

> Researchers' protocols often require focused attention in order to keep track of their 'focal animal' and its movements, both in order to follow the animals and to collect continuous data on their behaviours. Binoculars facilitate this kind of focus, as researchers literally zoom in and blur out all other distractions…And yet, researchers must also develop other kinds of attention. When they search for bonobos, for example, their attention cannot be focused, but must be dispersed and open. Researchers scan the ground for signs that the bonobos have passed…(2016: 13)

[67] As Matthew had once suggested to me as a technique to use after an illness. See Chapter 4.3: Self-Compassion and Bodily Reception.

Alcayna-Stevens' researchers develop both 'focused' and 'dispersed' somatic modes of attention to the embodied presence of others, for the purposes of collecting data and tracking travelling bodies via the traces they have left behind. Mindfulness practitioners, on the other hand, develop these forms of attending to their own bodies – here, sensations of touch – for therapeutic purpose. In the breathing space, we 'grounded' the attention by sensing our seat on the chair and the soles of our feet on the floor, arriving into 'this moment', transferring from the busyness of one's journey or a discussion over tea in the immediate past. 'Coming into the present moment,' the teacher would say, 'arriving into the chair, right now, noticing any lingering thoughts from your day, thoughts about the past or the future.'

The specific sense of the body pressed against points of contact was, we were told, 'always available to steady and ground us' when thoughts ricocheted from each other uncontrollably. 'Thoughts' were the mental stuff of past and future, described as mental phenomena that took us away from the present moment, while sensory attention was what brought us back. 'The soles of the feet cannot be anxious,' Matthew would say, and we might recall how Alice, overwhelmed by her depression, deliberately used the sensations of the soles of her feet on the floor as a counterpoint to the otherwise intractable pull of depressive rumination.[68] We were therefore taught to use the sense of the grounded body in response to recognition of an embodied experience of *not* being grounded.

Attending to touch was invariably an intrapersonal rather than interpersonal exercise, conducted at the boundaries of one's own body and the materials that enclosed or held

[68] See Chapter 3.3: 'A Little Bandaid Over a Massive Wound'.

it up – mat, chair, cushion, stool, clothing, air. In MBCT, the faintest formal exception was in the raisin practice. As the teacher dropped the raisin into the palm of the participant's hand, even then contact was mediated by spoon and raisin itself. This boundaried, autonomous attention to touch contrasts with Potter's ethnography of contemporary dancers in London, whose interpersonal attention to touch is intentionally trained through 'contact improvisation':

> One person lay on her front with eyes closed while the partner placed her hands on various places on the back – between the shoulder blades, along the sides of the ribs, at the sacrum, etc. As the partner did so, the person lying down was asked to "send the breath" and "send the attention" to the areas being touched. The active partner then began to gently add more pressure and direction in the placing of the hands, "encouraging" the still partner to move in response to the touch…She might roll over, sit up, or temporarily stand as the other partner alternated between "following" her movement and actively using touch to "encourage" movement in another direction. (2008: 457-8)

Here, contemporary dancers attend to specific, interpersonal sensations of touch as part of a kinaesthetic sensorium – the touch of one's partner ultimately initiates the movement of the body in a particular direction. Mindfulness practitioners, on the other hand, attend to touch within the boundaries of an individual body. This segues not into a kinaesthetic sensorium, but rather into other senses of the body in relative stillness.

This can be observed in the practice of the body scan. Expanded attention to the contact points of the body as it lay on the mat was sometimes described as the 'envelope of the skin'. Here, the cultivation of a sense of touch merged with cultivation of attention to its primary organ, the surface of the skin. 'Touch' was therefore not restricted to contact with something material, but included sensitivity to the circulation of air over the skin at exposed points of the body: ankles, collar-bone,

hands, and the face. When the attention arrived at the face and head, it was guided not only to the sense of the head pressing against the back of the floor, and the touch of the eyelids, but also to an awareness of 'facial expression' – the clusters of tiny muscles around eyes, cheeks, and mouth. Touch and the surface of the skin thus conjoined in constructing awareness of the body's boundaries, while the attention also gathered up sensations a little deeper within the body: as the attention traversed the body scan, sensations of touch appeared to arise with other sensations less easily classified within a five-sense typology, like tingling, pulsing, numbness, and temperature. Meanwhile, the sense of touch changed moment by moment as the ribcage rose and fell with the breath, pressing into the back and releasing.

In their attention to bodily sensation, mindfulness practitioners deliberately attend to the ordinary flotsam and jetsam of perception. Like Alcayna-Stevens' research scientists, they learn to discern particular occurrences in the landscape – here, of the mindful body – and to articulate these to one another. This bodily re-enchantment is broadly grounded in what McMahan describes as a 'Buddhist modernist' re-enchantment of the ordinary stuff of everyday life (2008: 216). Equally, given what is at stake for the mindfulness practitioner in turning to the body, we must note its resemblance to the recent movement in the anthropology of ethics for rendering the ordinary 'extraordinary' (as coined in Clarke 2014). For participants like Alan, the extraordinary treatment of ordinary bodily experience verged on the absurd, as he parodied participants' and teachers' responses in inquiry:

> I could see the uncomfortable middle-class…mmm someone'd better say something: "ooh I felt really – I felt hot during that." Isn't that interesting! "Oh I felt cold." Isn't that interesting! I'm thinking, I don't think you really did feel hot did you, and you probably didn't feel cold…So I understand the idea of validating that individual's views, when the individual's views are actually not

> terribly interesting even to that individual almost certainly. What's the point of it?

For Alan, pedagogic expressions of curiosity about embodied experience are simply the product of a misguided attempt to re-empower individuals. Moreover, Alan doubts that other course participants actually felt 'hot' or 'cold' when they volunteered that they had done so: unable to sense much in his own body,[69] he considered these expressions merely evidence of middle-class social discomfort. Yet as my interview with a practitioner called Kate would reveal, for some the 'point of it' was never far away.

Sensing The Breath

Kate was a slight woman in her late fifties with a shock of pale hair. When I handed her an information sheet at the beginning of our interview, she pulled out a ring-binder full of documents and articles about mindfulness and laid it on the table beside us to insert the sheet. 'This is my mindfulness folder,' she told me, fixing her eyes on me acutely. 'I aim to try and help with this sort of thing if I can.' I had met Kate at a mindfulness sitting group early in my fieldwork, and afterwards she had emailed me and volunteered to come into the Centre for an interview. Now retired on grounds of ill-health, Kate had been a schoolteacher for many years. From my preliminary questions we established that she had completed an MBCT course at the Centre two years earlier. 'How did you first come across mindfulness?' I asked, and Kate sat back and began to talk.

[69] As shown in Chapter 2.1.2: Alan Experiences an Absent Body.

Kate's story began in 1970. At sixteen, Kate was hit by a van on a rural road near the house where she lived with her parents. 'I was riding my motor scooter to school and a man drove into me on the wrong side of the road, and he practically killed me.' The van dragged Kate beneath the wheels for some distance. After the accident, her leg was badly damaged and she was barely able to walk. Her body was punctuated with glass: the windscreens of the period 'didn't craze, they all fell apart, and so you get triangular injuries…it's all shards of glass and it goes absolutely everywhere.'

Kate's predominant memory of the aftermath of this event was of abandonment, both by her parents and by doctors:

> …my parents couldn't cope with this at all, which is something of course I didn't realise at the time, and they didn't really respond in the way that you would to your child being injured and very disfigured… My father who is naturally a very angry – probably the war – angry and angry, *angry*, person – didn't cope at all well with this, and my mother was already suffering with depression almost continuously…so actually she was off the planet really most of the time. Lots of pills and stuff.

Kate's father had fought in World War Two, and she attributed his anger to his experiences fighting. Decades later, he refused to take her to hospital appointments, trying instead to get the hospital to send ambulances to pick her up. The summer of the accident, her parents packed up boxes with tins of food and sent her to a remote holiday cottage to spend three months alone. 'They didn't come and see me once.' Aged seventeen Kate was due to undergo facial plastic surgery in London, and they put her on a train alone. Meanwhile, medical help was not forthcoming in her rural environment. 'I didn't have any help after they dragged, scraped me off the road…but I managed to survive. You get sent home, no physio, no counselling, I think the doctor offered me pots of pills and I do remember distinctly when I was at the cottage

having a pot of five hundred painkillers. I could have killed myself quite easily.'

Years later at university she was still having problems with her eyes:

> …I went to the doctor and I said "I think there's some glass in here," and he said "rubbish, go away," so I thought ok this won't do. So I got a needle and sterilised it and dug out so he could see, and I said "can you see it now?" [Kate makes a face] Oh dear. So they sent me along – yeah it was pointing right into my eyeball, I was very lucky. So they sent me along to the hospital along the Euston Road and dug it out, and it was a shard about *that* long.

Kate gestured with her thumb and forefinger an inch apart. As she fixed her intent gaze on me once more, the message was loud and clear: Kate was someone who took things into her own hands, and had a forceful capacity to survive. She applied for university despite having to drop an A Level because of her injuries, trained as a teacher, 'met my husband, got married…had two lovely children', and worked, retraining as a primary school teacher when her children went to school. 'The thing is,' she told me, 'that in a foundation stage, it is incredibly physically hard work. So I started noticing that my injuries weren't holding up, like my leg would start giving way, and I had extra pain.' This notwithstanding, the years went by and Kate continued working. Then, soon after she had turned fifty, something happened at school.

> …one day there was a special workshop…in the school hall. So I accompanied the group down, and there wasn't a place for me to sit, and I wanted to sit next to a little boy, a hearing-impaired boy, who was very anxious…We stationed this lad where I could find somewhere for me to sit as well, and…as I was preparing to sit down, you know one of those big hall curtains, it fell down off the rail onto me, over me…. it was dark and getting this thing off me – then suddenly it all just welled up and I thought I cannot be here any more…. And I just thought, do you know, I can't go back to work. I CANNOT go to work. Like, you know, I've never felt anything like that before. I just knew.

An occupational health doctor signed her off work, diagnosing delayed onset post-traumatic stress disorder. Kate was the last patient admitted onto a PTSD trial run by

the university's psychiatry department. Every day for a week she worked intensively with a clinical psychologist in mindfulness-based CBT. The therapist took her back to the school:

> …she arranged it…when nobody was there, in the holidays, and we did the whole thing, the curtain coming…and we put the curtain over me. And it was only then that I realised what it was all about, because it happened again, and it was all about being under the car in the dark on that December morning. And being alone on this – it's a very remote place. Being alone on this road….So that's what it was. That's the lynch-pin, that's the memory that I had inside me from the curtain, and carrying from the accident, forty years later.

As the curtain fell from the rail and enveloped her, Kate was no longer in the school hall sitting alongside a small child; she was sixteen again, propelled through the windscreen and then dragged under the van along the remote rural road. She was completely alone: alone on the road, in the cottage, on the train, under the curtain.

In intensive therapy with the clinical psychologist, who was training to teach mindfulness, Kate's mindfulness-based CBT took the form of particular attitudes and practices. 'I think the first thing she wanted me to do was start being nice to myself, and of course I had this awful role model of my father, of how exactly not to be nice to yourself, all the time,' Kate told me. Then:

> …it was breathing exercises, relaxation exercises…Trying to free what was going on, and directing the energy as low as you can get it, basically, because I've always floated, I've always been a sort of intellect floating about. And lots of people like us are. You can't help it. It's because you're always questioning, and I'm terrible…[always] rushing off to the next thing, I'm shocking!

For Kate, reflecting back on her early experience of mindfulness, it was about trying to get the energy 'as low as you can get it':

> …all this was in my head, I think this is a really key thing, I'm a very – I was a very brainful person, everything was from the head, everything. And through mindfulness, and the teaching that I've had, and all the practice and everything I do, is keeping it in here [gestures to her chest].[70]

After her one-on-one mindfulness-based CBT, Kate took the eight-week MBCT course in the trial. 'What I wanted to stop,' she said, 'was this endless round and round in my brain, because I was having: "will I be safe, will I be safe, oh I don't like that, is he going to hit me, is he going to hit me [in a car]", promoting all this adrenaline rush and anxiety and all that.' For Kate, these thoughts were endlessly repeating 'old patterns' in which she got trapped 'in the head'.

As she went through the course, she found body scans and meditating on the breath increasingly helpful. From the beginning of a mindfulness course, attention to the breath scoped the internality of the body just as attention to touch marked the body's externality. At the beginning of a body scan, after sensations of lying on the mat were noted, the attention was directed to the 'sensations of the breath in the belly, the rise and fall of the breath.' We would be invited to imagine that on the next in-breath the air could travel not only into the lungs but also down the left-hand side of the body and into the toes of the left foot. The breath became closely associated with attention itself: 'breathing into the toes, exploring them with the attention', and then 'on the out-breath releasing them and moving the attention round to the sole of the left foot, and seeing what you notice here.' This pattern repeated all the way up the body, the breath both a sensory experience in itself – its rise and fall – and an imaginary vehicle for the focus, extension, and release of attention.

[70] As well as talking about being 'heady', practitioners often spoke about being 'up here', pointing to their heads. Here, Kate described and gestured towards mindfulness in the terms of head/heart that were more common among insight meditation practitioners, rather than the head/body contrast also used among mindfulness practitioners.

Cultivating mindfulness of the breath had a particular purpose for Kate:

> … by being mindful, you're more in the present. Moment by moment. And it's moving forward, which is fabulous, not looking back…if you're in the moment, you *can't* look back all the time. So if you're in touch with the breath, you can't be constantly imagining yourself lying on the road, under a car, with a curb on top of you, and that was the dreams and the flashbacks…you've got your breath – yeah! It works!

In Theravada Buddhist practice, Pali texts recommend 'calming and "earthing" the mind through mindful concentration on such things as breathing' (Harris 2012: 112). In Kate's perception, attending to the breath was inherently being 'in the moment' in a way that experientially excluded being in the flashback world of the past. Being mindful in this way enabled 'moving forward' rather than constantly 'looking back'. Kate's testimony suggested that the technique of attending to the breath made therapeutic use of two distinctions: first, that between the sensory and the cognitive (the 'old patterns'); and second, that between the present and the past-future. Being 'in touch with the breath' meant being in the moment, while being 'in the head' meant looking back. The breath was thus constituted as a therapeutic inner resource into the present that was always available: 'breath is handy,' commented one teacher-trainer; 'you can take it with you.'

Critically, attending to the breath was a technical portal into the broader capacity to be 'in the body'. Mindfulness teacher-trainer Vidyamala Burch articulated this differentiation at a Breathworks workshop I attended:[71]

> We tend to use jargon like "being in the body". This is difficult for people to

[71] Breathworks were a Manchester-based mindfulness teaching and training centre, who specialised in mindfulness for chronic pain.

> understand – *be in the body*: what does that mean? If instead you say, "focus on the experience of breath, where do you feel it? Chest, nostrils, throat." That's a good way of getting people to be in the body in a way they can understand.

Here, Burch captured how attending to the fine-grain of experience – here, of the breath – were required in order to be 'in the body'. Instead of telling someone to 'be' in the whole body, one must direct their attention. Enacting curiosity has technical outcomes: asking 'where do you feel it' refines the attention further. In the early weeks of a mindfulness course, participants' descriptions of their changing sense of their bodies encapsulated both the general sense of bodiliness and specific senses of parts of the body trained by this localised attention. They described 'feeling more in my body', 'coming into the body', just as – like another practitioner, Angela – they described specific perceptions of the breath.

Angela attended the same sitting group as Kate. Where Kate was energetic, Angela was subdued, but they had much in common. Both former schoolteachers, in middle age both had encountered mindfulness following diagnosis of post-traumatic stress disorder. When I met her, Angela had been practising mindfulness for six years. Retired, and happily married with grown-up children, she told me that her life had been peppered with 'trauma'. As a teenager in the 1960s she had been hospitalised and force-fed for anorexia,[72] but she was not diagnosed with post-traumatic stress until later in life, after an abusive marriage. Many years later, Angela had received extended psychological treatment for her flashbacks of the abuse. She had been undergoing CBT with her doctor when her husband spotted a poster in the local library for one of the Centre's MBCT trials. When I interviewed her, she told me that

[72] Descriptions of intrusive hospital treatment earlier in life were a persistent theme among my female interviewees.

her mindfulness practice had finally given her the 'courage' to seek help for the earlier experience of her hospitalisation and force-feeding.

One of the first memories that Angela had of her mindfulness class was of the teacher opening the glass French windows, which looked out onto a Japanese garden, before meditating on the breath:

> [The teacher] linking the inside to the outside was very helpful, because I found when I was focusing on breathing then there was actually good quality air to breathe, and that made a huge difference. I actually appreciated what air did…appreciated the freshness of the air but also how calming the breathing is to the body and to the mind, and how it then made you feel more of a whole person, instead of a racing mind, a body, and trying to get to somewhere called "calm".

The experience of 'racing' mind, fragmented from body, was associated for Angela with the sense of 'trying to get' somewhere, echoing the sense of the practitioner-self who strives for curative transformation. Attending to the breath on the other hand, as the fresh air came in from the garden, mediated among these absent fragments of mind and body. For Angela attention to the breath knitted the mind and body together in a way that enabled a sense of respite: she felt like a 'whole person'. For Angela 'focus', the breath, and being kind to oneself were all connected:

> …although I've been ill a lot, it was all about getting better, or being sensible, it wasn't about being kind to yourself, and so the breathing being a way of being kind to myself, because that helped me to relax, and steady my thoughts by focusing on the breathing. And that this wasn't a waste of time, that actually breathing, and thinking about breathing was very very important, and not thinking about what could I *do* as a way to behave or a way to think, was a *huge* thing.

For Angela, as for Kate, attending to the breath enacted curiosity and self-compassion with oneself rather than self-punishment; Angela contrasted breathing with what she

might '*do* as a way to behave', demonstrating the practitioner's notion of 'doing'. 'Thinking about breathing' had a particular effect for Angela when it came to using the breath in the body scan. As the latter's direction of attention reached the face, participants were invited to 'breathe into the mask of the face', as if from below it. Angela found this particularly helpful:

> ...I grit my teeth, I keep my mouth shut, you know "if you can't say anything nice, don't say anything at all", and I smile lots, and I like to get that going first sometimes, because you do wear your emotions on your face...it's actually important for me because I do so much "oh I'm fine I'm ok", that to de-mask myself and focus on the breath instead of focusing [on] looking ok and un-neurotic and calm, I find helpful...maybe it's the female in me, the way I've been brought up, you've got to look agreeable, and being a teacher and putting on a nice brave face to parents and pupils. You know? So it was very helpful for me in relaxing my face, and allowing me to become neutral, and that that was ok.

For Angela, 'thinking about breathing' was contrasted not only with 'doing' as a therapeutic subject but also with 'doing' as woman and schoolteacher. This contrast was embodied: attending and breathing into the face produced an experience of 'de-masking' and becoming 'neutral'.[73] The practice was a demarcated space of 'being' in which attending to the body with the breath allowed parts of the body to release the patterns inscribed by other spaces of 'doing'. The effect of attending to sensations of the breath was therefore experienced as therapeutic in part through its alleviation of the unwanted bodily vestiges of tiring social roles. While Kate had been neglected by others, Angela felt herself to be constantly on show. Among mindfulness practitioners, the cultivation of bodily attention thus emerges ethnographically as therapeutic mediator not only between doing and being, mind and body, but also between attending to others and attending to oneself.

[73] Analysis of the gendered nature of the experience of MBIs is beyond the remit of this thesis, but Angela's observations call for future research.

Focused attention on the breath – both in the literal expansion and contraction of the chest cavity, and in the imaginary extension of the breath throughout the body – parsed the body's internal space much as attending to touch had constituted its external boundary in perception. This binary evokes the physiological concept of proprioception: indeed, the latter term was adopted to *contrast* the internal sense of the 'deep tissues' of the body with its external five senses, or 'exteroceptors' (Sherrington 1907). For mindfulness practitioners, however, in the cultivation of attention to the demarcated breath the binary constantly slipped. The breath intermeshed with other sensory experiences, like touch: the contact with clothing as one's ribcage enlarged and contracted, and the sense of the imaginary breath moving through the mask of the face, as muscles slackened and the face became 'neutral'.

For Angela, attending to one kind of sensory experience at a time was inevitably bound up in an aggregate chain of increasing capacities of sensory attention. As she continued recounting her early experiences of mindfulness, she went on:

> …the link between, well, the raisin – the raisin and focusing, and the more you focus, the more there is to that moment, and the more you focus on the present, the less your awareness of intrusive thoughts, but that if you had intrusive thoughts it was alright, just refocus. And that then that linked from sight to smell to taste, so there was the senses each in turn, so…parts of your body linked, so that you could feel that you could get a sense of that increasing focus, so it was shape, colour, texture, and then you smelt it, and then you tasted it, and all that helped you deepen your focus. That's what I found very helpful. And how that helped reduce the mind flitting, because you were physically focused.

Angela's frequent reiteration of the word 'focus' made her point. Earlier she had described how the breath 'linked' mind and body; now, she described how attending to the raisin with each sense 'linked' the body. The senses were parsed and engaged

in turn: sight, touch, smell, taste. This deconstruction had a particular effect: as the body linked up with itself, her 'focus' increased. A paradoxical relationship emerges between the practitioner's felt outcome – an attentive bodily unity – and their unlikely method: attentively detaching aspects of bodily experience from one another.

Moving into the Body

In class, the announcement of an impending body scan or mindful yoga precipitated a flurry of movement as participants pulled blankets from the shelves at the side of the room and rolled out the yoga mats that had been placed under their chairs. They wriggled into lying-down positions, tried knees pointing to the ceiling and then legs flat on the floor, raised heads and reached to adjust blankets around shins, settled arms by their sides palms down, or rotated to palms up. When participants progressed to extended sitting practices, teachers demonstrated how to sit by shifting forwards in their chair and gesturing to the relative height of the hips and the lower position of the knees, opening up the chest so that the back was straight, adjusting the incline of the head so that the chin and jaw formed an acute angle with the neck. In due course as the teacher announced a sitting practice the circle of participants rippled with a wave of straightening backs as people uncrossed their legs and closed their eyes, the circle sporadically broken at the edges as some leapt up to acquire cushions and stools.

Angela, describing what happened at the Centre's mindfulness sitting group, noted the effect of this activity:

> …you see people settling, no this is not the position I want, this is the position, and I'm like this, and I like this rug, you know everyone twitches a bit until they get themselves physically settled. And that's all part of settling the focus in your head to your body.

The burst of bodily activity was therefore an important prerequisite for mindfulness practice. Yet 'coming back into the body' was practised not only in incidental movement, but also in the deliberate movement of the whole body in time and space. In session three of MBCT, the class opened with a mindful yoga sequence comprised of gentle floor-based poses – pelvic tilts, cat stretches – and bringing attention into the sense of the body in motion. Later in the course participants practised walking meditation, slowly peeling the soles of their feet away from the floor in order to walk a few paces, turn around, and walk back. The shift from the stillness of the body scan to the movement of yoga and walking was often a welcome relief for participants. Angela, who had found the body scan 'terribly difficult', described this:

> …when we do the stretches or yoga before meditating, that's really helpful, and other people say it is. And I think it helps you just become aware of your body. And focus on your body before you then focus on your body as part of the mindfulness meditation…It's like doing a warm-up exercise before exercising, it brings everybody present. Maybe that's because I'm used to yoga…but no I found [the body scan] quite frightening, because so many intrusive thoughts come in before you've practised, and when you're in the course, that's difficult. But then when we had done the yoga poses, before as part of the meditation, and the walking meditation, I was then more able to be stiller. So I think you can link your breathing and your body – you can gradually bring the two together before the stillness.

For Angela, the movement practices established the 'link' between breathing and bodily attention. Much as the breath had anchored Kate in the present moment, movement was helpful in grounding Angela amidst intrusive thoughts – the echoes of her abusive ex-husband and adolescent history of forced medical treatment, both manifesting in harsh self-criticism. MBCT teachers often commented that mindful movement seemed to be particularly helpful for recurrent depression, because gaining attentive traction on the body amidst the internal 'heady' whirr of rumination was

otherwise so difficult. It enabled people to become present, rather than what Leder terms 'absent'. As Leder describes, as persons learn new bodily skills such as swimming or bicycle riding, 'the problematic nature of these novel gestures...provoke[s] explicit body awareness' (1990: 31): the body comes to the forefront of the mind.

Mindfulness practitioners' emphasis upon attention to the moving body is perhaps best described as elaboration of *kinaesthesia*, 'a dynamic sense of constantly shifting one's body in space and time in order to achieve a desired end' (Potter 2008: 449). In Potter's ethnography of contemporary dancers she argues that kinaesthesia requires incorporation into sensory anthropology, given the latter's attention to the 'cultural elaboration' of particular senses (see above). In contemporary dance, the felt sense of the body moving in space and time is elaborated through practices of attention for 'desired ends' of particular bodily shapes and sequences before an observing audience. For mindfulness practitioners, on the other hand, shapes and sequences are not just ends, but also means: bodily movement assists in settling the attention into the body, providing a further landscape in which the mind can be redirected from the generation of 'thought' to 'raw sensation'. Mindfulness practitioners' form of kinaesthesia is thus comprised of two kinds of movement: the movement of the 'body' in time and space, and the movement of attention *into* that moving body.

The importance of the latter was highlighted by the way that experienced mindfulness teachers adapted the original 'script' of MBCT's mindful yoga when they taught it in class. The Centre's director (and co-founder of MBCT), a clinical psychologist, had recorded the guidance on the meditation CD for mindful yoga. The postures of the

latter mirrored Jon Kabat-Zinn's late 1970s yoga sequence in MBSR. The CD was largely posture-based in its guidance. As legs were raised and lowered, backs arched and flattened, with little honed attention to how it *felt* to raise and lower the legs or the back, the body slipped a little further towards absent rather than present. Coming straight after two weeks of body scans, this was surprising. Participants and teachers alike seemed to pick up on the ambivalence of the yoga practice. One participant, a physiotherapist, commented to me that it was 'definitely 1970s yoga'. Alan, with his usual trenchancy, asked me what on earth mindfulness teachers were doing teaching yoga when they were not yoga teachers.

When experienced MBCT teachers led the practice in class, however, they often elaborated upon the CD's script, with greater attention to felt sensation in movement. One teacher, Fiona, led many fewer postures than the CD contained, yet invited close attention to the sensations of slowly moving arms and limbs releasing from tension as they lowered onto the mat. It was emphasised to participants that they might attend to the 'wisdom' of their own body, whatever guidance the teacher might offer. One trainee teacher by contrast stuck closely to the script, simply leading participants through the postures albeit at a slow pace. The experienced teachers' praxis departed from the script in a way that was frowned upon for any other practice. The fact that they embellished or slowed the mindful yoga therefore demonstrated something analytically important. In the script of the practice as it stood, the movement of the body was decoupled from *attention* to the movement of the body: it was rendered an end rather than a means. By altering their guidance, teachers reversed this, rendering the movement of the body co-implicated in bringing the attention back into the 'raw sensations' of the body.

This example of mindful movement teaching demonstrates two facets of practitioners' embodied self-cultivation. First, and most simply, it demonstrates a further way in which practitioners train the attention to 'come back into the body'. Second, it allows us to see how this attention acquires significance in the process of self-cultivation. In their elaboration of the practice, the teachers differentiated between the *form* of mindfulness practice on the one hand – in this case, bodily shapes and sequences – and the somatic mode from which that form emerges: an attentive one. A yoga practice might just as easily emerge from a somatic mode of inattention: early on, practitioners would often complain about being unable to stretch as far as they would wish in the practice, or alternatively say that this was just like their regular yoga class, so they knew how to do it. In so doing, they placed most emphasis on the fulfilment of the postures. 'So what did you notice in the body?' the teacher would say, redirecting the attention to the felt sense beneath being 'unable to stretch' or 'knowing how to do it': tightness in the joints, or looseness in the back.

This differentiation between the form of practice and its mode is encapsulated in one final ethnographic detail: the simple and oft-repeated instruction to attend to the body, and to sensations, 'as they are'. In the body scan, we were told that there was no need to 'generate' sensations or 'go looking' for them. An impulse to wiggle the toes in order to feel them against the sock could simply be noted and released; the act of attending was sufficient to constitute bodily experience, such as it was, within a perceptual field of indeterminacy. This notion of 'raw' sensations 'as they are' was contrasted with mental commentary that might arise upon them. We might start to notice thoughts that detracted from how sensations 'were' and instead anticipated

spatiotemporal change: how sensations might develop in the next few moments, or what would happen when we moved the attention further up the leg. These thoughts might have an affective or evaluative flavour: 'I don't like this', 'I want to keep the attention here', or 'I should be able to feel more'.

In each case we were guided to acknowledge the thought and return the attention to sensation 'as it is', perpetually peeling the cognitive from the sensory in our experience. This re-direction of attention enacted the distinction between sensation and thought in three particular ways. First, by distinguishing among indeterminate internal activity mindfulness practitioners enacted Matthew's dynamic mind-body binary, directing attention away from thinking (or the 'head') towards sensation (the body). Second, the temporality of internal activity was reinforced: thinking took one into the past or the future (how the sensation might change), but sensation itself was inevitably in the present (how the sensation 'is right now'). Third, internal activity was distinguished either as evaluation according to a code (how sensation 'should be') or simple observation (how it 'was'). The act of distinction therefore occurred along fault-lines between mind and body, times and spaces, and forms of ethical experience.

In the context of deliberate self-cultivation, instructions to return the attention to how things 'were' rather than investing in thoughts about how they 'should' or 'might be' might appear to be a paradox that 'denies law whilst simultaneously asserting this denial as law' (Heywood 2015: 213). We might be tempted to analyse this as the mere proffer of an alternative law, expanding the range of possibilities in a timeless snapshot of static paths. Yet the dualism occurred *in* time, actively but gently pointing

the practitioner towards the alternative as a matter of practice. To echo Alcayna-Stevens, in the context of multiple 'ontological' possibilities 'enactment itself often prioritises one of these possible worlds over another, even if they are enacted in rapid alternation…possible engagements with worlds…are enacted creatively, expressively and (more often than not) *wholeheartedly*' (2012: 94. My emphasis). Therapeutic need was at stake in the wholeheartedness of a somatic mode of attention, and the extent to which one moved 'into the body'. The various dualisms that were ethnographically visible among mindfulness practitioners – mind/body; temporal; ethical – were therefore dynamic, and to a point.

5.3 Beyond Sensing the Body

As we saw in Chapter 5, the exhortation to 'be in the body' was regularly parodied as much by Centre staff like Sofia as by outspoken critics like Alan. In Sofia's case, however, she seemed to be parodying not the *practice* of attending to the body, but rather the way that this sometimes became a singular and unqualified mantra – a whiplash remedy to everything that might be remotely 'heady'. Parody did not undermine the principle *per se*, but I began to get the sense that it was pointing to some hidden component to mindfulness practice's construction of the body and bodiliness. Such a component might place the principle in a broader context of praxis, showing that 'attending to' the body as a counter-dualistic remedy was only part of the technical repertoire of mindfulness, rather than its whole.

Wandering: What Minds Do

One recurring theme seemed to encapsulate this ambivalence about attending to the body: teachers' guidance about mind-wandering. When participants began practising mindfulness they swiftly realised the habitual extent of the mind's capacity to wander – after all, session one of MBCT was entitled 'Waking Up to the Autopilot'. As participants looked at, smelled, and chewed their raisin, the mind's preference for 'thinking' – about raisins of past picnics, or how the raisin had 'once been a grape in California' – was as common an experience as that of Angela's interweaving of the senses. When participants lay down for their first body scan, snores frequently arose – often from different corners in the room – as the mind 'checked out' somewhere around the left calf or the right knee. Participants spoke about 'butterfly mind' or 'monkey mind', commenting on how it flitted from one thing to the next rather than contained itself within sensations of touch or tingling. 'I found it terribly difficult,' said Angela of the body scan, in her case because of the constant intrusion of difficult thoughts, and she was not alone.

The advice in such circumstances was reliably uniform. Without fail each teacher guiding a body scan would at some point offer up the following guidance: 'and at a certain point you may notice that the mind has wandered off somewhere – and when this happens, noting where the mind has gone, and gently guiding it back to the sensations in this part of the body'. This notwithstanding, in the inquiry participants would report their perpetual mind-wandering with increasing degrees of frustration or sadness. Even if they had not attended an introductory session as clear as Matthew's, they knew by now that they were supposed to be 'in the body'. They had after all been practising techniques of attending to its sensations of touch, the breath, and the

weight of the limbs and expansion of muscles in movement. They might even, like Angela, have had moments of a sense of presence and focus in the whole body as the constant chatter of thinking eased.

In the last chapter, the teacher responded to a participant's 'inner critic' with an invitation to see thoughts of how she 'should be contributing' just 'as thoughts'. Earlier on in the course teachers usually took a slightly different approach. 'And when you noticed that the mind had wandered, what did you do then?' they would ask. The participant might reply that they had brought the attention back to the sensations of the body, but that it had only gone off again. 'And what a lovely description of what minds do,' the teacher would say. 'And over and over again, when we notice that the mind has wandered, our task is to notice where it has gone, and gently to bring it back – not to wrench it back as if it's doing something wrong, but just to bring it back with some friendliness and allowing.'

Here, the teacher's pedagogy revealed a construction of the body as more than a site of attention training. The latter part of her comment certainly signalled that cultivating a sense of 'being in the body' was a matter of practice, requiring a constant 'bringing back'. Likewise, the guidance of 'gentleness', 'friendliness and allowing' towards the mind-wandering enacts the self-compassion that as we have seen is thought to be inherently associated with bringing the practitioner back into the body.[74] However, in this case, the first part of her guidance intimated a technique of attention that was quite different from those of attending to bodily sensation: although our second task

[74] See 4.3: Self-Compassion and Bodily Attention.

when the mind wandered was ‘to bring it back’, our first task was ‘to notice where it has gone’.

To notice where the mind had gone implied an attention ‘to’ thinking that was different from the techniques explored in this chapter. It also departed from the mind-body configuration that was this chapter’s starting-point: attending ‘to’ thoughts apparently differed from the unobservant attending ‘through’ the lens of thoughts that Matthew had argued might spiral into malaise. Noticing the content of thinking, in a sense that was not simply getting ‘pulled into’ it, was different from the counter-dualism of attending to the body. Indeed, to assume – as the participants above did – that attending to the body was the singular way to become mindful was actually in itself ‘heady’. It produced exasperated, self-critical thoughts that took the practitioner yet further from the body. The teacher’s treatment of mind-wandering indicated that there must be a technical role for the body in mindfulness practice *beyond* simply being ‘attended to’.

Sound Responses: Ghosts and Bicycles

As we saw in Chapter 4’s clinical case study of the inner critic in action, sounds were a common source of distraction for mindfulness practitioners. Participants often reported the disruption of children clamouring downstairs or the phone ringing. As practitioners learned to attend to the body, the code of attentive action when sounds broke one’s meditative reverie seemed clear. In session two of Alan’s course, Grace, a mother in her forties, recounted doing the body scan quietly in her room on one side of the bed, out of sight of the door to the bedroom. Her daughter came looking for her, bemused because her mother’s things were all over the place – handbag, keys –

so it was clear that she had not gone out. The daughter went all round the house calling for her. In class, Grace described how she responded to the situation: 'I could have said "I'm here", but I said to myself "no, I'll carry on with this". When she'd finished, and left the bedroom, her daughter thought she was a ghost on the stairs. Here, despite a brief back-and-forth in her mind, Grace quickly decided to return concentration to the sensations of the body.

Later on, however, more ambiguity arose concerning the necessary response to sounds. Each eight-week MBCT course offered a full day's practice at the Centre on the Saturday following session six. The day was conducted in silence, the participants guided in meditation throughout the day by the teachers, bringing packed lunches in order to eat 'mindfully' at lunchtime. The five hours of silence, with an hour for quiet feedback at the end of the day, were a chance to 'deepen' the practice. At the beginning of the day, the teachers would outline the rubric of the silence and how it would work. The teachers might be approached at any time if necessary, but participants were asked to refrain from verbal communication with each other.

One mindfulness teacher, Fiona, always told a particular story at this point in the morning. She had taught an 'all-day' where, at the end of the day as people were leaving, one of the participants had unexpectedly rung the doorbell to come back into the Centre. Their bike had been stolen from the bike stands behind the building. Another participant packing up her things had piped up to say that, positioned at the back of the room, she had heard something odd earlier in the day – but she was supposed to be in silence, so she had not said anything. Fiona used this story to give a clear direction to her all-day participants. 'If you hear something that worries you, or

you're worried or concerned at any point, just come and tell us,' she said. 'You don't need to keep quiet about it.'

These stories encapsulated how moments of apparent conflict arose for practitioners within a practice. Whether one should pay attention to the body, rather than to one's daughter calling, and to sounds as a point for perceptual redirection rather than potential criminal activity, required not a single guiding principle but constant re-negotiation. Grace's vignette captured the way in which practitioners and course participants frequently encountered tension between their familial responsibilities and their mindfulness practice. By choosing to continue scanning her body with attention, Grace even loses personhood briefly in the perception of her daughter, who mistakes her for a ghost on the stairs.

Fiona's rhetorical use of the story of the bicycle theft actively signalled to participants that these tensions might arise. It seemed that attending mindfully to oneself and the world around one sometimes entailed responding beyond the redirection of attention back to sensations of touch, breath, or movement. Just as practitioners had to learn to navigate among ways of being a practitioner, so they would have to learn different ways of encountering experience through their mind-body.

Conclusion

In this chapter I have described how mindfulness practitioners train themselves to attend to the body. First, deliberate awareness of sensations of touch and contact are used at the beginning of mindfulness practices to 'ground' the practitioner. Practitioners train their attention to be both focused and broad within the bounded

landscape of their own individual mind-body. Practitioners attend to the breath to become 'present' in the face of ruminative and intrusive thoughts, to extend awareness throughout the limbs, and to extend kindliness towards themselves that may have been unavailable from others. Finally, mindful movement is deliberately used to bring focus from 'the head', 'to your body', and to highlight the distinction between the practice's ostensible form and its ideal mode of fulfilment, or what Foucault calls 'subjectivation' (2000: 264). For practitioners, the felt outcome of these techniques is one of 'presence' and wholeness.

In these practices, a particular experience of the senses and attention is revealed. Sensory attention is thought to mediate between an absent and a present sense of the body. The senses, when deliberately deployed, 'access' a body that is 'always available', but often neglected. Once merely an absent vehicle for mind, the body becomes a resource, 'another place to stand' away from the busy whirring of the default, doing-mode-inclined head.

As the 'mindful' body emerges, its particular properties become ethnographically evident. First, it is a body that is 'available to all of us', with qualities of 'grounding' and 'anchoring' that are thought to be replicable across human experience. Second, the body is not only commonly available but also *perennially* available, sharing the temporal specificity of a 'curious' definition of mindfulness. The practitioner can always 'drop into' the body via the sensations of the feet against the floor, the sit-bones on the chair, or the breath in the abdomen. The 'mindful' body is not only a body that can be made present, but it is also in premise a body that awaits discovery.

This discoverable notion of the body is congruent with McMahan's depiction of modern Buddhism: 'valorisation of the details of everyday life, its finely tuned descriptions of the flow of consciousness, and its new reverence for ordinary objects and their capacity to reflect the universal…provides a distinctively modern way of resacralising the world without resort to the supernatural' (2008: 218). For mindfulness practitioners, it is the body that is the ordinary object, whose capacity to reflect the universal experience of bodies must be discovered through close attention.

This, in turn, echoes prior perspectives in the anthropology of the body. We might recall John Blacking's stance cited in 5.1, above, that body techniques are not 'learnt from others' but rather '*discovered* through others' (1977: 3. My emphasis); that the anthropology of the body 'must be concerned primarily with somatic states and capabilities that normal organisms can share' (1977: 13). In mindfulness practitioners' turn to the body, we therefore find that the 'body' is constructed similarly to that disclosed in anthropologists' initial turn to the body. For mindfulness practitioners, this methodology of the self has a particular purpose: not only do they consider sensory attention to be a common 'capability', but they expect the experience of the body made present through this attention to be commonly therapeutic.

Mindfulness practitioners' constitution of 'sensory attention', however, is intriguingly predicated upon its distinction from 'cognitive' experience: one attends to the toes, rather than to thoughts about the toes. Given this apparent replication of mind/body dualism, the ethnographic emergence of unified, 'present' mind-bodies is a paradox that requires explanation. The lens of detachment alongside that of somatic modes of attention becomes useful here. First, in Matthew's presentation, it was considered that

the default stance of western persons was one of *already* being detached. Excessive thinking was thought to perpetuate a mind/body split where mind and body are distanced from one another. For someone who is 'heady', forces of cognitive attention constantly hold the mind taut at a distance from the body, the mind spinning ever further in its own direction:

← Mind Body

This might seem ideal to Candea's animal behaviour scientists, for whom 'the capacity to be able to hold at bay, up to a point, the evidence of your senses' is 'a hard-won and painstakingly cultivated virtue' (2013: 432). Yet mindfulness practitioners consider themselves to have the opposite problem: how to hold at bay one's cognitions, and bring the senses back into mind. From Csordas' embodiment perspective, the practitioner's act of remedy must be to constitute the 'body' within the indeterminacy of perception, turning the direction of attention towards 'sensory' experience. From a detachment perspective, at this point, mind and body are still detached from one another, but the mind is moving in the direction of the body:

Mind → Body

The mind-body distinction here is therefore a counter-dualism rather than a dualism. The direction of attention enacts the distinction between a dualism that is being done, and a dualism that is being undone. Attending to the body is trained by deconstructing it, attending in turn to specific sensory perception (touch) or process (the breath). The step of parsing the sensory from the cognitive, or the breath from the whole body in

this way might appear only to fragment and alienate the body further. Yet the outcome of these techniques is that the practitioner *feels* sensorially engaged, 'present' and whole. Practised detaching *within* the body therefore has a paradoxically therapeutic effect upon a (pejorative) detachment *between* the mind and the body, reducing that sense of distance:

Mind ➔🡐 Body

McMahan has drawn attention to this relationship between the particular and the whole in Buddhist modernism. He comments that in Herman Hesse's book *Siddartha*, 'Siddartha's rapt attention to one thing gives way to a flood of awareness of all things, which then resolve again into one as each takes its place in a unified cosmic harmony'; to Buddhist modernists, affirmation of the world requires 'affirmation of the particulars of the world' (2008: 232). To mindfulness practitioners, the realisation of a whole mind-body requires the realisation of previously excluded sensory particulars.

How does this fit into Cook's observation that mindfulness practitioners 'detach from thoughts' (2015: 231)? The 'mindful' body's engagement is seemingly the product of a fine-grained process of detachments. Training a practitioner to 'come into the body' requires a partitioning of attention *within*, rather than between, the mind-body. As Vidyamala Burch at Breathworks suggested, one does not technically 'come into the body' – one comes into the breath, or the soles of the feet. These different ways in are implicit in Cook's analysis of MBCT, but not spelt out. An 'engaged' body is therefore technically achieved through a series of detachments: detaching from

thoughts *by* attending, with care and curiosity, to the body's individual components and capacities of touch, breath, and movement.

Candea *et al.* critique the anthropologists who identified 'engagement' as a solution to the 'problem' of modernist detachment. For mindfulness practitioners, however, this problem and its solution are not theoretical, but lived experiences, and the 'engagement' of the body appears key. Just as Candea *et al.* note, recent celebrations of engagement 'draw their force from the version of modernist detachment "engagement" is designed to negate' (2015: 10). McMahan comments,

> The desire to see something deeper in the stone, the river, or the ketchup bottle is of course not solely a product of modernity; traditional Mahayana conceptions of Buddha nature have long sent people on quest to plumb the hidden depths of ordinary things. But modernity has imbued this desire with a particular significance: it is the modern period that has neutralised, objectified, and commodified the stone and thus invited the question of whether there is in fact anything *more* to it. (2008: 239-40)

The dialectic between detachment and engagement, the 'ordinary' and the 'hidden depth', suggests a distinctive way that detachment and engagement may near-simultaneously occur in mindfulness practice: they occur at different levels. As thought is detached from sensation, or the breath from the indeterminacy of bodily perception, an engaged and 'present' body and a 'whole' mind-body emerge. We therefore see that mindfulness practice uses techniques of embodied attention at a subterranean level of selfhood to create a new detachment that 'cuts across' a pre-existing detachment, in so doing transforming the latter into an *engagement*: the mind is no longer detached from the body, but engaged with it.

This resembles what Candea terms *epoché*: a perpetual interplay between detachments of one kind, and engagements of another (2013: 423). In my ethnography, particular forms of detachment are the techniques of the self, a particular form of engagement their outcome. Detachments must perpetually form beneath each other, operating at different levels like flyovers; the subterranean produces an emergent effect. To 'be in the body' is an engagement that is experientially impossible without a raft of specific techniques that deconstruct, detach, and thereby rebuild. The enactment of these sensory detachments, beneath an unwanted detachment at a higher level of selfhood, brings about an emergent experience of therapeutic effect: for Angela, 'wholeness'.

In Thai Buddhist practice, Cook argues that there is a 'dissolution of the self in meditation practice' that contrasts with the 'need for self-discovery in psychoanalysis' (2010b: 85). She notes, nonetheless, that 'other common practices in psychotherapy are based on the dissolution, not discovery, of the self' (2010b: fn 6, 85). In this chapter I have demonstrated how a mindfulness practitioner's 'embodiment' is predicated upon the notion of discovery – not discovering the 'self' *per se*, but rather discovering the *body*. Yet the body is discovered through its fine-grained deconstruction: attentive sensory experience is the warp and weft of bodiliness. Discovery and dissolution, like detachment and engagement, thereby become mutually implicated. What mediates among all of them, for mindfulness practitioners, is sensory attention.

Cook's distinction between dissolution and discovery suggests that even as we seek to identify tools that mediate between binary definitions, the latter retain their

usefulness. They are ways of mapping discrete properties of an ethnographic field that in lived experience is, according to Csordas, perceptually 'indeterminate', wavering betwixt and between. Ethnographically such pragmatic dualisms may be ways not just of 'doing anthropology' but of constructing oneself as a mindfulness practitioner, dancer, or Thai Buddhist nun, within what is otherwise an intractable experiential indeterminacy or 'experiential overlay' (Potter, 2007: 92).

This may explain why people often grasp the (analytically unstable) 'body' firmly in order to cultivate the (equally unstable)[75] self: its very instability, according to Csordas's embodiment paradigm, renders transformation possible. In recent work on the construction of Buddhist practitioners, deliberate manipulation of the body demonstrates Csordas' paradoxical notion of the body as the 'existential ground of culture and self'. Pagis's work on *vipassana* meditators in Israel and the United States describes how the Goenka (Burmese) tradition actively brings awareness to the body and body sensations in order to alter one's sense of self (2009b, 2009a, 2010a). In Cook's ethnography of Thai Forest Buddhism, she describes how the forbidding of exercise 'is intended to enable monastics to cut attachment to the body' (2010: 23). One of the nuns told her 'that if we were crippled later in life it would not matter because we would have no attachment to our physical form' (2010: 24). Through their efforts, they would have realised the tenet of 'no-self'.

[75] Since the 1990s, research has not only 'contributed to a questioning of the autonomous, rational, disembodied self as a gold standard for successful personhood' (Lock 1993: 138) (to which we might add, as Laidlaw notes, the 'internally consistent' self); it has actively undermined that illusion in contexts across the globe. From contemporary dancers in London who must experience themselves as both subject and object in order to achieve professional excellence (Potter 2007); to video game players who cultivate both virtual and 'real' selves (Boellstorff 2008); to Amazonian persons who are 'dividuals' rather than individuals (Vilaça 2009, Vilaça 2015), both the body and the self conceptually designate ethnographic variety and theoretical instability.

As Foucault describes in his analysis of care of the self in *Alcibiades I*, Alcibiades is ambivalent about the role of the body in cultivating the self: 'When you take care of the body, you do not take care of the self. The self is not clothing, tools, or possessions; it is…a principle not of the body but of the soul. You have to worry about your soul – that is the principal activity of caring for yourself. The care of the self is the care of the activity and not the care of the soul-as-substance' (Foucault 2000: 230). Here 'care of the body' is reduced to taking care of its man-made material appendages, rather than the extension of attention within its flesh and bone. For a mindfulness practitioner on the other hand, the body is the warp and weft of selfhood, just as sensory attention is the warp and weft of bodiliness.

Yet the ethnographic examples in 6.3 intimated that 'coming into the body' through the senses was not the sum total and intention of practitioners' techniques of attention, or experience. In cases of mind-wandering and of suspicious sounds, participants were asked to do something that looked more like attending 'to' their thoughts. This was not the attending 'with' or 'through the lens' of thoughts visible in examples of headiness, nor was it solely redirecting attention from thoughts to the body. It therefore points to an alternative practice of attention, and reflection on experience, that require unpacking. To that end, I turn to my final ethnographic chapter.

Chapter 6. The Mindful Body Part 2: from Presence to Insight

Introduction

This chapter takes up ethnographically where the last ended in its portrayal of mindfulness practitioners' turn to the body. In Chapter 5, practitioners learned to attend to the body in order to 'resource' a fragmented, ruminative mind. In so doing they learned several important characteristics about therapeutic selfhood. First emerged a new dimension to the notion that the tools of remediation were internal rather than external. The principle that 'mindfulness' would not swoop in and save them – it could not be injected, downloaded, or accessed via a better teacher or a more expensive class – turned out to be an embodied one: therapeutic capacity existed within the practitioner's own mind-body, in the sense of his sit-bones on the chair or his breath in the ribcage. The oft-repeated adage 'the body is always here' or 'the breath is always here' disclosed a task-specific representation of the body as constantly available, not as absent vehicle for mind but as companion to it.

This realisation was bound up with a second embodied property of therapeutic selfhood: that therapeutic change was a process enacted in the practitioner's persistent, cumulative, attentive detachment from cognition and turn to the senses. For this itself to be fully realised, practitioners needed to perceive that *all* mental activity was an ascesis or 'practice': that in the very act of striving to be subject to external intervention – pursuing a better mindfulness class or more potent pill – 'doing mode' became ever stronger, each cognitive craving driving the mind further away from the

lived body. The simple line ‘what you practise becomes stronger’ was not only a self-evident truth, and a subtle act of persuasion that invoked a particular kind of therapeutic self-responsibility; it also referred to a specific notion of ‘practice’ in general as embodied, and *mindfulness* practice as constitutive of ‘embodiment’.

Mindfulness is thus reconstituted as an ascesis; the felt sense of the (constantly available) body becomes the tool of its trade; and the perpetual redirection of attention ‘from’ mind ‘to’ body becomes its mechanism. Here the therapeutic work might appear to be over – and yet it was not. A felt sense of presence, although appreciated by practitioners, did not seem to be the end-point of mindfulness practice. Additional ethnographic moments disclosed a separate technical role for the body beyond being ‘attended to’. This chapter will explore this alternative role – the emergent capacities of an ‘engaged’ body – and the dynamic nature of the mind-body that emerges from it.

First, I will demonstrate how practitioners’ closer attention to the body reveals that far from being static and ‘constant’, instead the mindful body shifts and changes perpetually: pain, for example, becomes a complex shimmer of highly localised sensations in perception. A practitioner’s ‘embodiment’ therefore becomes not a single turn to the body, but a repeated turn to a body whose visible terrain expands with each turn. Second, I will demonstrate how practitioners must learn to attend to ‘thoughts’ as means to remedy problems of ‘headiness’.

This form of attention is only possible as the emergent property of the techniques and experience described in the last chapter. Practitioners term the body ‘another place to

stand' and witness experience, including thoughts. The body therefore doubles: it must not only be 'attended to', but also attend (Csordas 1993). For a mindfulness practitioner the latter ultimately depends upon and reinforces the former: attending *with* the body enables the capacity to attend *to* it. This has implications for models in sensorial anthropology (Howes, Classen 2014) as well as for our understanding of practices of detachment: the attentive body is ultimately the mindfulness practitioner's tool of detachment from thoughts that propagate distress.

This practice is further developed: as the practitioner's repertoire of attention expands, they may now attend to *both* 'sensation' and 'thought' in their experience, identifying constellations of experience that hang together and lend themselves towards personal insight. This attentive recombining of elements of 'mind' and 'body' is therefore, paradoxically, founded on the prior attentive split described in Chapter 6, where thought (the stuff of the mind) was construed as quite distinctly different from sensation (the stuff of the body). A further paradox emerges as the practitioner identifies their own 'unique' patterns – a process that I suggest depends upon, rather than contradicts, the prior perception of their 'common' and constantly available body.

I will suggest that these paradoxical ethnographic cases disclose the emergent nature of practitioners' self-cultivation, whereby each step is the property of its prior. The mindful reunion of thought and sensation are only possible through the prior practice of their detachment, while the mindful differentiation of one's body is only possible if one has already acknowledged its common humanity.[76] Mindfulness practitioners'

[76] Both as seen in Chapter 5.

disparate propositional professions therefore mimic the elements found in Candea's identification of *epoché* – the co-existence of engagement and detachment, of different kinds (2013: 423) – and in Alcayna-Stevens' 'doublethink' (2012: 82). While Candea's research subjects must strive to remain suspended between 'ontologies', however, mindfulness practitioners must strive to be able to commit consecutively to one, then another.

Finally in this chapter, I will explore mindfulness practitioners' experiences of insight in the light of the wider arguments about detachment, paradox, and emergence, signalled above. As psychotherapist Jeremy describes processing his anger over social justice issues by turning to it 'in the body', he enacts his 'mindful' body as the root of mindful selfhood, its qualities replicating through rather than, in the feared modernist manner, detaching from his other engagements in the world. As Jeremy comes to understand his 'cognitions' as moments of recapitulating 'headiness' along an overall trajectory from headiness towards 'embodiment', his case raises theoretical questions about the role of transgression within the fulfilment of self-cultivation trajectories.

To close a thesis that has highlighted the multiplicity of bodies, minds, forms of attention, and of 'embodiment' that emerge through mindfulness practice, the final ethnographic word comes from mindfulness teacher-trainer Sandra. She does not so much ponder whether her thoughts are 'true'; rather, she adopts the perspective that no thought, or reflexive thought about a thought, may ever be. In so doing she perpetually defers acquisition of 'truth' and reality, even as her practice of reflexivity seems to seek it. I will suggest that in this stance, Sandra affirms the archetypal mindfulness practitioner's epistemic and ethical commitments: to continued self-work

that has no guaranteed end, and to ensuing 'ontologies' of body and mind that are both therapeutically resonant and yet never final.

6.1 The Attending Body

Dynamism in the Constant Body

Attending to the body, thereby making use of this permanent inner resource to quieten the over-thinking mind, seemed on the one hand to be an unassailable premise of mindfulness practice. Yet during my fieldwork the therapeutic efficacy of this approach sometimes appeared to result in an abrupt dead end – sometimes even before it had begun. Advocacy of 'being in the body' did not always go down well. At one point, I heard that a renowned local retired humanities professor was critiquing mindfulness for being 'anti-thought'; for some, the act of turning to the body to remedy the mind was in premise not a therapeutic counter-dualism, but rather an epistemological mistake that might result in an alarmingly exclusive body-based way of knowing the world. This would replicate the degree of detachment between mind and body that Matthew had described, but this time alienating one's way of knowing from the mind:

Mind Body ➔

For others, attending to the body was an initially acceptable technique that subsequently did not deliver. Recall that Alan, despite his absent body, was actually willing at first to practise mindfulness: 'we have focused attention on our work,' Alan told me, 'and to push that into the body, absolutely fine.' Yet when he did so, nothing

about his experience of his mind-body shifted. The body was simply ‘boring’. He did not feel more present, or less irritable; quite the reverse. For others still, making the body present as means to tap into its resource was problematic simply because the body was already making itself present – with pain and discomfort – and this did not feel ‘resourcing’ or unifying at all.

In location, size, and atmosphere, the first MBCT course I attended during fieldwork was quite different from the courses at the Centre. It was run by a local mental health charity and took place in a rented community centre on the edge of the city. The centre was next to a filling station and a short walk away from a large shopping complex. The area was semi-suburban, with a scattering of small, peeling shop-faces and car-thick roads that channelled commuters onwards into town: every week I held my breath on my bike while cars overtook and undertook with impunity. The centre had a small car-park and a complicated arrangement for access. One front door would lead straight into someone else’s group session if one opened it inadvertently; the other required manual locking and unlocking, opening into a short dark corridor that led to a tiny kitchen and the MBCT room beyond.

The wooden-floored room was large and cold in the winter, with windows that looked out onto a small courtyard. In the kitchen, a metal urn hissed and steamed beside a bowl of fruit, packets of herbal tea, and biscuits. Catrine, the teacher, was a psychologist in her early forties who was a couple of years into mindfulness teacher-training at one of the UK’s major centres. I saw her occasionally at masterclasses at the Centre; her current supervisor was one of the Centre’s teacher-trainers. Catrine was welcoming to me while also run off her feet, leading several therapy groups of

various kinds each week for the charity alongside the essays due for her training programme. Every week before the class I helped her set up the camera that would record her teaching for supervision, its line of sight trained away from the participants and focusing instead on her seat across the room by the flipchart.

There were twelve course participants in the group at first – ten women and two men – to compare with the Centre's twenty-five-strong groups for the general public. By the time the course had started, a couple of the participants had already dropped out, Catrine told me with chagrin. Some of the participants had previously participated in other groups run by the charity – the CBT group, or one for 'complex needs' (long-term mental health problems and personality disorders). Many were unemployed or worked part-time because of their chronic health problems, which ranged from schizophrenia to traumatic brain injury incurred in a road accident. Participants told me that there was no way they would ever have attended MBCT at the Centre, as there it was ten times the price. Here, they simply paid thirty pounds to cover paper hand-outs, CDs of the guided meditations, and refreshments, for the eight two-and-a-half hour sessions and a day of silent practice.

In session three, Catrine led a practice of standing stretches followed by attending to the breath. Afterwards, as we wriggled in our chairs to break the tension of stillness, she asked the group what the experience had been like. Sophie spoke up. Sophie was a mother of three in her forties and struggled with depression and anxiety; she rarely spoke in class, but began now by talking about her increased concentration on the practice. 'I can really do it here,' she said. 'I can't do it at home, turn off all the negative thinking and the thinking something over and over again, you know what I

mean? Here, they all just go and I'm here. I've had a lot of problems with anxiety and stuff so I really recognise that. But at home I can't get out of them.' 'What did you notice in the practice?' asked Catrine.

'Pain in my shoulders, and like, I'm a smoker so I could feel all the little sensations in my chest and all up here' – additionally, she gestured downwards to her legs – 'all coming and going and shifting and changing. So I was able to pay attention to the pain in a good way, it felt good.' I was struck by how much Sophie was speaking and the detail of her description, given that she usually said very little. She went on: 'and when you've constantly got to think about things, and got families and stuff [it's hard to stop the thoughts]. But I can do it here.'

Sophie's sensory experience here had a particular temporal characteristic. Her testimony appeared on the one hand to suggest belief in a constant body: her suggestion that she could 'do it here' implied that bodily experience was there to be accessed for the purpose of feeling calm and focused, even if she was only able to be so in certain conditions. Participants often described being better able to concentrate during the practice in class than at home, where the pull of family or work life distracted. Yet what Sophie found when she was able to 'do it' was that bodily experience was dynamic. Her sensations of pain were 'all coming and going and shifting and changing'. The body might be 'always here' as a resource – that is, for Sophie, when family concerns allowed – but when she brought attention into it, this gave rise to a new landscape of the body in which its sensations themselves were not so solid. Attending to these more closely revealed their fundamental instability.

In Sophie's account, her attention constellated two notions of the body: both constant and dynamic. Able to turn to her body with a degree of concentration, the dynamism of the sensory experience that Sophie found there seemed to be therapeutic. It 'felt good' to attend to pain's shifting patterns; it was not necessary for the pain to disappear.[77]

As the constant body was scrutinised more closely, it therefore began to seem considerably less constant.[78] Moreover, this was a deliberate trajectory of attention. Teachers often invited identification of the instability of bodily sensation, asking participants whether the experience of pain or tension felt solid, or more like a bundle of sensations; whether the sensations had changed or stayed the same as the participant had observed them in the body; how they were 'right now' in the inquiry. This spatiotemporal pedagogic ploy discloses that pain and discomfort were assumed to exist as solid and unwavering in 'heady' participants' experience. Lying on the floor in the body scan, sensations of discomfort in the lower back or neck often 'pulled for the attention'. When the inquiry began and participants wearily sat up on their yoga mats, they would describe spending large parts of the practice thinking about the ache in their leg or the knots of tension in their back.

Teachers' guidance of attention here took a particular form. From the beginning of the course, moving the attention towards discomfort was encouraged – but in a form that

[77] Attending to physical discomfort in this way mimicked attending to the mental discomfort of the 'inner critic'. In that case, therapeutic effect occurred through a similar constellation of opposites, bringing a 'curiosity' to one's 'self-disciplinary' tendency: one did not have to eradicate one's inner critic, but attending to it and thereby 'seeing' it in itself brought a sense of relief.

[78] This transformation is often noted analytically. See e.g. Clarke's methodological observation on 'ordinary' ethics, following Sheringham on the transformation of the everyday into the extraordinary: 'paradoxically, the more one scrutinises and celebrates the everyday, the less everyday it becomes…The content of the ordinary can thus come to seem alarmingly unstable' (Clarke 2014: 419-420).

was deliberate, somatic, and fluxing, rather than a 'heady' involuntary steady beam of aversive cognitions. We saw in Chapter 5 how practitioners constituted the breath as a tool of attention and used it to extend attention throughout the body. When pain and discomfort arose, this alignment of breath with attention had a particular use. Participants were invited to 'acknowledge these sensations, perhaps breathing into and breathing out from them, allowing any tension that wants to leave the body to exit on the out-breath', while 'as best you can, allowing the sensations to be just as they are'. As the course moved on to mindful yoga and sitting meditations, it was regularly suggested that participants 'breathe with' unpleasant physical sensations. Angela, who had a chronic pain condition, described this to me in our interview:

> …I can remember…a guided discussion about breathing into where your pain is, and I'd always tried to suppress it, because that's what you do, take tablets to suppress the feelings of pain. And to pay attention to the pain, and breathe into where you have the pain, with no sort of "breathe in and then you relax", just – give it some breath, give it some breath – I thought that was *really* weird, to do that, how do you do that?! But…that was really helpful, so to be thinking about the pain in a quiet way, and not moving or taking tablets, but breathing towards the pain, and just breathing and touching it with the breath was an extraordinary approach to pain, to me. Because it seemed you were paying attention, you were giving it I suppose a sort of loving kindness, you were feeding it oxygen the way you were directing your breath. How do you direct your breath down your arm to your elbow, I thought, but then I thought yeah, I am! And I guess in the West we don't do that to pain; pain is something we want to push away. And it was sort of, wherever you feel pain, there you go towards it, with your breath.

Here, Angela contrasts a model of pain suppression through tablets with that of paying attention 'to the pain' with the breath. Notably, this was not intended to get rid of the pain – to turn its presence into disappearance. Instead this form of attention dialectically challenged the spatiotemporally solid construction of pain enacted through taking pills and 'pushing it away'. The latter evoked what Wolf-Meyer (2014) identifies as the temporal 'rupture' of an attempted cure – an aspired before and after. Angela did not look to see if there was an 'after' – if the pain changed.

There was 'no sort of "breathe in and then you relax"'. Instead, she used attention itself dynamically: 'give it some breath, give it some breath'. Rather than reporting what happened to the pain, she described what she did to it: simply 'touching it' and 'giving it…loving kindness'. Being with pain in this 'quiet way' was, for Angela, 'really helpful', just as for Sophie it 'felt good' to pay attention to the shifting sensations of her pain.[79]

The reconstruction of a 'mindful' body therefore relied not upon the disappearance of unpleasant sensation, but rather on the identification of dynamism within sensory experience. Emphasis on experiential fluctuation – particularly *within* pain and discomfort, rather than toward their relief – recognisably invokes two Theravada Buddhist tenets regarding the nature of existence. As Pagis describes in her ethnography of *vipassana* practitioners, both the inevitability of suffering and the impermanence of experience must be realised along the path to wisdom. Pagis illustrates the realisation of impermanence for one informant: '"I was sitting and experiencing all this pain, and all this notion of impermanence seemed ridiculous to me…But then, as I continued observing the details of the pain, it slowly disappeared and all these subtle sensations appeared. It was amazing"' (2010a: 480). For Maria,

[79] The temporal solidity of pain, discomfort, or unpleasant emotion seemed to be the spatiotemporal signature of 'headiness'. Recall Alan's experience in Chapter 3: in the third class, the teacher led a scenario visualization exercise in which the participant had to imagine walking down the street, seeing someone they knew on the other side, waving, and the person simply walking past without acknowledgement. Becoming aware of the thoughts, feelings, and body sensations, the teacher said, enabled us to see how our interpretation of an event (e.g. assumption that the person is angry with us) affects how the body responds (e.g. stomach lurching). Alan, whose main complaint was explosive irritation, wanted to know which element from this triptych of experience it would be most helpful to bring mindfulness to in the moment: 'Because I can see how it could work with thoughts, but with emotions they've already happened, they're already there in my body, so what can it do…?' Alan could see how thoughts might come and go as one became aware of them, but his experience of emotion was rather of its temporal intractability.

the solidity of 'pain' dissolves and it becomes changeable 'sensations'. This changes how pain is perceived: as kinetic and multi-faceted, rather than static and solid.

For Pagis, testimonies of dynamism in experience during meditation practice demonstrate how oft-articulated Buddhist concepts become 'embodied'. Similarly, Cook describes how a Thai Forest monastic learns to recognise thoughts and emotions not as 'the uninteresting slough of the daily grind', but as 'evidence of the fundamental truths of Buddhism: that all phenomena are conditioned by non-self, impermanence and suffering' (2010b: 70). Here we might find a parallel in anthropological theory. Csordas, describing anthropology's turn to the body in the 1990s, comments: 'If behind the turn to the body lay the implicit hope that it would be the stable centre in a world of decentred meanings, it has only led to the discovery that the essential characteristic of embodiment is existential indeterminacy' (1994b: xi).

Csordas' respective conceptualisations of the body in anthropological 'hope' and 'discovery' echo the constructions of bodiliness that emerge through mindfulness practice. Yet to him, only one of these – the discovery – turns out to be correct: the body is fundamentally indeterminate. It seems that mindfulness practitioners, however, do not measure their experience against realisation of a 'fundamental truth', but rather consider themselves to be openly investigating 'what is'. In so doing, they discover *two* bodily 'truths': first, the constancy of the body's existence; second, the impermanence of its sensations.

These appear at first to be mutually contradictory: a paradox or simultaneity. I suggest however that two possible explanations arise that render these two 'truths' neither simultaneous nor paradoxical. First, a multiplicity of truths might form a technological repertoire of the self for therapeutic effect: as we have seen, in different cases identifying the body as constant or dynamic is equally helpful. Indeed, where apparent solidity and constancy in one's pain – for example – is distressing, to identify its dynamism proves alleviating.

Second – and not unrelated – we might infer that constancy and dynamism actually refer to two different things: the one, the body as witnessed from a distance; the other, the body as witnessed up close. The first refers to the mind-body configuration as the practitioner cultivates a somatic mode of attention in the first place; the second, the configuration as the practitioner further refines their attention. Therapeutic effect is not so much a matter of 'perspective' in the sense of occupying different views from three hundred and sixty degrees around a given object; it is not even solely a matter of 'distance', in the sense of proximity to a given object. The object of closer proximity is experienced as fundamentally different in space and time from that which is further away. Therefore, therapeutic effect is the emergent property of *movement*, of changes to these properties of time and space.

The paradox of Zeno's arrow is useful here. Zeno was an ancient Greek philosopher who stated that in order for an object to move, it must change its position – for example, an arrow in flight. As de Castro describes: 'At each instant (indivisible, by definition), Zeno's arrow occupies a portion of space equal to itself; if it were to move during that instant, it would have to occupy a space larger than itself, for otherwise it

would have no room to move'. This paradox seems unbridgeable. Yet it 'is resolved in reality, for the arrow – against all odds, as it were – rapidly arrives at its destination' (2011: 141).

Likewise, the mindfulness practitioner's body must arrive at its destination for therapeutic effect – and this occurs through the movement of attention. The objects of her attention must be carefully re-positioned within a horizon of indeterminacy whose landscape is not flat, but multidimensional. When the practitioner identifies her pain rather than her body as constant, she flattens this landscape. The possibility of moving forward as a practitioner ends – if only, perhaps, temporarily. For therapeutic effect, pain must move – it must be brought closer through concerted curiosity, by identifying its particular sensations in the body from moment to moment.

We could conclude from a lofty third-person analytical perspective that constant, dynamic, and 'absent' bodies occur 'simultaneously' among mindfulness practitioners. This is correct if we speak in typological terms that flatten out space, time, intention, and attention. Yet for mindfulness practitioners, these varying representations of the body are emergent phenomena of varying spatiotemporal configurations of attention as they move along their trajectory of self-work. Not merely simultaneous or paradoxical, we might better say – to borrow from Clarke – that these are 'opposed and intertwined in shifting but productive ways' (2014: 421). Here the nature of this 'productivity' is that it is therapeutic. Now, I will exemplify how the rogue elements of headiness might go unidentified, as prelude to depicting the mindfulness practitioner's subsequent possibilities of attention.

A 'Bad Meditation'

Like many of my research subjects, my own propensity to headiness periodically reared its head. One fieldwork experience in particular comes to mind: a morning on the MBCT teacher-training module, a six-day retreat at a centre in the West Country. It was mid-morning, soon after breakfast. We were halfway through the retreat, and at the front of the main room, the four teacher-trainers – Sandra, Irina, Simon, and Eleanor – sat on chairs facing into the room. A circle of trainees upon chairs lined the remaining perimeter of the room. In the middle space, others sat with the meditation cushions or stools they had brought from home, directly facing the teachers.

In this practice there were forty of us sitting in silence with our eyes closed. The room felt uncomfortably hot. As I sat in the perimeter of chairs, elbow-to-elbow with other trainees, both the practice and the waves of heat from an unidentifiable source (was there a radiator behind me, or was it under-floor heating?) seemed equally endless. Each simple sentence of guidance from Eleanor entrenched the fact that the practice was nowhere near coming to its close. I quietly removed my woollen jumper and dropped it at my feet; it made no difference at all. Besides the heat, waves of fatigue washed over me from the early morning start. I had moved from sleep to breakfast to sitting very still, and the felt sense of my body, such as it was, was of brittleness and stagnation.

Sitting there, the silence periodically punctuated by Eleanor's mellow instruction, my mind jumped from one irritation to another. I couldn't keep my attention in the sense of my body sitting, but I couldn't bring myself to walk across the room, leave by the noisy door and go out for air, either. Instead, unexpectedly, I found myself mentally

playing a piano piece by Debussy. My concentration settled on imaginary arpeggios. When the Debussy finished, Satie leapt up magically and pleasantly to take its place. The ghosts of piano pieces past kept me mentally occupied until a tinny chime rang out across the room, and I looked up to see Eleanor holding the pair of bells.

Eleanor was in her sixties, a charismatic senior teacher at the Centre. She began the inquiry by asking us what we had noticed during the practice. A couple of people seemed to have had suitably calm and pleasant experiences. Still uncomfortable, I raised my hand and said that I had had 'a bad meditation'. Eleanor inquired what I had experienced. Her head cocked on one side, she nodded and listened as I described how hot, restless, and tired I had felt. Replying, she invited me to notice the self-critical thoughts of the experience (how everyone else had been 'doing it properly'). I was not easily dissuadable. She seemed to be implying that I had managed 'to notice' these thoughts at the time, but this did not feel very helpful to me. Quite simply, I had had an awful time, and I didn't think she was getting it. As I tried to protest, she calmly and deliberately cut me off. Assuming a thoughtful posture, her head cocked again and her gaze resting somewhere up near the left-hand side of the room, she repeated how very interesting and helpful it was to notice the strength of such thoughts and feelings in the mind. Oh, she said, and they would open the window during the break.

With that, the first morning session closed for coffee and biscuits. I went outside into the courtyard and sat on a bench to cool down in the cold March air. Two other retreat participants emerged, coffee cups steaming, and told me how hard they had also found the long practice, and how grateful they were that someone else had confessed

to it. ‘It *was* really warm,’ they corroborated, and I was thankful for their camaraderie. We swapped exasperations for a few minutes before they went back inside to refill their mugs. As they did so, Sandra emerged from talking to her colleagues and unexpectedly hugged me. ‘Your “bad meditation”!’ she said, half-laughing, half making a face. ‘You poor thing.’

I was fond of Sandra and appreciated her gesture of sympathy, but I felt a little bemused by the implied inverted commas around my ‘bad meditation’. It was not until later that I realised both why that particular punctuation featured, and why Eleanor, calmly cutting across my protests, had refused to confirm the ‘badness’ of my meditation. It was precisely *because* I was so convinced about it. My fractious thoughts had spiralled out from unpleasant body sensations: how unbearable the heat was; how impossible to get enough sleep on this schedule. I could get no distance from these thoughts at all. Indeed they were so persuasive that I had opted out of any attempts to ‘see’ them, instead taking refuge in imaginary melodies.

The Sound and the Story

How did we as burgeoning practitioners learn to ‘see’ our thoughts, even – and especially – when circumstances were least propitious? Attempting to ‘come into the body’ often only highlighted one’s departures from it. The discovery of heat, discomfort, or fatigue could send one into any number of narratives about causation or possible solution. Indeed, mind-wandering seemed to be a valuable part of the process for teachers, although course participants were dubious in the face of its sometimes remorselessly cheery welcoming. As one’s mindfulness practice developed, the identification of thoughts and thought patterns seemed to be an integral

part of the practice. Yet for practitioners who had cultivated attending to sensation, and thereby unpeeling their attention from cognition, a bridge needed to be enacted that would turn one's attention to thoughts in a new way. In the following example, the bridge would be through attending to 'sounds'.

The fourth session of MBCT, like the others, began with a thirty-minute sitting practice. The teacher guided participants to focus their attention on sensations of the breath: first at the nostrils, and then in the abdomen, the latter rising on each in-breath and falling back on the out-breath. Then she guided the participants to widen the awareness to sensations in the body, 'noticing how we can "zoom in" to particular sensations, exploring them, and "zoom out" so that we have a sense of the body as a whole'. For a few minutes, we shaped our perceptions of 'sensation' and of the whole body through this alternating focus and expansion of attention.

Thus far, attention settling and 'grounding' in breath and body, the practice was similar to that described in Chapter 5. Then the teacher invited us to turn our attention to hearing, and to sound. We need not 'go looking for sounds', but simply notice them as they arise, 'as if the body were a microphone picking up the sounds'. In a series of short phrases separated by pause, the teacher advised our attending to sounds in a sequence of spaces – 'inside the room…outside the room…inside our own bodies' – and to notice 'the tone and pitch of sounds, the pauses between sounds'. In the big room at the Centre the air-conditioning hummed in the summer, the heating in the winter. Outside car doors periodically sounded in the car-park, or an ambulance on the winding road outside the hospital grounds. Someone suppressed a cough. One picked up on the whisper of one's own breathing or, in the evening class, the

complaint of an unfed stomach. But – guided the teacher – 'noticing the mind starting to create a story *about* the sound, and as best you can returning to the raw sensation of sound'. Not a car door, then, but a crisp *smack*; not one's own breathing, but *hhhhnn* pause *hhhhnn*. Just as one noticed the mind wandering in the body scan and brought it back to body sensations, so too we must bring the mind back to 'raw' sound.

We attended to sounds for perhaps a few minutes. Then, 'at a certain point,' the teacher continued, 'just as we have placed sounds centre-stage, allowing *thoughts* and *thinking* to move centre-stage in the awareness – almost as if the mind were like the sky and thoughts were like clouds passing across the sky. Some clouds might be quite small and move quickly; others somewhat larger and move more slowly.' The sky and clouds metaphor was one of a number of images that were used here. We might also be sitting on the bank of a stream, watching the thoughts flow by like leaves in the stream, or in a cinema, watching thoughts as images pop up on the screen. 'Sometimes,' guided the teacher, 'we might find that we are no longer in our seat but have got up to join the drama on the screen, and when we realise that this has happened, once more taking our seat, and reopening to thoughts.' To close the half-hour practice, the attention was directed once more to the flow of the breath in the abdomen, 'each in-breath a new beginning, each out-breath a letting go.'

The forms of attention cultivated in this practice at first resembled and then departed from 'sensing the body'. The sequence at the beginning of the practice brought the attention into the breath and the body; the contrast of the 'raw sensation of sound' with the 'story about the sound' mirrored how body sensations were thought to be different from thinking. Then, however, the role of the body crossed over into new

terrain. As it became 'a microphone picking up the sound', it was not quite – from the participant's perspective – being attended *to* any more. Instead, the participant was attending *with* the felt sense of the body *to* the sound. It was as if the direction and quality of attention had changed. Having been trained to settle deep into the body, it might now turn outwards – and in so doing, bring some of that 'bodiliness' with it.

This attending to sounds, with its enactment of 'curiosity' and interest, challenges a distinction between 'hearing' and 'listening' whereby listening is deliberate and hearing accidental or passive. As a point of contrast, we might observe how Hirschkind describes 'listening' to Islamic cassette sermons:

> '"Listening with attention," *al-insat*, is figured here as a complex sensory skill, one opposed to mere hearing…understood as a passive and spontaneous receptivity. *Al-insat* is the kind of attentiveness appropriate to those moments when one's heart is inclined toward God. [An informant] echoed this view…: "I may get you to focus on what I'm saying and comprehend it, but without getting you to feel emotionally disposed toward it. A *khutba* [sermon] must lead an audience beyond mere hearing to where they pay close attention, such that the words actually turn over [*tanqalab*] their behaviour."' (2001: 634)

For Hirschkind's informants, 'mere hearing' is a 'passive and spontaneous receptivity'. The emotional engagement of 'listening' is required for sufficient comprehension to 'turn over' one's behaviour. For mindfulness practitioners, on the other hand, 'receptivity' of the body picking up sounds is practised hand-in-hand with deliberate abstention from investment in 'stories' about sounds. This form of hearing is a deliberate and active form of attention that embodies an attitude of curiosity. For mindfulness practitioners, the relevant opposition is between hearing that passively produces mind-wandering (generating 'stories') on the one hand, and hearing that is 'receptive' but actively separates out the sound and the story on the other. Hearing is

therefore not in contrast with ‘listening’, but rather exists in both ‘passive’ and ‘active’ forms, whereby there is a continuum between the two.

At this point, the practitioner still enacted a distinction between the sound and the thought: she noted the stories arising about sounds and returned the attention to the latter’s ‘raw sensation’. Yet this was about to change. ‘Just as we attended to sounds,’ guided the teacher, we might now attend directly to thoughts and thinking patterns. This was not a straightforward reversal of the pendulum swing of attention – from stories to sound, and back to stories. Such a pendulum swing was predicated upon difference between each pole. Instead, the practice here invited an experiential equivalence between sounds and thoughts. In Matthew’s class, one student wound up articulating this explicitly. ‘I’m getting the feeling that what you’re saying is that thoughts are like any other sensory experience,’ he said. ‘Is that right?’ ‘Very perceptive,’ Matthew replied. ‘That’s exactly right. Which allows us to relate to them in a different way.’

Now, thoughts were no longer divided from sensation, but apparently equivalent to them. The practice as a whole therefore contained consecutively an enactment first of difference and then equivalence between sound and thought. It was near-simultaneous, but not quite. This distinction is important. The consecutive enactment meant that the first part enabled the second, imbuing attending to thought with the qualities of attending to sound. Attention to thought was reconstituted: from a passive attention, in which the practitioner might find herself grabbed by a string of persuasive thoughts, she cultivated an open and actively receptive attention that allowed thoughts to arise in the mind of their own volition, just as sounds arose at the

ears. The attention did not therefore simply veer back-and-forth between sounds and thoughts; it qualitatively mutated at each pass.

Although Matthew (perhaps tellingly) uses the language of 'relating', this reflexivity with thoughts is what Cook describes as the mindfulness practitioner's 'detachment' from thoughts (2015: 231). Attending to thoughts in this way acquired a particular sensory and spatiotemporal language. Practitioners spoke about 'seeing' the thought 'more clearly', 'watching' it pass by, or 'catching' it; alternatively, it would 'pop' into awareness. A teacher would make a short upwards gesture with her hand to indicate this, or momentarily point to her head. Changing time and space were observed with regards to thoughts: participants spoke about the increased 'spaciousness' around thoughts, or the sense of time slowing down such that they might 'respond' to a situation, rather than 'react'.

This had key implications for those who reported regularly finding themselves at the mercy of their own thoughts. A man in one of Sandra's classes described the decreased velocity of the 'runaway train' of his depressive rumination. The runaway train of self-criticism or worry might not stop completely, he said, but after seven weeks of mindfulness practice he had already noticed that it could 'slow down'. Practitioners spoke not only about the 'inner critic', but also about their 'depressive signature' or 'stress signature' – the particular configuration of thoughts that they noticed when depressed or distressed. With increased mindfulness practice, they reported quicker recognition of thoughts of personal failure, unbearable circumstance, or the failings of others. Recognising these 'early warning signs' of depression

reportedly enabled practitioners to act in some way to take care of themselves or remedy the situation before they spiralled into a full-blown depressive episode.

Depression itself was thereby reconstituted. It was no longer an entity that either happened or did not happen within a paradigm of preventative intervention; rather it became a subtler and indeed more potentially pernicious creature, that might creep incrementally around the edges of consciousness in the form of invisible thoughts until one found oneself completely in its grip. To 'see' a thought through one's honed capacities of somatic attention therefore extracted it from the ordinary hidden workings of the mind. In its new visibility, the power that the thought wielded was believed to diminish from the force that it would enact if it remained unseen, commandeering a practitioner's perception from the wings. In 'seeing thoughts' the practitioner discerned even the most obstinately 'heady' aspects of their experience.

Here practitioners' use of sensory language – 'seeing' thoughts – invites analytical integration with the observations of the previous chapter. Howes and Classen, in their discussion of 'sensory hierarchies', describe how traditionally in the West:

> … the upper classes were associated with the "higher" senses of sight and hearing. They were the rulers or overseers, they made themselves heard in political affairs, they were educated and literate. The lower classes, by contrast, were linked to touch, taste and smell, which were deemed "lower" senses – dedicated to manual labour and the basic feeding and care of the body. (2014: 67)

On the one hand, the notion of a 'sensory hierarchy' now falls flat as a depiction of mindfulness practitioners' sensory experience: the idea that 'thoughts are like any other sensory experience' indicated that seeing thoughts was identical to sensing the

soles of the feet, the tingling of calf muscles and the movement of the breath in the abdomen. Yet this levelling of sensory attentions existed alongside an equally evident differentiation. There was no doubt that 'seeing' a self-critical thought such as 'I'm not contributing as I should' seemed to be valued more than attending to these other sensory experiences: metacognition of the inner critic and its associated ruminations seemed to be the goal of a somatically-honed attention that could prevent depressive relapse.

Crucially, the metacognitive experience of 'seeing thoughts' was not only *higher* in the hierarchy than attending to the soles of the feet; it was only deemed *possible* after the practitioner had learned to 'come back from thoughts'. This rendered the hierarchy of practices more complex, because it was not simply an evaluative hierarchy – some aspects are more valuable than others – but a technical hierarchy: some aspects require the enactment of others in order to be possible themselves. One had to learn to attend *to* an absent body through its felt senses, thereby turning it into a 'mindful' body, before one could attend to thoughts *with* one's 'mindful' body. Iterations of 'embodiment' in this way incurred new possibilities of attention, rendering mental experience present and visible in a way that headiness had obscured. Teachers' pedagogy also sometimes exhibited a sleight of hand: a heady practitioner might be invited to notice thoughts 'as thoughts', *as if* they were already attending from the body. This relationship to thoughts was therefore cultivated partly through the bodily attention already trained, and partly through invoking the emergent stance of that attention if it had faded.

This has a particular implication for Howes and Classen's model: among mindfulness practitioners, the sense of sight that has been considered 'higher' in the West thus becomes dependent upon the lower senses. Without attentive touch, and the kinaesthetic sense of the body, thoughts cannot be 'seen'. In practitioners' progressive use of the senses, grounding the attention in the felt sense of the body enables the 'hearing' of sounds. This in turn enables the 'seeing' of thoughts. Meticulously training each sensory capacity in turn, the practitioner gradually entrains the attentive capacities of the body, so that what appears to be a binary – attending to or with the body – becomes a continuum, from bodily absence, to a bodily presence, and into an embodied reflexivity. The practitioner's capacity to 'see' thoughts, which they also call metacognition, therefore enacts a sensory *enfoldment*, rather than hierarchy.[80]

Analysis through the sensory lens has implications for our understanding of the transformation of the 'ordinary'. For mindfulness practitioners, to see thought patterns clearly is the achievement of becoming somatically attentive. This is 'extraordinary', because it is unlike the habitual flow of daily life. In the latter one encounters the world through thought, rather than encountering thoughts through one's engagement in the world. Unlike the re-enchantment of the body, which occurs through paying closer attention to it, re-enchanting thought patterns appears to be a game of two halves. One must first learn to redirect one's attention from thinking at all, in order to unlearn one's propensity to mindlessness; only then can one attend to thought with curiosity and interest, rendering it visible and present without being 'caught up' in it. In one sense, Clarke's methodological observation applies here – 'the more one scrutinises and celebrates the everyday, the less everyday it becomes' (2014: 419).

[80] Compare with e.g. CBT, where metacognition is created not through attending to the body but through means such as acquiring evidence for and against a particular thought, the latter examined in a metaphorical court of law.

Yet for mindfulness practitioners, the scrutiny of the ordinary stuff of the mind is predicated upon a particular starting-point: somatic attention must itself be acquired. An analysis of techniques of embodied attention reveals the graded predication of one technique upon another; it therefore also reveals the fine-grain beneath thought's two-part transformation, from the ordinary and habitual into the extraordinarily visible.

6.2 Holding Difference Together

'Where in the Body did you Feel the Boredom?'

As participants used their newly somatic attention to reconfigure their experience of thought, so their repertoire of techniques of the self expanded. As seen above, the techniques that enabled attending to thoughts were neatly practised in an extended sequence: first one attended to body and breath for a period of time, just as described in Chapter 6; then one attended to thought. Yet at other times, attending to bodily sensation and thought were interwoven. A participant would report an experience of tension, boredom, or sleepiness; the teacher would ask 'at what point' in the practice a participant had noticed these thoughts, and what they had noticed coming up in the body at that time.

This occurred in Catrine's class. The guided practice – a sequence of standing stretches, followed by sitting and attending to sensations of the breath – had prompted much discussion. After Catrine's exchange with Sophie about the shimmering sensations of pain in her chest, another woman of around thirty, Daisy, said shyly and tentatively that she had become very bored during the sitting practice and kept going off into 'entertaining thoughts'. Catrine asked at what point boredom had started.

Daisy said she couldn't remember. 'And where in the body did you feel the boredom?' Catrine asked. Daisy replied that she had realised she was grinding her teeth. She had started doing this when she was a teenager, she said.

In this simple exchange, Catrine did not ask Daisy what she had been thinking about, or why she had been bored. Instead, following Daisy's shy volunteering that she *had* been bored, Catrine asked her when she had noticed this, and 'where' in the body she had felt the boredom. Attending first to thought and then to the body appeared to mimic the practitioner's earliest deliberate direction of attention, from inadvertent thought to bodily sensation. However, there were two crucial differences: first, the practitioner 'noticed' and saw the thought; and second, the practitioner *located* the thought 'in the body'. This recombined thought and sensation in one's attention, rather than detaching from the thought by attending to a separately nominated part of the body. Daisy therefore attended near-simultaneously to the thought and the bodily sensations of boredom, first identifying the patterns in her mind and then the grinding of teeth in the body. This had a particular effect: she realised that she always ground her teeth when she was bored. This was both surprising and familiar; she recalled that she had begun doing it as a teenager.

The 'when' and 'where' of sensation, thought and feeling encouraged participants to spot experiential constellations within the dynamism of the mind-body. Anxiety was common, and many participants described concurrent sensations of tension in shoulders, chest or face; in one workshop, a woman described how her left calf muscle always contracted. The breath was often affected, the diaphragm temporarily motionless while the breath moved only in the chest. This identification of

experiential patterning also worked the other way around: one might notice both sensations in the body during particular trains of thought, and also thoughts 'in the mind' during particular bodily experiences. Teachers noted that participants often 'tuned out' when there was discomfort in the body, going into escapist daydreaming, and both my 'bad meditation' above and Daisy's 'entertaining thoughts' could be read according to this interpretation.

In such cases, practitioners must enact a further layering of attention. They must not get caught up in the thoughts they had identified, but rather cultivate awareness of thought, bodily sensation, and the spatiotemporal associations between the two. This in itself depended upon their consolidation of the somatic mode of attention that would enable them to 'see' a thought in the first place. If this momentarily failed and the practitioner's experience was shrouded in fog, then time and space – the 'when' and 'where' – were inquiring principles that might illuminate it.

'Everybody's Body is Different'

At this point another participant, Chloe, interjected. Chloe lived in a village outside the city; she was in her fifties and had practised various kinds of meditation for twenty years. 'Catrine, you always ask where in the body we notice things. Is it significant where we feel things? Is there a particular meaning to which bit of the body it is?' 'No,' replied Catrine, 'it's just helpful to notice where in our body we notice things, because everybody's body is different. It's to practise noticing and to see that the body stores emotions in certain places.' Chloe sat back, apparently satisfied. Across the room, a mother and daughter who resented Chloe's forthright questions glowered, arms folded.

In Catrine's reply, something subtle but definitive emerged about the nature of the body that was enacted in these latter stages of practitioners' cultivation of attention. Practitioners attended now not to a constantly available body, but to a spatiotemporally variable, dynamic mind-body. In this act, the body had capacity not only for commonality with other bodies but also for 'difference' from them. Although Chloe's question had specifically sought an answer as to the 'particular meaning' – by which we might interpret, a standard meaning – to sensations arising in certain parts of the body, Catrine directly refuted this: 'everybody's body is different'. The notion of bodily difference seemed bound up with its contingency: practitioners talked not only about the body as 'resource', but also as 'radar', its features fluctuating according to changing cognition, context, and application of attention. In its contingency it was inevitably unique from one moment to the next. Teachers would guide participants' attention in a practice: 'and how is the breath now? And now?'

Chloe's question with its implicit assumption of standardised body-mind patterns might have been influenced by her longstanding if sporadic Buddhist practice in various traditions. Cook describes how in Thai Buddhist practice, for example, specific points on the body are associated universally with certain mental states. Attending to the first ten points of the body, up to the top of the feet, 'he or she feels restless and will want to run away' (2010b: 78). As mindfulness practitioners deliberately identified their individual 'difference' in the next iteration of their practice, they pursued insight about themselves in a way that was distinct from cultivating the 'common' resource of the body described in Chapter 5.

Distinct though it was, a mindful notion of individual difference was simultaneously dependent upon its being contained within the sense of a constant and commonly featured body. As Strathern comments, '[the] holding together of diversity is of course very much an Enlightenment ontology' (2009: 153). Cook identifies this at work too in the All-Party Parliamentary Group on mindfulness, in whose hearings a standard and replicable format of inquiry was used to garner diverse testimonies on a range of policy issues within which mindfulness might be applied. She argues that this 'did not flatten diversity but, rather, enabled it' (2016: 155).

To be a mindfulness practitioner, one must hold the dynamic diversity of one's own mind-body within the sense of a constant mind-body, and hold the uniqueness of one's mind-body within a broader sense of commonality. If one abstained from the latter practice, one displayed merely self-exception, with illiberal results. Alan, for example, in his identification of the diversity among participants in the mindfulness classroom – some depressed, others merely 'irritable' – had asserted a lack of unifying principle among the collective other than the capacity to pay for the class. Rejecting the idea that particular functions of mind might unite himself and his course members, he thereby rejected the notion that mindfulness might offer any generic cognitive applicability. This had led him purposely to disrupt the class and ultimately to leave it. Containing difference within commonality was therefore necessary within the mindfulness practitioner's sense of themselves.

The uncovering of a dynamic, contingent body within a constant one adds nuance to our understanding of mindfulness practitioners' pursuit of 'embodiment'. As we have seen, they are intent upon 'coming into the body' through the exertion of attention.

Yet the practitioner does not simply move into the body once. Instead the attention is repeatedly 'embodied' as if in a series of pendulum swings between the poles of the mind-body: in Chapter 5 from cognition to sensation; in this chapter back to cognition, then again to sensation. As demonstrated, however, this is not quite a pendulum swing between opposites. First, the apparent 'swing' is more of a fragmentation, the emergent property of microscopic acts of detaching and relating. Detachment occurs, both *within* each pole (e.g. 'within' the body), and *between* them (unpeeling cognition from sensation); then, relating (re-integrating cognition and sensation, identifying 'where in the body' thought and feeling manifests).

In so doing, the natures of the body, thought, and attention are reconstituted. It is an evolving 'body' – constant, dynamic; common, different – that the attention enacts as it moves towards the body each time, and evolving 'thought' – unseen, visible – as it moves towards thought. In this cumulative process, multi-dimensional across the time and space of practice, the character of attention itself changes, lastingly affected by its engagement with each evolving pole of the mind-body in turn. In the final stage, as the mind-body becomes contingent and dynamic, discrete concepts of mind and body mutually destabilise, just as Csordas attempts to effect with his paradigm of embodiment. The practitioner's mind-body is rendered a collection of non-binary patterns, changing moment by moment, rendered visible or in Csordas' terminology 'constituted' through the application of intentional attention.[81]

[81] Most secular mindfulness practitioners talked about identifying 'patterns' or 'habits', rather than the realisation of 'no-self', although those with backgrounds in insight meditation were more inclined to do so. In Buddhist *vipassana* practice, the realisation of no-self is the third 'mark of existence' that must be realised on the path to wisdom. Consciousness, for example, 'is just a stream of thoughts with no entity behind it, captured by the Buddhist phrase "thought without a thinker"' (Pagis 2010a: 475).

As mindfulness practitioners traverse an attentive route from dualism between mind and body, to the counter-dualism of attending to the body, to transcending the dualism by attending simultaneously to and with a mutually contingent mind and body, they echo the route outlined in Chapters 2 to 4 from a dualist mindfulness/practitioner to a mindfulness-containing practitioner. In the case of the latter process, we might recall that attending to and with the body was critically implicated in this transition too. At this point we might begin to wonder whether other dualisms or modernist detachments, besides those of the mind/body (Chapters 5 and 6) and the person and their source of transformation (Chapters 2, 3, and 4), are also at stake in the practitioner's cultivation of somatic modes of attention. While it falls beyond the scope of this thesis to explore this in great depth, testimony from Jeremy will now reveal further aspects of 'embodiment'; these also disclose a potential avenue of inquiry into the effects of mindfulness practitioners' detachments upon their 'relationships with' both familial and political others.

6.3 Ordinary Insight

Being a Mindful Body in the World

We first encountered Jeremy in Chapter 5; he was a psychotherapist who described his daily mindfulness practice as his 'home', and found that the adage of 'beginning again' helped with his wandering and often self-critical mind. In his mid-forties Jeremy had become a father for the first time, and every time we met for lunch he scrolled through his iPhone to show me photos of his small child, now aged two, running around the living room or playing with the family dogs. Jeremy had recently begun training to be a mindfulness teacher on top of his psychotherapy practice, and

seemed to be carving out a concertedly new stage in his life. Anglican by background, he had taken up mindfulness practice because 'I needed something to ground me from the trauma of having a small baby. Which it did.' Coming to parenthood relatively late in life, 'I actually was quite – not stuck in my ways, but "familiar to my patterns" I think is probably a better way of putting it, and suddenly those patterns are utterly disrupted in a completely non-negotiable way. I and my wife both found that extremely stressful, and so I sort of dug into my past use of meditation and prayer.'

When I first met Jeremy he was taking part in an MBCT course at the Centre as part of his mindfulness teacher-training. His wife was about to give birth again, to twins. Amidst the sudden change in Jeremy's home life, the second big theme of his late forties seemed to be deliberating his future as a social justice advocate. Jeremy had spent much of his working life as a school-teacher and in the charity sector. He identified 'working with and for people' as a seam that 'has run through my life'. Over time, however,

> …the sort of young, enthusiastic… "I just want to help everybody" has jaded in me as I've…got older and discovered that quite a lot of people…actually I just don't like, and why should I help them and they're not grateful…you decide that you're going to throw away money and status and become a teacher, and you work in a comprehensive school and then you're realizing that the people you're working to rather patronisingly help a) have a lot more money than you do now and b) don't give a damn about what you're trying to offer them. And that can grind you down after a while, you start questioning "what am I doing, what am I doing". But I've always come back to the decision to keep doing what I do, and I suppose it might be fair to say that the mindfulness might well be a way of…renegotiating within my psyche what it is to be compassionate towards other people.

Amidst his attempts to 'renegotiate' the nature of his engagements with others, Jeremy's main emotional complaint was anger. 'I can remember about twenty years ago picking up the phone to phone my parents, and I don't remember what happened,

but I heard my mother's voice on the other end and she said to my father, "oh Michael *you* speak to him, he's always so angry,"' he told me wryly. For Jeremy his anger both emerged from his political engagement but had simultaneously hindered it all his life: 'I come from a very middle-class, upper middle-class family, lots of money around, lots of privilege around, and I have succeeded not one jot in changing the political views of the people that I am close to. And that's partly because I've been so damn angry about it…I mean, they run away from me.'

Corroborating this observation, Jeremy once told me about a summer dinner party that his parents had hosted a couple of years earlier. A Conservative member of the coalition government Cabinet had been there. Hearing Jeremy talk about schools, he suggested that he arrange for Jeremy to meet David Cameron, as it seemed that Jeremy – well-put-together, and the son of parents with a manor house – was 'one of us'. Jeremy told the gentleman that he would do better to engage the education experts who were considerably more entitled to such a meeting. 'I was apoplectic,' he told me. Jeremy's fury that he would have been recruited thanks to his upper-middle-class credentials meant that in that moment, he willingly jettisoned the prospect of a conversation with the Prime Minister. He did not express any regrets about this particular incident, but the ruefulness in the comment that 'they run away from me' exposed a shade of uncertainty.

Jeremy was concertedly reflexive with his anger: it was something that he wanted to talk about and work through. Sometimes it was about his politics, at other times he talked about his children and twenty-year relationship with his wife. Jeremy adored his children, but struggled to keep his temper. Once he found himself snapping at his

daughter for playing with a piece of furniture persistently despite his warnings. He told me that seeing the expression of fear on her face had made him in turn fear for the long-term impact of such moments, even if they were infrequent, upon her later psyche and relationships. Meanwhile, it seemed that his relationship with his wife had occupied a state of stable mutual ambivalence for some years. Although Jeremy sometimes spoke about this regretfully, the ambivalence had somehow never tipped into anything more decisively divisive. Quite the opposite: the couple had decided to have children.

Jeremy navigated these various tensions through self-reflection, whether in mindfulness practice, prayer, or conversation with an anthropologist. We met for lunch or tea every couple of months during my fieldwork. In interviews I asked him in greater depth about his mindfulness practice. The body scan and awareness of the breath were the primary features of his morning meditation:

> I do a very brief partial body scan, so I use a stool to kneel on and I just become aware of the sensations in my feet and my knees and bum in contact with whatever they're in contact with… I go through each finger becoming aware of the ends of each of my fingers, and then I move into my breath and…at the moment I can't wait to get into the breath, because there is just something really lovely about being grounded in my own breath, I don't quite know why and [Vietnamese Buddhist teacher] Thich Nhat Hahn talks about it and I think before you've experienced it you sort of go, *[dismissive noise]* "really?" But actually it's really nice…So that's what I do. And I've been aware of using it to let go…of all of those extreme feelings of boredom, frustration, irritation that rise up, and I purposefully focused on letting go of those, because I've thought if I can let go of those then I can let go of virtually anything.

I asked Jeremy how he had put the body scans and attending to the breath into practice in that way – letting go 'of those extreme feelings'. He explained:

> I have traditionally been a very "head" person…so boarding school…and then a degree in philosophy…makes you very head-oriented, or made me very head-

> oriented…[training in] psychodynamic counselling helps a little bit to get out of that "head head head" thinking. Um…mindfulness clearly through things like the body scan is designed to connect you with your body.

Here, Jeremy set the scene by explaining to me where he was coming from – being 'head-oriented' – and where he was ultimately intending to wind up: 'connected' with the body. His mindfulness practice was part of a broader trajectory towards becoming 'embodied' that included other forms of self-work. Jeremy undertook this enterprise wholeheartedly. As we saw in Chapter 4, he did not just find mindfulness therapeutically helpful; it felt like his 'home'.[82] When the twins were born, he told me that he had his wife to thank for enabling him to conserve his thirty-minute early-morning mindfulness practice three times a week. Jeremy both worked hard at and enjoyed the fruits of counter-dualistically attending to the body: in the practice itself, he described feeling 'grounded' bringing the attention into the 'really lovely' sensations of his body and breath. Nonetheless, his practice did not end here. For Jeremy, processing the uncomfortable and very familiar feelings of anger in his body was a necessary progression in his capacities as a mindfulness practitioner:

> I've had a very profound experience recently…in that I have been told that I'm angry, but…although I will intellectually accept that, I don't quite understand…I'm not quite in touch with that. So only a couple of weeks ago I decided that I would sit with my anger.

Jeremy's decision to 'sit with' his anger was a spontaneous exercise in curiosity rather than the result of instruction in a mindfulness class. It emerged from a combination of his growing capacities of somatic attention and the perennial comments from those around him regarding his angry personality. Now, his mindfulness practice provided techniques for getting 'in touch with' his anger.

[82] See Chapter 4.4: The Doctor of Oneself.

Jeremy marvelled at the fruits of this exercise. 'I had no idea how angry I am!' he told me. 'I suddenly realised that must be quite difficult to live with for my wife.' He described this new understanding:

> … now…clearly it can be cognitions that make you angry, "there's that person driving that car and wearing those trousers and I can see that they buy into this lifestyle that involves huge bonuses and they don't care about xyz," you can have those cognitions, but the real sense of the feeling of anger is clearly bodily because you… you can have thoughts but they release hormones and the anger is actually a very bodily thing. So it's only really through sitting embodied with my anger that I've been able to see just how angry I am, because if I just sit with it in my head I go round in circles. "You're a very angry person" – people have told me that. Well then, they must be right. "But it's not really true is it, because I mean, you just *would* be angry about a person like that wouldn't you?" So you sort of chase your thoughts round like that. Whereas when you become embodied, you think, *oooh*, [*laughs*] "there's a lot of anger going on here". So…that sort of sense…of getting into your body through your breath perhaps or through whatever it is, through the body scan, but with me…majoring on the breath, is subtly powerfully shifting my perception of myself.

Jeremy used the concept of 'hormones' to capture how he newly experienced thoughts as 'bodily' when he sat with anger 'embodied'. Otherwise, he said, his anger was just 'in my head', as angry 'cognitions' went round in circles; the pace of his speech even quickened as he repeated these to me. Being 'embodied' with anger had a particular effect: it interrupted the entrapment of angry rumination. Jeremy actually laughed: 'you think, *ooooh*… there's a lot of anger going on here'. By reconstituting his anger, the terms of selfhood changed. Neither agreeing nor denying that he was 'a very angry person', instead he bore witness to the phenomenon of his anger through the episteme of the body. For Jeremy, there was something rather fascinating about this. A somatic mode of attention rendered his quotidian anger suddenly visible.

This had particular ramifications considering that Jeremy's anger was an affect specifically concerned with attempts to engage familial or political others. He had often described to me how the sight of pink trousers and Range Rovers roused his anger because these were the accoutrements generally sported by a privileged and entitled elite. Yet recently, cut up by a Range Rover on the road, he had noticed his state of mind quickly settle beyond the initial shock. He experienced this reduction in anger not as a betrayal of his ethics, but rather as an extension of them, and a conservation of energy that he could redistribute intentionally towards more effective action:

> …if you can be mindful and step back and through compassion link to the human being in that other person who I would label a toff… that's extraordinary for me, because…a few years ago, I'd be [going] "*yeah, can you believe that that person arghhh"* and [now] I just think "what a load of wasted energy"…And therefore I can be far more effective in the rest of my life by not wasting my energy on that completely fruitless ranting, and be much more effective by choosing the action that I'm going to take…I'm absolutely blown away by the effect that it's having on me.

Jeremy's use of the word 'effective' would, several months later, be echoed conceptually in my conversation with Sofia. She would describe how mindfulness course participants had been told all their lives to be self-responsible, and 'it's not working'.[83] Both cases encapsulated moments when the terms of engagement with others were reconstituted through a process of effortful reflexivity, opening to the conclusion that the previous terms were ineffective. Jeremy eschewed the 'completely fruitless ranting' that was 'a load of wasted energy', 'quite difficult for my wife', and made the objects of his anger 'run away from me'. Instead, he investigated his anger through its bodily sensations. This did not eliminate his anger – it was still meaningful

[83] See Chapter 4.2: Between Discipline and Curiosity.

and required ‘action’. However, as it was reconstituted, so Jeremy’s notion of acceptable action itself altered.

This was a repeated pattern among practitioners: in a moment of challenge, the first port of call was often a breathing space. If a colleague at the Centre alluded in passing to something difficult going on at home, she said she would ‘sit with it’; Alice, the young lawyer, when having a hard time might ask that we ‘sit with the difficult’ when we practised together. What was key was that we sat with it ‘in the body’. The distress or problem was ‘already here’, teachers would say, and so the practice enabled one to know it ‘through the body’, rather than the mind, and through curiosity rather than aversion.

At first glance this might appear simply to fall under the category of ‘inaction’, giving further fodder to analytical accusations of narcissism or passivity that contemporary self-work practices in the West have historically accrued (Lasch 1980, Bellah 1985. See Introduction: Theoretical Review). Candea *et al.* have offered one interpretation of such accusations – that they exhibit a postmodern distrust of detachment. I suggest, additionally, that the distrust is itself dualistic, because it presumes that knowledge is different from action and necessitates it; it also predetermines only particular forms of action as ethically acceptable to the analyst.

Here, Jeremy transcends that dualism by cultivating somatic attention to and with his anger as an act that may in and of itself be sufficient, but either way must be fundamentally folded into any additional action that he might ‘choose’ to take. Action is reconstituted, expressed not in terms of action and inaction, but in terms of ‘choice’

and ‘reaction’ whereby somatic attention is embedded in ‘choice’, and somatic absence in ‘reaction’. Meanwhile, the capacity to ‘link’ to the human being in the ‘toff’ – a capacity that could be more effective in persuading hearts and minds – is enabled by work on the self. As Pagis argues in her analysis of vipassana practitioners in the US and Israel, accusations of narcissism ‘have missed the one important moral point behind the idea of self-improvement. Self-transformation is considered by meditators the best way to achieve a better social world’ (2009a: 242).

At the root of these reconstitutions of action and engagement lies the practitioner’s technical transcendence of mind-body dualism, through the cultivation of a somatic mode of attention that both brings the practitioner present and engenders insight. For practitioners, to choose to act and to link compassionately to others thereby accrue the positive ethical and epistemic valence of ‘embodiment’. Configurations within all aspects of personhood – from one’s mind and body, to one’s therapeutic subjectivity, to one’s familial and civic obligations – are therefore considered by practitioners to stem from one’s capacity to be a ‘mindful’ body. The latter is rendered one scale of personhood, whose properties replicate at others. For a practitioner, in the perpetual task of becoming ‘embodied’ – turning again and again to the body – greater significance emerges.

‘Embodying’ Insight

Here Jeremy’s experience reveals something fundamental about the nature of mindful insight. Jeremy’s insights are not confined to empirical understanding of himself and the world around him: how very angry he was; how his daughter was, in that moment, afraid of him; how his family and civic interlocutors ‘run away from him’. They also

concern the capacity to interpret his experience within the terms of mindfulness. To inform me that he was habitually 'heady', that his anger had been a lot of 'cognitions', and that he had known 'intellectually' that he was angry but had not been 'in touch with that', was to subsume his prior experience within mindfulness terms. These experiences – although they breached the aspired trajectory of 'embodiment' – were not random, inexplicable, nor impossible to articulate; they could ultimately be meaningful. In making sense of his headiness, Jeremy enacted the fact that this particular state was not currently the case, while simultaneously acknowledging that it could be so again.

Anthropologists increasingly note a similar pattern in practices of self-cultivation. For Cook, the paradoxical nature of Buddhist asceticism comes down to the fact that it is nearly impossible to adhere in perpetuity to ascetic conventions: 'It is in that dynamic tension between precept and practice that asceticism is really lived' (2010: 261). In Heywood's work among LGBTQ activists in Bologna, the concept of *doppia morale* – 'double morality' – is 'a manner of relating to moral codes in which one allows for the possibility of their transgression under certain circumstances' (2015: 206); such a possibility is 'already inscribed in' the code (2015: 213). Ultimately, 'even the most antinomian of behaviour can remain defined by its relationship to rules': 'we can retain both the category of technologies of the self, and that of the moral code, as one object of such technologies' (2015: 214, 214 n. 5).

In Heywood's ethnography, behaviour veers from the moral code in specifically acceptable configurations: it is fine to cheat on your wife, provided that this happens in private and is not made public; once it is made public, you are only a hypocrite,

rather than practising *doppia morale*. It is therefore not only interesting that Jeremy detaches from his angry cognitions and re-integrates his mind-body; it is also important that his moments of 'headiness' were not aberrations from his trajectory of self-work, but rather, in the very insight disclosed in the act of their being so dubbed, integral to it. Whereas among Heywood's activists 'failures to adhere to moral codes are at least implicitly condoned…only…if properly hidden' (2015: 213), a mindfulness practitioner's angry thoughts become tolerable to himself when he renders them visible. In both his headiness and his 'embodiment', Jeremy wove the warp and the weft of being a mindfulness practitioner, enabling himself to move forward somewhat transformed.

Patterns, Commitments, Truth

There remains a final aspect of mindfulness practitioners' self-cultivation to consider here. The identification of 'patterns' and 'habits' had relatively clear applications within one's health and family life, as testimonies like that of Jeremy described; but it was also considered to be an epistemologically potent activity in itself. Discussions among mindfulness practitioners were concerned with how to 'know' as much as how to live a good life at home, or within the confines of one's illness. To this end, meaningful conversations often occurred in which practitioners described only *how* they attended to their patterns, rather than the particularities of such patterns. One evening after Sandra's class I stayed behind for her debriefing with the trainee teacher, the three of us sitting in the small receptionist's office at the front of the silent building, with blinds closed against the dark outside. We had just finished session two, 'Living In Our Heads', which highlighted the silent persuasiveness of thoughts

through its 'walking down the street' imagined scenario.[84] This was an early exercise in cultivating metacognition: detaching from thoughts. 'But the thing is,' said Sandra,

> …when a set of thoughts about a situation appear, there's a lot of past experience which lies behind it. I catch myself thinking, "oh, here we go again". But of course, actually, the experience is just the experience of more thoughts, which might not actually have been true either. And all the thought patterns of self-criticism and self-judgment, [mindfulness] is not saying that those are bad and we have to get rid of them, it's recognising that they're there for a reason. That's at the heart of this, really.

Several points emerge here. Sandra was an experienced practitioner and teacher-trainer; she was not just starting to recognise her individual patterns of thought, but had seen these sufficiently often that she recognised 'oh, here we go again' when they recurred. Moreover, recognition was not a singular act. The thought 'oh, here we go again' invited another layer of recognition: 'actually, the experience is just the experience of more thoughts'. This could repeat in a perpetual fractal of 'seeing' thoughts, but instead Sandra pauses and reflects on the patterns behind the pattern: 'there's a lot of past experience which lies behind it…[mindfulness] is…recognising that they're there for a reason'.

Here, Sandra does more than locate her thoughts in her body; she locates them in (individual) history and context. In the act of recognising thoughts, they themselves become contingent, their perturbations disclosing occurrences elsewhere. The self in turn is rendered contingent upon history and circumstances. While this form of self-contextualisation might mimic the act of blaming others for one's situation – seeming analogous, for example, to Alan's irritation with the Centre for mindfulness's lack of efficacy – this would be a deceptively simple comparison. Sandra's nod to context is

[84] As Alan found difficult, Chapter 2.1.2.

epistemologically rooted in the cultivation of somatic attention, rendering it qualitatively different from Alan's attribution of responsibility.

Furthermore, Sandra is primarily concerned not with responsibility, but with truth: the thoughts about her thoughts 'might not actually have been true either'. To Sandra, thoughts mediate between knower and unknown, and may mislead 'for a reason'. In thinking, perpetually recognising thinking, and identifying the conditions of her particular 'patterns', Sandra perpetually seeks the truth (about herself or a given situation) and yet simultaneously defers it. Sandra models how one might perpetually step back from one's thoughts, thereby acquiescing that one can never be certain of 'truth'. Just as each iteration of turning to the body merely disclosed a further unmapped terrain of experience, the more one looked behind any given thought, one might perpetually encounter its further conditions. Mindfulness practice exposed the infinitely complex and indeterminate, rather than the definitive.

For mindfulness practitioners, apparently ordinary insights – that one's thought patterns recur for unspecified 'reason'; or that ever since one was a teenager, one has ground one's teeth and sought entertaining thoughts when bored – were therefore 'at the heart' of the enterprise in a particular way. What Alan in frustration referred to as 'jabbering nonsense' that was 'actually not terribly interesting' was therefore precisely what was of interest to a mindfulness practitioner. It increased in interest as the somatic attention that produced it increased in complexity, and as it increasingly triangulated with different kinds of information: thought and its complementary sensation in the body-radar; a thought pattern and its historical precedent. Yet insight was not only interesting for reasons of its potential 'application' in specific domains

of concern. Sandra's general terms of 'thoughts', 'feelings', and 'patterns' when speaking to the trainee and myself disclosed her concerns with the generation of knowledge itself.

In this discussion her internal life remained private: the trainee and I did not know what specific situation Sandra was referring to, if any. As ethnographic comparison, Kitanaka analyses the growth of CBT-based psychological programmes in Japan as the 'rebirth of secrets' (2015: S251): the development of techniques that enable self-work while abstaining from the exposure of the internal self. While some might critique this as the neoliberal erasure of internal richness, this interpretation would occlude Sandra's epistemic choice in her moment of reflection with colleagues. In Sandra's depiction of 'patterns', and our acceptance of it, we collectively affirmed a particular kind of epistemic commitment: to the simultaneous pursuit and deferral of truth about ourselves and the world around us. We echoed the Centre researchers' perpetual commitment to exposing the next horizon of knowledge – terrain within sight, yet simultaneously out of reach.[85]

This invites comparison with Candea's work on *epoché* among animal behaviour scientists. While I have shown that mindfulness practitioners must have the capacity both to embody one ontological possibility at a time, and to remain capable of embodying others, Candea is interested in the 'ability to suspend such definitive enactment: to pause and remain in a state of noncommitment to any particular ontological option'. Candea's research subjects – animal behaviour scientists – attempt to establish the nature of animal mind. Their studies inevitably involve

[85] See Chapter 2.2.

intersubjective relations with the meerkats and corvids who are their objects of study. The scientists attempt to 'detach the question of propositional belief (belief that nonhuman animals are minded, intentional, etc.) from the practice of relational trust (belief in nonhuman animals as intersubjective partners)' (2013: 431). Yet the question as to whether nonhuman animals are 'minded' is constantly asked just as its answer is perpetually deferred. Candea concludes:

> …claiming, as my informants do, that "the jury is still out" about animal mind is irresponsible because the jury will never be in. The implication seems to be that there is no fact of the matter independent of the relationship. Unmoored from the problem of accurate representation, the alternative becomes…purely moral: a decision to "foster" or "extinguish" the possibility of an interspecies relationship. (2013: 432)

While mindfulness praxis is not characterised by an interest in the nature of animal mind,[86] in this thesis I have described their concerns with the natures of mindfulness, themselves as therapeutic selves, and their mind-bodies. In so doing, other issues have hovered in the wings: from parenthood to social justice, the efficacy of discipline and of anger, and the truthfulness of thoughts. In Sandra's example, the subject matter of her thoughts remains unknown, but her reflexive process is clear. She knows that one representation may no more be 'true' than another: the jury will never be in. She also knows that there is 'reason' behind the representation's emergence. Both these facts emerge from her cultivation of a particular 'relationship' (to coin the practitioner's term) with her thoughts. If we extend Candea's line of argument, for Sandra there is no 'fact of the matter' independent of this relationship. The 'purely moral' choice that Sandra faces is therefore, indeed, whether to 'foster' or 'extinguish' it: whether to practise mindfulness with her thoughts – through all the iterations of attention,

[86] Although some MBCT researchers, for example Willem Kuyken, are particularly interested in animal models of compassion and empathy.

engagement, and detachment that that requires – or not. As I sat with Sandra after class in the small room at the mindfulness centre, it seemed clear which choice she had made.

Conclusion

This chapter concludes a two-chapter argument about the mindfulness practitioner's cultivation of a particular relationship between 'mind' and 'body', along a trajectory from headiness towards 'embodiment'. Over the last two chapters I have described mindfulness practitioners' reconfiguration of their mind-body through techniques of attention. In this chapter, mind-wandering and distraction were subject to new forms of perception. Practitioners no longer spliced thoughts from the body through attention, but turned their attention upon thoughts. In so doing, they reconstituted the nature of attention. On the one hand, it was equivalent in form to its prior incarnation, turning to thoughts just as to bodily 'sensation'. Yet simultaneously it was different, lastingly affected by the earlier step: its prior engagement with the body rendered it newly somatic, capable of differentiating thoughts that had previously been invisible.

Testimonies of 'seeing', 'spaciousness', 'distance' and 'slowing down' encapsulated practitioners' new capacity for metacognition. This did not render them perennially detached from thoughts; they might still slip back into boredom, aversion, or self-criticism, but could now 'unhook' more readily, in so doing attributing them with new meaning. I borrowed the concept of 'sensory hierarchies' (Howes, Classen 2014), and Clarke's methodological observation on the scrutiny of the 'ordinary', to argue that practitioners' new capacity of attention both crowned their sensory hierarchy and simultaneously depended upon its lower echelons. Practitioners therefore enact an

'enfolded' sensory hierarchy: attending to thoughts depends upon one's attention being grounded in the body; the latter technique does not dualistically preclude but ultimately *enables* the former. Finally, we discerned that these cumulative, finely-graded techniques of attention lay behind the apparently binary transformation of practitioners' ordinary, unseen experience into the extraordinarily visible.

For mindfulness practitioners the capacity to see one's thoughts leads to greater personal insight. To fulfil this end, practitioners like Daisy and Jeremy must learn to discern sensation in the body coterminous with thoughts. As the practitioner discovers that she grinds her teeth in moments of boredom, or that tension arises in her legs when anxious, she enacts an apparently new iteration of the body: its dynamic co-constitution with and indeterminacy from mind. The body has become a 'radar' as well as a 'resource' – but this 'ontology' emerges obliquely, through techniques of embodied attention. As the practitioner reaches this iteration of 'embodiment', her perception of indeterminacy mirrors the theoretical premise of Csordas's paradigm of embodiment. In the practitioner's repeated turns to the body, she embodies a path conceptually trodden by – among others – anthropologists.

Striking in itself, this iterative momentum has a further implication. The practitioner no longer solely marvels at how far removed mind is from body, nor solely attempts to 'bring it back' as if it is a separate entity. Her enactment of the mind-body's indeterminacy is not simply a third version of the mind-body within a typology of configurations. It is a perspective that cuts across *all* configurations: in Jeremy's moments of insight he newly sees how the body expresses its anger or the mind its 'disembodiment' when he is 'in the head'. In comprehending his 'headiness',

'intellectual' knowing, and 'circular' cognitions, Jeremy therefore makes sense of un-mindful experience within a mindful trajectory. He recognises that episodes of 'headiness' and counterbalancing 'embodiment' may well recur within a broader trajectory of becoming 'embodied'. Indeed, they are integral to it, because without their occurrence 'embodiment' cannot progress.

Here, Csordas's paradigm of embodiment meets recent work on ethics. In as much as 'embodiment' is an ethical imperative for mindfulness practitioners, its transgression shows that it is different from Cook's Buddhist asceticism, or Heywood's 'doppia morale'. A *mae chee* in Thailand considers it inevitably impossible to follow ascetic precepts all the time (Cook 2010a); an LGBTQ activist in Bologna constructs 'a manner of relating to moral codes in which one allows for the possibility of their transgression under certain circumstances' (Heywood 2015: 206). A mindfulness practitioner, by contrast, actively cultivates the capacity to subsume transgression within the terms of mindfulness. If not subsumed, the transgression threatens to break those terms. In Chapters 2-4, thoughts of doubt and self-doubt imploded the felt possibility of mindfulness' efficacy, or one's own capability; in the last two chapters, the solidity of discomfort and the righteousness of anger threatened practitioners' capacity for reflexivity. Subsuming transgression occurs by directing attention into 'the body'. Yet as Jeremy's case suggests, this act does not silence or dishonour dissent. Instead it incorporates it into the shape of one's trajectory as a practitioner: the trajectory bends, rather than breaks.

If the personal insights generated through such practice appear sometimes quite 'ordinary' even to the point of tedium, for mindfulness practitioners they are not mere

lip-service to the virtue of curiosity but have astounding effects. As Jeremy learns to experience his anger 'through the body', he apparently transforms his capacity to empathise with others and begins to reconfigure his advocacy of social justice – to what end, further research would be necessary. By identifying his individual patterns within a 'commonly human' mind-body, Jeremy defies an atomistic assessment of mindful self-cultivation. The observations of phenomenological and ethical anthropology overlap once more: the mindful body is inevitably in the world; self-cultivation inevitably cultivates the world. In the case of mindfulness practitioners, these are, at times, explicit commitments.

Speaking of commitments, and with Sandra in mind, let us close with the theoretical implications that mindfulness practitioners' 'turn to the body' might have for 'truth'. If we return to the terminological and conceptual overlap between practitioners' 'embodiment' and Csordas's paradigm of embodiment, Vilaça's critique of the latter becomes significant. For Vilaça, the embodiment paradigm's inadequacy 'relates to the concept of an objective reality intrinsic to the phenomenological approach'; it 'anticipates the transcendental sum of an indefinite number of perspectives through which the object can be (presumed to be) reconstructed in its extrinsic reality' (Vilaça 2009: 140-1). For mindfulness practitioners, perspectives upon the mind-body have appeared as if in three forms: their default dualism, counter-dualism, and dissolution. I have taken up Alcayna-Stevens' rallying cry that '[a]nthropologies of Euro-American naturalism must be ready to appreciate both the apparently unbridgeable dualisms utilised and enacted by their interlocutors, and the simultaneous disappearance, dissolution and intermittent irrelevance of these dualisms in their interlocutors' encounters and reflections' (2012: 82). As we have seen, mindfulness

practitioners move unsteadily from one version of themselves to a counterbalancing other – followed by another. Moments of transition emerge through finely-graded reconfigurations of attention, and through propositional redefinition: the body is, by turn, absent, 'always here', and 'changing moment-to-moment'.

On the one hand we must take such redefinitions seriously. When we do, they appear progressive and teleological, moving the practitioner towards universal truths of impermanence and contingency as well as towards personal insight. This perpetual manoeuvrability as if from one perspective to another appears on the one hand to fulfil Vilaça's criteria – a quest for something definitive. Yet as we have seen throughout the thesis, the common feature in practitioners' pursuit of therapeutic transformation and in the pursuit of 'truth' is their simultaneous deferral of either. Much as a mindfulness practitioner moves towards greater health and wellbeing yet is never quite 'fixed' or made better, she perpetually seeks to come closer to the truth and simultaneously defers it. To a mindfulness practitioner like Sandra, Vilaça's 'object' can never be definitively reconstructed, even as its reconstruction is perennially sought.

As a mindfulness practitioner perpetually turns to the body, cultivating the capacity to subsume all manner of interruptions, doubts, discomforts, and distractions into the vocabulary of headiness, patterns, habits, and thoughts, she exercises curiosity and care for herself. Even as she does so, she acknowledges that she can never truly grasp everything, or indeed be truly grasped by transformation. Her persistence must be accompanied by humility; her 'embodiment' is both exponential and forever incomplete. Following Candea's observations in his own ethnographic context, I

suggest that ultimately a mindfulness practitioner's choice is simple: whether she can commit to such a path – or not. What is less simple is that her choice must constantly recur. She must make it not just once, but over and over again.

Conclusions

Chapter Summaries

In the thesis introduction, I mooted this project as a timely investigation of the kinds of participation and self-shaping that are ethnographically identifiable in mindfulness-based interventions. I situated the latter at a nexus between evidence-based medicine and what McMahan calls 'Buddhist modernism': emerging forms of Buddhist practice that remake its purpose and history. I suggested that two broad bodies of work in anthropology might cast light on the praxis of MBIs. I considered that the anthropologies of the body and embodiment, and of ethics and self-cultivation, contain a potentially unifying theoretical premise: the intentionality of what have previously in anthropology been unintentional underdogs – respectively, the body, and the subject. Moreover, I suggested that ethnographic findings, situated within such debates, could illuminate a current impasse in critiques of MBIs. These critiques focus on alarm that MBIs 'de-ethicise' mindfulness for instrumental effect. In my methodology, I suggested that a methodology of participant-experience (Hsu 1999: 15-17) was necessary in order to bear witness adequately to the embodied forms and meanings of mindfulness practice.

In the first ethnographic chapter, I presented two cases that demonstrated, respectively, how mindfulness course participants and psychological researchers strive for 'evidence-base'-specific forms of subjectivity and objectivity. Alan, a sceptical and self-described 'irritable' course participant, found MBCT inefficacious for his particular thoughts and feelings. When he discovered that there was no evidence-base to his satisfaction for MBCT for the general public, he quickly

assigned responsibility to the Centre for its provision, and departed in search of transformation elsewhere. I suggested that Alan's case demonstrates a particularly biomedical configuration of subjectivity – in his case, expectations of the certain and rapid effect of an expertly-crafted intervention. It illuminates the ways in which that configuration, and the purposes of a mindfulness class, were mutually unwelcome and subversive.

In the second case, I reconstructed various means through which MBCT researchers constructed a form of mindfulness for trial through the parameters of EBM, and deconstructed how they moved forward from ambivalent trial results. I suggested that this discloses the way in which biomedical certainty is reached for and simultaneously achieved rarely. I concluded that the task of researchers is therefore not simply to reconcile themselves to their disappointment, but rather to reflexively fold it fruitfully into their projected future projects. I argued that this 'striving' and 'folding' is neither quite simultaneous nor sequential. Likewise, it is not simply that a gap between the ideal and the actual is inevitable. Rather, from the practitioner's point of view, she must strive for the ideal as if it were possible, while retaining the capacity to respond 'mindfully' if and when she falls short. Furthermore, embodied reflexivity is a vital part of this forward-looking praxis.

In Chapter 3, I pointed out the extent to which future-orientation is a feature not only of researchers' methodological reflexivity, but also of the purposes of biomedical intervention. I demonstrated how the discourse of MBCT is by dint of origin preoccupied with the risk of depressive relapse and its prevention. This appears to incur corresponding responsibilities for the therapeutic compliance of its subjects. I

demonstrated how such compliance is gently encouraged through future-oriented adages such as the common 'weave your parachute', and the less common 'mindfulness is a coming-up-through-the-floorboards practice, rather than a front-door one'. I showed how biomedical subjectivities were on the one hand identifiably various – as encapsulated analytically through Wolf-Meyer's (2014) spatiotemporal contrast between the 'cure' and the 'therapy' – and yet carefully held together by practitioners, through the accommodation both of immediate and preventative notions of therapeutic effect.

In the second half of Chapter 3, I demonstrated ethnographically what happened in the 'futures' of practitioners for which such practices prepare. I showed that mindfulness practitioners' commitments to a preventative, future-oriented form of compliance are by turns apparently partial or complete, yet that this notwithstanding, senses of responsibility are respectively deferred and over-assumed. This disclosed a puzzle: how else might we account for mindful subjectivity and self-shaping, if practitioners act and think in terms of commitments outside the 'therapeutic'?

Chapter 4 argued that this might be understood by comparing and contrasting 'care of the self' with neoliberal 'self-care'. I demonstrated how mindfulness practitioners and teachers alike find themselves caught seemingly betwixt and between strategies of (self-) kindness and of (self-) reprimand, resolving them by suppositions about which 'works' best. The chapter demonstrated that a mindfulness practitioner must learn to identify her depression-tending 'inner critic' not as the truth, but as a particular kind of self-moralisation. In these very terms it contains the potential for intervention: if the 'inner critic' is not a given, but something that is constantly being 'done', it can be

'undone'. I presented this form of commitment as one of self-compassionate curiosity that is 'embodied' by the mindfulness practitioner, in a particular sense: it is thought to emerge from turning the attention to the felt sense of the body.

In the last part of Chapter 4, I described ethnographic notions of mindfulness as perennial, 'always here', and 'in all of us'. These have the practical implication that one can always 'begin again' as a lapsed practitioner – a notion that seems to conflict with the future-oriented notion of mindfulness as 'coming up through the floorboards'. I suggested that these are evidence of the cultivation of a subjectivity that, for mindfulness practitioners, is simultaneously alternative to and inherently implicated in a future-oriented commitment to 'compliance'. I concluded that ambiguities noted by social scientists in the manifestation of 'compliance' are not noncommittal, but rather, entail commitments; their variable emergence is best represented as the function of traversal along a first-person trajectory of self-shaping, its possibilities variably constituted within an 'indeterminate horizon' of perception (Csordas 1993: 138).

In Chapters 5 and 6, I investigated the turns to the body that encapsulate a mindfulness practitioner's cultivation of curiosity and self-compassion. I demonstrated that a mindfulness practitioner's embodiment in the sense of habituation as a practitioner is mutually implicated with their embodiment in the sense of what they term 'coming into the body'. This begs the question as to 'where' such practitioners are coming 'from' – rendering recent work on detachment particularly useful.

In Chapter 5 I demonstrated that mindfulness practitioners 'come into the body' by attending to senses of contact, the breath, and the body in movement. I argued that this enacts an apparent division between the stuff of the mind – cognition – and that of the body: sensation. Moreover, the body appears to be divided up by the practitioner's sequential attention to its parts. Yet I argued that for mindfulness practitioners this is, as with Chapter 4, not a dualism or fragmentation that is being 'done', but one that is being 'undone', its pieces woven together through the unifying capacities of curious attention. Premised upon the notion that persons are already dualistic, 'detached', and fragmented, these forms of mindfulness practice cultivate an 'engaged' body with a felt sense of presence and wholeness. I suggested that this, in turn, can be understood as the concerted process through which practitioners attempt to render the ordinary stuff of experience vivid, even 'extraordinary'.

Nonetheless, the final ethnographic moments of Chapter 5 suggested that mindfulness practitioners' notion of 'embodiment' could not be captured analytically solely through these turns to and within the body. In the final chapter, therefore, I identified an application for the practitioner's newly curious capacities of 'embodied' attention: to see her thoughts clearly, rather than direct her attention away from them. As the practitioner's mind and body is newly and knowingly co-implicated, a new property of her 'embodiment' emerges. Her 'embodiment' is a function not simply of turning to the body from the mind, but also seeing all the ways in which the mind and body are co-implicated. It is not diametrically opposed to 'headiness', but must reflexively contain it. Here we see a parallel with previous chapters, whereby the practitioner's kindly curiosity is not-quite-simultaneously both an alternative to compliant subjectivity, and must also be reflexive of it. The mindfulness practitioner's forward

path is therefore built as much by her ordinary insights as by any preternatural capacity for bodily concentration; as much by looking back, as by coming into the present.

I ended Chapter 6 ethnographically with one practitioner's reflection upon her own reflexive practice, as she mused upon the extent to which 'truth' was out of reach. I concluded that as mindfulness practitioners seek the 'truth' – the 'real' experience of the body, of 'what there is' – so this is also constantly deferred. In some sense, as Candea notes in his own ethnography of animal behaviour scientists, claims that the jury is out pale alongside the fact that the jury will never be in. Among mindfulness practitioners, comparable claims that the jury is in – that attention is 'bare'; that thoughts are just thoughts – are inevitably grounded in the fact, as Sandra said, that these are not necessarily true, either. For mindfulness practitioners, the perennial question is whether these terms are acceptable grounds for a trajectory of self-cultivation. For anthropologists, the question is not simply whether and which claims to take seriously, but rather how to formulate a framework that accounts for them all.

Discussion

This thesis set out to contribute both ethnographically and theoretically to understandings of mindfulness-based interventions in UK settings, and to current debates that cut across the anthropology of the body and embodiment, and ethics. I argued that ethnographic investigation of mindfulness practice and practitioners was sorely needed to contribute to debates about MBIs for two reasons: first, these have been based either on psychological or discursive methods of analysis; second, they have been based upon theories of ethics that prioritise a domain-based model of

practice versus precept, and exhibit clear preferences between ethics that the analyst finds acceptable and those that they do not. Anthropologically, I have attempted to draw theoretical parallels between work on the body and on ethics, and to demonstrate that fine-grained attention to the experience of the mindful body may help illuminate problems in ethics.

I wish to begin this discussion by setting out some ethnographic contributions and conclusions. My project began with two questions: what kinds of 'mindfulness' and 'practitioner' are ethnographically identifiable, and what do these disclose about the process of becoming a mindful practitioner? I have argued that mindfulness-based interventions promote a kind of transformation analogous to Kornfield's 'embodied enlightenment' (as discussed by Gleig 2013: 221).[87] The practitioner must encounter the ordinary stuff of life – one's own failings, however banal; the uncomfortable irritants of mind and body – with the possibility of learning and meaning. In MBCT, which is a form of cognitive psychological intervention, the individual's mind-body are nominally the site where this intervention occurs, and the body in particular is the instrument of choice. From this angle, the mindfulness practitioner's commitments appear singular, 'wholehearted'.

Rose argues that psychological disciplines promote 'unified, fixed, interiorised, and individualised conceptions of selves, males and females, races, ages'. For Rose, this occurs despite the apparent fact that 'human beings are…heterogeneous and situationally produced' (1996: 9). Yet I have argued that MBIs should be read not as being one thing *despite* the broader analytical truth of the contrary, but rather as being

[87] See Introduction.

a near-simultaneous lively function of both. I argued that to a practitioner, being a mindful body and being a mindful practitioner are simultaneously distinct from, and inevitably implicated in one another.

Despite the apparently whole-hearted nature of practitioners' turn to the body, the present, and so on, I suggested, contrary to certain critiques, that MBIs as I observed them were *not* a 'fetishisation of the present' (Purser 2015b: 6) or the body, the ordinary, etc. I offered two reasons for this. First, I argued that the apparently dualistic exercise of attention – from past/future, to present; from mind, to body; from rules, to ethics – is for practitioners not a dualism that is being done. Rather, in order ultimately to be undone, the opposite 'end' must be the subject of emphasis. It occurs not in a vacuum, but in a context in which the prior part has already been, so to speak, the subject of what Purser terms 'fetish'.

Second, I argued that for mindfulness practitioners this leads to a particular conclusion. The emergent property of turning to the 'other end' of the dualism is not to re-sanctify it by tilting it the other way, but to undo it entirely. She ends up not simply 'in the body', but in her full capacities of mind, thereby capable of internal reflexivity from multiple angles. She ends up not free of rules, but in a particular stance with regard to them. She ends up not simply 'in the present', but able to observe insights about her past, and fold these *from* the present into her future trajectory. A mindfulness practitioner ultimately may exhibit 'an ethically sensitive style of remembering', to the contrary of what some commentators have feared (Stanley 2013: 151).

Intriguingly enough, critics of MBIs have nodded to something similar – by way of saying that this is exactly what MBIs do not do. For example, Stanley's reading of Nyanaponika Thera, the 1950s-era German-born Theravada monk argues in fact that an initial stage of mindfulness *can* be 'bare':

> …[as Thera suggests] while an important aspect of mindfulness is its capacity to experience without labels, this is only an 'initial stage' in the process. It is not the entirety of mindfulness practice. A crucial element of mindfulness practice is investigation leading to insight. This may involve the making of new conceptual distinctions and categories (e.g. impermanence, boundless friendliness), or using labels as tools to facilitate embodied awareness (e.g. inwardly noting 'breathing-in' on an in-breath and 'breathing-out' on an out-breath). This shows how mindfulness is not only 'bare' or 'simple awareness' but can encompass conceptuality. (Stanley 2013: 156)

Stanley deconstructs *sati* into various components, of which 'bare' attention may indeed be a first step in a forward trajectory of self-cultivation. While Stanley is speaking, via Thera, about the *sati* of early twentieth-century Burmese practice, he exhibits an understanding that the part of 'bare' attention need not stand for the whole; it may be a prerequisite for subsequent parts. Stanley's suggestion demonstrates the implicit assumption that MBIs' form of 'bare' attention is the whole of its praxis, rather than a part. I have suggested that this is used to critique MBIs in advance of sufficient evidence, as part of a broad and somewhat totalising critique of neoliberalism and biomedicalisation, that has in turn been critiqued in anthropology.

Yet Stanley's and Purser's perspectives point to a deeper theoretical problem in critiques of MBIs that has not yet been examined there, but has some precedent in anthropology: the question of how and whether we 'take seriously' our informants' claims (de Castro 2011, Alcayna-Stevens 2012) – whether about 'bare' attention or

the imperative of turning to the 'body'.[88] When one mindfulness practitioner enthusiastically tells me that mindfulness is all about being in the present, or that the body is always here; and when professional scientist Alan tells me that mindfulness is all 'bunkum' – how, if at all, should I disagree with any of these?

By way of an answer, let us briefly consider a model from physics. 'Red shift' describes the phenomenon whereby astronomers know both the distance of an object in the universe, and in which direction it is moving: a far-away star moving towards us looks more blue than it should; a star moving away from us looks more red. As a commentator on MBIs, one does not necessarily know whether one is dealing with something that looks red, but is actually blue because of its direction of travel: whether it looks as if it 'fetishises the present moment', or actually does something else. To make matters more complicated, the universe is constantly expanding around these objects that are moving further or closer. Locating the object in any given moment is therefore an imperfect (social) science.

This is pertinent to another finding in my ethnography. The latter did not reveal smooth trajectories to 'embodiment' in its non-dualistic sense. Rather, as well as moments of insight or presence, these trajectories contained considerable amounts of effort, getting stuck, chasing one's tail, giving up for a time, 'reminding oneself to be mindful', and even quitting the enterprise entirely. The latter might occur more-or-less immediately, or after some duration of time. Someone like Alice, the young

[88] My findings are necessarily delimited to the manifestation of MBIs at a particular mindfulness centre. My fieldwork was therefore largely focused around health and wellbeing settings rather than those of, for example, the workplace or education. This inevitably engenders limitations of generalisability. Yet in most MBI critiques healthcare and the politics of wellbeing are just as neoliberalised as workplaces, schools, and higher education. I suggest that given this critical totalisation, my findings should therefore not be discounted by critics on the grounds of the Centre's 'expertise' or other forms of exceptionalism.

lawyer with recurring depression, may experience all of the above. The nature of large-scale 'incremental' participation in mindfulness practice renders inevitable a diversity of forms of engagement with its practices of reflexivity. The problem is how to account for all these engagements without merely dismissing some as 'surface-level'.

We therefore need to consider two things: first, so to speak, 'the universe is expanding': it is not only the most virtuous mindfulness practitioners who are moving forward in space and time. Second, these forward trajectories – however non-committal – all entail commitments. Those who get off the mindfulness train or appear to go backwards, like Alan, are simply choosing a different onward path. To use Csordas' framework of the 'indeterminate horizon' (1993: 138), there is no getting out of the horizon – merely the constitution of different objects within it. I have attempted in my ethnography to capture in detail some commitments that cluster within MBIs – the variety of 'biomedical' commitments, for example – as well as to offer glimpses of others. People are constantly in motion. I therefore suggest that certain critiques of MBIs may have interpreted terms such as 'present', 'embodied', and 'choices', in such a way as to flatten both the volition and the spatio-temporality of 'forward' trajectories. Likewise, apparent 'ontologies', in the sense of research subjects' depictions or experiences of the world, are always 'doing' something: they indicate intention and direction, and can never be the last word.

This brings me to the final theoretical problem. Anthropological agreement and/or disagreement with our subjects have been ruled out, which means I must, if only as a heuristic, pick a way to capture how things hang together. I have suggested that

analytical attention both to embodied experience and to its ethical dimensions is necessary to understand the praxis of mindfulness practitioners. As I have alluded throughout the thesis, my ethnography could be read in a number of ways. First, as an account of the embodied and fundamentally unstable experience of perception and the constitution of one's own and others' bodies upon Csordas' 'indeterminate' horizon (1993: 138). It could be read through 'ontologies' of mindfulness and of the body; 'domains' – of evidence-based medicine, the classroom, and the everyday – in which certain rules apply and others do not; Foucault's 'care of the self', and 'curiosity', which 'evokes the care one takes of what exists and what might exist' (2000: xxi); the 'freedom in the code' (Heywood 2015) of 'mindful' compliance-that's-not-compliance; a series of detachings; the fractal 'scale replication' of headiness and 'embodiment'; and the post-Enlightenment 'holding together of diversity' (Strathern, 2009: 153). We must attempt to move past notions of – for example – the totalisation of biomedicalisation and neoliberalism, while also avoiding conclusions about the context-dependent, and the 'ontological flip-flop' (Candea, 2013: 432). We must attend to the ordinary while also recollecting that people universally find rules meaningful (Clarke, 2016: 799). The term 'circumstance' may even be reclaimed: 'already inscribed' in the Bolognese *doppia morale*, for example, 'is the possibility that conventions may be broken under certain circumstances' (Heywood 2015: 213). Moreover, as Heywood points out, situational ethics is defined, 'in some variations, from the rather unclear injunction to "love"' (2015: 213). For participants, practitioners, and researchers of MBIs, although 'love' is not quite the word, their deliberately curious and warm forms of 'embodied' attending are simultaneously distinct, and not a million miles away.

The fact that the case of mindfulness practitioners might be read within all these frameworks requires us to ask what they all have in common. Despite the various tensions that are lively among them, in a sense they both enact and are *about* what Strathern calls the post-Enlightenment 'holding together of diversity' (2009: 153), in its breach as much as observance. When accounting for the latter tension, they are also about something else: the ways in which subjects move forward in the world, emerging in, encountering, and creating their futures. The case of mindfulness practitioners suggests that understanding the ways in which people live their lives is not only about understanding their conceptions of the mind and the body, sources of self-transformation, the right and the good, and rules and freedom. Fundamentally, it is about how subjects move into the future amidst the diversities and instabilities of themselves and their world.

Future Directions

A number of potential research directions can be identified in the first instance from the limitations of this thesis. First, my fieldwork was centred upon, if ultimately de-centering from a leading MBI teacher-training centre, as described in the Introduction. My ethnography could not do full justice to the variety of forms of 'mindfulness' that I witnessed during fieldwork, but did not have scope to investigate fully in this thesis. Accounting for the expertise of the Centre, and its centrality to MBCT, I also attempted to provide a view from its 'ordinary' practitioners and teachers, rather than from the stance of mindfulness protocol or clinical trial development, policy-making, or lobbying. Some of the latter work is already being undertaken elsewhere: Joanna Cook is currently completing a monograph on the UK's Mindfulness All-Party Parliamentary Group, and the policy institute The Mindfulness Initiative; Matthew

Drage is working on a historical and ethnographic doctoral account of MBSR. Future ethnographic work is now needed to document promulgations of mindfulness in settings beyond healthcare: the workplace, education, and the military.

I also chose specifically to focus this thesis on mindfulness and its praxis, rather than on mindfulness as filtered through any of the particular lenses offered by practitioners for their engagement with mindfulness practices: depression, chronic illness, work or family life. It seems to me that a next way to take my research subjects' concerns seriously would be to investigate their experience of mindfulness within close 'relationships': families and partners. This was a persistent theme through stories of parental and spousal ambivalence, as well as of the impact of broader social and political factors both contemporary and historic, from schoolteacher Kate's father made 'angry' by World War II to Alice's displaced grandparents; Jeremy's 'temper' with his child, and Alan and Sara's irritation with their grandchildren.

Pertinent to this, in this thesis about predominantly white, female, middle-class British people I have also not interrogated concepts of whiteness, gender and sexuality, class, nor (ethno)nationalism. These may help to explain the particular ways in which mindfulness practitioners 'turn to the body', or 'look to the future'. I finished my fieldwork in the year of the Scottish independence referendum, but two years before Britain voted for Brexit on this side of Atlantic and America for Trump on the other. In times when nationalism, feminism, gender and sexuality, class, and race are all hotly contested – often under the broad category of 'identity' – it seems appropriate to pose some questions about mindfulness practitioners' claims about, and experiences of 'common humanity'. We must ask whether these are expressions of

general consensus, or personal intention; attempts to undo division, or productive of unintended consequences.

Further to this, the concept of mindfulness as a (social) science research methodology seems ripe for analysis, as has been begun elsewhere (Stanley et al. 2015). This will necessitate comparison with Hsu's (2006) participant-experience and Davies and Spencer's (2010) turn to 'emotions in the field'. Ideal for comparison will be ethnographic expansion on existing 'mindful' forms of scientific 'objectivity', to which my foray into MBCT researchers' clinical trial reflexivity (Chapter 2.2) points.

Meanwhile, particular theoretical dimensions seem necessary for the further investigation of mindfulness practitioners. I have concluded that the question of subjects' futures seems particularly important and potentially unifying of an embodiment perspective in Csordas' sense, and an ethical one. I have touched on particular notions of time – duration, Csordas' 'horizon' of perception, incompletion, perennialism, near-simultaneity, the 'appropriate' time, the idea that we are all moving forward whether we attend to this or not, and what Stanley terms 'ethical remembering' – that I wish to explore further. Issues of humility and confidence, knowing and 'not-knowing', would bear further investigation under this theoretical umbrella. Finally there is the broader question of theoretical interactions among the natural and the social sciences: can we refer to fractals and red-shift by way of anthropology to illuminate cognitive psychology, or vice versa? The jury is out.

Appendix: An eight-week mindfulness course at the Centre: structure and content

Out of eight mindfulness courses in which I participated-observed for fieldwork, five were MBCT. The remainder were based on the popular book *Mindfulness: a Practical Guide to Finding Peace in a Frantic World* (Williams, Penman 2011), which was sometimes referred to by mindfulness teachers as 'MBCT-lite', or 'half-dose'.[89] The MBCT classes in which I took part were non-clinical, but based (with some adaptations, reflected here) on the protocol outlined in the MBCT manual, *Mindfulness-based Cognitive Therapy for Depression* (Segal, Williams & Teasdale 2013 [2002]), colloquially known among mindfulness teachers as the 'green book'. At the end of each session, participants took home a CD with the guided meditation for that week, and a multi-page paper hand-out with session summaries, guidance for practice, quotations and passages from mindfulness teachers in secular and Buddhist traditions, details of the home practice for the week, and grids for self-reflection on the home practice.

MBCT sought to build psychological skills sequentially in a manner that was as 'experiential' and emergent (contrasted with 'didactic') as possible. The first couple of classes were intended both to give the participant a sense of their extant capacity for concentration, and a particular focus for its cultivation: bodily experience. The first class was titled 'Awareness and Automatic Pilot'. It began with some guidance from one of the teachers about housekeeping, the phone number to ring if running

[89] MBCT classes at the Centre contained twenty-five participants and a helper, taught by two teachers; the class at a local charity had one teacher, and twelve participants; the 'Frantic World' classes had up to thirty participants, and one teacher.

late, the need for confidentiality, and to both listen to others' contributions and share one's own with respect. In keeping with the course's experiential focus, just a few lines were spoken about the outline of the course, chiefly that it would consist of extended practices, discussion and reflection, and some cognitive exercises.[90]

A series of introductions followed, each participant sitting in the wide circle saying a few words about why they had come, and what they hoped to get out of the course. Then the first exercise commenced: a six- or seven-minute practice of attending to the experience of eating a raisin, 'as if you had never seen one before'. This was followed by 'inquiry', a period of contribution and reflection guided by the teacher, in which participants might volunteer what they had experienced – typically, how they had noticed the mind doing everything *but* attend to the sensations of eating a raisin. A thirty-minute guided 'body scan' practice ensued, in which participants lay on the floor and attention was guided through each part of the body in turn. More inquiry followed. The teachers set up the home practice – practising the body scan everyday, and attending to a daily activity such as washing-up or putting out the rubbish 'mindfully' – and the class closed with a short 'sit' of two or three minutes.

The second session, 'Living in Our Heads', recapitulated and normalised the mind's general tendency to wander, while emphasising that with awareness it could be brought back. The felt sense of the body continued to be the main focus of attention. The class opened with a thirty-minute body scan, and inquiry. A review of the home practice ensued, and people reported their difficulties or boredom with fulfilling its approximately hour-long daily commitment. This was followed by a guided cognitive

[90] See Chapter 3 for discussion of how this altered post-fieldwork.

exercise, designed to draw attention to the way in which interpretation of an event coloured one's feelings about it. For the next fifteen minutes, a teacher guided meditation on sensations of the breath, before setting up the week's home practice again: continuing with a daily body scan; daily mindfulness of the breath; and attending to the thoughts, feelings and bodily sensations that were triggered by small 'pleasant events' such as hearing a bird sing.

Session Three, 'Gathering the Scattered Mind', gave more restless participants a chance to attend to the body not in stillness but in motion, opening with a gentle extended yoga practice and inquiry. In the home practice review, the teacher went through the 'pleasant events' calendar as well as the struggles and small triumphs of the week. This was followed by introducing a short practice, the breathing space, that was intended to bridge the longer practices back into daily life along with continued 'mindful' attention to daily activities. The breathing space was intended to be practised at regular intervals, three times per day, training the participant to practice re-establishing mindful awareness even in the flow of daily life. After a further movement practice of standing stretches and then sitting with mindfulness of breathing, the home practice was set up: a daily movement practice, and attending, this time, to the thoughts, feelings and bodily sensations of small '*unpleasant'* events – such as a workman being late to a home appointment, or the discovery of a flat tyre.

By Session Four – 'Recognising Aversion' – there was usually plenty of aversion emerging. Class began with an extended sitting practice, bringing mindfulness to sensations of the breath, the body, sounds, and finally thoughts. In the latter's 'awareness' of thoughts, the metacognition thought to be enhanced by MBCT's

cultivation of body-based attention was put into practice. In the home practice review, responses to the unpleasant experiences calendar were written up on the board, with reflection invited by the teacher on how reactivity in the mind might be noticed and deconstructed as it happened. A further cognitive exercise ensued, in which participants were given the 'Automatic Thoughts Questionnaire' – a compilation of 'cognitions' often experienced during depression. As participants recognised some of these thoughts from their own experience, the teachers encouraged awareness of such thoughts simply as symptoms of stress or depression, rather than truths. After a breathing space, and a period of slow 'mindful walking', the teachers set up the week's home practice: the daily sitting practice of mindfulness of breath, body, sounds, and thoughts; continued breathing spaces at regular intervals; and breathing spaces at times of stress.

Session Five, 'Allowing/Letting Be', was considered the crux of the programme. Its opening practice comprised attending to the experience of breath and body, followed by intentionally bringing something 'difficult' to mind, noting corollary sensations in the body, and moving the attention closer into these sensations with a sense of 'allowing' these to be present. Following inquiry, and home practice review, teachers at the Centre often chose to show a 1990s television programme presented by Bill Moyers about Kabat-Zinn's stress reduction programme at UMass. If not, they would do another cognitive exercise designed to show how unhelpful coping strategies might feed back into the distress they attempted to alleviate. The participant-solicited examples typically included 'drinking too much', 'shouting at my kids', or 'can't stop thinking about it'. A mindful breathing-space was then presented as a possible moment of pause to help slow the immediate trigger of such strategies. A poem by the

Sufi poet Rumi, ‘The Guest House’, would be read and reflections from participants elicited. Class closed with setting up the home practice: the half-hour ‘Turning Towards Difficulty’ guided practice every other day, interspersed with self-guided practice in silence, and thrice-daily breathing-spaces alongside using it to ‘cope’ with moments of stress.

Session Six, ‘Thoughts Are Not Facts’, was dedicated to metacognitive practices and exercises. It began with a half-hour practice of attending to breath, body, sounds, thoughts, and feelings. After inquiry and home practice review, a cognitive exercise on the whiteboard examined how mood and context gave rise to different constellations of interpretations and feelings about a given event: in this example, a colleague at work rushing past after one had either been praised by or had an argument with another colleague. The breathing space was suggested, and practised in class, as a way to cultivate distance from the kinds of ‘thoughts’ that might be elicited. Finally, sheets of paper were distributed entitled ‘Working Wisely With Stress 1’. Participants discussed in pairs what usually triggered stress for them – fights at home, their boss, money – and what the warning signs were in their embodied experience: tight shoulders or lurching stomachs. They wrote these down for future reflexive reference as their own particular warning signs of stress.

On the Saturday in-between sessions 6 and 7, the Centre offered a full day of silent mindfulness practice from 10am to 4pm. This ‘all-day’ was intended to give participants a chance to ‘deepen the practice’. It was silent in the sense that participants did not speak to one another and ostensibly turned off their mobile phones. The teachers guided mindfulness practices and provided relevant instruction

throughout the day, from the body scan to mindful yoga, mindful walking, 'sounds and thoughts', and turning towards the difficult. Packed lunches were eaten in silence, and teachers made themselves available at lunch in a front office if participants had questions or were having difficulty with the day's practice. As the day wore on, teachers read poems by Mary Oliver or Derek Walcott, and passages from texts by IMS co-founder Christina Feldman or Tibetan Buddhist teacher Pema Chodron. At the end of the day, between 3 and 4pm, teachers gradually guided the participants out of silence through pair and then group feedback and discussion.

Session 7, 'How Can I Best Take Care of Myself?', was themed around how to identify and enact appropriate ways of looking after oneself when one realised that one was on a downward spiral of stress, depression or anxiety. After half an hour's opening practice of mindfulness of breath, body, and open experience, the teachers led an exercise that elicited what activities participants found 'nourishing' and 'depleting' in their day-to-day lives. It was discussed how one might rebalance one's own list if there were excessive numbers of 'depleting' activities, perhaps limiting or bringing a different attitude to a depleting activity, or scheduling in a counterbalancing nourishing one. It was suggested that a chronic tilt towards the 'depleting' could tip one towards the bottom of a spiralling 'exhaustion funnel', and that when one was heading in that direction one could not wait for 'motivation' to act to increase nourishing activities. Rather, such action must precede motivation.

Again the breathing space, sometimes termed the 'spine of the programme', was suggested and practised in-class as a moment of assessment of how one 'was' before asking oneself the question 'how can I best take care of myself right now'.

Participants then put their list of 'nourishing' activities to work by incorporating them into 'Working Wisely With Stress 2', an exercise in which they identified helpful ways to respond to the issues of 'Working Wisely With Stress 1'. The class closed with setting up home practice: participants might choose whichever meditation practice and regime from the course so far they considered would be a realistic long-term practice for them.

Session 8, 'Maintaining and Extending New Learning', recapped the course and asked participants to set their intentions for future practice and self-care. It began by revisiting the course's first practice – the body scan. After inquiry and home practice review, a teacher would recap the themes and practices of each session and ask participants to consider what their expectations and hopes had been for the course, what they had learned, what the benefits had been, and what had been more difficult or costly. Participants completed a feedback form for the Centre that asked them to rate how important the course had been for them from 1 to 10, and explain why they had given it this rating. They then reflected, eyes closed, on what in life they 'really valued', writing this down on one side of a piece of coloured card. On the other side, they wrote how the practice could help support them with whatever they valued.

Finally, discussion opened up to the broad topic of how participants might maintain and develop their mindfulness practice as they left the course. Local and national resources were pointed to – the Centre's own weekly sitting-group, a local insight meditation day-retreat organisation, a residential insight meditation retreat centre in Devon. The last paper hand-out contained an extensive reading list and tips for bringing mindfulness into daily life. The class closed with a short reflective practice,

in which participants wished themselves and the others in the group well. There were no follow-up sessions scheduled, and participants often shook hands with the teachers or came to make individual inquiries about resources or teacher-training, before leaving to embark on the rest of their mindfulness trajectory under their own steam.

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