Social Science & Medicine 106 (2014) 168–176

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Mindfulness meditation: Do-it-yourself medicalization of every moment

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ARTICLE INFO

Article history:
Available online 29 January 2014

Keywords:
Medicalization
Self-help
Alternative healing
Holistic care
Complementary and alternative medicine (CAM)
Discourse analysis

ABSTRACT

This paper examines mindfulness as a popular and paradigmatic alternative healing practice within the context of contemporary medicalization trends. In recognition of the increasingly influential role popular media play in shaping ideas about illness and healing, what follows is a discursive analysis of bestselling mindfulness meditation self-help books and audio recordings by Jon Kabat-Zinn. The central and contradictory elements of this do-it-yourself healing practice as presented in these materials are best understood as aligned with medicalization trends for three principal reasons. First, mindfulness represents a significant expansion in the definition of *disease* beyond that advanced by mainstream medicine. Second, its etiological model intensifies the need for *therapeutic* surveillance and intervention. Third, by defining healing as a never-ending process, it permanently locates individuals within a *disease–therapy cycle*. In sum, the definition, cause, and treatment of disease as articulated by popular mindfulness resources expands the terrain of experiences and problems that are mediated by medical concepts. The case of mindfulness is a potent illustration of the changing character of medicalization itself.

Introduction

Mindfulness represents one approach within the emerging field of mind-body or integrative medicine. Mindfulness is defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, pp. 3–4). The practice is loosely informed by Zen Buddhist meditation practices that emphasize the importance of achieving a particular state of conscious living. Some proponents of mindfulness meditation in the United States describe it as akin to Buddhist meditative practices without the Buddhism (Aubrey, 2007). Mindfulness is said to address a person's physical, mental and spiritual well-being. Proponents maintain that individuals have inner resources to recover from injury and illness, and, in some cases, prevent their onset altogether. Purportedly, these inner resources can be cultivated and mobilized through the systematic practice of mindfulness meditation.

During the last several decades, mindfulness has made notable inroads into mainstream Western medicine. Jon Kabat-Zinn, Ph.D. is arguably the person most responsible for this development. Searches for "mindfulness meditation" on *Web of Knowledge* and *Web of Science* reveal Kabat-Zinn's central role in generating a burgeoning area of clinical research. His works are the most cited on the topic; nearly 4000 other publications as of September, 11 2013 cite the author. Kabat-Zinn also founded the Stress Reduction Clinic at the University of Massachusetts Medical Center and subsequently developed its mindfulness-based stress reduction (MBSR) program in 1979. Other MBSR programs, where patients come together to sit in silence, focusing on their breath, now operate at more than 200 U.S. clinics, including several affiliated with prestigious academic medical centers.

But mindfulness has reached far more people than those who have attended an MBSR class. Whereas tens of thousands of individuals have enrolled in an MBSR program, several millions have read or listened to mindfulness self-help books or recordings (Center for Mindfulness, 2010). These self-help materials describe the practice and promise to steer individuals down their own path of awareness and health. Not only is Jon Kabat-Zinn the individual most responsible for introducing mindfulness into mainstream medicine, but he is also chiefly responsible for its introduction to a lay audience through his bestselling books and audio recordings. In his book *Full Catastrophe Living* ([1990] 2005b), Kabat-Zinn provides a detailed set of instructions so that readers can emulate an eight-week MBSR program in their own living rooms. *Wherever You Go, There You Are* (1994) and *Coming To Our Senses* (2005a) reflect on the general benefits of mindfulness for personal growth, as well as its specific transformative healing capacities. Kabat-Zinn teamed up with holistic health celebrity Andrew Weil to record *Meditation*

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http://dx.doi.org/10.1016/j.socscimed.2014.01.024

for Optimum Health (2001), which, like Kabat-Zinn's more recent solo recordings, *Guided Mindfulness Meditation* (2005c) and *Mindfulness for Beginners* (2006), provides listeners with detailed instructions for using "the breath" as a powerful tool in self-healing. These books and recordings are owned by millions of Americans and are available at thousands of U.S. libraries; they are also available in libraries in more than twenty countries and have been translated into more than a dozen languages (Worldcat, 2013).

The popular appeal of mindfulness reflects two interrelated trends: the steady increase in consumer demand for alternative healing practices (Eisenberg et al., 1998), and the vast proliferation of popular health information in print and electronic media (Seale, 2003). Health researchers are keenly interested in what these trends portend. For example, it bears noting that the decades of increased consumption of alternative and health-related self-help resources have not been associated with a slowdown in the pace of medicalization. Despite a few isolated cases of demedicalization, Western societies continue to frame ever more personal and social problems as medical in nature (Clarke, Mamo, Fishman, Shim, & Fosket, 2003). Curiously, both self-help and alternative healing approaches have been identified as encouraging as well as resisting medicalization.

I address this contradiction using the case of mindfulness. Specifically, I present a discursive analysis of Kabat-Zinn's aforementioned bestselling books and audio recordings. I approach these sources with the following question: To what extent are the definitions of and explanations for health, disease and healing aligned with medicalization? Mindfulness is an especially illustrative case because its assumptions are paradigmatic of alternative practices more generally (Goldstein, 1999). Moreover, relaxation and meditation techniques are among the most commonly used forms of alternative healing in the United States (Eisenberg et al., 1998). Thus a close scrutiny of mindfulness is of considerable interest in a quest to understand the relationship between contemporary do-it-yourself alternative principles and the changing character of medicalization trends.

Medicalization and alternative healing

Medicalization commonly refers to the processes of "defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it" (Conrad, 2005, p. 3). The different types of human problems and experiences that have been medicalized include, deviant behavior (e.g., gambling and sex offending), natural life processes (e.g., pregnancy and aging), everyday problems of living (e.g., sadness and learning difficulties), and individuals' felt disappointments and desired enhancements (e.g., sexual performance and emotional attractiveness) (Davis, 2009). We have also witnessed the medicalization of *risk*, where the problem being medicalized is not a disorder *per se*, but a heightened potential for a disorder (Conrad, 2013). In contrast, demedicalization occurs when a heretofore medical problem no longer is construed in medical terms: the most oft noted examples include masturbation and homosexuality.

These broad definitions belie the complex character of medicalization and the development of the concept of *medicalization* itself: there are different degrees and dimensions of medicalization and demedicalization; there are multiple and competing forces (inside and outside the institution of medicine) contributing to and resisting medicalization; and these forces have changed and continue to change over time (Rose, 2007; Williams & Calnan, 1996). Even in the face of some emerging pockets of resistance and countervailing forces (Conrad, 2005; Light, 1993), the drive toward medicalization or biomedicalization (i.e., the technoscientific intensification and transformation of the process of medicalization) (Clarke et al., 2003) dramatically overshadows modest demedicalizing tendencies.

Since its introduction in the 1970s, a number of scholars have critiqued and revised the analytic concept of medicalization (Bell & Figert, 2012). These important amendments notwithstanding, the concept still carries significant analytic purchase with respect to describing broad trends wherein human experiences are framed as health and medical matters in contemporary western societies. As originally articulated by Irving Zola (1972), medicalization had two general meanings. The first and more established meaning refers to the expansion of the institution of medicine's jurisdictional authority and physicians' professional power. Medicalization of this type is somewhat less striking than it was in first three quarters of the twentieth century and is of less relevance to the empirical case at hand.

But Zola also used the term to apply to the process of making the "the labels 'healthy' and 'ill' *relevant* to an ever increasing part of human existence" (Zola, 1972, pp. 475–6, original emphasis). It consists of promoting "a belief in the omnipresence of disorder" and an eagerness to "feel, look, or function better" (Zola, 1972; pp. 475–476). Medicalization in this sense is ubiquitous in the contemporary context and it is of considerable salience with respect to alternative healing in general and mindfulness in particular. Medicalization of this sort also captures aspects of what has been called *healthism* and *healthization*, to denote beliefs and trends that emphasize the obligations of individuals to pursue health and avoid (or cure) illness through behavior and lifestyle modifications (Conrad, 1992; Crawford, 1980; Williams, 2004). The case of mindfulness provides us with an opportunity to explore how healthism and healthization are situated vis-à-vis contemporary processes of medicalization.

Before addressing the contradictory claims concerning the relationship between alternative healing and medicalization, it is necessary to acknowledge the problematic character of the label *alternative*. There is tremendous heterogeneity in the types of practices labeled alternative. The vast diversity in alternative practices is one reason a residual definition is sometimes used: alternative practices include all techniques not taught in most orthodox medical schools (Eisenberg et al., 1998). This definition has become problematic now that many orthodox medical schools include instruction in some heretofore-alternative practices. The introduction of the phrase *complementary and alternative medicine* (CAM) signifies orthodox medicine's more collaborative stance vis-à-vis previously marginalized approaches (Whorton, 1999). On the other hand, not all alternative practices collaborate with the medical mainstream; whether intentionally or unintentionally, some practices remain more marginal than others.

Despite these distinctions, a number of scholars have identified core assumptions held by most alternative practices. Michael Goldstein (1999) provides the following list: holism; the interpenetration of mind, body and spirit; the possibility of high-level wellness; the body as a vital system characterized by a natural flow of energy; and a participatory healing process. Others identify a similar set of beliefs aligned with various types of alternative practices (Lowenberg, 1989; Ruggie, 2004). I use the term "alternative" to refer to healing practices grounded in these core assumptions; and, as will be seen, mindfulness is a paradigmatic alternative practice.

According to practitioners and devotees, the core alternative beliefs represent a necessary corrective to those advanced by orthodox medicine (e.g., mind-body dualism, body-as-machine metaphor, etiological specificity) that result in targeted technological interventions to attack symptoms in a passive, diseased body. Alternative assumptions are said to counter a number of scientific medicine's ills: wellness is more than the absence of pathophysiology; individuals are unique and greater than the sum of their (standardized and diseased) parts; illness represents an