

Neoliberal meditations: How mindfulness training medicalizes education and responsibilizes young people

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Abstract

Teaching mindfulness meditation at school has been advocated by educational researchers and practitioners in order to proactively target the well-being of young people. By conceptualizing mindfulness meditation as a technology of the self, in Foucauldian terms, this article considers the ideological implications of implementing mindfulness programs within schools. Recent work by Kristin Barker, it is argued, provides insight into how mindfulness meditation functions as a forceful vector for medicalization. It does so by broadening the scope of illness to encompass the emotional ups and downs inherent to daily life. My thesis is that mindfulness training's medicalizing effect is what transforms this otherwise health-beneficial meditative technique into a non-obvious means for reconstructing the educational subject in line with neoliberalism's ideological dictates. Learning to become mindful is one way members of the younger generation become charged with a moral responsibility to augment their own emotional well-being. The capacity for personal prevention and self-surveillance that school-based mindfulness training inculcates in the young, in turn, is central to the self-managing figure that neoliberalism prizes. When institutionalized as a form of therapeutic education, therefore, mindfulness meditation is not ideologically neutral but rather morphs into a neoliberal self-technology.

Keywords

Mindfulness, neoliberalism, precautionary principle, medicalization, responsibilization

Introduction

A neoliberal economy requires the hegemony of a neoliberal ideology embedded in a variety of practices.

William E Connelly, *The Fragility of Things* (2013: 94)

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In a path-breaking study of the foundations of transhumanism, Steve Fuller and Veronica Lipińska show how contemporary attitudes to health-related risk-taking translate into two distinct policy styles: precautionary and proactionary (Fuller and Lipińska, 2014). Each implies a shift away from collective, population-centred health policies implemented through the class-based solidaristic institutions of the Keynesian welfare state. The upshot is that health risk becomes individualized. Whereas the proactionary principle supports people taking ‘calculated life risks’ associated with physical and cognitive enhancement, the precautionary principle seeks to reduce health-risk behaviours (Fuller and Lipińska, 2014: 37). To achieve risk reduction, the atomized and self-managing individual is now the primary target of health promotion through ‘social marketing’ – a field consonant with neoliberal notions of consumer sovereignty (Crawshaw, 2012).

How the precautionary and proactionary principles play out within educational policymaking is an open question, but clearly some school-based mental health initiatives straddle the divide. Mindfulness education is a case in point. This broad approach’s centrepiece is mindfulness meditation – a practice that has been distilled down to a format readily teachable to young people in school settings (Hyland, 2009). When learning to become mindful enhances young people cognitively, it is consistent with the proactionary stance (reference withheld Reveley, 2015). Mindfulness training in schools, however, has a dual-edged nature. It is not purely proactionary or precautionary but rather bears traces of each principle. This article explores the precautionary side of the equation; it is here that the pernicious consequences of mindfulness education lie.

Introducing mindfulness meditation into schools has been advocated as a way of promoting pro-social behaviours and attitudes and improving the well-being of members of the younger generation (Hyland, 2014). For the purposes of this study, the salient rationale is that this training holds out the promise of preventing the onset of affective disorders such as depression and anxiety. As such, it nestles comfortably within the Western health-fixated ‘culture of precaution, prevention, and pre-emption’ (Rose, 2010: 80). No reasonable person would think that attempting to reduce the risk of mental illness in young people is a bad thing. Nevertheless, using schools to target proactively the well-being of young people is by no means an ideologically neutral welfare-enhancement exercise.

School-based mindfulness training, it will be argued, tightens what Connelly (2013: 22, capitals omitted) calls ‘the subjective grip of neoliberalism’. Following Connelly, neoliberalism is taken to be a variety of capitalism based on free markets in which the logic of the market is applied to institutions such as health and education. This economic arrangement requires ‘regular individuals who have internalized market norms’ (Connelly, 2013: 53). Among neoliberalism’s ideological correlates are personal autonomy, self-reliance, and responsibility for one’s own well-being. As the opening quotation suggests, for neoliberal ideology to be strongly embraced, it must be reinforced by practices in the everyday lifeworld. The article’s central thesis is that mindfulness meditation fulfils this function; it is a practical technique that transmits the neoliberal self-responsibilizing impulse down to young people.

The discussion proceeds as follows. Firstly, in order to understand how mindfulness training renders the educational subject amenable to neoliberal responsabilization, a connection is made between academic literature on neoliberalism inspired by Michel Foucault and Foucauldian work on the medicalization of education. Secondly, the article flags mindfulness meditation’s Buddhist heritage and shows the embeddedness of

mindfulness education in a positive psychology-derived discourse of risk that dovetails with neoliberal ideology. Thirdly, the Foucauldian perspective is used to tease out the educational implications of Kristin Barker's (2014) unmasking of mindfulness meditation as a practice that medicalizes and pathologizes people's everyday emotions and experiences. Fourthly, I explain how mindfulness meditation, in its capacity as a non-obvious medicalizing vector, reconstructs the educational subject in line with neoliberal imperatives. A counterargument is considered in work by Fiona Patrick (2013), concerning the potential of well-being targeting techniques to elicit resistance to neoliberalism within educational circles. Fifthly, I conclude that mindfulness education, operating under the precautionary principle, functions as a neoliberal self-technology.

Foucault, neoliberalism, and the medicalization of education

This section develops a Foucauldian framework which is then used as a method to analyse the practico-ideological ramifications of providing mindfulness training to schoolchildren. Using this framework, what the subsequent analysis seeks to establish can be simply stated. The net medicalizing effect of introducing mindfulness meditation into educational settings is to make young people responsible for their own emotional well-being, thereby responsibilizing them. This responsibilization, in turn, tightens neoliberalism's grip upon the educational subject.

With regard to how the subject is constituted, Kathryn Ecclestone and Dennis Hayes bracket mindfulness training in schools with a social trend they call *The Dangerous Rise of Therapeutic Education* (Ecclestone and Hayes, 2009). The danger with schools as sites of therapy, they argue, is that young people are positioned as inherently vulnerable subjects with a 'diminished self' (Ecclestone and Hayes, 2009: 136). The point is well made but, as Michel Foucault demonstrates, subject-making has different facets. From the author's first and arguably most controversial historico-sociological work, *Madness and Civilization*, the central object of study is how the modern subject is constructed by medical discourses and is enmeshed in power relations (Foucault, 1973, 1979, 1990). Yet, later work on techniques of self-care by Foucault (2000, 2005) suggests that the subject exercises not inconsiderable agency in how they engage with self-constituting discourses and practices. Of particular relevance to this article's critique of mindfulness meditation are two salient themes in Foucault's voluminous writings: the medical-therapeutic constitution of the subject on the one hand, and the neoliberal entrepreneur of the self on the other hand.

As Foucault (2003a: 9) shows in his work *The Birth of the Clinic* – originally published in French in 1963 – the 'medical gaze' produces subjects. This occurs under a process he presciently labelled the 'medicalization of society' (Foucault, 2003a: 32). Lectures given at the Collège De France (1974–1975), and later published in the volume *Abnormal*, explain how applying the medical gaze to children was entwined with an historical process of 'psychiatrization' that led to the 'constitution of a science of normal and abnormal conduct' (Foucault, 2003b: 291, emphasis omitted). The figure of the child and childhood more generally has a dual role in this process:

inasmuch as it is capable of fixing, blocking, and halting adult conduct and of being reproduced within it, all of the child's conduct is in principle subject to psychiatric inspection. Conversely, all adult conduct can be psychiatrized inasmuch as it can be linked to the child's conduct in one way or another. (Foucault, 2003b: 305)

Foucault's interlocutors refer to this effect as subjection, namely the subject constituted by (medical) technologies of power and knowledge (Gros, 2005: 512).

Foucault wrote little else directly on medicalization's effects on children; it has been left to scholars working in his wake to connect the subjection process with education. Notably, Valerie Harwood and Julie Allen (2014) provide a Foucauldian treatment of schools as contemporary sites of medicalization. They focus on overt medicalization in the case of children who are diagnosed with attention deficit hyperactivity disorder (ADHD), a condition well-suited to their use of Foucault to understand 'how children and young people are constituted as psychopathologized subjects' (Harwood and Allen, 2014: 11). Pressing Conrad (2007) into service, Harwood and Allen (2014: 7) define medicalization as occurring when problems that are not intrinsically 'medical' come to be regarded as medical disorders prompting some form of medical treatment. Medicalization entails creating the medical concept of particular mental disorders. Since psychopathologization 'marks out subjects as either having or being at risk of mental disorders' (Harwood and Allen, 2014: 7), it is a separate (second-order) process. The distinction is a fine one. Indeed, the Conradian text on which Harwood and Allen rely suggests there has been an 'increased medicalization of risk' – whereby risk is regarded as an 'illness in and of itself' (Conrad, 2007: 163). This idea resonates with Ivan Illich's classic discussion, in *Medical Nemesis*, of the 'medicalization of prevention' (Illich, 1975: 49). For this article's purposes, therefore, the medicalization master concept is broad enough to encompass children being deemed at risk of developing a mental disorder. Medicalizing risk, I will contend, is central to how school-based mindfulness meditation furthers the medicalization of education and, in turn, educational subjection.

The latter argument is not uncontentious. In so far as school-based mindfulness training responsabilizes the young person as the agent of their own well-being – thereby eroding the hierarchy of knowledge between psy professionals and laypeople – it is plausible that this training brushes against the grain of medico-psychological subjection. This line of thought is consistent with a second kind of subject-making Michel Foucault (2005, 2014) identified at a later point in his career: the self-constituting subject. The concern here is with how the subject creates 'itself by means of techniques of the self' (Gros, 2005: 512). Mindfulness meditation qualifies as a 'technology of the self' (Foucault, 2000: 246), but this does not mean that it enables artful and unconstrained self-constitution. Here it is worthwhile to consider Foucault's comments – in *The Birth of Biopolitics* – on neoliberalism's prime figure as the economic subject who is 'an entrepreneur of himself' (Foucault, 2010: 226). Extrapolating from this point, the enterprising subject is conditioned by a discourse of responsabilization that, according to Trnka and Trundle (2014), has been thoroughly colonized by neoliberalism and has autonomous self-management as its shibboleth. In the Foucauldian study *Happiness as Enterprise*, Binkley (2014: 133) takes a further step by showing that neoliberal subjects experience a demand to become 'emotional entrepreneurs'. The creative entrepreneurialism prized by neoliberalism is accompanied by not inconsiderable uncertainty and risk. The thrust of Binkley's argument is that without the welfare state safety net, the enterprising subject is expected to insulate themselves from failure's emotional consequences by investing in their own emotional coping skills.

Mindfulness meditation programs aim to inoculate young people against emotional stress, and to teach them emotional self-management skills. If Binkley is correct, mindfulness self-technologies do not free up the subject from forceful social control (subjection) but rather align the subject with neoliberal capitalism's requirements for emotionally robust entrepreneurial subjects. The challenge is to understand how this

subject formation process occurs in schools. It will subsequently be argued that medicalizing risk – a process more subtle than the application of clinical diagnostic labels (such as ‘ADHD’) to children – is how school-based mindfulness meditation practically inculcates in young people the neoliberal requirement to embrace emotional self-management. Simply put, mindfulness meditation’s stealthy way of medicalizing education is the intermediary process that makes schoolchildren who are taught this technique susceptible to neoliberal impulses. The alignment of school-based mindfulness meditation with the precautionary principle, and its steeping in risk discourse, is the next section’s topic.

Positive prevention and the discourse of risk

Mindfulness education’s logic of pre-emption and prevention derives from positive psychology. This promissory psy discourse’s goal is to enhance well-being by acting early to prevent mental illness from developing. Martin Seligman, one of positive psychology’s founders, has led from the front on this issue. His scene-setting first chapter in the landmark *Handbook of Positive Psychology* clearly expresses the ‘positive prevention’ ethos (Seligman, 2002). As a critique of mainstream psychology practiced in the post-World War II United States, the chapter’s main contention is that due to a range of institutional-professional pressures psychologists became locked into a ‘disease–patient framework of repairing damage’ (Seligman, 2002: 4). Instead of just repairing damage, Seligman claims, psychologists should work on preventing mental illness. This is the sine qua non of positive psychology.

Positive psychology’s approach to prevention derives from the following precepts. Seligman (2002: 5) declares that ‘there is a set of buffers against psychopathology: the positive human traits’. These include ‘courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, [and] the capacity for flow and insight’ (Seligman, 2002: 5). A programmatic implication, one with considerable implications for the development of positive education, flows from the buffer idea: ‘Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people’ (Seligman, 2002: 5). With the focus squarely on the younger generation, it is no surprise that Seligman is at the forefront of positive education. In a comprehensive review, Seligman and his co-authors conclude that well-being can and should be taught at the school level ‘on three grounds: as an antidote to depression, as a vehicle for increasing life satisfaction, and as an aid to better learning and more creative thinking’ (Seligman et al., 2009: 295). The emphasis on prevention comes through strongly in their discussion of the Penn Resiliency Program, a positive psychology intervention for schools developed at Seligman’s University of Pennsylvania Positive Psychology Center. The program is purported not only to reduce but also to *prevent* symptoms of depression and anxiety in young people (Seligman et al., 2009: 298).

Historicizing positive psychology’s focus on prevention is enlightening. As Robert Castel (1991) demonstrates, the ethos of prevention has a lengthy history within the psy disciplines in the United States and in France, stretching in the latter country back to the 19th century. One can see in microcosm within positive psychology the shift in the locus of prevention that Castel identifies in the wider psy establishment. Through a process of incremental rather than abrupt change, there was a gradual ‘replacement of the notion of *dangerousness*, formerly used to designate the privileged target of preventive medical strategies, by the

notion of *risk*' (Castel, 1991: 282, original emphasis). Positive psychology is but the latest expression of this movement from a discourse of the dangerous – mentally ill – individual to pre-emptively targeting groups of individuals at risk. A recent meta-analytic review of positive education interventions channels the prevention discourse: 'In the face of rising levels of depression and distress...it is critical that we equip our young people with the skills to build resilience and hope in order to prevent mental illness' (Waters, 2011: 76). Interlaced with a discourse of risk, the discourse of prevention that pervades positive psychology also seeps into the mainstream psy literature. In the influential and prestigious *British Journal of Psychiatry*, for example, the norm of positivity is succinctly expressed by a recent article's title: 'Positive attributes in children and reduced risk of future psychopathology' (Vidal-Ribas et al., 2015). Drawing on a near 8000-strong sample of British children aged from five through to 16, the key finding is that 'positive attributes are associated with significantly less psychopathology across time and may be a target for intervention' (Vidal-Ribas et al., 2015: 17). Positive attributes – being generous and caring are two this study singles out – are one thing; positive psychology goes a step further to the self-elicitation of so-called 'positive' emotions.

Positive psychologists argue that the accentuation of emotions such as optimism can be learnt, irrespective of one's life conditions, material circumstances, and class background (Seligman, 2006). If this emotional self-regulation can be learnt, it can be taught – which is precisely what positive education proposes (Boniwell and Ryan, 2012). Where mindfulness meditation factors into the equation is as a means of increasing positive emotions by fostering the young person's capacity for emotional self-management (Boniwell, 2012: 12).

The educational-therapeutic application of mindfulness is based on the clinical appropriation and translation of a practice with a deep Buddhist taproot. Jeff Wilson's pathbreaking *Mindful America* (2014) discloses mindfulness meditation's Buddhist origins and pinpoints its spread to the American context. As Wilson explains, the 1970s American milieu – with its countercultural, social experimentalist, and alternative spirituality movements – was a fertile environment for Buddhism and the meditative practices springing from it. The mindfulness researcher, practitioner and advocate Jon Kabat-Zinn is identified as the single most important figure responsible for the transposition of mindfulness down to positivistic and secularized medico-psychological discourse and applications. The 'turning point' happened in 1979 when Kabat-Zinn 'started the Stress Reduction and Relaxation Program at the University of Massachusetts Medical School' (Wilson, 2014: 78). The centrepiece is Mindfulness-Based Stress Reduction (MBSR), the influence of which extends 'along two primary tracks' – a 'biomedical track', where the concern is helping patients with physical illnesses such as cancer, and a 'psychotherapeutic' track where the focus is on mental illness (Wilson, 2014: 97). As the author insightfully observes:

Reconceptualizing mindfulness as a biomedical or psychological technique moves the expertise into the scientific realm and aligns it with secular, modernist ideals. It legitimates mindfulness through the gatekeeping authority of science and institutionalized medicine. This allows it to infiltrate spaces that are held as off-limits to many religious practices, such as hospitals and public schools. (Wilson, 2014: 103)

Though there is no solid line separating the two tracks, it is the psychotherapeutic variant which has gained a toehold within the school system. Mindfulness training has been introduced into schools in England, Australia, Israel, Hong Kong, and the United States

(Flook et al., 2010; Huppert and Johnson, 2010; Joyce et al., 2010; Lau and Hue, 2011; Meiklejohn et al., 2012).

Mindfulness programs in schools range in scope and intensity. Reviewing 10 MBSR-influenced mindfulness programs at schools in the United States, Israel, and Britain, Meiklejohn et al. (2012: 298) describe the 'typical foundation of mindfulness-based curricula for K-12 students' as involving 'age-appropriate mind-body practices' based on student skills formation through methods including: 'focused attention on breath and sensory experiences; awareness of thoughts and emotions; movement practices; and caring or kindness practices.' Generally, the program deliverers are not psychologists but rather 'experienced mindfulness practitioners/instructors or...classroom teachers who have received prior mindfulness training' (Meiklejohn et al., 2012: 298). Less formal initiatives by schoolteachers seek 'to embed mindfulness in the everyday activities in schools', such as starting 'and ending each day with a short breathing meditation' (Hyland, 2011: 129).¹

With regard to the state of mind that is being developed in schoolchildren, one group of authors helpfully distils a definition from the mindfulness literature: 'mindfulness relates to the self-regulation of attention' with an 'attitude...of acceptance and openness to the current internal (e.g., cognitions and emotions) and external (e.g., sensory stimuli) experience' (Felder et al., 2013: 532). Fostering this state of mind is found to have a significant preventative effect. As a rigorous evaluation of the Mindfulness in Schools Program pioneered by the British schoolteacher Richard Burnett concludes:

This is the first study of a universal mindfulness-based intervention that appears to *address a risk factor for depression* and is consistent with a meta-analysis suggesting that *preventing the onset of depression in adolescence is possible*. (Kuyken et al., 2013: 129, emphasis added)

This finding is consistent with the results of a randomized control trial which 'suggest that school-based mindfulness programs can help to reduce and prevent depression in adolescents' (Raes et al., 2014: 477). Another study found that one such program (MindfulKids) reduces precursors to depression such as stress (Van de Weijer-Bergsma et al., 2014).

The implication of these studies is clear: once the opportunity is presented at school, young people can make a difference to their own well-being by learning and practicing mindfulness. Mindfulness education's focus on risk factors and prevention, and the responsabilization of young people to self-manage their neuro-emotional states, aligns with Castel's (1991) argument that risk discourse weakens the psy professions' grip on the individual. To recapitulate, mindfulness training at school is typically delivered by teachers working with their classes, or by mindfulness practitioners, with no direct involvement by members of the psy professions. Indeed, as Froh et al. (2011) reveal, positive psychology and mindfulness has had little impact on North American school psychology. A reduction in medico-psychological professional power is inherent to mindfulness education as a responsabilizing discourse that promotes the self-management of well-being. Yet this does not mean that mindfulness meditation is a force for what Castel (1991: 290) calls 'demedicalization'. For one thing, professional control is not a necessary condition for the expansion of medicalization (Conrad, 2013: 197). For another, mindfulness meditation medicalizes risk and offloads the responsibility for risk minimization to the responsabilized educational subject. As the next section demonstrates, far from diminishing the medicalization of education, mindfulness programs increase it.

Mindfulness meditation as a non-obvious medicalizing vector

The aim of this section is to explain how inserting mindfulness meditation into the curriculum (a) intensifies the medicalization of education, and (b) creates educational subjects who are habituated to neoliberal responsabilization. Just how mindfulness meditation functions to medicalize education is not obvious. As a medicalizing force, mindfulness stealthily works by sinking hooks deep into subjectivity. Though Barker (2014) does not consider schools or education, insights into this medicalization-by-stealth that are applicable to school-based mindfulness training can be drawn from the author's work.

Barker (2014: 168) describes mindfulness meditation as 'do-it-yourself medicalization of every moment'. As the following statement explains, the resulting effect is subtle but strong:

Mindfulness taps into a set of broadly familiar experiences: Do your daily worries and routine time demands consume much of your attention? Do you feel a sense of 'dis-ease' or lack of ease? As such, mindfulness dramatically foregrounds one conceptual means by which alternative healing encourages medicalization...[Namely] by defining the common malaise of everyday life as a diseased state, mindfulness represents a significant expansion in the terrain of the pathological. Disorder is not limited to a discrete biophysical state but rather is amorphous and omnipresent. (Barker, 2014: 171)

This has profound implications for how we think about health and illness. Even the normal episodic emotional ups-and-downs that the philosopher Robert C Solomon (2007) maintains are part of what it is to be human are, in mindfulness parlance, evidence of illness or propensity for illness. Solomon's work is a source I will continue to draw on after rounding out my summary of Barker's argument.

Barker describes mindfulness meditation as a countervailing form of medicalization that outweighs any demedicalizing tendency arising from the challenge that mindfulness, as do-it-yourself (DIY) therapy, poses to medical or psy professional control of therapeutic responses to psychopathology. In a nutshell:

The very alternative principles that push *against* medicalization in the one sense (i.e., challenge/limit medicine's professional and institutional authority) push *toward* medicalization in the other sense (i.e., apply the concepts of health and disease to ever more of the human experience). (Barker, 2014: 174, original emphasis)

Like positive psychology, mindfulness is a promissory discourse because it holds out the prospect of DIY healing, by which the practitioner can alleviate their stress, remove their anxiety, forestall depression, and so on. Yet, since this discourse 'relies on ambiguously defined notions of what it means to be healed', the mindful subject can become ensnared 'in an ongoing *disease-therapy cycle*' (Barker, 2014: 174, original emphasis), and hence, in a strangulating type of self-entrapment.

In a close reading of Kabat-Zinn's (1990, 2005) self-help books, Barker argues that the practice of mindfulness meditation intensifies self-monitoring. As a result, mindfulness is:

an ambitious form of medicalization by promoting a therapeutic transformation in one's very being. Individuals must manage, monitor, and regulate their physical, mental, and spiritual well-being as part of an enveloping lifestyle thereby turning health into an ambitious and ongoing moral obligation. (Barker, 2014: 173)

Of course, the self-regulating and self-managing individual is the prime figure of neo-liberal discourse. While Barker does not see the connection, in the next section I will demonstrate

consonance between neoliberalism and developing the mindful subject's capacity to self-manage their psychological health. The remainder of this section teases out the two main implications of Barker's argument for understanding the downside of introducing mindfulness training in schools.

First and foremost, mindfulness discourse extends child psychopathology beyond the conditions indexed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), and well past what child psychopathology textbooks have typically covered for more than two decades: schizophrenia, conduct disorder, ADHD, anxiety disorders, and so on (Hooper et al., 1992). Mindfulness meditation medicalizes everyday worries and concerns as matters of diminished well-being and risk propensities. Teaching schoolchildren mindfulness meditation preventatively to ward off anxiety and depression simultaneously instils in them the need for what, in Barker's (2014: 174) terms, can be described as 'therapeutic surveillance'. This self-surveillance is qualitatively different from the 'second-order reflection' on one's emotions that Solomon (2007: 267) suggests is essential to having a fulfilling emotional life. Exceeding reflection, it is a form of emotional hypervigilance elicited by teaching schoolchildren to be alert to the slightest emotional twitch as a sign of something within them going awry.

Learning mindfulness meditation carries with it the baggage of therapeutic self-surveillance and a heightened sense of needing to augment one's well-being. Rather than demedicalizing, by responsabilizing and empowering young people to take charge of their own health, mindfulness meditation actively fosters medicalization by targeting normal feelings of uneasiness and worries as matters for which one needs therapeutic self-training. For a young person facing insecure employment or unemployment when they leave school, as Standing (2011: 142) remarks, it is perfectly 'normal to be anxious'. This 'normal anxiety' does not flag the need for state-sanctioned (or school-based) therapy (Standing, 2011: 142). Indeed, to experience the full gamut of emotions – including anger, guilt, and despair – is just part of life (Solomon, 2007). Asserting that young people must learn to self-manage their emotions is to assume that they are vulnerable and at risk if they do not. In turn, being 'at risk' is – in line with Conrad's (2007) argument – indicative of illness, thus opening a new gap through which medicalization enters education. Following this line of reasoning, if Barker (2014) is right to describe mindfulness meditation as a type of medicalization that colonizes the everyday lifeworld, any curriculum that includes mindfulness meditation will result in pedagogy being medicalized.

The second point concerns the socialization function of schooling. If schools are prime sites where mindfulness is inculcated in young people, and if mindfulness is a medicalizing force, then mindfulness training in schools is a medium for the propagation, in society at large, of the specific form of medicalization that Barker associates with mindfulness meditation. Focusing exclusively on the promulgation of mindfulness through the popular media and self-help mindfulness merchandise, Barker neglects this point. It is beyond question that there is an array of mindfulness self-help materials currently on the market. They range in scope and sophistication from the aptly titled *Mindfulness for Dummies* (Alidina, 2015) to the quasi-philosophical *Mindful Brain* (2007) written by the scholar-psychiatrist, neurobiologist, and mindfulness advocate Daniel J Siegel. Undoubtedly, the circulation of mindfulness discourse through such texts and techniques hawked on the self-help market, and the discourse's attendant insinuation into popular culture, contributes to the contemporary culture of self-examination. Yet schools are as important, if not more so, for creating subjects habituated to therapeutic self-monitoring. One of the principal sites of

the subject's colonization by this discourse is the school. The contact point is strong because mindfulness training's self-care ethos is congruent with current trends in pedagogy. As Tina Besley and Michael Peters thoughtfully remark (in a Foucauldian vein), 'modern pedagogies are secular technologies of the self in which self-regulation and self-examination comes to occupy center ground' (Besley and Peters, 2007: 17).

Teaching mindfulness meditation in schools is a seedbed for the medicalization of the self that carries through to adulthood. By receiving mindfulness training at school, members of the younger generation are being enculturated in a medicalized way of thinking about the ebb and flow of everyday experience. The school, therefore, is the training ground where children are encouraged to embrace the therapeutic culture's norms and to accept its attendant demand for emotional self-monitoring. Learning mindfulness meditation at school functions to prepare members of the younger generation for the self-help industry's mediatized forms of mindfulness training they will encounter as adults, and for work in organizations where mindfulness now has a toehold (Purser and Milillo, 2015). By identifying complementarity between school-based mindfulness training and neoliberalism, the next section takes the discussion of this training's preparatory role one step further.

Mindfulness and neoliberal responsibilization

In a recent review of the literature concerning education and resistance to neoliberalism, Fiona Patrick makes an interesting critical-theoretic countermove. Though no mention is made of mindfulness or any other type of meditative training, Patrick appeals to authority by citing the *Journal of Happiness Studies* (a positive psychology outlet) and invokes the notion of well-being to clinch an argument about how educational scholars and practitioners can oppose neoliberalism. On offer is the following suggestion:

In order to reclaim education from neoliberalism, one place to begin might be to focus on education as the development of the self, not in accordance with economic imperatives but in accordance with wellbeing and individual flourishing as core aims of education. (Patrick, 2013: 6)

To the extent that positive education advocates and practitioners recommend the use of self-technologies such as mindfulness meditation to achieve the end-states of enhanced well-being and flourishing, there is a problem with this whole reclamation idea. It is readily identifiable. Mindfulness meditation is a responsibilizing self-technology; its accent on self-surveillance and self-care dovetails with neoliberal ideals. Consequently, responsibilization in the area of well-being does not usher in a new era of autonomy for young people qua educational subjects. Quite the opposite is the case. As McNay (2009: 63) points out, under neoliberalism, 'individual autonomy is not an obstacle or limit to social control but one of its central technologies.' As the handmaiden of neoliberal conceptions of autonomy, responsibility is twisted into a utilitarian calculus. In its neoliberal guise:

Responsibility becomes a form of reflexive prudence, and individuals and collectives must increasingly conduct moral evaluations of their actions in relation to their potential effects, calculating and designing their life course in ways that attempt to mitigate harm and risk, and maximise benefit to themselves and others. (Trnka and Trundle, 2014: 139)

Mindfulness training is one means by which a stance of moral responsibility for personal well-being is imparted to young people. It is through this training that responsibility as reflexive prudence becomes medicalized.

What form does this medicalized set of neoliberal ideals take? I find Greco's analysis of psychosomatics, as a discourse that conveys to individuals a sense of moral responsibility for their health, helpful for answering this question. One observation in particular is worth quoting at length:

Each individual...acquires a personal preventive capacity...structured around the possibility of self-transformation and, before that, of self-knowledge. If the regulation of life-style, the modification of risky behaviour and the transformation of unhealthy attitudes proves impossible through sheer strength of will, this constitutes, at least in part, *a failure of the self to take care of itself*. ... The mastery of the self is thus a prerequisite for health; the lack of self-mastery accordingly is a 'disease' prior to the actual physical complaint, whose symptoms are detectable as behavioural, psychological and cognitive patterns. (Greco, 1993: 361, original emphasis)

Now, in the case of school-based mindfulness meditation (as opposed to psychosomatics, the subject of Greco's study), it is not physical but rather psychological illness that is being preventatively forestalled. Still, the point Greco makes about acquiring a personal preventive capacity, which psycho-medical discourse links to strength of the will and self-mastery, is germane. Mindfulness in schools is explicitly geared to increasing young people's 'resilience' – to developing strength of the will to rebuff unfortunate life events and handle harsh circumstances such as living in poverty. If mindfulness provides the opportunity to pathology-proof oneself, to achieve mastery over one's self in the face of adversity, then those who do not avail themselves of the opportunity to develop the cognitive skill of being mindful can be blamed as having failed. This is neoliberal logic at work: give young people the 'chance' to succeed, despite having the life-chance dice loaded against them, and then punish them as blameworthy individuals when they fail. Mindfulness thus becomes one more standard against which the young can be judged.

To summarize: Fiona Patrick's (2013) work stands as a potential counterweight to this article's central contention. Yet, contra Patrick, it is difficult to see how a focus on well-being can be a strategy of resistance to neoliberalism, precisely because 'happiness', 'flourishing', and 'well-being' in contemporary society are value-laden terms suffused with neoliberal overtones (Binkley, 2014). By seeking to influence schoolchildren's hearts and minds, teaching mindfulness meditation is a conductive line for transmitting neoliberal ideals. It is a tall order to ask young people to reject these ideals at the same time as they are being taught to embrace them through a self-technology that stresses self-responsibility.

Conclusion

As a self-technology, mindfulness meditation is one mechanism by which the precautionary principle is internalized by the younger generation. Even as a putative exercise in preventing the onset of psychopathology, mindfulness education is a medicalizing force that exposes young people to medical-therapeutic subjection. It positions them as needful subjects who must learn self-surveillance so as to monitor and manage unruly emotions to which they would otherwise be held hostage. As a forceful vector for medicalizing education, mindfulness training meshes with neoliberal reflexive prudence. Mindfulness meditation

socializes the young into therapeutic self-examination, which is fully in line with the self-managing capacity neoliberalism prizes. If they do not avail themselves of the opportunity to become mindful they have failed at achieving self-mastery. This opens the door for neoliberal punishment-by-blame to be meted out. At the level of subjectivity, the medicalizing force of mindfulness meditation increases the tautness of the neoliberal noose.

Perhaps the most educators can hope for is that some of the emotion management strategies young people learn from mindfulness meditation will be applied in activism against neoliberalism. Yet this spill-over effect is by no means certain. Chris Barker and his colleagues may well be right to say that mindfulness meditation is useful for activists, who need to learn how to manage and channel their emotions (Barker et al., 2008). But their main point is that mindfulness is useful for suppressing or transmuting anger into 'positive' emotions from which activists will benefit. This is by no means self-evidently correct. I find persuasive Solomon's argument that emotions are not black and white, that there are no inherently positive or negative emotions, and hence, that anger does not always fall on the negative side of the ledger. Indeed, the Aristotelian 'righteous anger' that Solomon (2007: 175) insists is needed to change the world is central to resisting neoliberalism. If mindfulness meditation teaches the schoolchild – as an activist-to-be – to suppress this part of their emotional repertoire, the only grounds on which school-based mindfulness training can possibly provide the basis for resisting neoliberalism falls away.

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Note

1. There is now a network of providers by which teachers in Britain can become accredited to deliver mindfulness training. See <http://www.mindfulnessteachersuk.org.uk/> (accessed 7 March 2016)

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