

'Mindfulness as/is a Care Ethic?' – Psychagogical lessons from discourse on biomedical imaging, executive functions, ADHD, and mindfulness research.

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Expanding on research perspectives on narrative empathy, enactivism, and executive functions, Alexander I. Stingl and Sabrina M. Weiss have proposed a critique of techno-scientific practices and biomedicalization. Building on their own work on semantic agency theory (SAT), strong objectivity, and the Weiss-Restivo model of the social mind, they show how analyzing techno-scientific practices through operationalizations of narrative empathy enable a responsible communication of knowledges between expert and lay decisions-makers (called ScienceCraft in the co-authored book by the same name by Restivo, Stingl, and Weiss).

Biomedical/neurophysiological imaging technologies as well as illness narratives are constructed along a popular myth of transparency. Attention-deficit hyperactivity disorder and the critique of the political imagination of children as consumer citizens share the same problematic techno-scientific conceptual frames as the transparency phantasm. Alternatively, Weiss's techno-ethical approach to strong objectivity and Stingl's microclimatology of truth address these issues by way of Foucault's psychagogy, Adele Diamond's research on executive functions, and Langer's mindfulness in creating a complementary perspective for pragmatic research that aims at clearing up how decision-making can be improved towards promoting healthier and successful lives cooperatively between actors with differing expertise. We can do better on a rational and ethical basis, than continue with the mindless enactment of techno-scientific narratives. We need, instead, to open techno-scientific regimes for new ideas and better practices.

They engage with mindfulness in two ways: As a way to emphasize the benefits of incorporating Langer's understanding of mindfulness/mindlessness, Stingl highlights the contact zone between mindless media practices and individual life-course choices as a 'narrative dialectics of techno-scientific practices'. This describes the dialectic relations that are entered into by techno-scientific practices, such as spatialization and temporalization in the gaze of medical visualization practices, and by individual life-courses in the form of narratives. Complementing this substantive engagement, Weiss demonstrates a procedural application of mindfulness as a meta-practice of *strong objectivity* in current interdisciplinary approaches to complex problems.

Mindless polemics against either ethics or psychology commit essentialist fallacies rather than engage mindfully with the nuanced and varied ethical and psychological layers of the issue. This is very apparent in studies of care practices and health knowledges: everything from dietary regimens to 'traditional' holistic health movements to shifts in birthing practices are laden in controversy and disagreement over facts, values, and acceptance. Often, these debates devolve into 'high-tech vs. low-tech' or 'natural vs. artificial' binaries that force not only patients and practitioners, but materials to 'choose a side' as a social identity. In addition to exacerbating the contentious atmosphere, this harsh climate does nothing to clarify these issues for the purposes of developing socially just and culturally aware policies that offer maximal opportunity with minimal obstructions or harms. Instead, with discourse analysis, it is asked both what makes a particular practice possible and what makes it true. But rather than a centripetal (inward) focus seeking to explain what the enunciation of a is, Stingl's and Weiss' analysis tracks centrifugal (outward) impacts on the possibility and truth-status of other enunciations and performances.

The radical historization of ethical frames or disciplinary boundaries (of psychology) reveals conceptual and institutional insights into not only the origins of the social norms of illness/deviance, but the larger socio-political context of industrialized labour or the consumer paradigm driving ideologies about human development in the applied human sciences. For example: What social developments were necessary to allow the measuring of attention such that there could be a 'deficit' in a person? With significant shifts in health care policy, how does legitimization of particular regimens – resulting in insurance coverage of certain treatments – affect parental considerations about response options? There is a direct causal link between expertise-based legitimization of certain techno-scientific practices and social justice here that cannot be ignored once the connections are made. But even as we can trace a lineage from the past to the present, so too does this approach offer a way to *mindfully* ask, 'In what ways can we make possible more opportunities for health and happiness for parents and their children?' Can we transform the unsatisfactory present to enact a more socially just future?