



Lessons from Medicine

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Just as there are few cures in medicine, in spite of all that is known about biology and disease, there are even fewer cures or quick fixes in the domain of the body politic. We work with the world as we find it and as we inhabit it, realizing that our understanding of events and our ability to shape outcomes are always limited, sometimes humbly so. But, as we have discovered in medicine, that does not mean that profound healing cannot take place if the situation is met in ways that embrace the full spectrum of inner and outer resources for working even a bit more selflessly and orthogonally with what is, with things as they are, especially in the domain of the human mind and heart. The same is possible for the body politic. It too can be approached from a perspective of healing and transformation rather than merely fixing and curing, especially when the fixes can be potentially damaging to the patient and to the very potential for healing.

That is precisely what the movement of mindfulness in various parliaments around the world is trying to accomplish. Obviously, it is what we might call, relatively speaking, a “top down approach.” At the same time, a certain mindful political organizing is going on more broadly in communities worldwide, in the United States through groups such as the Me Too movement, Black Lives Matter, and many others. If we are all cells within the one body politic of a country or the larger body of the planet itself, then the health of every one of those cells needs to be optimized. Everybody’s health and vital interests need to be met, recognized, and taken into account, while at the same time, we hold the larger interests of the well-being of the whole in mind as well, and protect them to whatever degree is consistent

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with the allegiance we pledge, as Americans, to the notion of “liberty and justice for all.” Just like the meditation practice itself, this is simple but far from easy.

The limits of possible synergies and collaborations between bottom up and top down movements are unknown, but the world is crying out for attempts to heal our society and world through such inclusive mindfulness-based approaches. Even a little mindfulness, because it is so potent and potentially transformative, can go a long way toward dissolving or mitigating many of the barriers to effective resolution of the enmities, disputes, and thorny issues that have dogged and plagued the human enterprise for millennia, including the endemic objectifying and mistreatment of women. Such healing is virtually an imperative in a world that is now so interconnected, so densely populated, so resource-threatened and environmentally stressed, and bleeding so profusely from endless wars and conflicts, terror, genocide, and the huge mass-migrations that have followed directly as a consequence that the very core of its well-being and health is threatened by these chronic diseases. In the past forty years, Americans have learned to participate in appreciating, refining, and sustaining their own health and well-being to a degree that was unthinkable just a generation ago, when you just accepted what the doctor said and never questioned his or her judgment (and there were very few hers in those days). It was unquestioningly assumed that the patient would be a passive recipient of care, and simply needed to follow “doctors’ orders.” It was not uncommon to conceal a cancer diagnosis from a patient and only tell the family—the thought being that it would only make the person with the diagnosis feel bad unnecessarily. Now we have a Patient’s Bill of Rights to safeguard the dignity of the patient from condescension and worse, and to protect the sanctity and confidentiality of the doctor/patient relationship. Not that dignity, sanctity, and confidentiality aren’t still compromised all too often, particularly in the incredibly time-pressured and litigious atmosphere in which medicine is now being practiced, and in how much

medicine is influenced by drug companies and other special interest groups. Various “market pressures” have compelled doctors to see more and more patients in less and less time, leading to dissatisfaction and malaise all around, on the part of both the patients and the doctors. Medicine itself is suffering and in need of radical healing.

Nevertheless, perhaps even unbeknownst to these larger forces but flowing within them all the same, a significant movement to shift the culture of medicine to a more patient-centered, relationship-centered, and participatory perspective has been taking place. Mind/body medicine in general, and mindfulness-based strategies in particular, under the umbrella paradigm and practices of *integrative medicine*, have been in the vanguard of this cultural shift for over a decade now. Ultimately though, all such qualifiers will need to be dropped. In the end, there is only *good medicine*. And that should be as good as it can be, for everybody.

Is this radical reorientation of medicine damaging the delivery of high quality medical care? Of course not, although in the old days of “the doctor knows best,” such a shift in orientation would have been seen as eroding the stature and authority of the physician, and bad for health care. But to the contrary, this change in the culture of medicine and how it is practiced promises to significantly enhance the options and the quality of care for patients and families alike. It is also more satisfying for the doctors, since they now can be—in concert with the other skilled members of the health care team, such as nurses, social workers, physical therapists, psychologists, occupational therapists, nutritionists—more often than not *in partnership* with their patients rather than in a predominantly authoritarian and therefore more isolating relationship.

In fact, in spite of all the problems with medicine and health care nowadays, and those problems are legion, enormous strides have been made toward a more patient-centered and participatory medicine, in which the patient and the physician and the health care team all have their assignments and roles to play, and in which there is, ideally, an informed and honest give-and-take among the parties that changes creatively as things unfold over time. In this model, everyone, including the patient, especially the patient, is working to move the patient toward greater levels of health and well-being and comfort at every age and stage of life to whatever degree possible, right up to the very end of life. Alternative views and approaches to treatment, backed increasingly by credible research, are now a more welcomed part of this process than ever before, and potential synergies between more traditional and more integrative treatment approaches are being recognized and optimized wherever possible, as an increasingly informed public turns to different, often orthogonal perspectives and approaches when faced with health crises that standard medicine heretofore has only dealt with in limited and sometimes grossly unsatisfying ways. Such approaches are now slowly making their way into the standard curriculum

as well as into elective offerings in medical schools across the country as a result of the passion and interest of growing numbers of imaginative and caring clinical practitioners in medical centers everywhere. Hospitals themselves are becoming more welcoming environments, more *hospitable*, we might say.

If such profound transformative currents can change the face of medicine in less than one generation, even in a time of crisis in the health care system, driven as they have been to a large degree by “consumer demand,” they can also happen, to some degree at least, in politics, also driving by consumer demand, so to speak. Politicians may be highly expert in particular areas, as are physicians and all other professionals, and they may be privy to information we have no access to. Yet they are not omniscient. Their judgment may not be any better or wiser than our own in certain matters. Yet they are vested for a limited time with the authority and responsibility to participate in various ways in critical decision-making to preserve and further the well-being and security of the country and regulate and protect its various homeostatic processes, such as the economy; the rule of equal and impartial treatment under the law—and the need to look at who those laws may protect or favor, and who they don’t protect—the education, welfare, and safety of its citizens; diplomatic, trade, scientific, and cultural relationships with other countries; and the natural resources of the environment. But by the very nature of their calling, politicians are perpetually at far higher risk than doctors of becoming caught up in conflicting interests, such as the desire to do good measured against the desire to get re-elected and keep their job and thereby extend the opportunity to serve the greater good; or the constraints of the age-old *quid pro quo* “deals” seemingly necessary to get anything accomplished at all.

If we shift frames for a moment, it is plain to see that such conflicts of interest would severely jeopardize a physician’s capacity to make appropriate judgments in regard to their patients. That is why there is a Hippocratic Oath that makes it explicit that the doctor is there to serve the patient’s needs above all other pulls and considerations and interests, especially and explicitly personal ones. To embody and protect that selfless relationship with those who are suffering is the core and sacred responsibility of medicine, one that each young doctor vows to uphold.¹

Why should we accept anything less where the health of the body politic and, by extension, the health of the world are concerned? Elected and appointed officials take an oath of office as well. Perhaps it is time to pay renewed attention and reverence to those oaths, and perhaps even revise some of them in the light of the pervasive dis-ease that our society and the Earth are experiencing, and in the light of what we are

¹ That is not to suggest that medicine itself cannot be deeply corrupted. Just think of the travesties of Nazi doctors in the concentration camps in World War II.

coming to learn about dis-ease and disease, and about our own ability either to compound our problems or heal their intrinsic causes, to whatever degree that may be possible. Maybe those revised oaths should start, as in medicine, with “*primum non nocere* . . .”: “first do no harm.”

Oaths, which are really great vows, if taken to heart as they need to be to be of any import whatsoever, accord us trustworthy reminders and a glide path for staying in alignment and embodying what is most important to living a life of meaning and purpose, often in the face of great obstacles. They call us back to ourselves and remind us of what is, in the end as at the beginning, worthy of our embracing, of our love. No small thing. What would that be for you?

Just as medicine has learned that it has to focus on and understand health as well as disease to appropriately treat a person, so we, as the cells of the body politic, need to act from the side of the health of the society rather than solely reacting to flare-ups or to overt threats of disease. Nor can we perpetually use the constant flare-ups as an excuse for not being able to attend to the true needs of the society and thereby divert our resources away from that attending. At the same time, just as we do in cultivating greater mindfulness in our own lives from moment to moment, in democratically participating in the body politic, it is equally important that we recognize the many energies in ourselves and in others which, out of greed, hatred, fear, or simply ignoring important dimensions of a situation that are therefore not taken into account, pose ongoing dangers to a healthy and harmonious society, whether we are speaking of a family, a community, a country, or the community of all peoples and nations on the planet. In order not to be terminally tainted by these vectors of dis-ease, we need to keep grounding ourselves in ease, in all of the ways we are already healthy, all the while keeping the shadow side of things in both ourselves and others in full awareness. We could call that practicing preventive medicine in politics.

But how do we do that, you might ask? How do we get there?

Simple. There is no “there” to get to. The ease is already here, underneath the dis-ease! The balance is already *here*, inside the imbalances! The light is already here, behind the shadow! We need to remember this, and realize it in the sense of making it real, through the ongoing cultivation of mindfulness, in other words, through practice, which is tantamount to keeping in mind what is most important. The dis-ease itself is only an appearance, albeit, recalling Einstein’s phrase, a persistent one, with serious and very real consequences. We all feel it, in some moments and in some years more than we do in others. And some of course, feel its harmful side far more than others, usually as a function of poverty, race, and gender pure and simple. But even these very real elements are not the whole story. For we don’t need to *find* our goodness to restore balance, we only need to *remember it*—to reconnect with it, and embody it in our actions.

Simple? Yes. Easy? No.

Ultimately and profoundly, it is *ease* that is the substrate, the ground of our being, as individuals, as a culture, and as a world. We do not always know this, but we can recover it, discover it, precisely because it is already here. It lies at the root of our nature, this dance between disease and ease, between illness and health, whether we are talking about our own body, the body of America, or the world as one body, one seamless whole, one organism really. And for us as a species, nothing is more urgent or more important than that we do dis-cover it. Everything hangs in the balance. Fortunately this ease, this wholeness of being, as we have also been seeing, is right under our noses. It always has been.

If the basic fact is one of dis-ease masking innate ease of wellbeing, then we need to arrive at a consensus diagnosis of the ailment, however complex it may appear to be on the surface, and however many different opinions there are regarding it, and then explore appropriate “treatments.” If we miss the diagnosis, all our efforts to address and alleviate the fundamental underlying dis-ease and the suffering that stems from it will be for naught. We will also be much more susceptible to demagoguery out of our fear and feelings of insecurity and dissatisfaction, stoked, funded, and exploited by groups and perspectives with primarily self-serving agendas and toxic ideologies, but also, if we are honest, evoking or exploiting very real grievances on the part of alienated individuals of all stripes who feel their well-being and their concerns and suffering are not being recognized or addressed, or perhaps are even being betrayed.

It is not that a great deal of what is going on in the world wouldn’t benefit from reform, and in some cases radical reform. The world has clearly benefited enormously over the centuries from the efforts of valiant reformers. It is just that we also require something bigger and more fundamental at this point, because a fixing orientation by itself ignores the rotation in consciousness that is necessary for healing the underlying disease and dis-ease. Without it, we are likely to catapult ourselves reflexively into a rescuing, fixing mode, without looking deeply into and understanding more clearly the root causes of our problems, our suffering, our dukkha, and therefore overlooking the need to work with those causal factors up close and personal, in the landscape of our own minds and hearts.

What is more, since what may appear broken to some may not be of any concern to others, the very mind set with which we see and know requires examination, cultivation, and, above all, ongoing conversation and genuine dialogue rather than the noise and haranguing that tend to dominate public discourse. Mindful dialogue (see Book 3, “Dialogues and Discussions”) invites true listening, and true listening expands our ways of knowing and understanding. Ultimately, it elevates discourse, and makes it more likely that we will

gradually learn to listen to and grow from understanding one another's perspectives rather than just fortifying our own positions and attachments and stereotyping all those who disagree with us. As we grow into ourselves through paying closer attention to our own minds and the minds of others who see things differently, our sense of who we are as an individual expands, and what most needs attention and healing changes for us. We may feel less threatened personally as our view of who we are gets larger, and we see how deeply our interests and well-being are embedded within the interests and well-being of others, and of the whole.

As we have seen (Book 3), when people are considering enrolling in the MBSR Clinic, we often say something along the lines that, from our point of view, "As long as you are breathing there is more right with you than wrong with you, no matter what is 'wrong' with you." We extend this message to people with long-standing chronic pain conditions, heart disease, cancers of all kinds, spinal cord injury and stroke, HIV/AIDS, and to many with less terrifying medical problems but, nevertheless, like these others, with rampant stress and distress in their lives. And we mean it. And, even though they don't and can't possibly know what they are getting into at first, no matter what we tell them, as they cultivate mindfulness formally and informally, they discover that it is indeed the case. As long as they are breathing, there *is* more right with them than wrong with them, no matter what they are suffering from. As they recognize this, and commit to taking the program as a complement to whatever medical treatments they may be receiving, not as a substitute for medical treatment, a large majority grow and change and heal, often in ways they themselves would not have believed possible a short time earlier. The message itself becomes an invitation into the orthogonal, into new ways of seeing and being with things as they are. And it is *the practice* that provides the vehicle and framework for the actual realization of what the invitation is merely pointing to. This growth and change and healing in people with chronic medical conditions has been described and confirmed over and over again in scientific studies over the past forty years.

The same principle applies to the world. No matter what is wrong with it, as long as it is "breathing," there is more right with it than wrong with it. There is a great deal right with it, and with the various "metabolic" functions and homeostatic processes that keep it healthy. Some of this we certainly realize and even appreciate and celebrate from time to time. But much of the health of the world and its peoples is totally ignored, completely taken for granted, or discounted, even abused.

But what does "breathing" correspond to in the body politic? How will we know when the world is close to not breathing and therefore it is already past time to act? Will it be when we can no longer go outside in our cities and breathe the air?

Or when our bodies and our children's and our grandchildren's bodies are all carrying an overwhelming burden of toxic chemicals courtesy of the air we breathe, the water we drink, and the food we eat, internal assaults against which the body has no defenses? Or will it be when the global temperatures warm to the point of melting the ice caps and all the glaciers, and flooding our coastlines worldwide, a threat that was so much less apparent when this sentence was originally written fifteen years ago than it is now, in 2018? Or when the periodic genocides on the planet get even larger and more frequent and perhaps closer to home? Or when infectious diseases spread around the world at greater than the speed of SARS or AIDS or Ebola and are no longer containable? Or when terrorism is a regular occurrence in our country? Or will it only be when the things that happen in the movies, such as a nuclear attack on one of our cities, happen for real? Or when AI eliminates millions of jobs? What will it take to wake us up, and for us to take a different, more imaginative, and wiser path?

To face the autoimmune disease we are suffering from as a species, and that we are equally the cause of, we will need, sooner or later, to realize the unique necessity for the cultivation of mindful awareness, with its capacity for clarifying what is most important and most human about us, and for removing the thick veil of unawareness from our senses and our thought processes; its capacity for reestablishing balance to whatever degree might be possible—always unknown; and its capacity for healing, right within this very moment as well as over time. If we have to come to it sooner or later, why not sooner? Why not right now? What is to prevent us from undergoing a planetary rotation in consciousness at this point in time, or at least taking the first steps available to us right now? We could start by paying attention to and honoring what is right with ourselves and the world and pour energy into that, and move on all levels and on all fronts, boldly, wisely, incrementally, toward creating the conditions whereby the complex, self-regulating capacities we have as a society and as a world can settle into a dynamic balance, a balance that our own minds have managed to disturb and disrupt and threaten through unawareness, through avoiding a deep inquiring into what is most important, and thus, ultimately through ignorance.

Even though as a nation and as a planet we are under a great deal of stress, and are suffering massively from disease and diseases, at present these conditions can be worked with, managed, and ultimately will resolve, just as such conditions can resolve or be greatly improved in individuals suffering from chronic medical problems when they are seen and met over and over again with awareness. We might do well to put our energy into that seeing and that knowing, and learn how to inhabit and act out of our ease, to inhabit our true wholeness, which is the root meaning of the words "health," "healing," and "holy." Otherwise, we will not be attending wisely to the

dis-ease. If we are not careful, especially where the body politic is concerned, we might wind up fueling its root causes, all the while fooling ourselves into thinking that we are eradicating them.

So clarity in diagnosing what is wrong and what is right with us based on the preponderance of the evidence, even in the face of some uncertainty, which is the case in medicine much of the time, is extremely important. And it is ultimately the responsibility of all of us to do that, not just a few experts. A mis-diagnosis is a mis-perception. And a mis-perception in this domain can have severe untoward, you might even say lethal, consequences.

Here is an instance in which, individually and collectively, we desperately need to perceive what is actually going on in its fullness and investigate where the roots of the pain and suffering actually lie. As in a medical diagnosis, many different approaches can be brought to bear on understanding the root nature and cause of the disease. Then, as with medical treatments, different approaches can be employed as appropriate, on the basis of the diagnosis and the understanding of how that particular pathology unfolds. Some treatment approaches can be deployed simultaneously, some delivered sequentially, in all cases monitored and modulated according to how the patient responds.

In the case of the world, we will need to bring the full armamentarium of human wisdom and creativity to bear on making the correct diagnosis and then on an appropriate and flexible treatment plan to bring about the restoration of health and balance, rather than losing ourselves in desperate but misguided and superficial and mechanical attempts at fixing specific aspects of the underlying disease when we don't actually understand what it is or know its origins, and when we forget that healing is fundamentally different from curing and fixing, and often a more appropriate and a more attainable option. Healing is not a mechanical process that can be mandated or forced. We drift way off course if we are only treating the symptoms of the dis-ease, and reacting to them out of fear rather than out of respect for the patient, the body of the world, the world seen and known as one body, which I suspect we are on the verge of realizing it is. And while individual bodies inevitably do die, life itself goes on. Regarding the planet, it is life itself, both present and future generations, and the health of the natural resources, processes, and mechanisms that sustain it that we are concerned with here.

There is much to be learned from the new medicine that is emerging in this era, a medicine that honors the patient as a whole person, much larger than any pathological process,

whether an infection or a chronic disease, disorder, or illness not amenable to cure. It recognizes that each of us, no matter what our age, our story, and our starting point, has vast, uncharted, and untapped inner resources for learning, growing, healing, and indeed, for transformation across the life span; that is, if we are willing and able to do a certain kind of work on ourselves, an inner work, a work of profound seeing, a deep cultivation of intimacy with those subterranean resources we may not remember we have or may not have faith in. In the three earlier volumes in this series, we have seen how drinking deeply from this well can contribute profoundly toward the healing of one's mind, body, heart, and sense of deep connectedness with the world, and toward making a very real, perhaps even comfortable peace with those things in one's life that are not amenable to fixing or curing.

None of this means that mindfulness is some kind of magical elixir or cure. Nor does it mean that mindfulness is the answer to all life's problems, medically or politically. But cultivating intimacy with how things actually are is the first step on the path of healing, whether we are talking about a person or a nation, or all nations and all beings. This kind of wise attention provides a practical, non-naïve way to reclaim our humanity, to be what we already are but have perhaps lost touch with, in a word, to be human, fully human. After all, we do go by the appellation human beings, not human doings. Maybe that itself is trying to tell us something. Maybe we need to inquire into what *being* actually entails. That inquiry might lead us to what being fully human might require of us and what it might offer to us that we have not yet tasted, touched, or developed.

Whether we adopt an autoimmune model, a cancer model, or an infectious model to describe the origin of our collective dis-ease and suffering—and in fact, these approaches are all interrelated, in that autoimmune diseases and their treatments can frequently make the body more susceptible to cancers and to opportunistic infections—it is clear that what seem at first, to the privileged at least, to be tolerable, if not minor and ignorable symptoms of societal disease and dis-ease, such as poverty, denigration, injustice, racism, tyranny, and fundamentalism sooner or later can wind up in the heart of the organism if not attended to in appropriate ways, which includes addressing the underlying dis-ease processes that give rise to and feed them rather than merely masking or temporarily assuaging the symptoms. Of course, that would also include keeping in mind that, as in medicine and health care, prevention is the best policy in governing and in diplomacy.