Complementary Therapies in Clinical Practice 17 (2011) 96–101

Contents lists available at ScienceDirect

Complementary Therapies in Clinical Practice

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

Perceptions, experiences, and shifts in perspective occurring among urban youth participating in a mindfulness-based stress reduction program

Deanna Kerrigan [a,*], Kelly Johnson [a], Miriam Stewart [b], Trish Magyari [c], Nancy Hutton [b], Jonathan M. Ellen [b], Erica M.S. Sibinga [b]

[a] Department of International Health, The Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe Street, Room E5037, Baltimore, MD 21205, United States
[b] Division of General Pediatrics and Adolescent Medicine, Department of Pediatrics, The Johns Hopkins School of Medicine, Baltimore, MD 21205, United States
[c] Department of Health, Behavior and Society, The Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe Street, Baltimore, MD 21205, United States

Keywords:
Adolescents/youth
At-risk
Health and well-being
HIV/AIDS
Stress/distress
Qualitative

A B S T R A C T

Interest in mindfulness as a tool to improve health and well-being has increased rapidly over the past two decades. Limited qualitative research has been conducted on mindfulness and health. This study utilized in-depth interviews to explore the context, perceptions, and experiences of a sub-set of participants engaged in an acceptability study of mindfulness-based stress reduction (MBSR) among urban youth. Content analysis revealed that all in-depth interview participants reported experiencing some form of positive benefit and enhanced self-awareness as a result of MBSR program participation. Significant variation in the types and intensity of changes occurring was identified, ranging from a reframing and reduction of daily stressors to transformational shifts in life orientation and well-being. Variations in perceptions of and experiences with mindfulness should be studied in further depth in the context of prospective intervention research, including their potentially differential influence on mental and physical health outcomes.

1. Introduction

Mindfulness has been defined as, "the awareness that arises out of intentionally attending in an open, accepting and discerning manner to whatever is arising in the present moment", including thoughts, feelings and bodily sensations.[1] One important aspect of mindfulness is that it is both an outcome and a process.[2] As an outcome, mindfulness is generally understood as a present-focused state of being, in which one's cognitions, emotions, and sensations are experienced within a broader general awareness. Within this state, individuals report finding themselves less reactive, which in turn allows for different possibilities for individual behavior and well-being,[3] as well as potential shifts in interpersonal dynamics and relationships. As a process, mindfulness generally refers to methods or techniques of self-observation and self-regulation, intended to enhance one's mindful state. During mindfulness training, in which the concept of mindfulness is discussed and mindfulness techniques are practiced, individuals often learn that it is possible to experience their thoughts and feelings in a different way, relating to them with greater perspective and less judgment and reactivity.[4]

In recent years there has been what has been termed an "explosion" of interest regarding mindfulness within the fields of psychology, public health and medicine.[3] This interest has been strongly focused on the use of mindfulness training as a method or intervention tool to improve mental and physical health and well-being. There has been an exponential growth in research, research funding, and peer-reviewed publications related to mindfulness over the past two decades. There is now a solid but still growing body of work documenting the effectiveness of mindfulness-based training programs on a variety of mental and physical health outcomes, across different population groups and contexts, based on several systematic reviews on the topic.[5–7]

In relation to research funding, a recent review found that as of 1998 no studies had yet been funded by the United States National Institutes of Health (NIH) on the topic of mindfulness and its clinical and behavioral applications to health.[1] In 1999 three studies were funded and there are now currently over 50 ongoing studies related to mindfulness and health supported by the NIH.[1,8] These ongoing studies represent a wide range of topical applications including work on the role of increased mindfulness on diabetes, depression, substance use, cancer, and HIV-related outcomes, just to name a few. The increased funding on the topic of mindfulness over the last decade is also reflected in a similar increased visibility for the topic within the peer-reviewed literature. During the 1980s and 1990s there were just than a handful of scientific publications on the topic mindfulness per year. This trend began to shift significantly around the year 2000 and has steadily increased since that time with

* Corresponding author. Tel./fax: +1 410 585 0113.
E-mail address: dkerriga@jhsph.edu (D. Kerrigan).

1744-3881/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ctcp.2010.08.003

approximately 50 scientific publications on mindfulness documented in the year 2007 alone.[9] A recent review of the scientific psychological literature on the topic of mindfulness yielded 260 peer-reviewed publications.[1]

A great deal of the literature on mindfulness to date has focused on establishing the efficacy of mindfulness training programs on mental and physical health outcomes, and establishing reliable and valid aggregate measures of the construct of mindfulness. However, in recent years there has been a call for further work regarding the mechanisms by which mindfulness works. Towards this goal, Shapiro et al. developed an initial conceptual model regarding the mechanisms of mindfulness. They hypothesized that mindfulness stimulates a process of "reperceiving" or a change in relation to perceived experience whereby one is "able to disidentify from the contents of consciousness", which in turn leads to other cognitive-behavioral changes which may influence well-being.[2] Carmody et al. then tested this hypothesis using empirical data from a Mindfulness-Based Stress Reduction (MBSR) program conducted among adults in Massachusetts. Based on this quantitative study's findings, Carmody et al. came to the conclusion that "mindfulness" and "reperceiving" are highly overlapping latent constructs, both of which may improve as the result of MBSR participation.[10] Such findings indicate the need for further research regarding the relationship between mindfulness and "reperceiving" or shifts in perspective and improvements in health and well-being related to these processes.

The majority of studies conducted to date regarding mindfulness, including both its effects and its mechanisms, have utilized quantitative research methods. Continued quantitative research into these areas is indeed needed. However, employing qualitative research methods may also be helpful in shedding light on the process by which mindfulness works, as well as enhancing insight into the lived experiences of individuals as they work with these concepts and processes in their every day social interactions, giving them meaning and bringing them to life.[11]

In the current study semi-structured, in-depth interviews were conducted with a sub-set of adolescents immediately following their participation in an MBSR program adapted for urban youth in Baltimore, Maryland. This intervention study sought to document the general acceptability and potential domains of effect of the MBSR program for HIV-infected and at-risk youth and found significant reductions in hostility, general discomfort and emotional discomfort among MBSR participants.[12] In the complementary qualitative study presented herein our purpose was to explore further participants' perceptions of and experiences with the concepts and techniques presented in the MBSR program, in particular experiences regarding "reperceiving" or "shifts in perspective" which occurred as a result of their participation in the intervention. We highlight both psychosocial and behavioral changes reported to occur as a result of MBSR participation and the social context within which those changes were occurring. We then reflect on the implications of these findings for future research aimed at deepening our understanding of the relationship between mindfulness and health and well-being. We also examine ways in which participants' understandings of and experiences with the MBSR program could inform future mindfulness interventions, particularly mindfulness interventions developed for youth.

2. Methods

2.1. Overview of the overall study setting and procedures

Between January 2006 and February 2007, 59 adolescents were recruited into a non-controlled intervention study to determine the acceptability, feasibility and potential domains of effect of MBSR. Participants were recruited from the pediatric and adolescent outpatient clinics of the Johns Hopkins Hospital which serve approximately 8000 children and adolescents. The clinic is located in one of the poorest areas of the city of Baltimore, East Baltimore, which is characterized by crime, drugs, and high rates of sexually transmitted infections, including HIV/AIDS.[13] Prior studies have shown that the large majority of the patients attending the clinic live in poverty.[14] In the context of the current study a little more than half (51%) of the intervention study participants reported that their parents were unemployed, 20% reported that they were at imminent risk of becoming homeless, and 85% were enrolled in Medicaid.[12]

Eligibility requirements for the intervention trial included individuals 13–21 years of age who received their ongoing medical care at the clinics, were available during the scheduled MBSR sessions, did not have significant cognitive, behavioral, or psychiatric disorders, and were not substance abusers. Assistance with transportation, in the form of public transportation tokens and cab vouchers, was available to participants. Gift-certificates in the amount of $10–30 were provided to participants following their participation in each MBSR session and following each survey or interview session, for up to a total of $160. The study was approved by the Institutional Review Board of The Johns Hopkins University School of Medicine.

2.2. Summary of the MBSR intervention

MBSR is a structured eight-week program of instruction aimed at promoting the cultivation of mindfulness among participants. In relation to MBSR, mindfulness is viewed as conscious moment-to-moment awareness, cultivated by a given individual as they systematically pay attention to their thoughts and actions in the present moment in a non-judgmental manner.[15] MBSR programs consist of three components: (1) didactic material related to mindfulness, meditation, yoga, and the mind-body connection, (2) experiential practice of meditation, yoga, and the "body scan" during group meetings and encouragement of home practice, and (3) group discussion focused on applications of mindfulness to every day situations and problem-solving related to barriers to effective practice.[15,6]

Starting with the established MBSR program for adults, as referenced above, and taught by an experienced MBSR instructor (TM), the standard eight-week program was adapted for urban youth. Adaptations focused on two aspects of the MBSR program: logistics and language. Logistical changes related to class scheduling, facilitating transportation to class, reminder phone calls, and class duration. Alterations in language centered on simplifying and concretizing the language used to describe class content and activities. The remainder of course structure, content, and activities were relatively unchanged and were consistent with typical MBSR programs for adults.

2.3. Qualitative data collection and analysis

Within four weeks of the final MBSR session, a purposive sample of ten individuals participating in the larger MBSR intervention trial was recruited to participate in a semi-structured, in-depth interview lasting approximately 1 h. Interviews were conducted until data saturation was reached surrounding main topics of exploration. Each participant was interviewed using an ethnographic field guide which sought to examine the following topics in an open-ended, exploratory manner: daily stressors and coping strategies prior to MBSR participation, perceptions of and experiences with the MBSR program, and changes in thinking, experiences, and behavior related to MBSR participation.

All in-depth interviews were audio-taped with the participants' informed consent. Each audio-taped interview was transcribed into text in its entirety. Each interview text was coded by the first author