

# THE EXPERIENCE OF LEARNING MEDITATION AND MIND/BODY PRACTICES IN THE COPD POPULATION

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**Context:** Persons with Chronic Obstructive Pulmonary Disease (COPD) exhibit high levels of comorbid anxiety that severely worsens their sensation of dyspnea and is associated with high levels of avoidance of essential activities resulting in an increase morbidity and mortality. Increasing meditation and mind/body practices have been shown to decrease anxiety, and improve intrapersonal and interpersonal relationships in general populations, however, results of studies in the COPD population have been mixed.

**Objective:** Understanding how persons with COPD experience learning meditation and mind/body skills would aid future meditation-focused mind/body intervention design.

**Design/Setting/Patients:** A mixed-method study of a community based meditation-focused mind/body intervention for persons with COPD.

**Measures:** Reflective journaling, phone exit interviews and survey measures: chronic disease respiratory questionnaire, and Anxiety Sensitivity 3 questionnaire.

**Intervention:** Eight weekly one hour meditation-focused mind/body classes that taught concentration and insight

meditation skills along with mind/body exercises that facilitated increased body and emotional awareness.

**Results:** Out of 41 participants, 32 (73%) contributed detailed experience about learning and practicing meditation and mind/body practices that distilled into four themes, barriers to practice, learning style, emotional processing, and benefits of practice. Of those 32 participants 21 (73%) identified improvement in physical or emotional symptoms. Overall, 13 (40%) participants provided details regarding how they adapted specific meditation skills into daily life to improve emotional function and lessen dyspnea. Anxiety sensitivity to social situations was associated with a lack of participation. Lessons learned for larger scale application to future meditation and mind/body intervention design for chronic illness populations such as COPD are identified.

**Key words:** COPD, meditation, mind/body, emotional processing, anxiety sensitivity

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Chronic obstructive pulmonary disease (COPD) is the third leading cause of morbidity and mortality in the United States.<sup>1</sup> For persons with COPD, dyspnea (perceived shortness of breath) is a defining symptom. Persons with COPD describe two distinct experiences of dyspnea,<sup>2</sup> work of breathing that is associated with disease progression<sup>3</sup> and air-hunger associated with anxiety and panic.<sup>4,5</sup> The sensation of increased air-hunger specifically is associated with experiential avoidance<sup>6</sup> of essential activities involving maintenance of personal relationships<sup>7</sup> and pulmonary rehabilitation

participation.<sup>8</sup> These declines in physical and social functioning greatly increase morbidity and mortality for persons with COPD.<sup>7,9</sup> Increasing participation in meditation-focused mind/body practices has been shown to decrease anxiety,<sup>10</sup> and improve both intrapersonal and interpersonal relationships in general populations.<sup>11</sup> Although studies of meditation-focused mind/body interventions in a variety of chronic disease populations have been found to be effective,<sup>12</sup> results of meditation-focused mind/body interventions specifically targeting the COPD population have been mixed.<sup>13,14</sup> While studies demonstrate physiological improvement with mind/body practices, these improvements are contingent on building a practice over time,<sup>15,16</sup> which is challenging to sustain even for those without chronic illness.<sup>17</sup> Therefore understanding how to best support long-term adoption of mind/body practices in persons with COPD is critical. The purpose of the study was to examine the experience of learning adoption in persons with COPD as a first step in the process of developing acceptable and more effective meditation-focused mind/body interventions targeted for persons with chronic illness.<sup>18</sup>

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Meditation-focused mind/body interventions are complex behavioral interventions<sup>19</sup> that require lengthy research trajectory to evaluate. Similar to building other programs of research, the process requires phase I concept development and phase II randomized clinical trial (RCT) pilot testing prior to initiating phase III larger scale RCTs.<sup>20</sup> Importantly, research on the effectiveness of meditation-focused mind/body interventions has proceeded at a fast pace without provisions for understanding underlying mechanisms of meditation-focused mind/body practices.<sup>21</sup> Further, few studies have examined how persons with chronic illness both experience and build a meditation-focused mind/body practice.<sup>22</sup> Such inquiry regarding what meditation-focused mind/body practices are and how they work demands that researchers better understand the lived experience of persons with chronic illness that honors the recursive nature of the process of beginning any meditation or mind/body practice.<sup>23</sup> For these reasons, we conducted a pilot RCT that tested a meditation-focused mind/body intervention in a chronically ill COPD population that emphasized utilization of a participatory approach with open dialog between participants and teacher through journal writing and follow-up phone interviews in addition to traditional survey data collection. Using a mixed method design provided a deeper understanding of the beginning process of developing a meditation-focused mind/body practice for persons compromised by COPD.<sup>24</sup> In this article, we examine emotional experience in the adoption of a meditation-focused mind/body practice among persons with COPD.

## METHODS

### Study Design

Data derived for this mixed methods analysis are part of a randomized controlled study that tested a meditation-focused mind/body intervention in persons with COPD.<sup>25</sup> The study was conducted in accordance with the amended Declaration of Helsinki. Local review boards approved the protocol and written informed consent was obtained from all participants (IRB MED; HUM00038735). Participants with COPD were recruited from area pulmonary rehabilitation programs and area pulmonary clinics. Inclusion criteria were definitive physician diagnosis of COPD, ability to read and write English, and possession of transportation to attend weekly classes. Exclusion criteria were active pulmonary diseases other than COPD and any impairment in the ability to attend group sessions and comprehend class content. The first phase of the study was conducted as a RCT with participants randomized to either the treatment or the wait-list control condition. After the RCT was completed, the intervention was repeated with the wait-list control participants having the opportunity to learn the meditation-focused mind/body practices. Participants from the wait-list group attended the same classes at the same location with the same instructor as did the RCT treatment group. These wait-list participants were also provided identical homework assignments, written handouts, an audio CD, and structured weekly journals, and were informed that the journals and exit interviews would be included in the research findings. This mixed-method study looks at the baseline measures from both the control group

and the wait-list group and the exit interviews and journal entries from both groups.

### Intervention

The meditation-focused mind/body classes were all taught by an experienced registered nurse who had 20-year meditation and mind/body practice, was trained in mindfulness-based stress reduction,<sup>26</sup> contemplative prayer,<sup>27</sup> self-compassion meditation, and the Golden Shield tradition of Qigong. The instructor had taught meditation and mind/body classes for the past 10 years in the community, for professionals, and for persons with chronic disease. Further, the instructor was a registered nurse with many years of experience caring for persons with COPD in the acute care setting and the community.

A protocol manual was created that outlined the objectives, content, activities, and homework for each of the eight classes. Each participant was given an audio CD to facilitate home practice. The instructor consistently followed the manual and took extensive reflective field notes after each class that were used to safeguard fidelity between cohorts. To accommodate persons with COPD who may be easily fatigued and/or who required supplemental oxygen, class length was confined to 60 minutes. Classes met weekly for eight weeks at an easily accessible location at each participant's pulmonary rehabilitation site. Briefly, class content included exercises to teach both concentrative meditation skills including (1) awareness of the breath and mantra meditation with a focus on identifying a personal spiritually meaningful mantra,<sup>28</sup> (2) insight meditation using open awareness techniques to sounds and internal sensations, thoughts and emotions, and (3) contemplative practice of loving kindness meditation. The following mind/body techniques were also taught with a mindful regard to bodily sensations: (1) body scan relaxation, (2) four QiGong exercises based on the lung meridian, (3) Ujaii breathing, and (4) labyrinth walking. QiGong exercises, Ujaii breathing, and labyrinth walking facilitated a mind/body connection and provided participants with tools to address shortness of breath in everyday life. Similar to Yoga exercises, QiGong exercises and labyrinth walking focus on movement that is coordinated with breathing and create a feeling of movement and flexibility that does not trigger shortness of breath. Ujaii breathing is a mind/body practice that is very similar to pursed lip breathing. Instead of exhaling through pursed lips in order to slow breathing while promoting full exhalation, participants were taught to breathe against a partially closed glottis. The sensation of breathing against a partially closed glottis provides the same physiological advantages of pursed lip breathing while promoting a more internalized focus of breathing control. Participants also were encouraged to focus on rather than distract themselves from the sensation of dyspnea when it occurred (while still addressing the cause of dyspnea appropriately) as an exercise to promote accurate symptom awareness. (A full description of class content and explanation of specific skills taught are provided in Chan, Giardino, and Larson.<sup>13</sup>)

### Measures

Self-reported health-related and socio-demographic information including age, gender, duration of COPD diagnosis and

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