



“Safe in My Own Mind:” Supporting Healthy Adolescent Development Through Meditation Retreats



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ABSTRACT

The current field study used a quasi-experimental, between-groups design to test the effectiveness of a weeklong intensive, residential meditation retreat for adolescents. Before and after the retreat, teens ($N = 79$, $M_{\text{age}} = 17.02$ years) completed a battery of self-report measures assessing emotional functioning and self-regulation, and a performance measure of working memory. In parallel, parents completed questionnaires about their child's emotional functioning and self-regulation. Compared to a control condition, adolescents who participated in the retreat showed changes in emotional functioning (depressive symptoms, gratitude, positive affect), self-regulation (self-control), and working memory. The average effect size estimate across all outcomes was small-to-moderate, Cohen's $d = 0.38$ (range = 0.00 to 0.88). Improvements in self-compassion mediated the associations between meditation training and enhanced emotional functioning. The current field study suggests that residential meditation retreats can support psychological and cognitive functioning during adolescence, a critical period of social-emotional development.

“It will help me realize that I am always safe in my own mind.”

“At this moment I feel I have learned more lessons about myself and others in the past five days than I did in the last year of school.”

~Retreat participants

1. Introduction

Adolescence is a developmental period characterized by profound change, learning, and growth (Lerner & Steinberg, 2009). It is also a precarious time, when numerous problems emerge, sometimes with lasting consequences. For example, increases in risky behaviors—having unprotected sex, committing crimes, smoking cigarettes—can snare adolescents into harmful lifestyles, leading to health problems and economic insecurity well into adulthood (Moffitt et al., 2011). Likewise, mood disorders, including depression, spike during the high school years (Hankin et al., 1998), with prevalence rates nearly doubling from 14 to 18 years of age (Merikangas et al., 2010). More generally, increases in unmanaged stress (American Psychological Association, 2014) and declines in positive self-views (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002) suggest that adolescents may be suffering in more subtle ways—getting a bad grade on a test, feeling excluded—that cumulate across time (Fulgini et al., 2009).

Yet, adolescence is increasingly seen as a window of opportunity to

help young people *thrive*, not simply *survive* (Steinberg, 2014). The developmental plasticity of adolescence suggests that attitudes and skills underlying healthy development (e.g., positive identity, self-regulation) are still malleable, and possibly, subject to modification (Roeser & Pinela, 2014). Beyond preventing “bad” outcomes then, social scientists are also interested in developing programs that support executive function and self-regulation (Steinberg, 2015), train emotion regulation (Broderick, 2013), affirm positive self-views (Cohen, Garcia, Purdie-Vaughns, Apfel, & Brzustoski, 2009), and encourage prosocial behaviors (Roeser & Pinela, 2014).

One approach that holds promise for supporting positive adolescent development is meditation training. The current field study used a quasi-experimental, between-groups design to test the effectiveness of a weeklong intensive, residential meditation retreat for adolescents on emotional functioning, self-regulation, and executive functioning. The current study also sought to better understand why meditation training programs may benefit youth. Unpacking the explanatory mechanisms of meditation training may provide clues about how to shape programs that lead to improved mental and behavioral health. This study explored mindfulness and self-compassion as two possible mechanisms linking meditation training to positive outcomes.

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1.1. Meditation training with adolescents

Meditation refers to a set of mental and physical exercises designed to cultivate different mental qualities (Vago & Silbersweig, 2012). A central feature of most meditation exercises is the voluntary regulation of attention to specific sensory (e.g., breath) or mental (e.g., emotions, thoughts) processes (Davidson et al., 2012). Some forms of meditation practice involve monitoring the moment-to-moment flow of mental activity to become more aware of reactive mental habits that exacerbate psychological suffering (Lutz, Slagter, Dunne, & Davidson, 2008), while other forms of practice involve becoming sensitive to the well-being and suffering of others (Dahl, Lutz, & Davidson, 2015). Though the specific styles of meditation practice vary, most are thought to engage and strengthen facets of executive functioning, including working memory (Dreyfus, 2011; Jha, Stanley, & Baime, 2010). They are also thought to support self-regulatory and stress reduction processes that can lead to emotional and behavioral health (Creswell & Lindsay, 2014; Galla, Kaiser-Greenland, & Black, 2016).

The current appeal of meditation training with adolescents stems in part from research showing that it may support a wide range of skills and outcomes crucial for healthy development (Black, 2015). For example, meditation training with adolescents has been shown to support effective *self-regulation* of maladaptive behavioral impulses, and emotional and stress reactions—skills that predict long-term success in life (Moffitt et al., 2011). For example, one study tested whether meditation training could improve self-regulation of stress reactivity in a sample of urban, economically disadvantaged fourth and fifth grade students (Mendelson et al., 2010). Over the course of 12 weeks, students received meditation and yoga training for 45 min, 4 days per week. Relative to a wait-list control condition, meditation training was associated with significant reductions in reactive responses to stress, including less rumination and fewer intrusive thoughts (see also, Sibinga, Webb, Ghazarain, & Ellen, 2016). Relatedly, meditation training has been shown to reduce behavioral impulsivity, measured via preferences for smaller, sooner rewards, over larger, later rewards (Hendrickson & Rasmussen, 2017), and questionnaire measures (Ghahremani et al., 2013; Terjestam, Bengtsson, & Jansson, 2016).

Numerous studies have also found that adolescents who participated in multi-month, school or clinic-based meditation programs reported enhanced *emotional functioning*, which broadly covers reductions in depression and other internalizing symptoms (Biegel, Brown, Shapiro, & Schubert, 2009; Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016; Raes, Griffith, Van der Gucht, & Williams, 2014; Sibinga et al., 2016), reductions in psychological distress and negative emotions (Broderick & Metz, 2009; Sibinga et al., 2016), and increases in positive affect, gratitude, and optimism (Bluth & Eisenlohr-Moul, 2017; Broderick & Metz, 2009; Schonert-Reichl et al., 2015), compared to those who did not receive the programs. And given its conceptual relation to *executive cognitive processes* (Dreyfus, 2011; Lutz et al., 2008), training in meditation has also been shown to support improvements in working memory (Quach, Jastrowski Mano, & Alexander, 2016) and executive attention (Zylowska et al., 2007).

The overall evidence to date suggests a small, but reliable effect of meditation training to support youth functioning. Meta-analytically derived effect size estimates across outcomes typically fall in the small-to-moderate range, Becker's $d = 0.23$ (Zoogman, Goldberg, Hoyt, & Miller, 2014), Hedge's $g = 0.40$ (Zenner, Herrnleben-Kurz, & Walach, 2014), and Hedge's $g = 0.32$ (Klingbeil et al., 2017). There is some evidence to suggest that meditation training supports emotional functioning more strongly than other outcome domains (including aspects of self-regulation) ($d = 0.37$ vs. 0.21 , $p = 0.028$), and for studies using clinical samples compared to non-clinical samples ($d = 0.50$ vs. 0.20 , $p = 0.024$) (Zoogman et al., 2014). There is also evidence that effects of meditation training are sustained across follow-up assessments (Klingbeil et al., 2017). It is important to note that many of the studies to date have involved younger adolescents (roughly ages

9 to 13). Fewer studies have been conducted with middle and late adolescents (roughly ages 14 to 19); research that does involve these age groups tends to select adolescents with pre-specified health issues (Black, 2015), including mixed anxiety and depression (Biegel et al., 2009), externalizing disorders (Bögels, Hoogstad, van Dun, de Schutter, & Restifo, 2008), and elevated blood pressure (Barnes, Pendergrast, Harshfield, & Treiber, 2008). So, more field research is required to understand how meditation training may influence well-being during middle and late adolescence in samples who are not selected on the basis of preexisting health conditions.

1.2. From schools and clinics to retreat centers

The current study examines meditation training in the context of an intensive, residential retreat (Black, Belzer, Semple, & Galla, 2015). During a retreat, individuals voluntarily commit to a period of introspection, setting aside normal daily routines (e.g., work, leisure) and luxuries (e.g., smartphones) to focus exclusively on meditation training. Whereas programs delivered in schools and clinics may encourage several minutes of formal daily meditation practice, retreats enable teens to engage in *hours* of uninterrupted practice, across multiple days. Retreats therefore offer an unprecedented opportunity for adolescents to train their minds in skills that support self-awareness, self-regulation, compassion, and empathy. And given that adolescents report far greater autonomy, engagement, and intrinsic motivation in structured out-of-school programs compared to being in school (Larson, 2000; Shernoff & Vandell, 2007), retreats may be an especially powerful and supportive context for teens learning to meditate.

The question largely remains, however, whether intensive meditation training (historically reserved for adults) that occurs over a period of days can produce meaningful changes in cognitive, emotional, and psychosocial processes underlying mental and behavioral health. Preliminary studies do suggest meditation training in the context of intensive, residential retreats can be beneficial for teenagers. Two studies, conducted two decades ago with Thai adolescents, found improvements in self-esteem, emotional maturity, and sympathetic warmth following 3-day or 7-day retreats (Emavardhana & Tori, 1997; Tori, 1999). A more recent 3-month longitudinal study tracked the effects of a weeklong meditation retreat in a sample of 132 North American adolescents (Galla, 2016). Results showed improvement on multiple indices of emotional functioning (e.g., depression) and self-regulation (e.g., rumination) immediately following the retreat (Cohen's $d = 0.39$ to 1.19), many of which were maintained three months later ($d = 0.04$ to 0.68). Yet, the study by Galla (2016) did not include a control group, so it is impossible to know whether changes in outcomes were attributable to the retreat or extraneous factors unrelated to meditation. And like most studies of meditation training with adolescents, it relied exclusively on self-report questionnaires which have well-known limitations (Lucas & Baird, 2005).

1.3. The role of mindfulness and self-compassion

Because retreats act as “incubators” for developing meditative expertise, they also provide unique opportunities to address key theoretical questions concerning the psychological mechanisms underlying meditation training. For example, why should sitting with eyes closed, focusing on the breath matter for self-regulation and emotional functioning? Why should observing the moment-to-moment flow of experience reduce reactivity to impulses and increase positive emotion? Surprisingly little research has examined the psychological mechanisms linking meditation training to beneficial outcomes for adolescents (Black, 2015). Given that the focus of many meditation programs, especially retreats, is on the cultivation of mindfulness and self-compassion, it seems reasonable to consider changes in these mental qualities as key therapeutic ingredients.

Mindfulness is defined as an awareness of subjective experience that

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