



## Exploring relations among mindfulness facets and various meditation practices: Do they work in different ways?



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### ABSTRACT

Several meditation practices are associated with mindfulness-based interventions but little is known about their specific effects on the development of different mindfulness facets. This study aimed to assess the relations among different practice variables, types of meditation, and mindfulness facets. The final sample was composed of 185 participants who completed an on-line survey, including information on the frequency and duration of each meditation practice, lifetime practice, and the Five Facet Mindfulness Questionnaire. A Multiple Indicators Multiple Causes structural model was specified, estimated, and tested. Results showed that the Model's overall fit was adequate:  $\chi^2(1045) = 1542.800$  ( $p < 0.001$ ), CFI = 0.902, RMSEA = 0.042. Results revealed that mindfulness facets were uniquely related to the different variables and types of meditation. Our findings showed the importance of specific practices in promoting mindfulness, compared to compassion and informal practices, and they pointed out which one fits each mindfulness facet better.

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### 1. Introduction

In recent years meditation practice has experienced a considerable increase in Western culture. Benefits for physical and psychological health have been well documented in a wide range of clinical and non-clinical populations (Demarzo et al., 2015; Khoury et al., 2013). Mindfulness-based interventions (MBIs) refer to a range of clinical interventions –such as mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990) or mindfulness-based cognitive therapy (MBCT; Teasdale, Segal, & Williams, 1995) – whose central component is training in mindfulness skills (Baer, 2003; Cullen, 2011). *Mindfulness*

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can be understood as a disposition or trait as well as a state (Brown & Ryan, 2003; Kiken, Garland, Bluth, Palsson, & Gaylord, 2015). Specifically, dispositional or trait-mindfulness have been found to be related to the amount of meditation practice (Baer, Carmody, & Hunsinger, 2012; Carmody & Baer, 2008; Vettese, Toneatto, Stea, Nguyen, & Wang, 2009), and levels of acquired DM are also globally related to the efficacy of MBIs (Gu, Strauss, Bond, & Cavanagh, 2015; van der Velden et al., 2015).

Dispositional mindfulness (DM) is a multifaceted construct that can be divided into five facets: *Observing, Describing, Acting with awareness, Non-judging of inner experience, and Non-reactivity to inner experience* (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Regarding mindfulness facets and their relationship with meditation practice, Baer et al. (2008) and Lykins and Baer (2009) pointed out that the five facets of mindfulness showed significant associations with meditation experience in long-term meditation practitioners. Specifically, the authors suggest that three of the five facets (*Observing, Non-judging, and Non-reactivity*) are especially helpful in understanding the changes that occur with long-term meditation practice, and that they are related to symptom reduction and improved psychological functioning (Baer, 2007). Indeed, Lilja, Lundh, Josefsson, and Falkenström (2013), using a person-oriented analysis method, found that *Observing* is an essential dimension in samples of meditators, independently from *Non-judging*. Similarly, Soler et al. (2014) reported that meditators obtained significantly higher scores than non-meditators on all facets of the FFMQ (especially on *Observing* and *Non-reactivity*). However, the authors indicated that not all practice variables are equally relevant in terms of developing DM. Frequency and lifetime practice, but not session length or meditation type, were associated with higher mindfulness skills (all of them except *Describing*, which was only related to years of education). By contrast, meditation session length was related only to the development of *Observing*. Unfortunately, Soler et al. (2014) did not report the different meditation techniques that participants practiced. Similarly, DM has also been associated with the frequency of meditation, rather than with accumulated practice over years, using the Comprehensive Inventory of Mindfulness Experience (CHIME, Bergomi, Tschacher, & Kupper, 2015). Moreover, in the correlation analyses in this latter study, a practice variable that combined information on average session duration and frequency of practice yielded the strongest associations with mindfulness. However, this positive relationship between practice and benefits of MBIs (including DM) has not always been fully supported (Vettese et al., 2009). As pointed out previously (Dobkin & Zhao, 2011), such inconsistencies among studies may also reflect different definitions of the practices and different methodologies used to measure them (e.g. daily logs, follow-up surveys).

MBIs use several types of meditation to achieve their objectives (for example, the cultivation of mindfulness in daily life), although meditation is “an umbrella term that encompasses a family of practices that share some distinctive features, but that vary in important ways in their purpose and practice” (Ospina et al., 2007). According to Sedlmeier et al. (2012), it is quite difficult to find an approach to meditation that can be reduced to a single mechanism. Meditation practices used in MBIs can be divided into three families: focused attention meditation (FA), open monitoring meditation (OM), and compassion meditation (CM) (Lippelt, Hommel, & Colzato, 2014). FA or concentrative meditation involves a narrowing attentional scope and the cultivation of one-pointed concentration on a single object or event, such as breathing sensations or a candle flame, bringing the attention back to that object or sensation when one is distracted by external stimuli or inner thoughts (Dahl, Lutz, & Davidson, 2015; Lee et al., 2012; Tops, Boksem, Quirin, IJzerman, & Koole, 2014). As some authors point out, FA is the starting point for any novice meditator, but this focus will subsequently be gradually reduced, while emphasizing the activity of awareness monitoring (i.e. OM) (Lippelt et al., 2014; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Vago & Silbersweig, 2012). During OM, the attentional scope is expanded, and the meditator remains attentive to any experience that might arise (perceptions, thoughts, emotional content and/or subjective awareness), without selecting, over-identifying, judging, or focusing on any particular object (Dahl et al., 2015; Lippelt et al., 2014). Meditative techniques lie somewhere on a continuum between the poles of these two general methods: FA and OM (Andresen, 2000; Chiesa & Malinowski, 2011; Shapiro & Walsh, 1984; Wallace, 1999). In this regard, CM incorporates elements of both FA and OM (Vago & Silbersweig, 2012), as it focuses on cultivating the recognition of and desire to relieve pain and suffering for the self and others, which gives rise to pro-social behaviours (Goetz, Keltner, & Simon-Thomas, 2010; Lama, 2001; Lutz et al., 2008). Compassion practices (i.e., self-compassion, compassion for others, loving kindness, etc.) can be classified as constructive types of meditation (Dahl et al., 2015) that may involve cognitive, affective, and behavioural features. They can be complementary practices in MBI or delivered in specific programs for clinical and non-clinical populations (Leaviss & Uttley, 2015). Finally, there is another meditation technique that has a relevant place in all MBI curricula and is a combination of FA and OM: Informal practice (IP). This kind of practice involves the integration of mindfulness skills into everyday life (Kabat-Zinn, 1994). IP can manifest itself in many ways, such as “noticing one’s body while walking, being aware of thoughts and feelings while washing the dishes, bringing attention to one’s breath upon awakening” (Salmon, Santorelli, & Kabat-Zinn, 1998). IP is part of both MBCT and MBSR, but it plays a crucial role in Dialectical Behavior Therapy, where FA, OM and CM have less importance, and IP is the main way to learn mindfulness (Linehan, 1993, 2014). Taking into account that there are different types or families of meditation (FA, OM, CM and IP) involved in MBIs, there are few data about how different meditation practices relate to different facets of DM. Furthermore, not only is the type of meditation relevant, but also other practice variables, such as frequency, session length, or lifetime practice (Baer et al., 2006, 2008; Lykins & Baer, 2009; Soler et al., 2014).

Some authors have shown that different meditation practices have distinct effects on psychological and physiological variables (Lutz et al., 2008). Related to FA, OM, and CM practices, research shows differential effects of these practices on attention, conflict monitoring, and creativity, revealing that different kinds of meditations are associated with different neural structures and different patterns of electroencephalographic activity (Lee et al., 2012; Lippelt et al., 2014). Feldman and

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