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 Magyaric 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 W Wolfe Street, Room ES037, 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 W Wolfe Street, Baltimore, MD 21205, United States

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.

© 2010 Elsevier Ltd. All rights reserved.

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.3

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

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. 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. 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.

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. 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 psycho-social 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. Prior studies have shown that the large majority of the patients attending the clinic live in poverty. 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.

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. 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.

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...
for key domains of interest based on the original field guide questions as well as additional domains identified after several readings of the transcripts. Codes were then applied to relevant sections of each interview text. Memos were also developed to capture the overall sense and meaning of each interview.\textsuperscript{10} Utilizing extracted text as well as reflections from memos developed, content analysis was then utilized to document and develop salient themes and findings across the interviews, using a constant comparative method to explore both areas of consensus and diversity in terms of participants’ thinking and experiences.\textsuperscript{17} Illustrative quotes were selected and exemplary case studies were developed, based as a result of this analytical process, to communicate findings related to salient themes.

### 3. Results

#### 3.1. Demographic characteristics of in-depth interview participants

All ten in-depth interview participants were African-American and eight were female, whereas the qualitative sample was comparable in terms of race/ethnicity and gender to the demographic profile of all MBSR program completers.\textsuperscript{12} The age of in-depth interview participants ranged from 13 to 19 years, with a median age of 16 years. Five in-depth interview participants reported living with their biological mother and the rest were living with their grandmother, siblings and/or other relatives at the time of the interview. None of the interview participants reported living with their biological father at the time of the interview. Four participants reported that their families were currently receiving food stamps. Additionally, four of the participants interviewed were living with HIV and had been since birth having been infected via maternal-to-child transmission.

#### 3.2. External stressors and reactions to stressors prior to MBSR participation

All in-depth interview participants described their lives as containing significant levels of stress. When asked specifically about the types of things that caused them stress, most participants discussed school-related academic issues followed by friend and family dynamics which were frequently referred to as “drama”. Many participants were concerned about being able to achieve sufficient grades to pass and finish high school, having reportedly watched many of their friends and classmates drop-out or fail over the years. Daily interpersonal interactions in school were often reported as tense, with frequent verbal conflicts occurring among both friends and acquaintances.

Several participants reported living in households in which verbal fighting occurred on a daily basis among family members. Several participants reported challenging family circumstances, including two participants reporting that their mothers had recently died, one participant reporting that their father had recently been incarcerated or hitting someone was described as a reaction to daily stressors by a few participants. Two of the interview participants reported having taken part in a formal anger management program prior to their participation in the MBSR course.

#### 3.3. Perceptions and experiences with mindfulness-based practices

While the language and expressions participants used to describe mindfulness differed somewhat, all in-depth interview participants relayed an understanding that mindfulness relates to attention and awareness. For example, when asked what mindfulness meant to them, several participants described the process of mindfulness as “paying more attention” and “being aware of what you're doing”. In this vein, one participant stated that, “mindfulness is like, well, you get to know your environment. It's what's happening, not zoning off, remembering where you at, breathing, taking chances.” Several participants also focused on the present-orientation of mindfulness stating that it was, “What's going on. Not what you are doing next week, not what's happening tomorrow. Just what you're doing now”.

A few participants remarked on the importance of connecting with one’s physical experience or “inner body” as it was referred to in the class in reference to mindfulness. As one participant remarked, “We were supposed to get to know our inner body...and she told us to put our hand on our stomach, and see how slowly we breathe, or fast. And I thought it was, like, crazy at first, but then I was like, 'I'm getting to know my inner self'. Because I didn't even know I had as much stress built up. Knowing me, don't pay attention. But once I did that, I was like, 'Oh, my goodness, I know my inner body'”. A few participants also used words such as “open-mind” and “un-judging” indicating the importance of one’s attitude towards one’s thoughts and feelings as they were identified.

While all participants made it clear that they saw the overall value of the methods presented in the MBSR course, many found that the mindfulness methods were not “easy” solutions to the daily stressors that they faced in that using them required discipline and perseverance. Sitting meditation was considered by most the “more difficult” practice, in comparison to the “three breaths break” technique or the “body scan”. In addition to the challenge of staying still and quiet in sitting meditation, several participants also reported finding it difficult to find a silent spot at home to do such formal meditation. On this point one participant reflected, “Medi- tation...to me it's good. Well I ain't going to say it's that good because it's really tough sitting down, laying down, learning how to do it. But then when you get stressed out, you start doing it again.” This quote also reinforces the manner in which many participants reportedly utilized the mindfulness-based techniques presented in the course,
e.g. as stress reduction tools to be utilized on an as needed basis, rather than on a routine or daily basis.

3.4. Shifts in perspectives linked to mindfulness-based practices

The in-depth interviews conducted revealed that some form of shift in perspective or “reperceiving” occurred among all study participants. Many participants spoke about being able to avoid conflicts with friends and families, stay more focused and perform better in school, and take more care of themselves physically by exercising or taking needed medicines as a result of their participation in MBSR, all significant achievements in their own right. However, the nature and intensity of the “shifts” and changes described by participants varied considerably. For most participants such shifts occurred by learning to relate with less judgment and negativity to everyday social interactions and situations such as relationships with family and friends and by increasing their awareness of the importance of and their ability to concentrate on their schoolwork. However, for a few participants, transformative shifts in perspective occurred characterized by a totally new sense of oneself and one’s relationship to life overall, in addition to shifts in relation to daily interactions and circumstance. Below we present two case studies regarding the types of shifts and reframing which occurred among study participants indicating this variability and providing context to the possible factors which might influence the diversity of experiences among individuals practicing mindfulness.

3.5. Mindfulness and transformational shifts in sense of self and life orientation

“James” was 19 years old and had recently dropped out of school and at the time of the interview and reported that he was working on a plan to go back and get his GED. Over the years he had lived with several different relatives, including aunts and cousins, and had been in and out of three different foster homes. His mother had died a year prior to the interview and his father had been recently incarcerated. He was living with his grandmother at the time of the interview. Since dropping out of school he had worked in several different part-time jobs including McDonalds, at his doctor’s office, and as a toll collector for the Department of Transportation. James had been living with HIV since birth and was on anti-retroviral therapy which required taking medicines on a daily basis. He often found himself worrying about whether and for how long the medicines were going to work.

When asked about the types of stressors currently going on in his life, James started off telling the interviewer about his “temper” problem, a common issue described by several in-depth interview participants. In James’ case, his “temper” had apparently led him to be suspended from school as the following exchange between the interviewer (I) and James, the participant, indicates.

(I: What made you drop out of school?) I didn’t like school.// Because I was always getting in disagreements with people and that would end up us fighting or having a disagreement when I’d just blow up in a class. Can’t control my temper.//Like something somebody said about me or somebody else in the class that I was cool with and I disagreed with them. And then keep going back and forth with them, and it’d just gnaw on my mind. And my mind is—was usually unsteady. I don’t know what I might do. I might say something to them or just haul off and hit them.

(I: Sounds like you had a lot going on prior to the class. So what were you hoping or thinking might happen if you took the class [MBSR]? Did you have any expectations?) I was hoping it’d help my anger because when I reach that level and I blow it’s like can’t nobody control me. Just like I’m going to fight anything and anybody that get on me.//The last time I had went off, I was sitting in class and this boy…he was sitting across from me. He would talk stuff to me every day starting from Monday until Friday. I’d just look at him and he be still talking stuff. I just be doing my work, then when Friday came I beat him up.//I got suspended. After that I ain’t never go back to school.

James’ experience using the mindfulness-based practices presented in the MBSR course was reportedly transformative for him. He relayed doing the breathing exercises and meditations taught in the course every night before going to bed and having not missed a night since the course began. He mentioned that these exercises had become so important to him and his well-being that they had become like taking his HIV medications, a necessity and a habit. James stated that even after just the first night of the practicing the breathing and meditation exercises he reported waking up and feeling “better than he had ever felt before” and literally looking at the world with an entirely new perspective and patience. James also reported feeling more “energized” and had a renewed desire to reflect on his life mentioning that he naturally found himself “just thinking about the world and how my life is going to fit into it” with more frequency and had a strong desire to express his thoughts in writing which served as a “release from stress and confusion”.

Through this process of contemplation, James wrote many poems which he shared with the interviewer. Several were about living with HIV and how the MBSR program had stimulated a shift in his thinking regarding living with HIV and life in general as the piece below reflects. The following is a segment from a poem that James wrote which he read out loud during the interview and presented in written form to the interviewer after the interview entitled, “A Disease”.

A disease that is within me I use to believe that a failure is what I was meant to be, born with this disease called HIV. I use to ask myself how can I go on? No one will accept me, but then I stopped and thought, how can they refuse if they do not know? All they see is a smart handsome and athletic young man who always has a plan. I’ll pop a few pills twice a day and keep myself healthy in a positive way. I believe that HIV “It won’t beat me”. Someone once told me “He who conceals his disease cannot expect to be cured”. I used to conceal, but now I accept that I have this disease and I expect that I can beat this disease. So now I can expect to be cured.

This poem gives a sense of the nature and intensity of the shift in sense of self and life view that James experienced as he began applying mindfulness to his every day life. While almost all interview participants relayed positive experiences, mostly in the realm of “calmness” and “reduced stress”, related to applying mindfulness, the type of transformation described above, as it relates to rethinking one’s “place in the world” and one’s sense of who they are in relation to others, was somewhat unique to James among the sample of study participants interviewed immediately following MBSR participation. While other participants had insights into these issues, they appeared to be more contextual rather than all encompassing, as occurred with James. The interviewer, perceiving the difference in James’ experience, asked him to reflect on why his experience applying the mindfulness-based practices, may have been so transformative for him, as the following exchange reveals.

(I: Why do you think you were so focused [In the MBSR course]?) Because I needed to relieve some stress. I didn’t come there just to be sitting in there. I came because I need to relieve some stress. (I: That’s interesting. So it might not be suitable for everyone if they’re not feeling a lot of stress). Yeah, that’s what I
3.6. Mindfulness and positive changes in relation to coping with daily stressors

As described above, James experience applying mindfulness practices allowed for a transformational shift in perspective that was not reported by other in-depth interview participants. However, this does not mean that “shifts in perspective” related to mindfulness practices did not occur among the other participants. Indeed, as remarked earlier all participants felt pleased with the changes that they saw in themselves as a result of MBSR. Yet, the manner in which these shifts in perspective occurred in most of the other participants appeared to be more directly linked to how they related to specific daily life challenges such as stress and anxiety related to interpersonal relationships or school, rather than a perceived transformation of self and/or life orientation.

An interesting comparison to the experience of James is that of “Stacey” who was 15 years old at the time of the interview and was in 9th grade. She lived with her mother, grandmother, an uncle and her two older brothers who were in their twenties. She had recently moved to Baltimore from New York and had a summer job at Johns Hopkins University through an internship program. She had a clear plan to finish high school and was eager to go to college and then on to law school, stating that she wanted to own her own firm one day. She reportedly decided to join the MBSR class after having been approached at a doctor’s appointment because it seemed “interesting”. Stacey did not signal any major, ongoing stressors in her life apart from the normal challenges of school, friends, and family dynamics. However, she was quite clear on the meaning and importance of mindfulness practices. While she was reportedly taken a bit aback by some of the exercises which she initially found a bit “weird”, she later described them as “helpful”, stating that she had become much more “aware” of her behavior using the guided meditations once or twice a week on an ad hoc basis. The following exchange between Stacey and the interviewer gives a sense of how she was able to employ mindfulness in her daily life.

(I: On a day-to-day basis, how stressed out would you say that you feel?). Not really-rare.//Probably once a month or something probably get really stressed out. (I: And how much control do you feel that you have over the things that stress you out?). After the class, now I’m able to control it because I know my reaction to when I’m about to get stressed out and I can control it now.//Like my whole mood would change and I would just start—my legs are moving. And now I’m like, “Okay, I need to calm down.”

(I: How do you know when you’re feeling tense? Is it a body thing?) Yeah, like my jaw might get tight or something.//I can remember it was a page in a book: it told us what things we do after we get stressed out. And then we thought back to see what hints would happen before, and then you notice the things you do before you really get stressed out. (I: You mentioned that you would yell a lot. How do you feel that this has changed?) Instead of doing that, I just walk away from a situation or breathe to calm myself down. Just leave the situation alone.

Overall, Stacey described her experience with MBSR as, “a good experience that I can take anywhere with me. I can share it with my friends and stuff like that”. She mentioned she would probably continue to practice the breathing exercises before tests to calm down. She generally found that applying mindfulness in different daily interactions and situations helped to make her more “relaxed”. On this point, the interviewer asked for more clarity about how that type of relaxation occurred.

(I: So what do you think changed to make you more relaxed?) Probably the scanning and being aware of myself and just calming down because stress kind of, like, if you don’t let it out, it kind of bottles up until everything just seems to annoy you.//I catch it quickly—better than before because I’m like, “Oh, my face is clenching. I’m going to get annoyed now.” And I just control myself.//Usually when I’m annoyed, I sleep. So I will come home and just sleep and do my homework and go back to sleep and just cut everybody else off. But now, I’m not annoyed. So like I will go home, sleep, do my homework, bother my grandmother, and talk on the phone and stuff. And I’m more okay with my surroundings and stuff.

The process of noticing ones thoughts and feelings, including tensions in the body, as reflected in the exchange above was a common theme within the in-depth interview texts. Most participants when asked to explain how they found mindfulness useful in their daily lives suggested that it helped them to “look at stuff differently or think about stuff a different way”. The essence of this “different way” was difficult for participants to define, but there was consensus that such a shift and process was occurring as a result of employing the mindfulness methods taught in the MBSR program. Participants were also clear that these shifts were of significant benefit to them in terms of their social relationships, at school, and in terms of their overall well-being.

4. Discussion

Results from this qualitative study of MBSR intervention participants indicate that some shift in perspective occurred among all those interviewed as a result of mindfulness training and that in turn all participants experienced some positive benefit from the program. However, findings also indicate that there was diversity in the nature of the shifts which occurred. All participants reported that the process of self-awareness opened up new psychosocial possibilities, which they attributed to learn to identify earlier and relate with greater acceptance to their thoughts and feelings, enabling them to reduce their stress and hostility, and feel more relaxed. These shifts and newfound openness also appeared to be linked to new behavioral options including those related to interpersonal interactions, academic achievement and taking care of one’s own personal health. While all participants described the stress reduction benefits mentioned above, just a few participants also identified a transformational shift in their overall sense of self and/or life orientation as a result of participation in MBSR. The potential implications of the observed differences in the nature and intensity of shifts in perspective across participants, in terms of the continuity of mindfulness practices over time and associated improvements in mental and physical health and well-being, are presently unknown and deserve attention within future prospective intervention research efforts.

Our findings also have implications for the development and refinement of future mindfulness-awareness interventions, particularly among youth. Study results indicate that there was variability in the participants’ definitions of mindfulness; nevertheless, all participants displayed enhanced self-awareness. Additionally, many participants reported finding it difficult to practice the mindfulness techniques presented in the MBSR program on a daily basis and struggled with being able to practice sitting meditation and some of the other more formal mindfulness methods taught. In turn, ongoing clarification of key concepts
regarding mindfulness and connecting individuals participating in short-term mindfulness interventions with ongoing mindfulness-awareness programs, centers, and teachers is an important issue for future programs of this kind to consider. While the MBSR program examined here made significant efforts in both of these regards, findings indicate that both issues continue to merit attention within future intervention research.

Further discussion regarding the issues of “self-regulation” and “self-control” may also be useful in future mindfulness-based interventions given that a few study participants referred to the use of mindfulness to help them “control” themselves and their behavior in different contexts and situations. MBSR does emphasize the role of self-regulation as it relates to the process of paying attention to and monitoring one’s thoughts and feelings in a non-judgmental fashion. However, the exercise of “self-control” to the extent that it may result in the suppression of thoughts and feelings to achieve certain pre-defined behavioral outcomes is not advocated within MBSR and/or most other mindfulness-awareness practices, which are generally focused on attending to the experience of the present moment, without attachment or suppression.

Learning to navigate the nuances regarding mindfulness as a potential means for behavioral change and mindfulness-awareness as a quality and our natural state of being which needs no “fixing” or “controlling” has been identified as a common challenge among those engaged in mindfulness-awareness practices. Similarly, our findings suggest that these nuances deserve further attention when implementing future mindfulness-related interventions aimed at improving health and well-being, particularly among youth. The MBSR course studied here did discuss the importance of self-regulation as compared with self-control, yet study findings indicate descriptions of increased “self-control”, perhaps the result of previous experiences, in which “self-control” was both emphasized and encouraged as desirable. However, it must also be said that the challenges described above are generally considered part of a long-term, if not a lifetime, process within traditional mindfulness-awareness practices.

Shunryu Suzuki, a Japanese meditation master who helped establish one of the first Zen centers in the United States in the 1960s offered the following statement in relation to the tension between mindfulness-awareness, behavioral change, and “self-improvement”, “Each one of you is perfect the way you are and you can use a little improvement”. Translating this seemingly paradoxical concept into practice within the context of one's daily life is one important way in which mindfulness-awareness methods are distinct as potential tools for individual transformation not easily confined to linear models of cognitive-behavioral change. Given the distinct manner by and through which mindfulness training may offer potential benefits in terms of health and well-being, as compared to traditional cognitive-behavioral interventions, further research is warranted to further understand the nuances, dimensions, and effects of mindfulness in a prospective, mixed-method, manner.

Study limitations include the use of a convenience sample of intervention participants and a cross-sectional research design, with participants interviewed at only one point in time, post-intervention. Despite these limitations, our findings indicate the critical role of qualitative research in helping to illuminate how mindfulness-awareness practices are understood and experienced by individuals, in this case youth living in contexts of urban poverty and structural violence, within their daily lives including in relation to their struggles, triumphs, and aspirations.

Acknowledgements

We thank all interview participants for their time, commitment, and inspiration. Additionally, we want to extend our appreciation to Cora Welsh, CCLS, and the entire Intensive Primary Care clinic team at the Johns Hopkins Hospital for their encouragement and support of the research and program activities. The authors would also like to acknowledge financial support from the Thomas Wilson Sanitarium for the Children of Baltimore City.

References