"A Conscious Control Over Life and My Emotions:" Mindfulness Practice and Healthy Young People. A Qualitative Study

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ABSTRACT

Purpose: Although quantitative benefits of mindfulness training have been demonstrated in youth, little is known about the processes involved. The aim of this study was to gain a detailed understanding of how young people engage with the ideas and practices known as mindfulness using qualitative enquiry.

Methods: Following completion of a six-week mindfulness training program with a nonclinical group of 11 young people (age 16–24), a focus group (N = 7) and open-ended interviews (n = 5) were held and audio-recorded. Qualitative data, collected at eight time points over three months from the commencement of training, were coded with the aid of computer software. Grounded theory methodology informed the data collection process and generation of themes and an explanatory model that captured participants’ experiences.

Results: Participants described their daily lives as beset by frequent experiences of distress sometimes worsened by their unhelpful or destructive reactions. With mindfulness practice, they initially reported greater calm, balance, and control. Subsequently they commented on a clearer understanding of themselves and others. Mindfulness was then described as a “mindset” associated with greater confidence and competence and a lessened risk of future distress.

Conclusions: Participants demonstrated a sophisticated understanding of and engagement with mindfulness principles and practice. Their reported experience aligned well with qualitative research findings in adults and theoretical literature on mindfulness. An encouraging finding was that, with ongoing mindfulness practice and within a relatively short time, participants were able to move beyond improved emotion regulation and gain greater confidence in their ability to manage life challenges.

In the past two decades, a rapidly expanding body of empirical research has demonstrated benefits of mindfulness training (MT) for both clinical and nonclinical populations [1]. Improvements in measures of quality of life, perceived stress, and depressive and anxiety symptoms are notable among a range of
outcomes studied in healthy populations and in patients suffering from physical (e.g., multiple sclerosis [2]) and psychological disorders (e.g., depression [3]). Recently published quantitative studies of MT in children, adolescents, and young adults suggest similar benefits are possible as in adults (for reviews see [4–6]).

Mindfulness has been used to “describe a theoretical construct (mindfulness), the practice of cultivating mindfulness (e.g., meditation) or a psychological process (being mindful)” [7]. The latter may be operationalized as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” [8]. This may at first appear to be simple and thus easily achievable. In reality, cultivating a mindful stance tends, for most people, to take a significant amount of practice, is at times frustrating and can be replete with paradoxes [8] (e.g., having to let go of attachment to a desired outcome, such as relaxation, to make it more likely to occur).

Qualitative Research in Mindfulness

In the past decade, attempts to develop quantitative measures of mindfulness have proliferated. As Grossman [9,10], credited with developing a mindfulness scale himself [11], has argued, the inherent complexity and subjectivity of mindfulness may render such attempts misleading. Qualitative enquiry offers a way of gaining greater depth and clarity about participants’ experiences of MT and its inclusion may be an important way to enhance the validity of findings in MT studies [9,10].

A search of relevant literature revealed 21 qualitative studies of MT. Studies vary widely in quality and most concern adults with clinical disorders or psychosocial disadvantage. Three adult studies deemed to be of sufficiently high quality [12–14] according to published criteria [15] are included in the comparative discussion of results later in this article. Two studies have been published in children (ages 8–12) [16,17], but they are not discussed here because of methodological and reporting limitations. Only two studies of adolescents or young people (defined as ages 15–24 by the World Health Organization [18]) are available and are outlined briefly here. Themes identified in articles are denoted in italics.

Following an eight-week MT program for socially disadvantaged and HIV-infected young people, 10 participants (ages 13–19) were interviewed regarding their experience (undertaken and reported by both Kerrigan et al [19] and Sibinga et al [20]). External stressors and unhelpful reactions to stress were prevalent before the program. Perceptions of and experiences with mindfulness centered around increased attentiveness to moment to moment experience, a more open-minded, nonjudgmental attitude as well as calmness and reduced stress. As a result of practice, shifts in perspective, for example, in relation to having a physical illness and positive changes in coping with daily stressors, for example, through immediately noticing and letting go of unhelpful emotional reactions occurred [19,20].

Dellbridge and Lubbe [21] conducted a single-participant case study involving observation of MT sessions, interviews, diaries and artistic expression by a 17-year-old female. Psychiatric history or reason for referral for MT was not reported. The participant’s experience was compatible with the following a priori themes associated with mindfulness derived from theoretical literature: present-centered attention and awareness, attitude and heart qualities (e.g., compassion), self-regulation, universalism of mindfulness (i.e., that it is not bound to a particular spiritual tradition but a fundamental human tendency), and mindlessness (i.e., greater awareness of the wandering mind in daily life) [21].

This study aimed to extend the limited available qualitative literature involving young people by using grounded theory methodology [22] to develop an integrative explanatory model of their understanding and experiences of mindfulness practice.

Methods

Mindfulness training program

Characteristics and development of the MT program employed and its initial evaluation are detailed elsewhere (Monshat, 2011, in peer review). Briefly, it involved six weekly 1.5-hour sessions facilitated by C.H., an academic primary care physician with more than 20 years’ experience in teaching mindfulness. Meditation practice was supported between sessions through audio-recorded instructions and handouts outlining ways to apply mindfulness skills to day-to-day life.

Recruitment

As well as posters at a local university campus and contact with welfare officers in local high schools, an advertisement was placed on a youth mental health promotion website (Reachout.com). MT was advertised as a way to reduce stress and the program pitched at all young people whether or not they experienced a clinical disorder.

Participants

The MT program included 11 young people (ages 16–24). Eight participants completed the program. A focus group was held with seven program completers. Five participants also volunteered to attend private individual interviews. All participants were engaged in full-time study or employment. None had practiced meditation regularly before. Three participants had previously been diagnosed with depression, including one who had received antidepressant medication. All reported being well before the MT program and were not receiving any form of ongoing treatment.

Data collection

One week after program conclusion the first author (K.M.) facilitated a semistructured focus group (60 minutes, n = 7). Open-ended interviews (30–80 minutes, n = 5) were then held by K.M. between two to seven weeks after program completion. Transcripts were prepared from audio recordings of the previously mentioned interviews, with one exception resulting from a technical problem. These were supplemented by field notes. Written responses to questions about program expectations and outcomes were collected before program commencement, weekly for six weeks and again six weeks after completion. An online, study-specific questionnaire was designed and distributed to all program completers after the focus group to enhance trustworthiness of qualitative data analysis and extend the data obtained.

Data analysis

The data collection and analytical process was informed by grounded theory [22]. As data became available, emergent themes and a likely model that could capture and integrate participants’
experiences were recorded and reflected on to inform each subsequent interview and other forms of data collection. A balance was struck between detailed analysis prior to subsequent interviews, the timing of participant availability for interviews, and the necessity of capturing data close to the MT experience.

After completion of all data collection activities NVIVO-9 software (QSR, 2010) was used to code transcripts and written responses by K.M. As a check of coding validity, J.N. independently coded a portion of four transcripts and suggested emergent themes. There was a more than 90% correlation between coding sources of stress. One participant noted that before MT “I was frequently losing my temper at my family” and spoke about the difficult emotions experienced when “friends have been spreading rumours." Another spoke about nagging worries regarding tests “particularly ‘If I fail, if I fail.”

“Overreacting:” Participants associated “freak out” with “emotionally responding or being selfish or destructive.” This involved “being caught up… like when you get more emotional reactions, as opposed to being considered and thought out in actions that you take when you have a clear mind.” Reactions were reported to occur internally whereby intense or unpleasant emotions were dealt with by “shutting them out” or externally through “overreacting” or being "socially destructive" that, aside from creating greater distress, could worsen the originally stressful situation.

Phase 2: Gaining stability

“Relaxing:” Participants reported that initially mindfulness practice was simply “relaxing.” “I feel more stable... there’s

An overview of phases along with a summary of themes is presented in *Table 1.* Themes are then elaborated in detail below with reference to participants’ own words.

**Phase 1: Distress and reactivity**

“Freak out:” Participants associated being a young person with emotions “being all extreme all the time” and the tendency to “change moods in a split second.”

“I was really, really stressed. I was actually quite distressed about being, you know, being an adolescent, that’s what adolescents do. Freak out.”

A “self-doubting, self questioning voice” was often present in this state. “You’re always saying to yourself, Am I doing the right thing? Or I’d put myself in someone else’s shoes and I’d think if I was looking at myself I’d think I was lazy and it’s a kind of self-hate cycle and you get that anxiety as well.”

Interpersonal and academic challenges were the most frequently identified sources of stress. One participant noted that before MT “I was frequently losing my temper at my family” and spoke about the difficult emotions experienced when “friends have been spreading rumours." Another spoke about nagging worries regarding tests “particularly ‘If I fail, if I fail.”

**Phase 2: Gaining stability**

“Relaxing:” Participants reported that initially mindfulness practice was simply “relaxing.” “I feel more stable... there’s
a balance.” Besides a “stopping” or “slow down” effect, mindfulness was reported to lead to inner calm through:

1. Allowing, in relation to stressors, “perspective… Like “It’s OK, I’m still breathing, it could be a lot worse.”
2. Enabling disidentification from unpleasant emotions: “being apart from the worry: like there was you and there was the worry” but “I don’t mean detached as in these are my emotions and they’re totally separate, I mean I, I don’t get caught up in everything so it really helps to distance myself just slightly.”
3. Diminution of the “self-questioning voice” wherein young people were able to “not shut it out all the time but choose whether or not to listen to it.” Mindfulness practice had “sort of stopped that kind of mental beatings of myself… You just don’t really think like that when you’ve been practicing mindfulness because you think “If I think like that, it’s just being self-destructive.”

Examination of weekly recorded sessions of meditation experience revealed that in the first two weeks, all participants “managed stress better” and were “less anxious,” and found meditation “calming.” In weeks three and four, three participants reported “strong emotions:” “[meditation] brought about very negative feelings (sadness, grief) but I was aware of them”; “It was intense, just being with your thoughts. Some thoughts you don’t want to think about.” A unanimously positive relationship with meditation reoccurred in the final two weeks as participants reported “getting more used to it:” “amazing how practice helps you to improve so much over a relatively short period of time.”

“Conscious control:” This eventually calmer mind was associated with a sense of having “conscious control over life and my emotions.” Being “more in control” of oneself meant “not controlling [emotions] but being aware of them and then dealing with them.” While regarding situations, “It’s good to be able to recognise it: things that you can and can’t control.” This recognition reduced the need to struggle with undesirable situations while some degree of mastery was gained through changing the relationship to “something that you can’t always have total control over. I find like at least you can recognise it’s happening.” And, “I’d be able to just let it pass me by rather than getting all emotionally caught up in it.”

**Phase 3: Insight and application**

“A more in-depth consideration:” Ongoing mindfulness practice, through “a clarity of mind which doesn’t allow you to go into that destructive, stressed out mental state,” led to “a more in-depth consideration of the world around you. As well as your own thoughts and feelings.”

“I initially thought mindfulness was merely a stress-management technique. I now understand that it’s so much more than that: it’s a way of viewing oneself, one’s emotions, one’s surroundings and one’s general well-being. It’s a mindset, not just a stress-management technique.”

As “a way to look into yourself” and “getting a sense of who you are,” mindfulness practice allowed “understanding how you work and what freaks you out and how to avoid that or remedy it.” Participants appeared to gain greater understanding regarding the body, thoughts, emotions, and the relationships between them as well as their ever-changing nature.

“I consider mindfulness as observing myself so that would be observing my body and how it’s feeling um... and also observing my mind and how it’s feeling and then making a link between the two.”

“Helps me sort out what my mind thinks I’m feeling and how I’m actually feeling and then relate the two together.”

“You are aware of the change that is happening within yourself... You’re changing all the time. All the time and you change in the present.”

This greater understanding allowed inner experience to be managed more effectively:

“My mind cleared and I realised that once I’d achieved that, it was OK once some thoughts came back in and I could deal with them a lot more easily.”

“It’s not like those thoughts have stopped or inhibited in anyway. It’s more like you can see the progression happening between those thoughts. And there are more clear links and everything makes much more sense.”

Self-understanding was distinguished from self-centeredness because mindfulness was “about acknowledging how you’re feeling. And I think that’s a big deal for me because I don’t really listen to myself. So I’m able to think about myself a lot more without being overly selfish and self-indulgent.”

“Confidence” and competence: Having achieved greater stability and understanding, young people were now more open to the world around them “rather than have an egocentric kind of perspective.”

“You actually just become kind of um…, a part of the world and um, by being in the present moment and by bringing your focus back to now it’s like “Hang on, I’m here and I’m participating in what’s going on right now.”
In contrast to being wracked by the “self-doubting” voice in phase 1, “Mindfulness allows you to have that confidence in yourself.” “Lessening the intensity of the emotions that had the potential to cloud my reasoning” meant that a mindful stance “allows you to make decisions or to tackle situations umm… with a yeah, best mindset that you possibly can tackle them with. Without the resulting stress that “Did I make the right decision?” or whatever. Because you feel like you dealt with it as best you can.”

Furthermore, mindfulness practice “made you more competent:” “You know of course you’re making less mistakes because you’ve considering things more deeply.”

“You see things much more clearer and are able to make more balanced decisions because you feel like you’re acting more rationally.”

For instance, in relation to procrastinating about writing essays:

“When you’re thinking clearly you think ‘Well I’d just be avoiding it, and it’s just going to prolong how long it’s going to take to do it so the best decision in this situation would be to just write it.’”

In interpersonal situations “more consideration for others [as a result of mindfulness practice] leads to having a better relationship with others” and being able to “let it [a perceived slight] just pass by rather than creating confrontation or that kind of struggle.”

Discussion

This is the first study to develop an explanatory model of how adolescents or young people relate to mindfulness practice. With the exception of the single-case adolescent study reviewed previously [21] and one study of adult college students [23], this is the first detailed qualitative study, known to the authors, of MT in participants of any age not suffering from a specific clinical disorder or social disadvantage. Young people in this study were able to go beyond an arguably superficial, regulatory [24] engagement with mindfulness, wherein relaxation and a sense of control may be gained, to experience benefits such as an expanded understanding of themselves and others and greater confidence and competence.

Themes derived here that are similar to those in previous qualitative studies of young people and high-quality studies involving adults [12–14] were:

- Mindfulness allowed to “distance myself just slightly [from unpleasant emotions]” but “I don’t mean detached:” “The aim in mindfulness practice is to cultivate a meta-awareness wherein one does not eschew, numb or try to dissociate from unpleasant emotion but gains the ability to both experience and observe it at the same time [25].”
- Recognizing that “conscious control” entailed “not controlling [emotions] but being aware of them and then dealing with them:” “Mindfulness involves being aware of and accepting whatever happens to be occurring in the present moment, rather than attempting to force experience to take a certain, desired, course [8].”
- Appraising the paradox that mindfulness practice was “a way to look into yourself” but was not “selfish and self-indulgent” or “egocentric:” “The form of self-awareness fostered in mindfulness practice often leads to a compassionate openness towards others and their concerns [26].”

This study involved a small number of participants. Depth and breadth of data was enhanced by the use of a variety of methods (i.e., focus group, interview, and written and online feedback) and an iterative approach to data collection and analysis. Although small sample sizes can allow successful application of grounded theory [22], it nonetheless constitutes a limitation of this study. In future, this limitation can be addressed by extending the theory building process over more than one MT course cycle.

The extensive pre-existing and professional engagement of the lead researchers (K.M., B.K., C.H.) with mindfulness may have been a source of bias in interview/ focus group facilitation and data analysis. Independent data analysis (J.N.) and review (H.H., D.V., J.B.) by other authors, without a background in mindfulness, was intended to counteract this.

As outlined previously, there is great convergence between the data in this study of a unique group (young people without current specific clinical or psychosocial difficulties) and findings from previous qualitative studies of MT. It may be argued that persons suffering illness-related or psychosocial distress would be more motivated to engage with an intervention, or that the life experience accrued by adults will lead to their having a different or more sophisticated understanding of mindfulness from youth. The similarities discussed here counter such concerns and suggest a broad accessibility of the underlying principles of mindfulness even though they can be difficult to
define and at times appear paradoxical [9]. These results may be a source of encouragement in the expanding effort to bring mindfulness training to young people [4–6].

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References