Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes

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A B S T R A C T

As adolescence can be a stressful developmental stage, the purpose of this study was to determine if a novel mindful self-compassion program would decrease stress, depressive symptoms, and anxiety and increase resilience, gratitude, and curiosity/exploration (positive risk-taking), and to ascertain if mindfulness and self-compassion co-varied with these outcomes over time. Forty-seven adolescents in the southeast U.S. enrolled in an 8-week mindful self-compassion course in five cohorts. Measures were assessed at pre-intervention, post-intervention, and 6-week follow-up. Multilevel growth analyses revealed main effects of time on perceived stress, resilience, curiosity/exploration and gratitude. Additionally, both mindfulness and self-compassion co-varied with perceived stress and depressive symptoms; mindfulness also co-varied with anxiety and self-compassion co-varied with resilience and curiosity/exploration. Implications of these findings are that this program has potential in decreasing stress and increasing resilience and positive risk-taking. Future studies with a control group need to be conducted to confirm these findings.

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1. Introduction

The adolescent period can be very stressful due to the many physiological and environmental changes taking place during this developmental stage. The onset of puberty (Susman & Dorn, 2009) and resulting physiological changes including maturation of the brain (Giedd, 2008) are responsible in part for promoting more sophisticated and complex concepts of self. These changes influence the way in which an adolescent reasons and relates to others; most importantly, relationships to family and peers shift, resulting in an unfolding of one’s identity (Erikson, 1968) and redefinition of one’s role within the family and among peers.

Furthermore, environmental changes such as school transitions and academic pressure and for many adolescents, financial strain and the need to find employment while attending school contribute to adolescents’ mounting stress. In fact,
school itself is cited as the number one stressor for most teens (American Psychological Association, 2014). As a result of these changes, stress among adolescents is high: 40% report neglecting responsibilities at home and 21% report neglecting responsibilities at school due to stress, 29% report procrastinating due to stress, and despite the fact that 78% report peer relationships to be of paramount importance to them, 17% report canceling social plans in the last month due to stress (American Psychological Association, 2014).

There is extensive literature linking stress with both internalizing and externalizing problems in adolescence (Grant et al., 2003; Kushner, 2015; McMahon, Grant, Compas, Thurm, & Ey, 2003; Moksnes, Espnes, & Haugan, 2014; Sheidow, Henry, Tolan, & Strachan, 2014). Indeed, 14.3% of adolescents aged 13–18 have a diagnosed mood disorder (i.e., major depressive disorder or bipolar disorder), 31.9% have an anxiety disorder (e.g., social phobia), 19.6% have a behavior disorder (e.g., ADHD) and 11.4% have a substance abuse disorder (Merikangas et al., 2010). Importantly, up to 60% of adolescents remain untreated when faced with symptoms of anxiety and depression (Behavioral Health Barometer: United States, 2013).

However, not all youth exposed to stressors develop problems in adolescence, and the diathesis-stress model purports that the development of these problems is determined by the interaction of psychological traits and exposure to stressors (Monroe & Cummins, 2015). Further, Lazarus and Folkman (1984) defined stress as a transactional relationship between a specific event in the environment and the individual who is experiencing the event. The degree to which the individual appraises the event as stressful, rather than an inspiring challenge, for example, depends on one’s goals, values and inner resources. According to Lazarus and Folkman’s model, an adolescent’s internal and external resources can ameliorate or protect against the stress that is experienced. If one’s external resources include a stable and supportive family, for example, the adolescent is likely to experience less stress (Ge, Lorenz, Conger, Elder, & Simons, 1994; Skrove, Romundstad, & Indredavik, 2013). Also, if the adolescent has significant inner resources such as the ability to bounce back from difficulties, gratitude for the positive aspects of life, and a sense of mastery and desire to take on new challenges, the adolescent is also likely to experience less stress, as stress and well-being are not merely the absence of negative symptoms but also the presence of positive ones (Seligman & Csikszentmihalyi, 2014). Thus, an adolescent’s inner resources contribute to the ability to respond to challenging external events with greater ease and resilience, lessening the potential of experiencing stress, increasing the possibility to experience positive emotional states, and subsequently reducing the chance of developing psychopathological or behavioral problems.

One possible way in which adolescents can strengthen inner resources is through practicing the skills of mindfulness and self-compassion. Mindfulness, described as the practice of bringing attention and awareness to one’s momentary experience with a sense of acceptance and non-judgment (Kabat-Zinn, 1994), and self-compassion, defined as in times of struggle, being open and in touch with one’s suffering and treating oneself with kindness (Neff, 2003) have been identified as protective factors buffering against negative mental states such as stress, depression, and anxiety in adolescents (Bluth, Roberson, et al., 2016; Játiva & Cerezo, 2014) and adults (Westphal et al., 2015). Specifically, self-compassion, defined as encompassing three interrelated constructs: self-kindness, or treating oneself with care and compassion when experiencing challenges; common humanity, or understanding that our struggles are part of the human experience; and mindfulness, or maintaining a balanced perspective when faced with difficulties (Neff, 2003) has been articulated as social support turned inwards (Bluth, Roberson, et al., 2016; Breines et al., 2014). For example, when adolescents are able to offer themselves the same beneficial support that they receive from their friends, as they do when they are exercising self-compassion, they experience greater positive outcomes (Barry, Loflin, & Doucette, 2015; Bluth & Blanton, 2015; Cunha, Xavier, & Castilho, 2016; Galla, 2016; Játiva & Cerezo, 2014).

Both mindfulness and self-compassion have been linked to better psychological adjustment in both adults (Khoury, Lecomte, Fortin, et al., 2013; MacBeth & Gumley, 2012; Neff & McGehee, 2010) and adolescents (Bluth & Blanton, 2014; Neff & McGehee, 2010; Zessin, Dickhäuser, & Garbade, 2015; Zoogman, Goldberg, Hoyt, & Miller, 2014). Programs to develop and cultivate mindfulness skills have reported improvements in emotional health among adolescents (see reviews: Khoury, Lecomte, Comtois, & Nicole, 2013) and youth (see reviews: Zenner, Herrnleben-Kurz, & Walach, 2014; Zoogman et al., 2014). Meta-analyses of mindfulness intervention studies with youth have reported effect sizes in clinical samples three times that of non-clinical samples, effect sizes for psychopathology almost twice that of overall outcomes (i.e., social skills, well-being, attention, psychophysiological measures), and improved cognitive performance and increased resilience. These findings support the beneficial effect of mindfulness interventions for clinical populations and for those with psychological symptoms (see reviews: Zenner et al., 2014; Zoogman et al., 2014).

More recently, self-compassion has also been shown to be a modifiable trait which can be strengthened through learning and practicing self-compassion skills both in youth (Bluth, Gaylord, Campo, Mularkey, & Hobbs, 2016) and in adults (Neff & Germer, 2013). Empirical studies on interventions which focus on cultivating self-compassion have demonstrated improvements in optimism, self-efficacy, life satisfaction, compassion for others, and body appreciation and greater decreases in rumination, depression, anxiety, and stress in adult samples (Albertson, Neff, & Dill-Shackleford, 2015; Kelly & Carter, 2015; Neff & Germer, 2013; Smee, Neff, Alberts, & Peters, 2014). Mindful Self-Compassion, an 8-week course for adults, was designed to cultivate self-compassion through the introduction and practice of guided meditations, experiential exercises, and discussion (Neff & Germer, 2013). Findings from a randomized controlled trial implementing this intervention reported decreases in depression, anxiety, and stress and increases in life satisfaction, and compassion for others; most notably, these findings were maintained at one year follow-up. This course has also been adapted for adolescents, and initial findings of a previous iteration of this intervention with adolescents aged 14–17 showed promise; reported results show greater decreases

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