

Mindfulness, spirituality, and health-related symptoms

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Abstract

Objective: Although the relationship between religious practice and health is well established, the relationship between spirituality and health is not as well studied. The objective of this study was to ascertain whether participation in the mindfulness-based stress reduction (MBSR) program was associated with increases in mindfulness and spirituality, and to examine the associations between mindfulness, spirituality, and medical and psychological symptoms. **Methods:** Forty-four participants in the University of Massachusetts Medical School's MBSR program were assessed preprogram and postprogram on trait (Mindful Attention and Awareness Scale) and state (Toronto Mindfulness Scale) mindfulness, spirituality (Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale), psychological distress, and reported medical symptoms. Participants also kept a log of daily home mindfulness practice. Mean changes in scores were computed, and relationships between changes in variables were examined using mixed-model linear regression. **Results:** There

were significant improvements in spirituality, state and trait mindfulness, psychological distress, and reported medical symptoms. Increases in both state and trait mindfulness were associated with increases in spirituality. Increases in trait mindfulness and spirituality were associated with decreases in psychological distress and reported medical symptoms. Changes in both trait and state mindfulness were independently associated with changes in spirituality, but only changes in trait mindfulness and spirituality were associated with reductions in psychological distress and reported medical symptoms. No association was found between outcomes and home mindfulness practice. **Conclusions:** Participation in the MBSR program appears to be associated with improvements in trait and state mindfulness, psychological distress, and medical symptoms. Improvements in trait mindfulness and spirituality appear, in turn, to be associated with improvements in psychological and medical symptoms.

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Introduction

The field of behavioral medicine has been giving increased attention to the area of spirituality, religiousness,

and health [1]. While spirituality and religion have historically been inextricably associated with each other and the terms have often been used interchangeably, for many people they have become distinct and independent constructs [2] that separate religious observance and ritual from spiritual experience. Spirituality has become differentiated from religiousness and the practice of religious behavior to emphasize more humanistic values and personal qualities in which a person's sense of meaning and purpose in life beyond material values plays a central role [3,4]. In this sense, spirituality has emerged as an important component of quality of life and well-being both in the general population [5] and in patients dealing with illnesses such as cancer [6]. However, although there is considerable

Abbreviations: MBSR, mindfulness-based stress reduction; UMMS, University of Massachusetts Medical School; FACIT-Sp, Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale; TMS, Toronto Mindfulness Scale; MAAS, Mindful Attention Awareness Scale; SCL-90-R, Hopkins Symptom Checklist 90—Revised; MSCL, Medical Symptom Checklist; GSI, Global Severity Index; SOC, sense of coherence.

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evidence of the beneficial effect of religiosity on health and longevity [7–9], the relationship between spirituality (independent of religious practice) and health is not as well studied [2,10].

All religious traditions maintain that spirituality can be developed through training, but the secular nature of many people's lives, together with the fact that 82% of Americans express a need for greater spiritual growth [2], makes it important to ascertain whether spirituality can be developed other than through traditional religious practice. Further, since such an approach would differ from the religious behaviors associated with greater health, it is important also to determine whether changes in spirituality also are related to health.

Mindfulness has its roots in Buddhism and is a practice that has long been associated with spiritual development [11,12]. It has been defined as intentionally paying attention to present-moment experience (physical sensations, perceptions, affective states, thoughts, and imagery) in a nonjudgmental way, thereby cultivating a stable and nonreactive awareness [13,14]. Mindfulness meditation is the practice that has been traditionally used for the systematic development of mindfulness.

The mindfulness-based stress reduction (MBSR) program provides instructions in mindfulness meditation in a secular context, without the Buddhist cultural and religious overlay. The program has been intentionally designed to give instructions and practice in the integration of mindfulness into everyday life as support in dealing with stressful life situations [15]. Participants learn that attention can be brought to notice whatever thoughts, feelings, and sensations are appearing in awareness, while at the same time remaining aware of the capacity to maintain the focus of attention on these contents without moving toward maladaptive conditioned reactivity or attention deliberately redirected to a wider field of awareness or to a different object. A recent meta-analysis of controlled and observational studies of the health benefits of the MBSR program [14] found that it was useful for patients with a broad range of chronic disorders, and the reported changes in distress have been found to endure on 3-month [16], 6-month [17], 3-year [13], and 4-year [18] follow-ups. It has been suggested that a capacity to bring mental processes under greater voluntary control and directing them in beneficial ways gives the person a greater sense of control [19]. When thoughts and feelings no longer threaten to overwhelm the person [20,21], psychological and physical well-being is fostered by allowing for the emergence of alternative responses. Furthermore, the development of this openness and acceptance of present-moment experience, coupled with nonreactive self-observation and capacity for choosing the focus of attention fostered by mindfulness, may in turn be valuable in self-regulatory behavior that is consistent with the person's wider needs and values [22].

While a considerable body of published research reports the health-related benefits of participating in mindfulness training through interventions based on the MBSR

program [14], the need to confirm mindfulness as a critical component of change has resulted in the publication of operational definitions and several scales purporting to assess mindfulness [23–26]. In its original descriptions, mindfulness is a subtle notion and the most appropriate method of assessment, including whether it is possible validly to assess it using paper-and-pencil tests remains a topic of debate [27]. In the spirit of this open question, exploring scores on different scales from the same sample provides an opportunity to determine whether similar estimates of mindfulness result and also begins an examination of the possible relationship of mindfulness with existing psychological constructs. The aim of the present study was to ascertain whether participation in the MBSR program is associated with increases in mindfulness and spirituality, and to examine the associations between changes in mindfulness, spirituality, and self-reported medical and psychological symptoms.

Methods

Participants and setting

Study participants comprised 44 participants in four concurrent MBSR classes held during the fall of 2004 at the University of Massachusetts Medical School (UMMS) Stress Reduction Program in Worcester, MA. The mean age of the sample was 47.8 years (range, 20–72 years), and 75% (33) were female. Approximately half of the participants were referred by a health care practitioner, and half were self-referred. Participation in the MBSR program was on a self-pay basis.

Demographic characteristics

Participants reported their age, gender, marital status, occupation, income, education level completed, and prior meditation experience.

Measures

The *Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale* (FACIT-Sp) is a 12-item scale designed to measure spiritual well-being independent of religious beliefs. It has been adapted for use with nonmedical populations and comprises two subscales: meaning and peace (eight items) and faith (four items) [6]. FACIT-Sp has been found to be valid and reliable [28] and is part of the FACIT battery [29] that is used to assess quality of life associated with chronic illness. Scale items are contained in Appendix A.

The *Toronto Mindfulness Scale* (TMS) is a 10-item state-type scale that assesses the capacity of a respondent to evoke mindfulness—a self-regulatory state in which thoughts, feelings, and sensations are observed as events in the field of awareness without overidentifying with them or elaborating on them and without reacting to them in an automatic

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