



Studying mindfulness in experienced meditators: A quasi-experimental approach

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ABSTRACT

Self-report measures were used to study mindfulness and well-being in experienced meditators in a quasi-experimental intervention study. Seventy-six experienced meditators were studied, 48 who were participating in an intensive meditation retreat in the Vipassana (insight meditation) tradition and 28 who did not. Retreat participants had scheduled meditation practice from early morning to late at night, and were encouraged to practice mindfulness throughout the whole day. The Kentucky Inventory of Mindfulness Skills (KIMS) and the Five Facet Mindfulness Questionnaire (FFMQ) were used to measure mindfulness, and the General Population version of the Clinical Outcomes in Routine Evaluation (GP-CORE) was used to measure well-being. Correlation analyses in the pre-intervention data showed that self-reported mindfulness was strongly related to well-being, with the exception for the observe subscale of FFMQ. Only the acceptance subscales were associated with meditation experience. Mindfulness increased after the retreat, but the increase was not significantly larger for retreat participants than for the control group. However, well-being increased more in the retreat group than the control group, and increase in mindfulness was associated with increase in well-being across both groups. Results are discussed in relation to previous research and methodological aspects.

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1. Introduction

The concept of mindfulness goes back more than 2000 years. Its roots can be traced to the oldest preserved Buddhist texts, the Pali Canon from the Theravada Buddhist tradition (Robinson & Johnson, 1997). Mindfulness in the form of bare attention to internal and external impressions without judgement or prejudice occupies a central place in Buddhist meditation. This is because clarity of attention is seen as essential for pursuing insight into and acceptance of the nature of reality, which is the goal of the Buddhist spiritual path.

Recently, the concept of mindfulness has enjoyed a surge of attention from psychologists, psychotherapists and researchers (for overviews see Baer (2003) and Brown, Ryan, and Creswell (2007)). Kabat-Zinn (1994) defined mindfulness as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4). Kabat-Zinn’s programme of Mindfulness-Based Stress Reduction has become extremely popular and wide-spread and has inspired many other mindfulness-inspired therapy forms (mainly from the Cognitive Behavioural tradition) such as Dialectical Behaviour Therapy (DBT; Linehan, 1993), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002) and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). The mindfulness concept has also

inspired theoreticians and clinicians of non-CBT therapy forms including psychodynamic (e.g., Epstein, 1996; Falkenström, 2003; Safran & Muran, 2000) and gestalt therapy (Perls, 1978). There is also a growing literature showing that mindfulness training increases psychological health and well-being (e.g., Baer, 2003).

In order to study mindfulness there is a need for reliable, valid and easy to administer tests. For this purpose, several self-report measures have been developed, for example the Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004), Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), Freiburg Mindfulness Inventory (FMI; Buchheld, Grossman, & Walach, 2001) and Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Baer et al. (2006) noted that “The development of these measures is an important advance in the study of mindfulness because it provides new opportunities for empirical investigations of the nature of mindfulness and its relationships with other psychological constructs.” (p. 28).

Studies on the KIMS and FFMQ (Baer et al., 2004, 2006, 2008) have shown that these questionnaires in general show expected correlations with other constructs (measured also with self-report questionnaires), such as alexithymia, dissociation, psychological symptoms, neuroticism, thought suppression, problematic emotion regulation and experiential avoidance (negative) and openness to experience, emotional intelligence and self-compassion (positive). There are also some studies showing that mindfulness can be developed through practice (for overview see Carmody and Baer (2008)).

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Most research on these measures to date has studied non-meditators. Because of the origins of the mindfulness concept in Buddhist traditions there is a need for more research on Buddhist meditator samples. The present study investigates mindfulness in experienced Buddhist meditators on an intensive meditation retreat. Based on theory and previous research, we developed five hypotheses for the study:

- (1) Mindfulness is positively correlated with well-being.
- (2) Meditation experience is positively correlated with mindfulness.
- (3) Mindfulness increases after an intensive meditation retreat.
- (4) Well-being increases after an intensive meditation retreat.
- (5) Change in mindfulness is positively related to change in well-being.

2. Method

2.1. Participants

Participants were recruited from two meditation retreats conducted in the Buddhist Vipassana (insight meditation) tradition, both arranged by Vipassanagruppen – a non-profit organization for people interested in insight meditation. The first retreat was a seven day retreat held in May 2007 and the second was a five day retreat held in August 2007. The teachers of both retreats were well-known international teachers with long experience teaching Vipassana meditation. The only inclusion criterion for participating in the study was that the participants must have done at least one silent meditation retreat of at least one week before. This was in order to ensure that no beginners took part in the study. In case someone participated in both retreats, they were only included in the study for the first retreat.

Of altogether 60 retreat participants who met the study inclusion criterion, 48 accepted participation in the study. Their mean age was 48.5 years ($SD = 11.3$, range 28–69), 56% were female and 44% male. The group was on average very experienced, with a mean meditation experience of 16.4 years ($SD = 10.8$; range 2–40).

A control group was also recruited from the membership register of Vipassanagruppen. Only members who had participated in at least one silent meditation retreat of at least one week before but did not attend any of the study retreats were asked to participate. Also, for practical and economical reasons only members with working e-mail addresses were asked to participate. Twenty-eight persons met the study inclusion criterion and accepted participation. Their mean age was 46.8 years ($SD = 12.2$; range 26–74), 75% were female and 25% male and their mean meditation experience was 11.1 years ($SD = 7.6$; range 1–25).

The retreat and control groups were compared in terms of age, sex, meditation experience and initial values on self-report measures. Only meditation experience differed significantly between groups; $t(74) = 2.3$, $p = .03$, indicating that retreat participants had more years of meditation experience than control participants.

All participants were asked how often they had meditated for at least 15 min during the last month (before the first measurement). In the retreat group, 4.2% had not meditated at all, 8.3% less than once a week, 22.9% 1–2 times a week, 31.3% 3–4 times a week and 33.4% every day. In the control group, 7.1% had not meditated at all, 32.1% less than once a week, 17.9% 1–2 times a week, 14.3% 3–4 times a week and 28.6% every day. A Mann–Whitney U test was close to significance ($z = -1.7$, $p = .09$), indicating that retreat participants may have meditated more than control participants during the month before the retreat.

In order to increase statistical power, the two groups were combined in all correlation analyses. Because meditation experience

differed significantly between groups, all between-groups analyses were tested using meditation experience as covariate.

2.2. Retreats

Both retreats were conducted in the Vipassana tradition, with scheduled meditations from 6 a.m. to 10 p.m. each day (about 10 h of formal meditation a day plus encouragement to practice moment-to-moment awareness in all activities throughout the day). Formal meditation instructions centre on developing mindfulness and concentration. The first part of the retreat is focussed on developing concentration. This is done by continually returning attention to the coming and going of the breath in sitting meditation, or to the bodily sensations in the soles of the feet in walking meditation. Gradually over the days attention is expanded, and mindfulness is used to investigate the mind from moment to moment to achieve insight into the characteristics of existence described by the Buddha as impermanence, unsatisfactoriness and not-self (Nyanaponika, 1962).

2.3. Measures

2.3.1. Kentucky Inventory of Mindfulness Skills (KIMS)

The KIMS (Baer et al., 2004) is a 39-item questionnaire measuring mindfulness in four subscales (internal consistency values from Swedish translation; Lundh, Hansen, Homman, & Wångby-Lundh, 2009):

- (1) Observing, e.g., “I notice when my mood starts to change” ($\alpha = .87$).
- (2) Describing, e.g., “I’m good at finding words to describe my feelings” ($\alpha = .88$).
- (3) Acting with awareness, e.g., “When I do things, my mind wanders off and I’m easily distracted” (reverse scored; $\alpha = .74$).
- (4) Accepting without judgement, e.g., “I tell myself that I shouldn’t be feeling the way I’m feeling” (reverse scored; $\alpha = .88$).

Each item is rated on a 5-point Likert scale ranging from 1 (never or very rarely true) to 5 (always or almost always true). The KIMS originates from a Dialectical Behaviour Therapy skills training perspective rather than from the Buddhist meditation tradition, and measures a general tendency to be mindful in daily life. The KIMS has shown satisfactory internal consistency and test–retest reliability, as well as expected relationships with other constructs (Baer et al., 2004; Lundh et al., 2009).

2.4. Five Facet Mindfulness Questionnaire (FFMQ)

The FFMQ (Baer et al., 2006) was developed from factor analysis of five available mindfulness questionnaires (one of them being the KIMS, and thus about half of the items are redundant between the measures). The questionnaires that the FFMQ was developed from come from different traditions, but at least one of them (the FMI; Buchheld et al., 2001) was explicitly developed to be used with Buddhist meditators. The result of factor analyses of these five questionnaires resulted in a 39-item questionnaire measuring mindfulness in five subscales (Baer et al., 2006; internal consistency values from Swedish translation; Lilja & Frodi-Lundgren, 2008):

- (1) Nonreactivity to inner experience, e.g., “Usually when I have distressing thoughts or images, I am able just to notice them without reacting” ($\alpha = .75$).

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