

Perceptions of Mindfulness: A Qualitative Analysis of Group Work in Addiction Recovery

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ABSTRACT

IMPORTANCE: While mindfulness as a treatment for addiction has been objectively studied in a variety of settings, relatively little focus has been given to the subjective experience of program participants.

OBJECTIVE: To elicit best practices for mindfulness work in addiction recovery.

DESIGN AND SETTING: Participant observation and semi-structured interviews with participants in a mindfulness course set within a residential addiction recovery program.

RESULTS: Many participants found the practice to be a useful skill for relaxation and impulse control. Most planned to continue with mindfulness practice upon completion of the course. Of particular emphasis was the importance of genuine relationships, trust, and mutual respect between participants and instructors. Some participants reported feelings of patronization, which led to decreased investment in the coursework.

CONCLUSION: Mindfulness is a promising treatment for addiction. Several benefits and barriers were identified. This study was limited by a small sample size; generalizability may be limited due to particularly severe socioeconomic stressors of the study population.

KEYWORDS: mindfulness, addiction recovery, qualitative analysis

INTRODUCTION/BACKGROUND

As the opioid epidemic continues to unfold, strategies for addiction treatment have increased in breadth and nuance. The body of data has grown regarding mindfulness and other therapies for addiction treatment.^{1,2,3} However, relatively little focus has been given to the lived experience of program participants. While perceptions of treatment are important in any context, they find particular salience in conditions where ongoing buy-in and participation are required.

This study was designed in partnership with a long-term recovery program to explore, through qualitative interviews, and program participants' perceptions about the use of mindfulness in addiction recovery. The objective of the study is to

provide information in the form of "lessons from the field," to enhance relevance and appropriateness in the development of mindfulness programming for addiction treatment.

METHODS

Study Design

The study was located at a wraparound housing and recovery program in southern New England. Two data sets were used – a series of semi-structured, face-to-face qualitative interviews and notes from the author's participant observation. Interviewees were those involved in the recovery program either as participants or staff. The mindfulness course was designed as a 12-week linear course and interviews took place at the end of a 12-week cycle. It was taught in the context of a number of other weekly therapeutic and life-skills' groups, most of which were taught by program counselors, not third-party instructors. Admission to the recovery program is rolling, so not all interviewees had completed the entire 12-week meditation course at the time of interview; all had attended at least 6 sessions. The 90-day recovery program is typically the first and most intensive phase of recovery. Participants were recruited via in-person sign-ups during the final two sessions of the course. The author's participant observation data was derived from attending an entire 12-week cycle of the course.

Interview guide development and data collection

The interview guide was developed in consultation with staff at the recovery program. This analysis included data from all parts of the interviews with specific focus on reception of the course and relationships between participants, course instructors, and program counselors. All interviews were conducted in July and August 2016. Interviews ranged from 20-60 minutes. Participants were provided with a \$15 Visa gift card upon interview completion. Interviews were digitally recorded in a private setting, de-identified, uploaded to a secure drive, and transcribed.

Consent forms were signed by all interviewees prior to interview. During the participant observation period, information regarding the project was provided to all program participants, teachers, and counselors; all parties were given the assurance of anonymity. This project was reviewed and approved by the Brown University Institutional Review Board.

Immersion/Crystallization⁴ was used for data analysis, whereby the author thoroughly read through all transcripts and interview and participant observation notes to identify themes and patterns and associated quotations, while maintaining running notes to document the analysis process. A second pass of immersion/crystallization reading was conducted to compare with the first-pass analysis. Next, the interview transcripts were placed into a grid format sorted by question, which was used for a third round of immersion/crystallization where the emerging interpretation was confirmed or disconfirmed and supportive quotes were identified. Finally, findings were again compared to the author's participant observation notes to further contextualize the analysis and arrive at final interpretation.

RESULTS

Interviews were conducted with 14 adults who were participating in the treatment program, as well as two counselors from the program and three third-party mindfulness instructors contracted specifically for the mindfulness course. One participant interview was excluded from analysis due to a medical concern that arose during the interview. Participants ranged in age from 23 to 57. People self-identified as a number of races including black, white, Latino, and others. All participants lived on-site at the treatment program, and 57% were born in the state. Prior exposure to mindfulness ranged from none to previous completion of similar courses. Third-party mindfulness teachers all self-identified as white and ranged in age from 63 to 67. Program counselors ranged in age from 27 to 55 and self-identified as white, black, and/or Latino.

Emotion and Cognition: Regulation, relaxation, decision-making

The most reported positive impact of the class was stress relief, both as a direct result of time in class and from skills applied later. This was noted to be important in the context of the stressors of early recovery in a residential program. "It taught me how to breathe right and pay attention to my breathing, and when I get tensed up I know what to do – the exercise to just loosen up and relax."

Participants noted the ability to make decisions more thoughtfully and avoid reflexive reactions that might normally lead to conflict. Some interviewees brought this change to a deeper level, endorsing an improvement in perspective and outlook. This change was attributed to a combination of the mindfulness work and the overall recovery process. "The way I see it is that I'm starting to come out of the gray shadows of my growth and aspects of life, you know? I'm starting to see color now instead of the black and white, you know, which is a good thing for me."

Personal Investment as Essential

Eleven participants reported an intention to continue with meditation and/or yoga upon completion of the course. Degree

of engagement in the course varied. Engagement with the course was attributed by some to a recognized need to change thinking patterns and develop recovery skills. Some described being frustrated with those who took it less seriously:

"What I would change about the class? Attendance. Be on time. Don't put your feet on top of the table and on top of the chairs. Don't think it's a lounging place. You're not here to be lounged. You're here to understand about your addiction and learn how to fight with your addiction."

Disengagement was connected by interviewees to physical symptoms of detox. Instructors felt it was important to be flexible with participants whose level of attention and engagement varied. "Granted they're all dealing with [detox]...So some people just close their eyes and fell asleep... some of [them] need to sleep. Let them sleep."

Religious conflict was not a concern for the majority of interviewees. Three of 14 participants felt it was a religious practice. Of those three, one reported this as a conflict with personal values.

Relationships and Community as Foundations of Recovery

Participants generally did not feel close with the third-party instructors; this lack of relationship was described as a barrier to engagement. Some participants expressed frustration over conflicts with the course teachers, and a sense of alienation resulted. "I felt like I never wanted to participate because I was going to get either yelled at or put down."

The lack of connection with third-party instructors stood in contrast to the strong relationships participants described with the recovery program counselors. Multiple interviewees noted family connections and a shared background between counselors and participants, reinforcing the sense of community that was described as a core strength of the program. This led to increased trust in the program and investment in the work of recovery.

"So to me it's like a family...I'm learning how to trust more and more every day. I know that they're not there to hurt me like sometimes outside people or somebody that's relapsed will say things that make you feel like they're against you. [This program] has never done anything to me to make me feel like that; so, it's like why wouldn't I trust them and learn how to have a healthy relationship with people?"

Overall, interviewees expressed that the stable, close community of the residential program was foundational to their recovery process. "It's like you can come in the door and work around your family."

Set and Setting

Participants in this study had attended mindfulness sessions in multiple environments – an old basement classroom, a yoga studio, and a classroom within a brand new facility. Many participants and teachers noted the effect of the environment on the effectiveness of the course. They reported that having appropriate equipment instilled a greater sense

of being in a peaceful space, which led to increased engagement. “We could sit down on pillows and do everything the right way with the yoga.”

Complexity of Recovery

Interviewees described the difficulty of recovering from long-standing addiction. Some reported having initially underestimated the intensity required to achieve sobriety. Other common themes included difficulty leaving residential treatment facilities and maintaining sobriety after reintegrating to normal life.

“Like you know when 9/11 had hit, when they saw all the survivors come out, you know you go running to the people that survived. That’s how we see people that come out of addiction; when someone makes it the next day. You go running to that person because it’s like that’s the battle. You just give that person a hug because it’s a battle.”

DISCUSSION

Particular themes emerged through the interview and analysis process. These themes can be grouped into salient learning points for members of the recovery and mental health community who seek to integrate mindfulness work into existing programs.

Timing of the Coursework (Wait until detox is over)

Course participants, teachers, and research observers all noted that participants who were new to the program were more likely to fall asleep in class, have trouble concentrating, and generally be less likely to participate. The most apparent contributing factor was the physical state of withdrawal, including fatigue, depressed mood, difficulty concentrating, and physical discomfort. The three primary elements of the mindfulness program were lecture, group discussion, and contemplative practices, all of which were a challenge within the context of withdrawal.

Opt-Out Opportunities for Group Work

Formalized meditation practice is not for everyone. Previous studies have shown that people can experience re-traumatization, anxiety and panic, and other adverse effects.⁵ Furthermore, we know more colloquially that mindfulness work is only successful if it is undertaken voluntarily. As such, in group settings such as partial hospitals or residential programs, where it may not be feasible for people to leave the room during a formal meditation, it may be helpful to have other quiet, relaxing options for those who do not wish to meditate. These could include adult coloring books, headphones with relaxing music, or books to read. It can be a challenge to maintain a quiet atmosphere conducive to meditation for those who do wish to engage, and providing alternatives can mitigate audible distractions.

Relaxation Itself is Valuable

As medical professionals, we are oriented towards maximizing the effects of any intervention. We look for prolonged sobriety, improved depression, and other tangible, measurable outcomes. This study found that the most common benefit reported by program participants was that it helped them relax. This in and of itself is a valuable benefit. For individuals dealing with the stress of recent homelessness, early recovery, and the many co-morbidities that accompany these challenges, a chance to relax is a diamond in the rough. People reported looking forward to returning to the weekly mindfulness sessions because, regardless of the emotional state they brought into the space, they would come out feeling more relaxed.

Meaningful Relationships are a Cornerstone of Recovery

Consistently throughout the study, the strengths and weaknesses of the recovery process hinged on personal relationships. Reported problems with the class correlated with a feeling of disconnect between participants and the course instructors, and clear strengths of the recovery program were its senses of family, genuine love, and of being seen by participants and staff. This was further reinforced by the fact that many people employed by the organization were graduates of its programs. Addiction treatment programs would do well to consider the identities and backgrounds of staff and to foster relationship building. This may seem to conflict with medicalized notions of professionalism, which leads to a complex conversation that should be weighed against the realities of what it takes to maintain sobriety.

CONCLUSION

Mindfulness instruction is a promising component of addiction recovery and other group-based therapeutic modalities. While its effectiveness has been demonstrated quantitatively, it is important to consider the context, content, and quality of such training. This study was limited in that its sample size was small and studied only one program. Generalizability may be difficult because results could vary across different recovery settings, with instructors of different backgrounds, or with recovery populations with fewer socioeconomic barriers than this population face, such as homelessness. Moving forward, this study would ideally be part of a best-practices conversation for recovery-service providers to minimize harm and bring patient perspective to the discussion in a meaningful way. Additional research on incorporating patient voices into the mindfulness intervention design process and developing facilitation skills for people in recovery would further increase the utility and reach of mindfulness interventions for the treatment of addiction.

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