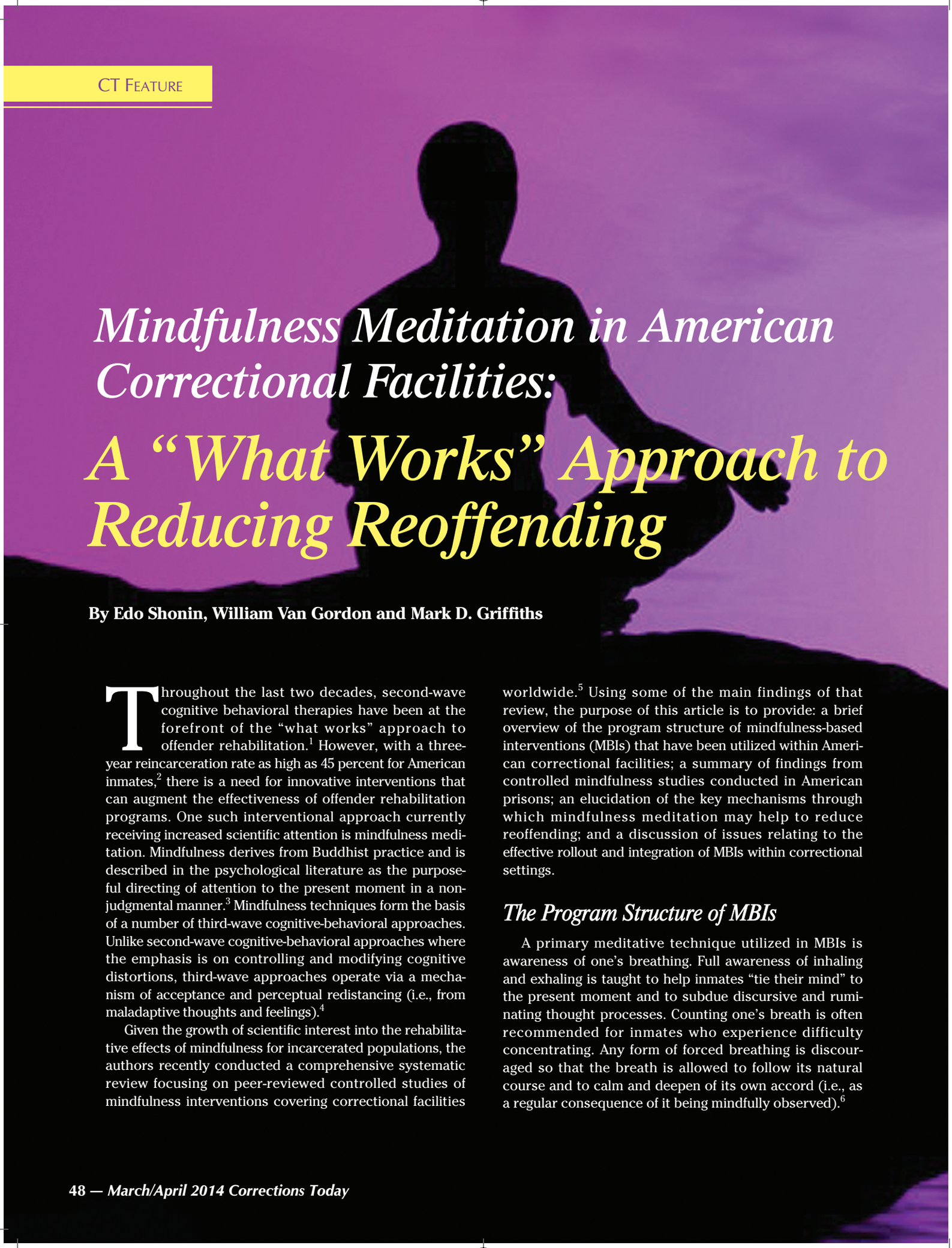

Mindfulness Meditation in American Correctional Facilities:

A "What Works" Approach to Reducing Reoffending

By Edo Shonin, William Van Gordon and Mark D. Griffiths

Throughout the last two decades, second-wave cognitive behavioral therapies have been at the forefront of the "what works" approach to offender rehabilitation.[1] However, with a three-year reincarceration rate as high as 45 percent for American inmates,[2] there is a need for innovative interventions that can augment the effectiveness of offender rehabilitation programs. One such interventional approach currently receiving increased scientific attention is mindfulness meditation. Mindfulness derives from Buddhist practice and is described in the psychological literature as the purposeful directing of attention to the present moment in a non-judgmental manner.[3] Mindfulness techniques form the basis of a number of third-wave cognitive-behavioral approaches. Unlike second-wave cognitive-behavioral approaches where the emphasis is on controlling and modifying cognitive distortions, third-wave approaches operate via a mechanism of acceptance and perceptual redistancing (i.e., from maladaptive thoughts and feelings).[4]

Given the growth of scientific interest into the rehabilitative effects of mindfulness for incarcerated populations, the authors recently conducted a comprehensive systematic review focusing on peer-reviewed controlled studies of mindfulness interventions covering correctional facilities worldwide.[5] Using some of the main findings of that review, the purpose of this article is to provide: a brief overview of the program structure of mindfulness-based interventions (MBIs) that have been utilized within American correctional facilities; a summary of findings from controlled mindfulness studies conducted in American prisons; an elucidation of the key mechanisms through which mindfulness meditation may help to reduce reoffending; and a discussion of issues relating to the effective rollout and integration of MBIs within correctional settings.

The Program Structure of MBIs

A primary meditative technique utilized in MBIs is awareness of one's breathing. Full awareness of inhaling and exhaling is taught to help inmates "tie their mind" to the present moment and to subdue discursive and ruminating thought processes. Counting one's breath is often recommended for inmates who experience difficulty concentrating. Any form of forced breathing is discouraged so that the breath is allowed to follow its natural course and to calm and deepen of its own accord (i.e., as a regular consequence of it being mindfully observed).[6]

Examples of mindfulness-based interventions utilized in American correctional facilities include mindfulness-based stress reduction (MBSR) and vipassana meditation (VM). MBSR is a group-based intervention generally delivered during an eight-week period and comprises weekly sessions, typically three hours in duration; guided mindfulness exercises; yoga exercises; a recording of guided meditation to facilitate self-practice; and an eight-hour silent retreat component. VM is typically taught as part of an intensive, 10-day silent retreat program involving mindfulness of breath and becoming aware of the impermanent (i.e., transient) nature of thoughts and feelings.

Summary of Research Findings

One relatively large-scale, wait list-controlled study (n=1,953 adults) assessed the effects of MBSR on inmates incarcerated for drug-related convictions.[7] A total of 113 MBSR courses (each with 12 to 20 participants) were delivered across six minimum- and medium-security correctional facilities in Massachusetts. Weekly session duration varied between one and 1.5 hours, and the course length ranged between six and eight weeks. In some facilities, the intervention was conducted in designated quiet rooms, but in other cases, the course was delivered using open space at one end of the prison gym. Approximately 75 percent of participants were male, and the completion rate was 69 percent. The wait list control group (n=180) continued with its routine as usual, which involved smoking cessation training, literacy education and physical exercise. MBSR participants showed significant improvements in hostility (8 percent reduction), self-esteem (5 percent increase) and mood disturbance (31 percent reduction). In all cases, women showed greater improvements than men (e.g., reduction of 39 percent in mood disturbance for female inmates versus 28 percent for men). The effects of the intervention were maintained at a six-to-eight-week follow-up period, and no significant changes were reported for the control condition.

A longitudinal study of VM was recently conducted at a maximum-security facility in Alabama.[8] Male inmates who had already signed up to receive the intervention were invited to participate in the research. The program followed the standard 10-day VM residential silent retreat format, and was conducted inside a prison gym where inmates ate, slept and meditated. The VM group (n=60) and control group (n=67) were reasonably well-matched on demographic characteristics. Those in the control group attended a 10-week program called "Houses of Healing" — an inmate-led, stress-management and self-forgiveness program. The participants' mean age was 35.4 years, and approximately 80 percent were convicted for a violent offense. Most participants were serving long-term sentences, and approximately one-third had a documented medical condition such as hypertension, diabetes or a substance use disorder. Compared to controls, VM group participants showed significant improvements (that were partially maintained at three-month follow-up) in levels of post-intervention mindfulness (increase of 9 percent), emotional intelligence (2 percent increase) and mood disturbance (8 percent reduction).

Another controlled study evaluated the effects of VM on male (72.9 percent) and female (20.8 percent) adults (n=305) incarcerated at a minimum-security facility in Seattle.[9] VM participants (n=63) followed the standard 10-day VM program that was conducted in silence and in isolation from other inmates. A total of nine gender-segregated interventions were delivered. The control group (n=242) received treatment as usual, comprising chemical dependency treatment and substance use psychoeducation. The study suffered substantial attrition, with only 29 percent of baseline participants completing three-month follow-up measures. At the three-month follow-up, VM participants showed significant reductions over controls in alcohol use (87 percent reduction), crack cocaine use (66 percent reduction), marijuana use (89 percent reduction), alcohol-related negative consequences (60 percent reduction) and psychiatric symptomology, as well as significant improvements in psychosocial outcomes. Two further studies carrying out secondary analyses on this study's data have been published.[10]

In the first reanalysis using data from the aforementioned Seattle prison study (n=81), the researchers examined the effects of VM on thought suppression.[11] VM participants showed significantly greater reductions in thought suppression compared to the control group, which was shown to partially mediate the effects of VM on alcohol use. In the second reanalysis study using data from the same cohort, the researchers assessed interactions of post-traumatic stress disorder (PTSD) symptom severity on course participation and treatment outcomes.[12] No significant associations were found for PTSD severity and likelihood of volunteering for VM or treatment outcomes. This suggests that inmates with marked PTSD symptoms are unlikely to experience diminished effects or be deterred from participating in VM programs.

A controlled study was conducted involving adult male inmates in Maryland serving indeterminate sentences for persistent aggravated criminal behavior.[13] Six participants completed the two-month meditation program, with approximately the same number of noncompleters. The weekly group meditation classes involved instruction on mindfulness as well as other meditation techniques, and participants were encouraged to practice mindfulness between weekly meetings. A control group (n=5), matched on criteria such as race, IQ and age, received treatment as usual, comprising weekly individual psychotherapy and counseling sessions. Meditators showed significant improvements over the control group in overall levels of psychological distress and psychopathology.

Finally, a small-scale randomized controlled trial assessed the effectiveness of a seven-week meditation program (weekly meetings of 2.5 hours in duration) on reported physical and emotional symptoms in female adults detained at a correctional facility in Virginia.[14] Participants were allocated to either the meditation program (n=17), or a control condition (n=16). The control group continued with its usual routine of exercise, free-time, reading and/or being outside. Although the meditation program was not explicitly described as being mindfulness-based, mindfulness techniques were extensively employed. For example, participants were instructed to "follow the

in-breath and out-breath" (including counting the breath); to practice observing and "letting go of the thoughts that come into their minds;" and to engage in walking meditation in order to "live in the present moment."[15] Participants who had engaged in meditation demonstrated significant improvements in sleeping difficulties compared to the control group. Furthermore, qualitative feedback indicated that compared to the control group, meditators were more able to relax, had improved their anger management skills and experienced increased hope regarding the future.

Limitations of the Research Findings

Although the outcomes described above indicate that MBIs have rehabilitative application in correctional settings, there were a number of quality issues that limit the generalizability of findings. For example, few of the studies employed random assignment, and in all cases, adherence to practice and fidelity of implementation was not assessed. Therefore, factors unrelated to participation in the mindfulness intervention may have exerted a therapeutic influence and confounded the findings. Overreliance on self-reporting measures was a further limitation. This is an important consideration when researching incarcerated populations, as there is likely to be a pronounced risk of recall bias and/or deliberate under/over reporting (e.g., due to fear of being reprimanded by penal system authorities). Additional across-the-board quality issues included a lack of clearly described inclusion/exclusion criteria; nonjustification of sample sizes; and poorly-defined intervention and control conditions. Furthermore, few studies assessed actual recidivism (or risk thereof).

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Mindfulness as a Reoffending Reduction Strategy

Notwithstanding these limitations, findings from controlled studies of MBIs in American correctional facilities indicate that mindfulness practice can lead to improvements in inmate levels of negative affect; substance use and drug-related self-control; anger and hostility; relaxation capacity; and self-esteem and optimism. Mindfulness meditation is thought to modulate these criminogenic agents via several different mechanisms. Of particular importance in this respect is increased breath awareness (a fundamental component of mindfulness practice) that has been shown to reduce autonomic and psychological arousal,[16] and this increased capacity to remain calm can help inmates to respond to external stimuli in a less impulsive and hostile manner.[17]

Criminal activity and criminal thinking are often employed as a maladaptive means of escaping from negative affective states such as guilt, depression and anxiety.[18] The increased levels of self-awareness cultivated during mindfulness practice can confer a greater capacity to label and therefore modulate these affective states.[19] In other words, rather than avoid distressing feelings and thoughts by engaging in antisocial and/or criminal behavior, mindfulness encourages participants to objectify their destructive cognitive and affective processes by seeing them as passing phenomena. Another important mechanism of action by which mindfulness is believed to modulate criminogenic agents is via the cultivation of self-compassion and compassion. Research has shown that mindfulness leads to a greater awareness of the individual's own suffering and psychological distress, and this helps to instill a greater appreciation of the suffering of others.[20] Accordingly, greater levels of self-compassion and compassion are thought to lead to improvements in levels of tolerance, cooperation (e.g., with prison authorities) and interpersonal skills more generally.[21]

Given the higher rates of substance use among inmate populations compared to the general population,[22] findings from the current review indicating mindfulness can reduce levels of substance use are particularly noteworthy. Mechanisms for the ameliorating effect of mindfulness meditation on substance addiction rely upon the acceptance and "unfiltered present moment experiencing" of mental urges (sometimes referred to as "urge surfing").[23] Urge surfing regulates cravings for psychotropic states through a process of nonreactive and nonjudgmental awareness whereby an appreciation of the impermanent nature of substance-related urges is deeply internalized. By understanding that mental urges arise and subside of their own accord, the meditation practitioner is no longer at the disposal of habitual compulsive responses, but can derive contentment (and perhaps even entertainment) by looking to the source of their mental urges (i.e., their own mind) and simply observing such urges as transient phenomena. An analogy sometimes used to describe this process is the difference between how a lion and a dog perceive a plastic bone; a dog will chase after a plastic bone all day long, whereas a lion will see that the bone has no nutritional value and will track the trajectory of the bone back to the person who threw it.

Although the studies reviewed here did not assess actual recidivism (or risk thereof), findings demonstrated that mindfulness appears to be an effective means of regulating key criminogenic agents. Therefore, mindfulness meditation may have applications as a reoffending reduction strategy. For example, given there is a strong positive correlation between substance use in the community setting and reoffending,[24] it is reasonable to infer that a greater capacity to regulate

substance-related cravings (as well as other criminality concomitants) would reduce the risk of recidivism. Thus, although controlled mindfulness studies that explicitly assess recidivism as an outcome are needed, there is arguably persuasive evidence to suggest that mindfulness has a role to play in correctional settings.

Integration and Rollout Issues

Factors that may impede the successful integration of MBIs into correctional settings relate to the transcultural difficulties of assimilating Eastern techniques into Western culture.[25] Of particular importance is the competence and training of clinicians and facilitators of MBIs who may not have the experience to impart an embodied "authentic" transmission of the more subtle aspects of meditation practice.[26] A further issue is the relative reticence by Westerners to engage in introspective or contemplative practice. In this respect, VM interventions may have reduced utility compared with other MBIs, as inmates new to meditation practice may find a 10-day silent retreat to be overintensive. Additional integration issues relate to the therapeutic use of Buddhist techniques in American prisons that are mostly geared toward servicing the needs of a predominantly non-Buddhist population. For example, in the recent Pew Forum on Religion and Public Life survey of prison chaplains spanning all 50 US states (n>1400),[27] 71 percent of prison chaplains described themselves as Protestant, 13 percent as Catholic, 7 percent as Muslim and 3 percent as Jewish (Buddhism did not feature as a standalone religious denomination). However, working in its favor is the fact that Buddhism is more of a philosophical system rather than a religion, and does not require adherence to a set of beliefs or worship protocol. In any event, MBIs are predominantly delivered in secularized format — which renders issues relating to religion somewhat redundant.

Conclusion

Findings from the controlled studies reviewed here suggest that MBIs may be feasible and effective rehabilitative interventions for incarcerated populations. Findings from uncontrolled studies also support this view and provide early evidence for the suitability of MBIs for offender populations with more specific criminogenic needs. For example, MBIs have been shown to improve the regulation of deviant sexual arousal[28] and to be appropriate for the rehabilitation of incarcerated adolescents.[29] It is concluded that despite the need for studies of mindfulness that explicitly assess criminal recidivism as an outcome, and despite the inevitable complications of integrating MBIs into correctional settings (e.g., due to transcultural issues, group size security restrictions and/or disruptions to group continuity, etc.), group-based MBIs represent viable "what works" reoffending reduction interventions.

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Edo Shonin is a Buddhist monk and research psychologist with the Nottingham Trent University Division of Psychology in Nottingham, U.K. William Van Gordon is a Buddhist monk and research psychologist with the Nottingham Trent University Division of Psychology in Nottingham, U.K. Mark D. Griffiths is a professor and research psychologist with Nottingham Trent University.