



A qualitative analysis of beginning mindfulness experiences for women with post-traumatic stress disorder and a history of intimate partner violence



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A B S T R A C T

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This article presents the beginning mindfulness experiences of low income, minority women with a history of intimate partner violence. Ten women participated in a Mindfulness-Based Stress Reduction group, three interviews and a focus group over 15 months. Using an interpretive phenomenological analysis approach, we derived the following themes: struggles to practice meditation; a vision of growing and helping; personal improvements, and interpersonal improvements. We share recommendations for clinical practice.

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This qualitative study explored how low-income minority women with a history of intimate partner violence experienced mindfulness training through data collected prospectively, at four points over 15 months, as a sub-study within a randomized clinical trial of Mindfulness-Based Stress Reduction. The larger study adapted the MBSR curriculum; the adaptation rationale, implementation, feasibility and acceptability are discussed in another article.¹ Quantitative results of this clinical trial will be published elsewhere.

Intimate partner violence is a major public health problem in the United States, as it can result in injury, psychological trauma, disability or death. Over one in three women and one in four men have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime. For the most part, this abuse happens before the victims are 25 years of age. Furthermore, nearly half of the US population has suffered psychological aggression by an intimate partner at some point in their lives.²

Evidence-based psychological treatments for victims of intimate partner violence, such as exposure therapy, are difficult to implement and disseminate in clinical settings.³ Furthermore, mental health services are less available, less accessible and lower quality for low-income ethnic minority victims than for the general population.⁴ Thus, alternative healing approaches for ethnic minority victims of intimate partner violence are essential.

Health care providers in the past four decades have turned their attention to “mindfulness” techniques as a method for managing emotional distress and maladaptive behavior through improving awareness of mental processes and the response to distressing stimulus.⁵ “Mindfulness” is an awareness cultivated by paying attention to one’s own present experiences, without judging them, during the practice of meditation.⁶ Jon Kabat-Zinn’s⁷ Mindfulness-Based Stress Reduction (MBSR) is a widely studied, 8-week curriculum. Research suggests that participation in MBSR may lead to improvements in a number of chronic health conditions, as well as anxiety and depression disorders.^{8–11} Several studies also indicate that meditation-based practices may lead to significant reductions in post-traumatic stress disorder (PTSD).^{12,13} Mindfulness has also been found to relate inversely to certain symptoms of PTSD, such as avoidance¹⁴ and depersonalization.¹⁵

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Despite the growing popularity of mindfulness-based interventions, in our experience, the literature about women who have experienced intimate partner violence participating in mindfulness interventions is scant. While the value of mindfulness-based practices for patients with trauma exposure and other mental health issues is still being investigated, an analysis of the perspectives of women with trauma exposure participating in mindfulness-based interventions over time may be informative for clinicians.^{16,17}

Our research adds to this literature by offering considerations for clinicians who use mindfulness-based interventions with clients with a history of intimate partner violence. The perspectives of participants are essential for making clinical decisions during interventions, such as adapting and emphasizing the most salient therapeutic benefits.

1. Data collection and methods

MBSR⁷ is an 8-week standardized curriculum that consists of guided meditation practice and didactic discussions about stress and application to daily experiences, delivered in weekly 2.5 h sessions and a one-time, 6-h retreat. Table 1 describes the adapted group sessions further. The MBSR curriculum includes: (a) formal mindfulness practices (e.g., body scan, gentle yoga, sitting meditation, walking meditation, mindful listening and loving kindness meditation); (b) applying mindfulness techniques to day-to-day experiences (e.g., eating, communication, driving, daily activities); (c) mindful inquiry (curiosity about present moment experience); and (d) nonjudgmental acceptance of one's own experience.^{7,18}

As part of the larger MBSR trial, 53 participants were followed longitudinally over 15 months. During this time, we audiotaped four individual, semi-structured interviews with each participant (pre-, mid-point, post- and at three-month follow-up). We also conducted a focus group with 12 participants at nine-month follow-up. All interviews were conducted under the ethical supervision of the Georgetown University Institutional Review Board, and participants signed informed consent. After the semi-structured interview, we made written observations of the participants' non-verbal language, physical presentation, affect, as well as any changes of these elements observed from one interview to the next. Upon completion of the data collection, 10 women qualified for the qualitative data analysis for this article by having participated in every interview as well as the focus group.

Table 1
Session outline of the modified Mindfulness-Based Stress Reduction group.

Session	Topics and exercises ^a
1	Group introduction and breathing awareness
2	Stress reactivity, brief body scan, and loving kindness meditation
3	Integration of mindful practice with self-awareness, mindful eating, and dyadic mindful listening exercise
4	Integration of mindful practice with self-awareness, body scan, and loving kindness meditation
5	Review of pleasant events, introduction to yoga, and loving kindness meditation
6	Review of unpleasant events, and introduction to walking meditation
7	Halfway check-in and walking meditation
8	Integration of mindful practice with self-awareness, yoga, mindful communication, and 3-min breathing space
Retreat	Integration of all mindfulness concepts
9	Integration of mindful practice with self-awareness, yoga, and mindful planning
10	Integration of mindful practice with self-awareness, celebrating accomplishment, and looking forward

^a All sessions began with mindful movement and soft music in order to facilitate settling in, followed by sitting in silence and an orientation to the session plan. They ended with discussing homework practice.

Of the 10 women in this study, nine were African American and one Asian American. Ages ranged from 31 to 62 years. Seven had children. Eight had some college education; one had completed high school and another the 11th grade. Half of the participants did clerical work full time and the other half were not employed. As a group, they had an average monthly income of \$2126. All of them had experienced chronic trauma, including intimate partner violence, and had scores of 35 or above on the Post-traumatic Stress Check List (PCL),¹⁹ which indicated clinically significant symptoms of PTSD. Male victims of intimate partner abuse were not invited to participate in the study because it took place in shelters that served only women, and the budget limited the number of sites.

The analysis of the interview and focus group data was conducted in three stages using an interpretive phenomenological analysis approach²⁰ to investigate the ways participants perceived, understood and derived meaning from their experiences as members of an MBSR group. In Stage One, two members of the research team independently read the interview data for all ten participants to identify patterns in the data. These coders then met to create a list of all of the identified patterns, or "themes" generated individually and create agreed-upon definitions. In Stage Two, the coders read through the transcripts of different participants in order to collapse and narrow proposed themes and generate new themes as needed. In Stage Three, the coders read through the data theme-by-theme to create detailed definitions for each theme. Themes that were very similar in content were collapsed or eliminated. The following section describes themes that emerged from the data at various time points, and the ways they changed for the women during and after the intervention.

2. Results

2.1. Description of themes

Four major themes emerged from the data. These themes capture the experiences of these women as they perceived the MBSR training. These included: (a) struggles to practice meditation; (b) a vision of growing and helping; (c) personal improvements, and (d) interpersonal improvements. Excerpts shown in italic font from the actual group discussion will illustrate each theme from the participant data.

2.1.1. Struggles to practice meditation

In early interviews, we found a wide variety in how the women initially experienced attending an MBSR group. Half of them, who had prior knowledge or practice of mindfulness, started the group with enthusiasm and an open mind. The other half doubted that the group would be helpful and hesitated to attend. Some said they perceived the group as one more chore to get done, and found the interpersonal dynamics between group members unnerving. Some reported finding it difficult, initially, to turn their attention towards themselves because this practice heightened their awareness of intense emotions that they had difficulty tolerating. As one participant illustrated it, "*At first the practice made me drained and I felt I was getting rid of old stuff. After the weight was lifted I began to adapt to the mindfulness sessions and felt better. I looked forward to going every day.*"

By the mid-point of the group, however, the majority described struggling less as they began to grasp the concepts of mindfulness, and had begun to apply them to their every day circumstances. This led to an appreciation of the value of MBSR. Part of the reduction in their struggles appeared to arise from realizing that all group members had experienced similar traumas. "*Having had common traumas,*" one participant stated, "*made it easy to relate to other participants. I was able to revisit traumatic situations without judgment.*"

2.1.2. A vision of growing and helping

During the initial interviews, several women spoke about their goals of personal growth, both physical and emotional. These included “*being healthier*,” “*having peace of mind*” and “*enjoying every moment*.” They saw professional growth as the primary vehicle for self-improvement. Over time the initial vision tuned into concrete goals of starting or finishing school in order to work in helping professions, such as health care, counseling and criminal justice.

These professional goals seemed closely tied to a motivation to help and empower other women, particularly those in circumstances of intimate partner violence. Some women connected their professional goals to the desire to learn from their own past suffering; in the words of a participant, “*to use my pain and suffering to encourage others*.” A couple of them envisioned goals beyond their own careers “*to contribute to a peaceful world by teaching non-violence*” and “*helping the homeless*.” The desire to help others was expressed with more frequency and clarity as the group progressed.

2.1.3. Personal improvements

Participants told us, over time, that MBSR gave them tools for stress reduction that they described as serenity, awareness, emotion regulation, and self-compassion.

2.2. Serenity

The women told us that they felt they had learned how to quiet their minds, a skill they described as novel. Using these kinds of practices, the women stated, helped them to feel peaceful, relaxed and centered, even in stressful situations, by following the suggestions of the teacher to intentionally incorporate meditation and breathing exercises into their daily activities, avoid doing many things at one time, focus on the present, and block out noise from the environment and other people. As a result, they perceived that their stress decreased over time, and the quality of their sleep improved. As specified by a participant, “*The meditation, breathing and positive images helped me to relax and feel a little better. I can tune people out in a group. I became me peaceful.*”

2.3. Awareness

Some participants reported becoming increasingly more aware of their bodies, sensations, emotions, other people and their surroundings during the course of their training. They used techniques learned in the group, such as using the breath and sounds as anchors of meditation, in order to be aware of the present moment rather than functioning mindlessly or “*on automatic pilot*.” As one participant explained, “*I go fishing a lot. If you don't remember to put the anchor down on the boat when you get to the spot where the fish are, you are going to get swept away. So it (mindfulness) gives you a tool that serves as an anchor to stay where you are right now right here.*”

Many told us that they felt becoming more aware helped them to acknowledge their problems, develop new perspectives and find solutions. For example, a number of the women seemed to become aware of their eating habits – such as eating junk food when under stress – and reported eating more healthy foods, slowly, while focusing on the food. Many felt that they became more aware of their emotions and the events that triggered them. As they acknowledged their own emotions, they claimed that they were also able to better understand the emotions of others. In the words of one participant, “*I am able to practice being mindful with somebody else... remembering that just like I have a story and I could be responding from my past, they could be responding from the same thing. Ahhh... 99.9% of the time it has nothing to do with being right or wrong.*”

2.4. Emotion regulation

At the beginning of the study participants described struggling with strong emotions of anger, sadness, fear, confusion and numbness (i.e., denial of emotions) in relation to past traumatic experiences and current circumstances of transition and uncertainty. By the mid-point interviews, the women reported being more aware of their emotions and having a stronger desire to manage them. At post-group and three-month follow-up interviews, the women had started to implement mindfulness skills for this purpose; for example, “*I can always choose to stop and go back to the breath and start again. Ah, and that has helped in all areas of my life.*” “*I used to get upset, curse and use violence. Now I can deal without that, by breathing and taking time.*”

They described being able to manage fear and anxiety, for example, by pausing to notice those emotions when they arose, calming down with breathing exercises, reminding themselves that the stressors were impermanent and would pass, and then tolerating the emotions and letting them pass rather than reacting on them immediately. Many voiced that accepting the limitations of others around them, not trying to control them, and not letting the mood of others affect them helped greatly to reduce strong negative emotions towards others. This allowed them to choose a response more thoughtfully and to implement more appropriate behaviors, which they perceived as making better decisions overall. They felt an increasing ability to “*handle situations, make good decisions and stick to them*,” as well as to commit to goals and follow through. For some, making a commitment to the group and completing it provided a sense of accomplishment. “*...knowing that it (stress) is not the end of the world and nothing is set in stone, making changes, making more rational decisions based on what I can handle, being aware that when things are hard, it won't always be that hard...not judging the situation.*”

2.5. Self-compassion

At the beginning of the study, the women voiced having poor self-worth in many ways, such as having a sense of low accomplishment or failure, self-judgment and disappointment, lack of motivation, shame, guilt and not trusting themselves. At the same time, they told us that they wished to become more self-accepting and appreciative. For some, participating in the group was a first experience of dedicating time to personal growth.

Towards the end of the group, participants began to express that they were learning to like themselves, to accept both positive and negative aspects of their own selves without judgment, and to let go of failure and move forward instead of taking things out on themselves and giving up. As stated by one woman, “*I missed the retreat, but I was able to let the bad feelings go. Before this, I would usually beat myself up and stop coming to programs such as this.*” This rising self-esteem appeared even more strongly in the narratives collected at follow-up, both three months and nine months after the group. Lesser self-judgment and perfectionism, some claimed, gave way to self-confidence and effectiveness; as stated by a participant, “*the more I connected with myself, the more I could connect with others and feel empowered.*” One felt strong enough to leave an abusive partner.

A few women spoke about loving themselves before loving others, focusing on the self, rather than on pleasing others and depending on them. Participants who thought they had always taken care of others reported making time for their own needs first. Another said that the group helped her with “*...accepting being different from others, finding my own values and feelings, feeling more self-compassionate, accepting liking myself...good and bad feelings.*”

2.5.1. Interpersonal improvements

Participants also reported interpersonal improvements in the areas of: increased socialization, assertive communication, quality of relationships, and overcoming interpersonal traumas, as described in the following section.

2.6. Increased socialization

Most of the women felt a sense of isolation and infrequently socialized in spite of the desire to be with others and make new friends. Discomfort with socializing was linked with low self-worth by some of the participants. As the group progressed, they began to have more frequent social interactions, not only by going out more frequently, but also perceiving themselves as more outgoing and connected with others, including with their intimate partners. Interacting with one another in the group was in itself a positive socializing occasion for many. For example, one participant remarked, *“I have more fun with my partner now because I am not afraid of going out.”*

2.7. Assertive communication

Participants felt that they increasingly communicated in more assertive ways, particularly with their partners and family members. They did so by expressing their thoughts and needs more gently and constructively. Assertiveness empowered some participants to speak their minds and helped those who struggled with anger to communicate their feelings without escalating. As they began to feel heard by others, many realized the need of their family members to be heard as well, and became more willing to listen to them with intention, patience and openness. One participant described as, *“It is just about being heard, not about wanting to be right. I just want to acknowledge that I am here... that I am part of the grains of sand on the beach.”* Many attributed developing this skill to practicing mindful listening exercises and learning about communication styles, both part of the MBSR curriculum. For example, one participant described her experience: *“I am no longer afraid to say what I think because I can say it in a positive way...”*

2.8. Quality of relationships

All participants reported improvements over time in the quality of their relationships with partners, family members, friends and coworkers. After the group concluded, participants characterized their relationships with others as including more mutual respect and empathy for each other's feelings, patience, tolerance, desire to be together, sense of contentment, and avoiding judgment. For example, *“I never thought that other people experience the same things too, and I should be more considerate. The group helped me look at things in more that way.”* Some mentioned that their partners noticed a change in them and responded positively; for example, some felt that when they communicated more assertively their partners listened to them more. Although there was an overall improvement in relationships, participants did not refer to whether this helped with rebuilding intimacy with partners, a struggle mentioned towards the beginning of the group. One woman said, *“I get along with my children because I am more outspoken and don't holler... The group helped me to listen better and to have my husband listen to me.”*

2.9. Overcoming interpersonal traumas

Although the MBSR curriculum does not directly address trauma, participants applied the skills and knowledge to overcoming past traumas. After initial discomfort from acknowledging

the associated pain and vulnerability, they felt empowered to move forward. One participant realized that in spite of having been victimized, she did not have to identify with the role of being a victim. A couple of them moved towards the process of forgiving the perpetrators of their abuse. They pointed out that being in a group with other women with similar traumas encouraged them to revisit and face their traumas without feeling judged. For example, one participant stated: *“One (meditation) exercise that focused on childhood took me back to hard times. It was uncomfortable. But I was able to forgive people and heal. It brought some closure. I decided to go on and not let the past affect my future.”*

3. Conclusions

In conclusion, we observed that our participants envisioned personal growth in their own lives and helping women in similar situations. Serenity, awareness, emotion regulation, self-compassion, increased socializing, assertive communication, improved quality of relationships, and overcoming interpersonal traumas were the most salient benefits from the MBSR group that the women conveyed.

Intimate partner violence was an overpowering trauma that defined the women's circumstances of dependence and uncertainty, and also fueled their desire to empower themselves and other women. The MBSR group did not focus on intimate partner violence directly, but rather on reducing present stress of any nature. While the women's life struggles persisted during the study, they felt that practicing MBSR helped them to develop coping skills. This seemed to encourage women over time to define their vision, set concrete goals, and feel capable of achieving them. The majority of the women also used the mindfulness skills for overcoming trauma, perhaps because it was one of their most significant sources of stress. The participants became aware of their emotions related to the trauma (e.g., anger, self-blame), overcame them and in some cases even achieved a sense of forgiveness towards themselves and the abusers. Thus, acceptance of the self and others along with emotion regulation may be seen as a precursor for overcoming trauma exposure. Given the interpersonal nature of their trauma exposure, mindfulness may have positive benefits for relationships overall, such as decreased fear and empowerment.

The following lessons we learned regarding the implementation of the intervention may inform clinical decisions. It was important for women with a history of intimate partner violence to attend the group with other women with the same background in order to heal from trauma. The MBSR group setting helped the women to discuss and process the trauma at their own pace, without the instructor having to directly address it. The instructor, who had training with processing trauma, assisted the participants when they asked for guidance.

Half of the participants found the mindfulness group difficult at the beginning due to interpersonal dynamics with group members, and becoming aware of their intense inner turmoil. This may be common for those who have had traumas of an interpersonal nature, in which case it is helpful for the instructor to acknowledge and validate this initial difficulty. Similarly, a study⁸ of MBSR with survivors of child abuse modified the intervention by encouraging participants to pace their exposure to present moment experiences during meditation.

Mindfulness practice had multiple benefits for our participants, in coping with overall stress from low-income minority conditions, and specifically from interpersonal trauma. We hope that the experiences portrayed here will help clinicians to understand the ways in which mindfulness may enhance the mental health of low-income minority women with a history of interpersonal trauma.

Conflict of interest statement

None of the authors have any financial or personal relationships with other people or organizations that could inappropriately influence (bias) their work.

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