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The Cultural Relevance of Mindfulness Meditation as a Health Intervention for African Americans:

Implications for Reducing Stress-Related Health Disparities

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Abstract

African Americans experience a disproportionate rate of stress-related health conditions compared to European Americans. Mindfulness meditation has been shown to be effective for managing stress and various stress-related health conditions. This study explored the cultural relevance of mindfulness meditation training for African Americans adults. Fifteen African American adults with past or current experience with mindfulness meditation training were interviewed. Participants felt that mindfulness meditation helped them with enhanced stress management, direct health improvement, and enhanced self-awareness and purposefulness. They felt that they would recommend it and that other African Americans would be open to the practice but suggested that its presentation may need to be adapted. They suggested emphasizing the health benefits, connecting it to familiar spiritual ideology and cultural practices, supplementing the reading material with African American writers, increasing communication (education, instructor availability, “buddy system,” etc.), and including African Americans as instructors and participants. By implementing minor adaptations that enhance cultural relevance, mindfulness meditation can be a beneficial therapeutic intervention for this population.

Keywords

mindfulness; meditation; MBSR; stress; African Americans; health disparities; stress management

African Americans and Stress-Related Health Disparities

African Americans experience disproportionate rates of morbidity and mortality in response to stress-related health conditions, including cardiovascular disease, adverse birth outcomes, obesity, and diabetes, when compared to their European American counterparts (Giscombé & Lobel, 2005; Smedley, Stith, & Nelson, 2002; Sternthal, Slopen, & Williams, 2011; Williams, Mohammed, Leavell, & Collins, 2010), which may be due to their history and socioeconomic position in American society (Sternthal et al., 2011). Race-related stress in particular influences health behaviors, health status, and disease risk (Williams & Mohammed, 2009; Woods-Giscombé & Lobel, 2008). Daily and chronic exposure to

racism-related stressors and socioeconomic vulnerability are identified as affecting health in African Americans (Williams et al., 2010). Evidence highlights mechanisms of action between stress and adverse health outcomes (Braveman, Egerter, & Williams, 2011; Commission on Social Determinants of Health, 2008; Smedley et al., 2002), including associations among stress exposure (e.g. exposure to racial discrimination); stress appraisal, coping, and stress biomarkers (e.g., oxidative stress; Szanton, Rifkind, et al., 2011); cortisol (Merritt, McCallum, & Fritsch, 2011); and C-reactive protein (Lewis, Aiello, Leurgans, Kelly, & Barnes, 2010).

We theorized that mindfulness meditation, which has been shown to lower stress in others (Robins, Keng, Ekblad, & Brantley, 2012), might be a good way to lower stress in African Americans. In this study, we asked 15 African Americans who already had practiced mindfulness meditation what they felt about its possible acceptance and applicability in addressing stress in African Americans.

Theories that explain stress-related disparities include allostatic load (McEwen, 2012) and the weathering framework (Geronimus, Hicken, Keene, & Bound, 2006). Allostatic load emphasizes the impact of cumulative risk from chronic exposure to life challenges and stress impairing allostasis, the body's ability to maintain homeostasis (McEwen, 2012). Excessive demands on regulatory systems compromise cardiovascular, autonomic, metabolic, and neuroendocrine activity, leading to disease states such as diabetes (Seeman, Epel, Gruenewald, Karlamangla, & McEwen, 2010). When potentially protective and adaptive stress responses (physiological and behavioral) are overused or limited, allostatic overload and impaired health follow (McEwen, 2012). Similarly, the weathering framework was developed to explain stress-related risk in African American women but can be applied to African Americans in general. Social, economic, and political exclusion can accumulate and contribute to current health disparities (Geronimus et al., 2006). Lending credence to this theory, ethnic differences in health status become amplified after age 25 and are most evident between age 35 and 64 years.

Psychological stress can also influence engagement in health-promoting behaviors. Perceived stress adversely influences adherence to medical advice to increase healthy behaviors. In addition, certain dysfunctional health behaviors (e.g., excessive consumption of food, alcohol, or nicotine) are stress related (Ng & Jeffery, 2003).

The Need for Solutions

Research on health disparities has focused mostly on epidemiological and biopsychosocial data to identify causes of inequities and pathways through which psychosocial factors (including stress) influence health. Emphasis should be shifted to identifying interventions to prevent and ameliorate stress-related health disparities. Although approaches that focus on political advocacy and large-scale governmental reform are useful and efficacious (Smedley et al., 2002), individual or community-level approaches have been shown to influence optimal well-being, self-efficacy, coping, and resilience to minimize physiological stress reactivity (e.g., dysregulated hypothalamic-pituitary-adrenal-axis activation) or unhealthy behaviors (e.g., smoking) that increase risk for chronic health conditions (Woods-Giscombé & Black, 2010).

Reducing stress-related health disparities requires the design of meaningful, culturally sensitive programs that maximize participation and benefits (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). Culturally sensitive health promotion and disease prevention programs must include attention to “surface structure,” such as matching intervention materials and messages to target audiences, as well as “deep structure,” defined as “understanding the cultural, social, historical, environmental, and psychological forces that influence the target health behavior in the proposed target population” (Resnicow et al., 1999, p. 11). Prior studies have illuminated explanatory models for specific illness conditions in African American populations and explored both surface and deep structure aspects of African American culture to optimize interventions (Hines-Martin, Speck, Stetson, & Looney, 2009; Isler & Corbie-Smith, 2012; Resnicow et al., 1999). For example, religion/spiritualism, commitment to family and community, and intuition and experience versus empiricism are core cultural values that must be considered in developing effective programs to address health issues in African Americans (Resnicow et al., 1999).

The Potential of Mindfulness Meditation for Stress-Related Health Disparities Among African Americans

Over the past decade, the National Center for Complementary and Alternative Medicine (NCCAM; 2010) has funded research to examine the benefit of complementary and alternative medicine approaches for reducing the burden and cost of chronic health conditions. One prominent stress management intervention described in research is meditation. According to the National Institutes of Health, a primary goal of research in this area is to examine how meditation and other mind–body interventions can “enhance resilience, positive affect, and coping in order to improve health and well-being, and prevent or slow disease progression” (NCCAM, 2005).

One form of meditation, mindfulness, enhances self-regulation of attention to present-moment experience and letting go of cognitive fixation on past or future events. It has been recognized as a strategy that enhances self-compassion and decreases absentmindedness and worry (Robins et al., 2012). Although there are various forms, the most popular used in Western clinical research interventions is mindfulness-based stress reduction (MBSR). Developed in 1979 by Kabat-Zinn, MBSR is a non-religious, secular intervention for individuals coping with chronic pain, stress, and/or illness. Participation in a traditional MBSR clinical program involves engagement in one 2.5-hour class for 8 consecutive weeks to cultivate seven foundational attitudes: (a) nonjudgment of one’s experiences, (b) patience with allowing experiences to unfold in their own time, (c) willingness to see everything as if for the first time, (d) being oneself, (e) nonstriving, (f) acceptance of how things are, and (g) allowing one’s thoughts to come and go uncensored (Kabat-Zinn, 2013).

Numerous research studies have demonstrated the benefits of MBSR with regard to stress management and health promotion, including improvements in stress biomarkers (e.g., salivary cortisol, blood pressure), psychological well-being, sleep quality, exercise frequency, eating behaviors, wound healing, cardiovascular reactivity, and glucose metabolism (Chiesa & Serretti, 2009; Greenson, 2009; Hofmann, Sawyer, Witt, & Oh, 2010;

Khoury et al., 2013; Zgierska et al., 2009). MBSR also has been found to result in improved quality of life and reduced anxiety, depressive symptoms, and perceived stress.

With evidence for mindfulness meditation as feasible, affordable, and efficacious (Chiesa & Serretti, 2009; Khoury et al., 2013), it is important to consider its potential in managing stress-related health conditions among African Americans. Although several research studies on mindfulness meditation have reported inclusion of African Americans, few have examined how MBSR can be used specifically in African Americans (Kerrigan et al., 2011; Palta et al., 2012; Sibinga et al., 2011; Szanton, Wenzel, Connolly, & Piferi, 2011). Research is needed to investigate the cultural relevance and acceptability of mindfulness meditation for African Americans, including assessment of cultural barriers or facilitators to participation in such programs.

Purpose/Objective of Current Study

The purpose of this study was to assess the cultural relevance of mindfulness meditation training as a health intervention to prevent stress-related health conditions among African American adults living in the southeastern United States to inform the development of future mindfulness meditation programs for this population. Specific aims included the following: (a) explore the extent to which the practices taught in mindfulness meditation programs are similar to other experiences or practices within African American culture, (b) examine the congruence of mindfulness meditation with religion/spirituality among African Americans, (c) investigate the extent to which African Americans with previous mindfulness meditation experience would recommend it to other African Americans for stress management and the improvement of health, and (d) learn about specific recommendations that would lower barriers to recruitment and increase acceptability of mindfulness meditation to African Americans.

Method

Design, Setting, and Procedures

This study used a qualitative description design (see Sandelowski, 2012), including purposive sampling, standardized open-ended interviews (Gall, Gall, & Borg, 2003; Turner, 2010), and applied thematic analysis (Guest, MacQueen, & Namey, 2012). The study included data from 15 transcribed interviews, as well as brief demographic data. The institutional review board of the sponsoring university approved the study.

Recruitment materials solicited African American adults with experience in mindfulness meditation willing to participate in a brief survey and interview to learn “what you think about meditation and how it might help people manage stress and improve health.” An e-mail message including information about the study was distributed to a listserv of adults who completed participation in a local mindfulness meditation program and a second listserv for adults involved in meditation. The e-mail message detailed inclusion criteria: (a) African American, (b) age 18 years and older, and (c) experience in mindfulness meditation. Flyers with the inclusion criteria were also posted in community locations (schools, libraries, grocery stores). The target sample size was 15. Pilot study funding was available to

provide incentives to participants for their participation in interviews. Respondents were sent information about the study (by mail or e-mail) and a study fact sheet. A survey sheet listing the open-ended interview questions was also sent. Once interested individuals received the information about the study, those who wished to be interviewed were contacted to schedule an appointment for an interview.

Interviews were conducted between 2009 and 2010 by the authors—an African American researcher and psychotherapist with previous experience in mindfulness meditation practice and research on mindfulness and health disparities (CG) and a European American researcher and director of a mindfulness meditation program at a major medical center with experience in mindfulness practice and research (SG). Interviews were conducted at locations convenient for the participants, including participants' homes or offices, and via telephone. Interviewers reviewed with participants the study fact sheet and study purpose, emphasized confidentiality and that participation was completely voluntary, and confirmed the participant's willingness to complete the interview. Interviewers asked participants the following open-ended questions (Table 1).

Interviews lasted approximately 20 to 60 minutes. Those who completed the interview were entered into a drawing for a \$30 gift card. All interviews were audiotaped and professionally transcribed. Reflection (e.g., "Let me repeat what I have heard") was used to clarify statements. At the end of each interview, participants completed a brief demographic information questionnaire (devoid of names, including only a participant ID number) to obtain background information. The recordings and transcripts were securely stored. The transcript was then compared to the audiotaped data to confirm accuracy. The interview questions served as the organizing coding units of analysis.

Applied thematic analysis (see Guest et al., 2012) was used to analyze interview data. First, transcribed data were read and reread, paying close attention to the occurrence of patterns. Second, data reduction was conducted through the generation of initial codes in accordance with the identified patterns. The research questions were used to systematically organize data and generate these codes. Third, codes were refined and combined when overarching themes were identified. Final themes were defined, refined, and reviewed in accordance with how they contributed to the answers to the original research questions. Several techniques were used to enhance the credibility and dependability of the data (Guest et al., 2012). The interviewers conducted accuracy checks for all transcribed interviews before uploading the data to conduct analysis. A log was maintained to track interviews through collection, transcription, editing, coding, and code verification. A transcript template was created to keep data uniform across interviews and compatible with the qualitative data analysis software, and a review of consistency of style and content was conducted across interviewers. In addition, interviewers asked interview participants questions such as "Is there anything I didn't ask that I should have?" and "Are there thoughts or comments that you would like to add?" to provide participants an opportunity to supplement or clarify the summarized information.

Results

Sample

Interviews were completed with 15 African American adults who had experience practicing mindfulness meditation. Participants lived in the Southeastern United States and were 24 to 57 years old (two thirds older than age 40). The sample was composed of 12 females and three males. Religious backgrounds represented included Christian ($n = 6$), Buddhist ($n = 3$), and nondenominational ($n = 1$). One participant reported an affiliation with “Religious Sciences” and described this as a belief system based in the science of metaphysics. Three reported that they were not affiliated with any particular religious faith. One participant did not respond to the question about religious affiliation. All participants were college educated. Overall, participants had an average of 9 years of experience practicing mindfulness meditation (range 1–30).

Whereas most had completed a MBSR course, others had mindfulness training based on other traditions (e.g., Zen, Tibetan). Participants were introduced to mindfulness meditation in many different ways, including formal MBSR courses, professional development training on stress management, yoga practice, religious institutions, psychotherapy, a cooperative health insurance plan, and reading books. One participant learned about meditation through participation in a MBSR research study.

Responses to the six interview questions are detailed below.

Interview Question 1: Are There Experiences or Practices Similar to Mindfulness Meditation That Are Part of African American Culture?

Prayer was the most commonly mentioned cultural practice that had similarities to mindfulness meditation. Participants mentioned the overlap between being still during prayer to try “to listen to what God is telling you” and the stillness that is encouraged in mindfulness meditation practice. Participants also mentioned that prayer and mindfulness meditation seem to provide similar benefits, including “mental clarity” and “tranquility.” One participant mentioned the similarities between mindfulness meditation and centering or contemplative prayer (see Keating, 2002). Others noted similarities between mindfulness meditation present moment awareness and the experience of “getting the Spirit” in church, which was described as “being emotionally and physically and spiritually engulfed into the present experience of worship.” One participant stated,

[T]hey kind of, you know, throw their self-conscious awareness of their surroundings away and they’re in the moment of feeling God’s spirit. . . I think that’s a very powerful representation of what you can liken present awareness of the moment to in the African American culture. Also, I would say that prayer can be that for people.

Although participants noted similarities between prayer and mindfulness meditation, several contrasts were also identified. One participant noted that there are many different styles of prayer, and sometimes prayer is not always about staying in the present moment but instead about focusing on what happened in the past or what is desired for the future. Another

participant stated that for her, church was “not quiet enough . . . there was never a moment of silence.” Some noted prayer as more “active” than meditation, more similar to “talking to God and not necessarily listening.”

One participant stated that a personally meaningful aspect of mindfulness meditation training was the group component. She likened the group or communal practice of mindfulness meditation to church-based group activities such as Bible study or revivals where people come together to have a shared experience then leave to complete homework that enhances the incorporation of the lesson into daily life. This participant, who had an African background, also mentioned that mindfulness meditation reminded her of African cultural practices, including communal rituals such as collective observation of births and funerals, “something that is passed down that you can do together . . . that’s important to do as part of life.” This participant also mentioned the use of meditative drumming and other forms of music that are used therapeutically. Another participant also noted the congruence between mindfulness meditation and dancing. “When you’re dancing, you’re in the present. There’s nothing else going on.”

Interview Question 2: How Does Mindfulness Meditation Fit in or Conflict With Your Spirituality or Religion?

Participants shared that an important consideration for introducing MBSR and other meditation practices to African Americans is that religion, Christianity in particular, is a significant part of their culture. MBSR was specifically designed to be a nonreligious meditation practice so that individuals from diverse religious and spiritual backgrounds could experience the potential benefits. However, those who are not knowledgeable about the nonreligious intention of MBSR may dismiss its potential benefits due to preconceptions that it would be religiously incongruent. Most participants noted no conflict between mindfulness meditation and their religious or spiritual beliefs and practices. They described mindfulness meditation as a nonreligious practice that could enhance or complement their religious or spiritual practice by helping them to pay attention better and deepen their religious or spiritual awareness.

I feel like it . . . might actually help me pay attention better—in church. I mean, it has helped me pay attention in general better, because I have a tendency to wander and daydream . . . Honestly, I think it would help. It’s like just letting people be aware that this doesn’t have to be, you know, you converting yourself to anything else, it’s just helping you.

Participants also shared that for the most part, they have not experienced resistance when discussing mindfulness meditation with friends who are Christian. Some noted that they identify mindfulness meditation as a spiritual practice instead of a religious practice, and therefore, it does not conflict. One participant described mindfulness meditation and religion as having the same ultimate aim: peace.

Two participants with Christian backgrounds described religious issues as a challenge of introducing MBSR to African Americans in the Southeast United States. One participant, who described herself as Baptist Christian said that people who have a high level of religiosity may feel guilty about admitting that they are stressed or about choosing

mindfulness meditation for stress management because it may mean that they have given up on God's ability to resolve their stressors.

People who have strong religiosity, I think can feel guilty about that because they feel like they have the tools, that God is the tool, or whatever their higher being is, is the tool that's supposed to fix everything and not be stressed.

She emphasized that despite the secular intention of MBSR, some African American Christians may experience difficulty with the Buddhist influence on mindfulness meditation. One participant revealed that in one of her mindfulness meditation classes, her instructor mentioned the Buddha (despite the fact that mentioning Buddha is not part of traditional MBSR instruction). She said that although she remained in the class and received many benefits from mindfulness meditation instruction, the mention of Buddha, as opposed to Jesus, caused her to question whether the class was appropriate for her. She went on to explain that the statement "The Universe will support you" by one of her instructors made her struggle somewhat, because in her personal life, she acknowledged Jesus as the person who controlled the "Universe." Nevertheless, this experience caused her to note the congruence between mindfulness meditation and "centering prayer," a Christian tradition that involves being still in one's prayer life and meditating on a Biblical scripture or single word.

The other participant, who described herself as nondenominational Christian, mentioned that people may feel resistance to adopting a practice that is not Biblically based. She mentioned that based on her experience, there is reinforcement in the church for attending weekly religious services and Bible study and for taking on traditional roles in the church (e.g., Deacon) but not similar reinforcement by the church for engaging in stillness and quietness to enhance spiritual growth.

Despite these potential challenges, both of these participants shared that they understood that the fundamental premise of mindfulness meditation does not conflict with any Christian or other spiritual values.

It really does not conflict at all. . . I believe that a lot of your strength comes from within . . . your beliefs and the practices that you have help you do the day-to-day things.

One also stated that the purpose of mindfulness meditation practice is similar to messages in Christian hymns such as "Peace Be Still," "Blessed Quietness," and others. Both participants mentioned congruent Biblical texts or terminology, including "Be still and know Him" and "Selah," which she described as meaning "pause" or "settling in."

Interview Question 3: Would You Recommend Mindfulness Meditation Practice to Your African American Friends or Family?

All participants stated that they would recommend mindfulness meditation to their friends or family, and specifically African Americans. Many were quite emphatic, using terms such as, *absolutely!* and *definitely!* One participant noted, "I have recommended it to my family, my children; I've mentioned it to friends." Others also noted that they had already recommended mindfulness meditation to others.

Interview Question 4: Why Would You Recommend Mindfulness Meditation Practice to Your African American Friends or Family?

Participants' responses could be placed in three distinct categories: enhanced stress management, direct health improvement, and enhanced self-awareness and purposefulness.

Enhanced Stress Management—Participants noted the connection between mindfulness meditation practice and stress reduction. One equated stress to lack of control, a sense of powerlessness, and limited insight. This participant described mindfulness meditation as a means for acquiring life skills that will enhance coping.

I just think the more we can learn about tools, about why we do things, allows us to have more control of our lives, and a large part of the stress that comes into our lives. . . . Stress can be a good thing, but perceived negative stress and how it affects the way we do things is this idea of not having control, of not understanding, and not feeling like you can do. . . . you feel sort of powerless.

Another noted how mindfulness meditation could enhance focus and modify emotional reactivity to stressful situations. "It's a great way to focus your mind. It's a great way just to reduce stress. . . . just to help you settle down enough. Things don't feel as emotionally charged, so I would absolutely recommend it."

One participant commented specifically about how appreciating the present moment versus allowing regrets about the past or worries about the future can reduce stress among African Americans, whom she viewed as having a unique vulnerability to stress.

I spend a lot of time and I know my peers spend a lot of time thinking about the past, rehashing the past, or trying to predict what falls in the future, and I think we would all be a lot happier, healthier, and less stressed out if we were just present and realize 'that I'm here, I'm OK, I'm breathing, there may be a situation that I don't like but I'm OK.' I think we get stressed out when we worry about what has to be done or what happened before. . . . I think African Americans in particular don't get a lot of skills about how to cope with stress, even though we're one of the groups that's under the most amount of stress. So I think it's particularly useful for African Americans and people of color in general.

Direct Health Improvement—Several stated that mindfulness meditation would directly benefit overall health. One participant described the pathways through which mindfulness meditation could lead to improved health status.

[I]t just gives them [mindfulness meditation practitioners] strength and endurance and confidence in their own abilities, and [they] realize that it can make a difference not only in their lives but in someone else's too. And also, it helps you to be healthy.

This participant further detailed how mindfulness meditation practices such as focusing on the breath and holding dignified, erect postures during meditation, and walking meditation in particular, can maximize a person's health.

If you're breathing better, you're in-taking oxygen, you're letting out oxygen, [and] your lungs are getting cleaned out, by taking deep breaths—that's making you healthier. . . . [W]hen you walk straighter, you're breathing well, like I was doing coming down the hall a few minutes ago. You're not having back pain, you're walking straight; you don't want to grow old and leaning. To me, that's all being healthy.

Others noted that the nonjudgmental present-moment awareness cultivated through mindfulness meditation practice could be helpful for mental health issues such as depression. Others spoke specifically about physical health disparities facing the African American population. "As African Americans, we deal with certain diseases such as high blood pressure and diabetes . . . I feel strongly that meditation would help."

Enhanced Self-Awareness and Purposefulness—One participant shared that mindfulness is "an essential component of life" that allows individuals to look inward and understand one's purpose. Another shared that mindfulness includes spending time in silence, which can increase insight, peacefulness, and quality of life. The participant emphasized that mindfulness practice is a way of living with the purpose of enhancing self-awareness.

I really feel that mindfulness should be more than just a 20 minute [per day] practice. It should be something that is done throughout your whole entire day, and whole entire life, and I think without that quality of silence that you will live a life that's full of suffering.

Another participant added, "[Mindful meditation] can create a situation where they're more aware of their feelings. Just the awareness of your feelings—that's like, for some people - big time."

Interview Question 5: What Would Prevent You From Recommending Mindfulness Meditation to Your African American Friends or Family?

Despite clear endorsement of mindfulness meditation due to its potential for enhancing stress management, health, and self-awareness, participants indicated that mindfulness meditation may not be for everyone. Caution usually was related to a desire to respect a person's (a) openness to new experiences, (b) religious ideology, and (c) general personal preferences.

Respecting a Person's Level of Openness to New Experiences—Responses from interview participants showed their sensitivity to a person's level of openness. One participant explained that he would be less likely to recommend mindfulness meditation to individuals who seem to be "a bit more rigid," stating that mindfulness meditation practice may not be perceived as valuable or interesting, but he also recognized that he may be making "some kind of internal judgment that they wouldn't get it [the benefits of mindfulness practice]." He later added, "I think it could be helpful to them too."

Respecting Religious Ideology—Participants were sensitive to the idea that friends or family members with strong, traditional religious ideologies may be less responsive to

recommendations to learn more about mindfulness meditation. Although MBSR is a secular, nonreligious, health intervention, interview respondents commented that the focus, peacefulness, and stillness that can be cultivated through mindfulness meditation practice can actually enhance existing spiritual or religious engagement. However, they also noted the potential tension that could occur if a person with traditional religious beliefs feels guilty that he or she is going beyond or outside of their specific religious doctrine to seek assistance for stress management.

One participant commented that when recommending mindfulness meditation for its health benefits, one could clarify that it “doesn’t have to conflict with their religion.” This participant, who described her own religious background as Christian-Baptist, went on to state,

To me it doesn’t [conflict], I mean depending on. . . how far they want to go with the practice and where they want to go with what they’ve been taught in MBSR. . . it wouldn’t affect their beliefs, and they could be stronger.

Respecting Personal Preferences for Self-Expression and Stress Reduction

—As mentioned earlier, the principles taught in MBSR courses emphasize the importance of cultivating acceptance and attitudes that are nonjudgmental. The participants in this study exhibited these qualities as they discussed their terms for recommending mindfulness meditation practice as well as their reservations about it. They spoke about gently introducing the practice to others and being careful not to aggravate or annoy friends or family members who may be less interested in such a technique.

You have to be careful when you’re recommending something that you’re not starting to be proselytizing your beliefs. If people want it, then I will mention to them how good it is, but I don’t just go around telling people, “oh, you should meditate.” Because then I’m judging.

The same participant mentioned that after sharing her passion for mindfulness meditation with her husband, she had to come to the realization that he was not as interested in it as she was. She acknowledged that his preferences were just different from her own, not better or worse.

Participants acknowledge that, although mindfulness meditation may help stress management and health promotion for some, others may have different preferences for self-expression, spiritual development, and stress reduction.

It may not be the kind of practice that suits their personality . . . some people are more inquisitive and they want to know more about themselves and they do all this personal dialogue in terms of understanding more about themselves.

Interview Question 6: What Changes or Modifications Would You Recommend for a Mindfulness Meditation Program for African Americans?

Participants shared a great deal of feedback, including ideas related to (a) emphasizing the health benefits of mindfulness meditation, (b) connecting mindfulness meditation practice to familiar religious or spiritual ideology, (c) connecting mindfulness meditation to familiar

activities, and (d) enhancing the ways that mindfulness meditation is taught to African American audiences to promote participation and engagement.

Emphasizing the Health Benefits of Mindfulness Meditation—Participants suggested that it would be good to have an explicit discussion concerning research data that demonstrate how reducing stress through mindfulness meditation may help various stress-related health conditions that disproportionately affect African Americans, such as stress, pain, hypertension, cancer, and diabetes. They emphasized the importance of making a clear connection between stress reduction and decreasing risk for negative health behaviors, such as alcohol, cigarette, and drug use. One participant stated that “everybody is stressed out . . . people will be a lot more comfortable with that [relating mindfulness to stress reduction].” Another had a similar sentiment, “If you present it as stress management, I don’t think you would have any difficulty.”

Connecting Mindfulness Meditation Practice to Familiar Religious or Spiritual Ideology—Participants also shared the potential benefits of emphasizing the complementary nature of religious beliefs and mindfulness meditation. One participant stated that mindfulness meditation was akin to the story of Jesus going away from people to meditate and pray. “This is a part of Christianity. . . Christ went into the wilderness. . . 40 days he meditated.” It was also noted that if “Buddha” or the “Universe” is mentioned during a mindfulness meditation class, the word *Jesus* should also be okay to use so participants do not feel that there is a bias toward Buddhist ideology. Participants mentioned that if mindfulness meditation is being introduced to a group of African Americans who are Christian, it may be helpful to connect mindfulness meditation to Biblical text and Christian hymns. Specific examples included the Biblical phrase “Be still and know that I am God”; “Maranatha,” a word used in Christian meditation practice that means “come, Lord Jesus”; “Selah,” which means “pause,” “settle in,” or “stop and listen”; and hymns such as “Peace be Still,” “Blessed Quietness,” and “Sweet Hour of Prayer [that calls me from a world of care].”

It was also suggested to connect with church and community leaders to connect mindfulness meditation with preexisting cultural rituals. One participant specifically suggested connecting with leaders in the church who have positive attitudes about mindfulness meditation so that they could help to inform the congregants about the potential benefits. However, one participant mentioned that churches would not be the best route for introducing mindfulness meditation because of potential philosophical discordance. One participant stated, “I think the best way to kind of keep people open to it is to really make it clear that this doesn’t have a conflict with their religion.” Other participants noted the importance of not assuming religious homogeneity among African Americans and noted that because there may be participants in a mindfulness meditation class from diverse religious traditions, it would be important to honor the diversity while emphasizing that mindfulness meditation is not a religious practice, but rather a tool for stress management and wellness.

Connecting Mindfulness Meditation With Familiar Activities—Participants indicated that mindfulness meditation was about nonjudgmental present moment awareness as opposed to thinking or worrying about the past or future. Participants mentioned that

mindful attention to one's breath for the purpose of meditating is not very different from other activities that may be familiar in African American culture and that this may provide a way to introduce the practice. Several expressed that although current societal culture is often fast paced, elders in the African American community often modeled alternative forms of mindfulness. Examples included quilting, knitting, or shelling peas. These activities could be conducted individually or communally and may produce calming effects. One participant stated that mindfulness reminded her of an image of her grandmother rocking in the rocking chair—slowing herself down into a peaceful, tranquil state. Another mentioned, “My Mom, she's older and I think she kind of practiced that. She just spent time reflecting. I mean. . . mindfulness is a little bit different, but, you know, kind of *quiet time*.” Participants mentioned that these images and practices may resonate with other African Americans and help them to relate to the practice and benefits of mindfulness meditation.

Enhancing the Ways That Mindfulness Meditation Is Taught to African American Audiences—Participants mentioned several ways that teaching mindfulness meditation could be enhanced for African American audiences. One participant emphasized the importance of teaching the history of mindfulness, including a discussion of Kabat-Zinn's influence on the present-day practice of mindfulness meditation and approaching the history of the influence of Eastern philosophy and how it relates specifically to the participants in the class, such as Christian African Americans.

The importance of distinguishing “mindfulness” from “meditation” was also emphasized. One participant mentioned that some African Americans may associate the word *meditation* with something that is foreign and that they may be more accepting of the term *mindfulness*. “Mindfulness goes beyond meditation—a heightened awareness of everything that is going on with you as well as your environment and body awareness, which provides you with an opportunity to make changes in learning how to control your body.”

Emphasis was also placed on issues specifically related to the mindfulness meditation instructor.

The leader needs to be strong. . . able to communicate that mindfulness can be part of your “toolbox”. . . The leader should emphasize that every aspect may not work for everyone. . . emphasize the tone of acceptance.

The importance of the instructor being available for calls and e-mails if students have questions was also discussed. One participant also highlighted the importance of mindfulness students having the ability to interact with other instructors, so that students can be exposed to diverse teaching styles. Participants also noted that African Americans may respond better to an African American mindfulness meditation instructor or to a class that had other African American participants. “African Americans need to see people who look like them. The group has to incorporate, I think, people who have had mindfulness experience already, who look like the people you want to bring together.”

Regardless of who teaches the class, instructors should attempt to make the class palatable for the audience members who may be diverse in religious or spiritual ideology. In addition, participants suggested that the reading material should have writings by African Americans.

Others suggested involving culturally appropriate music because “it is a universal thing that people can relate to.” In addition, participants shared that it may be helpful to introduce mindfulness through books such as *Full Catastrophe Living* (Kabat-Zinn, 2013).

Last, participants discussed potential techniques for promoting engagement in mindfulness meditation practice outside of the traditional mindfulness meditation class. Several participants noted the challenges to engaging in the recommended 30- to 60-minute daily practice because of competing obligations and life demands. Some suggested that participants should also be taught the potential benefits of 5 to 10 minutes of mindfulness practice. One participant offered that using a “call-and-response” strategy for discussing challenges and triumphs with daily practice may be a source of encouragement at weekly mindfulness meditation classes. Also, creating a buddy system to increase accountability during the week could give participants a chance to discuss their challenges more frequently than the weekly classes.

Discussion

Summary of Findings

In this article, we present perspectives of African American adults who have experience with mindfulness meditation and their recommendations of mindfulness for managing stress, stress-related health disparities, and overall well-being among other African Americans. The African American men and women interviewed in this study reported a number of similarities between mindfulness meditation and practices in African American culture. For the most part, participants discussed congruence between mindfulness meditation and spirituality or religion, citing religious hymns and text that promote meditation, quietness, and being still. Results also indicate that African American mindfulness meditation practitioners would recommend mindfulness meditation for enhanced stress management, direct health improvement, and enhanced self-awareness and purposefulness. Participants stated that they would be hesitant about recommending mindfulness meditation only if they thought that friends or family members may have limited openness to new experiences, religious ideology that may make mindfulness meditation practice taboo, or personal preferences for other forms of stress management or coping. Previous research demonstrated that openness to new experiences and extroversion were positively correlated with mindfulness, whereas neuroticism and conscientiousness were negatively correlated with mindfulness (van den Hurk et al., 2011). Participants were generally enthusiastic about recommending mindfulness meditation to others.

Participants provided a great deal of feedback regarding how a mindfulness intervention could be modified to enhance acceptability, feasibility, and benefits of mindfulness for African American adults. The findings may have important implications for delivering a mindfulness intervention to African Americans. Adaptations to mindfulness instruction that incorporate these cultural activities might result in an intervention for African Americans that is familiar, meaningful, and beneficial.

This study examined perspectives of African American mindfulness meditation practitioners about the acceptability and cultural relevance of mindfulness meditation for other African

Americans. Two other known teams of researchers examined the general perspectives of mindfulness meditation among African Americans who have engaged in the practice. Szanton, Wenzel, et al. (2011) conducted three focus groups with 13 older African American females age 60 years and older who were participants in a psycho-educational program. The psycho-educational program had goals of enhancing awareness, as well as positive mental and physical health through coursework in mindfulness. Findings from that study are in keeping with findings from the current study. In Szanton, Wenzel, et al.'s study, participants reported that meditation skills enhanced coping with life stressors and that they could use mindfulness techniques in various life situations. In addition, participants reported that engagement in the mindfulness classes enhanced social connectedness.

In a qualitative assessment of mindfulness meditation among African American youth age 13 to 21 years (Kerrigan et al., 2011; Sibinga et al., 2011), participants perceived improvements in interpersonal relationships, academic achievement, physical health, and stress reduction (Sibinga et al., 2011). In addition, quantitative data from that study revealed reductions in hostility, general discomfort, and emotional discomfort (Sibinga et al., 2011).

Limitations of the current study included the following. Sample size was determined by convenience and available resources instead of data saturation. In addition, the sample was primarily well-educated and primarily middle-aged and older. Future studies may seek to explore perspectives of more demographically diverse African American mindfulness meditators from a wider geographic range and a wider range of meditation traditions (e.g., Kemetic, Tibetan, and Zen). Participants from other regions of the United States or those from more diverse demographic backgrounds may have different viewpoints regarding mindfulness meditation and values related to recommending it to their African American counterparts.

Conclusion

This study demonstrated that African American adults who practice mindfulness meditation are generally enthusiastic about the potential for mindfulness practice among their fellow African American friends and family to promote health and well-being. Theoretical models such as allostatic load (McEwen, 2012) and the weathering framework (Geronimus et al., 2006) suggest that accumulative stress increases risk for adverse health outcomes and health disparities for African Americans. The cultural and spiritual congruence; potential benefits of stress reduction, enhanced self-awareness, and improved health status; and the suggested modifications noted by participants have implications for future research aiming to determine feasible, efficacious, and cost-effective interventions for reducing stress and stress-related health disparities among African Americans. The study findings suggest that mindfulness meditation may be a viable option for stress management in this population, particularly in light of accumulating empirical evidence for the stress-reducing outcomes of mindfulness meditation in the general population (Khoury et al., 2013). It may be beneficial for future studies to longitudinally examine the use of mindfulness-based interventions in African Americans to investigate its ability to prevent accumulative stress and stress-related disparities. Although the findings of this study are informative, and they build on other recent studies (Kerrigan et al., 2011; Palta et al., 2012; Sibinga et al., 2011; Szanton,

Wenzel, et al., 2011), future research may benefit from investigating the complementary and divergent fundamental components and outcomes of mindfulness meditation interventions with other established holistic intervention approaches that aim to enhance self-knowledge, self-acceptance, and compassion using culturally relevant strategies. Therapeutic approaches such as Belief Systems Analysis, based on Myers et al.'s (1991) optimal theory and the NTU therapeutic framework (Phillips, 1990, 1998) hold promise in this area. Future research might also explore similarities and differences between mindfulness meditation and contemplative or centering prayer (see Keating, 2002) in African American adults who are particularly interested in engaging in more Christian religion-based meditative practices. The primary objective of future research would be to advance and promote evidence-based intervention approaches that can be widely adopted and sustained to maximize well-being and prevent stress-related health disparities among African Americans.

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Table 1

Interview Questions

1	Are there experiences or practices similar to mindfulness that are part of African American culture?
2	How does mindfulness fit in or conflict with your spirituality or religion?
3	Would you recommend mindfulness practice to your African American friends or family?
4	Why would you recommend mindfulness practice to your African American friends or family?
5	What would prevent you from recommending mindfulness to your African American friends or family?
6	What changes or modifications would you recommend for a mindfulness program for African Americans?

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