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Adolescents

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(UBC, March 22, 2016)

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The Mindful Teen: Secular and Buddhist Mindfulness for Adolescents

A Talk by Dr. Dzung X. Vo
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On the night of March 22, scholars, members of Vancouver's Buddhist community, and interested members of the public attended Dr. Dzung X. Vo's talk on mindful clinical therapy for adolescents and controversies surrounding secular mindfulness. Dr. Vo, MD, FAAP, is a pediatrician specializing in adolescent medicine at British Columbia Children's Hospital, and a clinical assistant professor at the University of British Columbia Faculty of Medicine, Vancouver. This was the second talk of the Tung Lin Kok Yuen Canada Foundation Distinguished Speaker Series 2015/2016 organized by The Robert H. N. Ho Family Foundation Program in Buddhism and Contemporary Society.

Mindfulness in Western Medicine and Healthcare

Vo began the talk by outlining a brief history of mindfulness application in Western medicine and health care. In 1979, Dr. Jon Kabat-Zinn created a foundational intervention called Mindfulness-based Stress Reduction (MBSR) at University of Massachusetts Medical School. A student of Buddhism and a meditation practitioner himself, Kabat-Zinn believed MBSR could help patients cope with chronic pain, stress and illness. In the early 2000s, it was adapted to address various specific issues. For example, Mindfulness-based Cognitive Therapy (MBCT) was developed out of MBSR to support adults who suffered from repeated bouts of depression or chronic unhappiness. Mindfulness-based interventions proliferated in the last ten years with notable ones such as Mindfulness-based Childbirth and Parenting (MBCP) or Mindfulness-based Relapse Prevention (MBRP). Mindfulness for Teens is a relatively new field and has gradually captured public attention.

In spite of its ubiquitous presence in psychological therapy, there has not been unanimous agreement over the definition of mindfulness. Kabat-Zinn defines it as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.”¹ Like the mainstream media’s interpretation, his definition focuses on the practice’s effect of heightening present awareness, which nonetheless, does not always reduce pain. For mindfulness to be healing requires a capability of heartfulness, for it encourages compassion, loving kindness and acceptance. In that light, Vo proposed an alternative definition of mindfulness to be “paying attention in a particular way: on purpose in the present moment with unconditional love.”

¹ Jon Kabat-Zinn, *Wherever you go, there you are: Mindfulness meditation in everyday life* 10th ed. (New York: Hyperion e-book, 2009), 16.

Practicing mindfulness can help people maintain a healthy mental state, avoid excessive worry about the future (a cause of clinical anxiety), and rumination over past regrets (a cause of depression).

The practice also creates a space between external triggers and personal responses, allowing practitioners to reconnect with their fundamental kindness and awareness before making final behavioural decisions. Thus, it is particularly helpful for teenagers who are prone to react immediately.

Despite its positive impacts, mindfulness is not a magical solution to every health problem. There are myths concerning mindfulness that need to be debunked. First, as a meditation practice, the goal of mindfulness is to put people in touch with their present experiences rather than simple relaxation. It enables people to be aware of and re-examine their relationship with their thoughts but not to terminate them. Meditation is not a cure-all or a quick fix but it can be helpful when being integrated into other healing methods. Contrary to a popular stereotype of mindfulness as a mental stage where practitioners become self-absorbed, it is more about changing the way we relate to others and society. Finally, it should not be used as an excuse for not addressing social determinants of health. It is known that social problems such as poverty, racism, and colonialism have negative impacts on a child's health and development. While mindfulness can offer children and teenagers a temporary buffer from these problems, it cannot replace social solutions.

Scientific research on medical mindfulness-based intervention in adults shows notable evidence of mindfulness's positive cognitive effects (altering brain structure, improving concentration, helping patients to think more clearly); physical effects (improving immune system and lowering blood pressure); emotional benefits (reducing anxiety, pain, and stress), and social benefits (enabling practitioners to have greater empathy and compassion).

Mindfulness for Teens:

Vo's work on mindfulness for teens is based on the field of resilience, which suggests that teenagers can thrive in the face of adversity when they have strong internal and external protective factors.

A resilient approach has led him to analyze teenagers' behaviours in a different way. Based on Dr. Kenneth Ginsburg's model, Vo theorized that adolescents' behaviours are responses to stress. They can be either positive or negative, depending on the sustainability of resultant relief. The model suggests that young people are capable of thriving in the face of stressful situations, if they learn healthy coping strategies of which mindfulness is a good example.

Further, learning healthy coping strategies during adolescence can cultivate lifelong resilient behaviours. Neuro-scientific images show that human brains do not fully develop anatomically until individuals are in their mid-twenties. The part of the brain that matures last is the pre-frontal cortex that helps adolescents cope with strong emotions, manage their impulses, and plan wise decisions. Thus, the mindfulness hypothesis suggests that practicing mindfulness during this period should help teenage brain's later development in ways that will make them more resilient when dealing with stress.

Although there is limited scientific evidence concerning the impact of mindfulness on teens, current findings show positive signs of how mindfulness can help teenagers with tension, ADHD, academic performance problems, regulation of the emotions, pro-social behaviours and improve sleep quality. In terms of medical benefits, mindfulness also reduces teenagers' risky behaviours and improves their tolerance in the face of chronic illness.

Mindful Awareness and Resilience Skills for Adolescents (MARS-A):

Applying theory to practice, Vo and his colleague, Dr. Jake Locke, have developed an eight-week outpatient program called Mindful Awareness and Resilience Skills for Adolescents (MARS-A) for teenagers experiencing psychological distress with or without co-occurring chronic pain and illness. MARS-A is based on MBSR, MBCT and both doctors' personal mindfulness practices and clinical experiences. The program's results have been positive as participants are reported to be less stressed, less depressed, and are better able to cope with the challenges of daily life.

MARS-A comprises of a range of practices. It offers guidance in both formal and informal meditation. Participants can spend separate time to be mindful and/or incorporate mindfulness into their daily activities. The program presents a different approach to perception of thoughts and emotions and teaches teenagers concrete techniques to respond resiliently to them. For instance, participants are taught that it is possible to acknowledge but distance themselves from negative thoughts. Similarly, pain can be persistent but they have a choice to embrace the negativities and avoid suffering. Whenever participants feel they are trapped in a mental spiral of negativity, they can resort to the SOBER (Stop-Observe-Breath-Expand-Respond) technique which hopefully guides them toward a more positive and compassionate mental state. The program also teaches mindfulness application in sport, music, interpersonal communication, and conflict resolution.

Mindful Teachers

Teaching mindfulness to teens has left Vo with valuable insights about his role as a meditation teacher and a doctor. He emphasized the necessity for teachers to embody their teachings, for self-care, and to show respect to those they advise. Equally important are integrity, authenticity

in clinical practice, and faith in the positive impact of mindfulness practice on the lives of teenagers.

His book, *The Mindful Teen*, presents MARS-A's curriculum in teen-friendly language and incorporates teen voices.

Engaged Mindfulness

Outside of the medical setting, engaged mindfulness has long involved youth. Vo cited examples of Thich Nhat Hanh's book *Planting Seeds*, which summarizes experiences of teaching mindfulness to young children in his Buddhist meditation center, Plum Village, through songs, games, and the "Wake Up" movement which is led by young adults to bring the Zen master's teachings of mindfulness into daily life and broader society.

A discussion of engaged mindfulness led Vo to raise several questions including: Is mindfulness religious? Does it have to be done in a Buddhist context? What do religion and Buddhism mean in Western mainstream understanding? Are Buddhism and mindfulness the same thing?

Secular Mindfulness Controversies

Vo then turned the talk's focus to controversies surrounding secular mindfulness.

On the one hand, the concept is criticized for a lack of religious context. In Buddhism, mindfulness is one part of the integrated eight-fold path and other practices. It is specified that right mindfulness will arise from having the right view, indicating a distinction between right

and wrong mindfulness. Thus, a true understanding of the concept arguably cannot be divorced from knowledge of its original religious roots.

An absence of acknowledgment of mindfulness's religious and cultural background can signal an act of appropriation where the contributions of groups of people are marginalized or neglected.

In addition, secular mindfulness has mutated into a cheap form of marketing. The "Mindfulness" label is applied to products to increase sales the meaning of the term remains elusive to consumers.

With its focus on individualistic and competitive pursuits (e.g. helping corporate executives to increase profits), secular mindfulness might increase pains instead of reducing them.

On the other hand, secular mindfulness is not completely atypical but a continuation of the concept's ever-evolving form. Advocates refer to past adaptations of mindfulness in different cultures, countries, languages and traditions as evidence of its transformation in order to make Buddhist dharma accessible and appropriate to people. Thus, secular mindfulness might be a twenty-first-century version that brings dharma to the West in an acceptable and skillful way.

Furthermore, the transformative power of mindfulness is underestimated. When mindfulness is taught with integrity and authenticity, practitioners often experience profound transformation regardless of their original intentions.

There is also an issue of separation of church and state. As mindfulness has been increasingly integrated in educational programs dedicated to improving students' social and emotional skills, people have been concerned that it is a disguised form of religious indoctrination brain-washing children into adherence to Hinduism and Buddhism.

There have been several legal cases challenging various schools' mindfulness programs on the basis of religion.

In a personal response, Vo said even though their mindfulness teachings are heavily influenced by ancient traditions, religious background is not required for people to practice mindfulness. It is because they do not ask participants to believe or not believe anything. Instead, they are invited to pay attention to their own experiences and emotions. For Vo and his colleagues, this approach has worked well so far.

Growing Public Interest

As the talk came to an end, Vo opened the floor for questions. Many audience members were keen to know more about the differences between teaching mindfulness to teenagers and adults, the compatibility of mindfulness therapy and drug-based medical treatments, effects of mindfulness on patients with unstable mental states (e.g. experiencing psychosis), and mindfulness programs for parents with young children.

Vo's talk was a nice blend of medical information and compelling stories, effectively explaining his work in mindfulness for teens without falling into the trap of jargon. The talk aptly summarized the content of *The Mindful Teen* and went beyond that. Especially, Vo repeatedly emphasized the need to understand mindfulness via experiences instead of relying only on theoretical knowledge and proved his point by leading opening and closing breathing meditation sessions during the talk, which were well received by the audience.

Bibliography

Kabat-Zinn, Jon. *Wherever you go, there you are: Mindfulness meditation in everyday life* 10th ed. New York: Hyperion e-book, 2009.