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## **Mindfulness training in social rehabilitation effects. The theoretical context**

It is an astonishing paradox that when I accept myself as I am, I change.

*Rogers C., O stawaniu się osobą: poglądy terapeuty na psychoterapię, Poznań 2002, p. 42*

**Abstract:** Despite the great popularity and effectiveness of actions based on cognitive-behavioral approaches in working with inmates, still we are looking for innovative interventions which will facilitate the process of departing from crime and reduce the rate of returning to crime. These new inquiries are specified as third generation/wave of cognitive-behavioral therapies. There are a few, main, empirically established therapeutic methods which belong to this stream, and among them those covered by this article, methods based on mindfulness. The purpose of this elaboration is to present the possibilities and potential benefits of using mindfulness in work with inmates. The article includes a theoretic analysis and a review of research on the effects of such programs in the population of prisoners, pointing out several areas where their application seems to be totally justified and empirically confirmed.

**Key words:** mindfulness, change, penitentiary

### **Introduction**

Since the introduction of cognitive behavioral therapy (CBT) in the 1970s to work with prisoners (Schneider, Wright 2004, p. 4), this theory has become well established in the field of social rehabilitation interactions, forming the (theoretical) basis for most

contemporary interventions, with the R-N-R model at the forefront. This approach sees the causes of emotional and behavioral disorders in the cognitive malfunction of the individual, i.e. all the structures that are necessary for proper information processing. Cognitive-behavioral interventions contribute to a change in behavioral and functional symptoms, but also emotional reactions, attention processes or intentions through changes in cognitive processes. In the systems of influence of many countries there are numerous programs referring to the basic assumptions of this theoretical approach. In the course of their implementation, various impact techniques are used, focusing on improving or developing such skills as: problem solving, social skills, dealing with feelings, creative and critical thinking, reorganizing values, evaluating and reviewing one's own opinions, recognizing thoughts and beliefs about undesirable consequences and planning (Opora 2010b, p. 15).

The effectiveness of methods based on this concept is also significant in the dissemination and popularity of cognitive behavioral therapy. Numerous evaluations and meta-analyses, depending on the variant adopted, assume effectiveness measured by the degree of reduction of recidivism at the level from 10 to 30, or even 40% (Cf. Opora 2010a; Lipsey et al. 2007). This relatively high value is attributed to the specificity of the programs, both in the therapist/educator-client relationship, where the one-way system characteristic of behaviorism was replaced by a partnership, two-way relationship, as well as to the design, creating flexible, modular programs adapted to the intellectual level and specific categories of perpetrators. Above all, however, it results from the assumption that the role of thought, which determines behavior and emotions, and the aim of influence, which no longer consists only in practicing certain behaviors or reactions, but above all in understanding them in relation to the individual's biography or - as K. Pospiszyl puts it - in "straightening out faulty thinking" (Pospiszyl 2007, p. 92), which leads, through changing the structure of the brain and its activity, to a change in behavior.

The universality and popularity of this approach seems to be the result of the development and evolution of not only psychological but also neurological research, indicating that permanent changes require a corresponding change in brain activity, which is dependent on its structure. "The structure of the brain can be very loosely defined as everything that is related to the way nerve cells communicate with each other - from the number of links between individual neurons to the number of neurotransmitters triggered between them" (Lazar 2015, p. 322).

This change in structure is possible thanks to what is described in the literature as neuroplasticity and understood as a continuous ability to create new neurons and new neuronal connections until old age. "This means that the brain is constantly developing in response to experience, and changes in character traits are quite possible. Among these new discoveries, there is also evidence that people conducting long-term meditation can actually change the structure of their brains. These changes include a significant increase in nerve tissue in the brain and may change the way the brain works as a system" (Dunn 2010, p. 10).

Despite the great popularity and effectiveness of actions based on cognitive-behavioral approaches, still we are looking for innovative interventions which will facilitate the process of departing from crime and reduce the rate of returning to crime. These new ways/inquiries are referred to as the third generation (Cooper 2010, p. 225) or the third wave (Hayes et al. 2011, after: Germer 2015, p. 57) of cognitive behavioral therapies. The difference in therapies within this new paradigm compared to the previous one are quite significant. It deals with the transformation of "not so much dysfunctional beliefs or behaviors, but rather a change of a person's relation to their own suffering (thoughts, sensations and emotions). Accepting, compassionate and open attitude towards all experiences, including painful ones, has paradoxically a transforming power - it gives space and possibility to change habitual reacting" (Holas 2015, p. 20). There are several main empirically well-established therapeutic methods within the third wave of CBT, including those covered by this study, based on mindfulness practices: mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT).<sup>1</sup>

### **Mindfulness training - neuro-psychological foundations**

Jon Kabat-Zinn, a medicine professor at the University of Massachusetts was the first one to introduce mindfulness to Western medicine and psychotherapy in late nineteen-seventies. His eight-week mindfulness-based stress reduction (MBSR) program was designed to support the treatment of people suffering from chronic pain and other behavioral diseases whom traditional medicine at the time could not offer anything more. Currently, as shown by one of the latest meta-analyses (Khoury et al. 2013), there has been a far-reaching development of knowledge about mindfulness and its application in psychotherapy, medicine, education

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<sup>1</sup> Third wave CBT therapeutic methods, apart from those mentioned above, also include: dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT).

and upbringing<sup>2</sup>, and various programs based on it are used to reduce stress and to treat emotional and behavioral disorders. Mindfulness training cures or significantly supports the treatment of various mental and somatic disorders, including depression, anxiety disorders, chronic pain, addiction to psychoactive substances and eating disorders (Germer Ch. K., Siegel R. D., Fulton P. R. 2014, p. 183-276). "The results quite consistently indicate the beneficial effects of mindfulness training or the numerous correlations between available mindfulness and variables, which are most often treated as indicators of mental well-being" (Jankowski T., Holas 2009, p. 69).

Attention is sometimes understood in various ways, it can be treated as a trait, a way of thinking as well as a practice that develops the state of consciousness or being at the present time (Dunn J. M. 2010, p. 10). The state of consciousness can be seen in terms of basic physiological mechanisms or in terms of psychological mechanisms. "The definition of mindfulness can describe a theoretical construct (the idea of mindfulness), practices for cultivating mindfulness (for example, meditation), or psychological processes (mechanisms of action in the mind and brain)" (Germer 2015, p. 32). According to the definition of J. Kabat-Zinn himself, it is a receptive state of consciousness, which is the result of constant and deliberate directing attention to what is happening at the moment, without evaluating the content of the experience (Kabat-Zinn 2003). Such an understanding of mindfulness, to which T. Jankowski and P. Holas draw attention (Jankowski T., Holas 2009, p. 60), allows for distinguishing several important elements of it. Mindfulness is connected with intentional and purposeful processes, the object is what appears to consciousness at the moment and finally the attitude towards the object of experience, which is characterized by acceptance.

Such states, moments of mindfulness are a natural element of everyday existence, but they usually appear for a short time, and the subject who experiences them returns to the discursive mode of thinking. The ability to lengthen them requires exercise and skill. It can be developed by means of formal practices - mainly meditation in its various types, and informal when it comes to engaging competences related to mindfulness in everyday life. "The subject of such an exercise can be any mental event - we direct our attention to the breath, listen to the sounds around us, name emotions or notice sensations in the body

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<sup>2</sup> One of J. Kabat-Zinn's books, written together with his wife, is devoted to the latter issue, the role of mindfulness in upbringing (see Kabat-Zinn M., Kabat-Zinn J., *Dar codzienności, Poradnik uważnego rodzicielstwa*, Warszawa 2008).

while brushing our teeth. Mindful walking and mindful eating are two popular exercises for cultivating mindfulness (Germer 2015, p. 42). The aim of these exercises is to develop the ability to be with experience, to be in a mindful way, with both positive and negative experiences. Consequently, the practice of mindfulness is to lead to the acceptance of different experiences, including dealing with difficulties, as a result of which the subject regains control over his or her life (Russell 2011).

In their attempt to operationalize the concept of mindfulness, S.R. Bishop et al. distinguished two components of the analyzed concept.

The first of them is self-regulation of attention, i.e. maintaining it on the experiences being experienced at the moment. It is often referred to as the feeling of being fully present and alive at the moment, so that thoughts, feelings and impressions that appear in the stream of consciousness can be "detected". Therefore, mindfulness practices are related to the improvement of cognitive inhibition, especially at the level of stimulus selection. The second component is *orientation to experience*; it is a special attitude towards one's own experiences, in the sense that it is characterized by curiosity, acceptance and openness (Bishop et al. 2004, p. 232-233).

The results of mindfulness training confirmed in randomized control research are very diverse (Jankowski T., Holas P. 2009 and literature cited there). Starting with stress reduction (which was the premise for the first uses of mindfulness in therapy), through six effects highlighted by B.K. Hölzel et al. (Hölzel et al. 2011) (mindfulness regulation, body awareness, emotion regulation<sup>3</sup>, verification, exposure, flexibility of self), as well as the clarity of the sense of purpose, self-compassion, up to the changes in the brain structure of the areas responsible for the regulation of emotions and social cognition, visible in neuroimaging (Goldin, Gross 2010).

An important issue in this context appears to be the question of mechanisms of action, explaining the changes that have taken place. The subject literature presents many theoretical and neurological concepts of this issue. One of them is proposed by S.L. Shapiro and his co-workers. Referring to the basic assumptions of mindfulness, according to which the guiding

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<sup>3</sup> Awareness of one's own emotions translates into a better understanding of other people's emotional states. This regulation of affective states seems to be neurologically linked, e.g. through mirror neurons (G. Hickok expressed his doubts about the meaning and role of mirror neurons in his book "Mit neuronów lustrzanych", Kraków 2016) by empathic tuning to other people (Critically about the meaning and role of empathy, see: Bloom P., Przeciw empatii. Argumenty za racjonalnym współczuciem, Kielce 2017).

principle of mindfulness training is the development of a non-assessing/non-critical consciousness (called <bare attention>) that allows individuals to experience their own thinking processes without changing them, "a state of consciousness that is open to everything that arises in the field of consciousness" (Siegel 2007, after: Dunn 2010, p. 11), presents a mechanism that indicates that the <bare attention> "revises perception", is a shift in perspective, as a result of which attention subject becomes attention object. S.J. Shapiro considers this to be the basic mechanism of mindfulness, which allows one to become a witness of the events of one's life. He claims that this "revision" changes the relations that must be experienced and brings about four variables: self-regulation, value clarification, greater cognitive and behavioral flexibility and exposure, leading to positive results (Shapiro et al. 2006).

Another hypothesis trying to explain the mechanisms of mindfulness, probably the most widely discussed in the literature of the subject (see e.g.: Farb et al. 2007; Sipe, Eisendrath 2012; Segel et al. 2009), sees them in the development of metacognitive awareness, through the development of skills, "how to become more aware of one's mind mode at any time, and how to detach oneself from useless mind modes and turn on the more useful ones if necessary (...). In practice, this task comes down to seeing the two main modes in which the mind functions and to acquiring the ability to pass from one to another" (Segel et al. 2009, p. 62). The first one is the "doing" or "narrative self-reference" mode. It makes it possible to plan, carry out activities, achieve goals, verbalize, create concepts, analyze, evaluate, plan, compare, therefore it works in a strictly narrative way. The mind enters the mode of doing when it records a discord between how an individual perceives his or her current situation and the perception of what is desirable and what it should look like. The consequence of such a state of affairs is an automatic release of negative feelings and triggering of certain habitual patterns of the mind, aimed at reducing this discord. As a consequence - if possible - this leads to taking actions eliminating discomfort and the mind moving out of the doing mode. As far as it is used intentionally, to the relevant problems, it enables the aforementioned planning and achieving of objectives. The situation becomes more complicated when there are no possibilities or ready-made solutions and the incompatibility continues. "As a result, the mind continues to process all information in doing mode, constantly spinning around, reflecting on incompatibility and repeating possible ways to reduce it. This continues until the incompatibility is reduced or until a more urgent task leads to a temporary change in the subject processed by the mind (...). the processing is usually not intentional, conscious

or planned; on the contrary, it begins and is maintained to some extent automatically as a habit"(ibidem, p. 63-64).

The second mode of mind functioning is the "being" mode or experiential self-reference. The mind focuses on perceiving and accepting what happens at the moment. In contrast to the mode discussed above, there is no need to try to reduce the gap between the perception of what is and what should be, between the actual and desired states. In this mode there is a change of attitude towards thoughts and feelings. They are disconnected from the activities related to a target. "Feelings do not immediately trigger automatic sequences of actions in the mind or body, which would lead to stopping pleasant feelings and getting rid of unpleasant ones. This necessarily entails a greater ability to tolerate unpleasant emotional states without immediately triggering habitual patterns of mental or somatic activities in order to avoid or mitigate these states" (ibidem, p. 66).

Neurobiology, based on the activity of different brain structures, confirms the existence of these two identified states of mind as separate modes of self-reference (Farb et al. 2007; Farb et al. 2010). The first one is connected with the activity of the *prefrontal cortex* (PFC), giving a narration of our daily activity, which allows us to preserve the memory of the Self or the continuity of identity in time. The mode of being, which is better reflected in its other name - experiential mode - refers to being and experiencing the present and involves the activation of the structures of the right cerebral hemisphere responsible for deep and visceral sensation (ibidem).

The essence of this hypothesis, which should be emphasized again, is to develop, through mindfulness training, metacognitive awareness, the ability to enter the mode of being and to move flexibly between the two modes of the mind, where a more direct, primary experience of the world is available.

Mindfulness practices applied intensively, as well as in their basic eight-week therapeutic<sup>4</sup> version, as mentioned earlier, cause significant changes in the structure and functioning of the brain. Although from the neurocognitive perspective meditation is an extremely

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<sup>4</sup> For example: *mindfulness-based cognitive therapy (MBCT)* means eight weekly two-hour group sessions during which various forms of meditation exercises are practiced (targeted body scanning, sitting meditation, walking meditation, mindfulness of movement, 3-minute breathing breaks and mindfulness of daily activities). For more information on the structure and individual exercises see: Teasdale J., Williams M.G., Segal Z., *Praktyka uważności, Ośmiotygodniowy program ćwiczeń pozwalający uwolnić się od depresji i napięci emocjonalnych*, Kraków 2016; Segel Z. V., Williams J. M. G., Teasdale J. D., *Terapia poznawcza depresji oparta na uważności...*

heterogeneous and multifaceted activity, we managed to observe, as a result of its use, changes in both gray and white matter. In numerous studies on neurological effects of *mindfulness*, at least a few areas subject to quantitative changes have been found (more broadly: Lazar 2015, p. 321 et seq.; Jankowski, Holas 2009, p. 69-73).

In case of people meditating for a long time, changes in the right anterior part of the insular cortex, the area responsible for observing internal physical sensations, were identified. The smaller volume of this part of the brain is to correlate strongly with social phobia (Crespo-Facorro 2000 as quoted in: Lazar 2015, p. 326). The left lower temporal gyrus, which is responsible for the feeling of causative power, is another area that appears in the results of the study. The third identified area of the brain subject to change in case of people meditating for a long time is the hippocampus, which plays a major role in the processes of memory and (probably) regulation of emotions. Hippocampus is one of the few places that generate new nerve cells throughout life, “however, too high level of cortisol - a hormone (...) that is released in response to stress - is toxic to them and can prevent the formation of new neurons. (...) meditation can prevent negative effects of stress on the brain, with significant consequences for many mental disorders, in which the structure and functions of the hippocampus play an important role” (Lazar 2015, p. 327). Moreover, which in the case of socially unadapted people seems to be particularly interesting, people meditating were found a larger volume of prefrontal cortex areas, responsible for the highest cognitive functions (including: decision making, impulse control, planning, empathy, delayed gratification or moral reasoning). Meditation also weakens the activity of some brain structures. People who have been practicing this type of activity for many years show less activity of the amygdala. “These results cannot simply be explained by the fact that they were better able to ignore stimuli (...). Rather, it seems that these results may indicate that the practice of mindfulness can significantly reduce emotional reactivity” (Jankowski, Holas 2009, p. 71).

Also in people who were just beginning to meditate, there were changes in the gray matter. Some areas overlap with those observed in people who have been practicing mindfulness for years, e.g. hippocampus, but there were also some differences. They concerned mainly the rear part of the cingulate cortex - the area responsible for the creation and understanding of the context in which a given stimulus or event occurs, and the temporoparietal junction – which plays a major role in empathy and compassion (Lazar 2015, p. 328).



Bearing in mind that only 15 percent of the brain's nerve cells are actually neurons (Fields 2011, p. 7), the importance of changes in the structure and functioning of the rest of the brain's activity and consequently behavior cannot be overlooked. However, as recent studies have shown, the practice of meditation favors the growth of white matter tracts in similar areas of the brain where the volume of the gray matter changes (Kang et al. 2013; Luders et al. 2011).

### ***Mindfulness in the social rehabilitation system***

Mindfulness-based impact programs have also been used in the prison systems of many countries around the world for many years. The positive effects mentioned above, such as reduction of negative aversive states or improvement of self-regulation capacity, have strong theoretical support as factors positively correlated with the decrease in recidivism in modern concepts of social rehabilitation.

There are many styles of *mindfulness* therapy that are practiced within the scope of influences in prisons in many countries. Some of them, such as Vipassana meditation, have been used since 1975 in prisons in India, and since the early 1990s in Israel, Mongolia, New Zealand, Taiwan, Thailand, the United Kingdom, Myanmar (formerly Burma), and recently also on a larger scale in the United States (Dafoe 2011, p. 16). In addition to Vipassana meditation, other styles include transcendental meditation (TM) and more structured mindfulness-based programs, i.e. mindfulness-based stress reduction (MBSR) or mindfulness-based cognitive therapy (MBCT).

The purpose of transcendental meditation is to help a prisoner to develop an aware attention (Goodman 2003). This is made possible by constantly reciting the mantra and returning to it each time the mind wanders/drifts off. People who practice TM are encouraged to exercise from 15 to 20 minutes each day. This is currently one of the best researched meditation practices in prisons (see Himelstein 2011; Alexander et al. 2003). For example, in the four randomized studies analyzed by D.W. Orme-Johnson, 226 people took part. They lasted from 2 weeks to 10 months and proved to be significant in reducing self-reported psychological measurements of depression, neuroticism, sleep disorders, suspicion, hostility, aggression and attacks in persons subject to TM, compared to a control group. It is worth noting that studies have also shown a significant improvement in 'rough' behavioral measures, such as reduced number of violations of prison rules and increased

participation in educational and recreational programs during 10 months of exercising TM technique (Orme-Johnson 2011, p. 662).

Like all *mindfulness* practices, Vipassana, another style of meditation implemented in prisons, focuses on calming the mind and strengthening concentration. It is rooted in Buddhist practice and means insight/clarity. Vipassana is traditionally taught as a 10-day, silent session in solitude, during which participants meditate for 10 hours in complete silence. The Vipassana technique is an observation of physical sensations occurring throughout the body (Dafoe 2011). Although it has been used in Indian penitentiary practice for more than forty years, only recently, after its implementation to the several US prison systems, including California, Washington and Alabama, it has been subject to in-depth research. The first Vipassana-based program in North America was introduced in November 1997 at the *North Rehabilitation Facility* (NRF) near Seattle, Washington State. Twenty courses were conducted until the closure of the program in 2002. The first research on the effectiveness of this type of meditation among prisoners was carried out on the basis of the experience of this program. Among 74 program participants who completed it, within two years after the dismissal the recidivism dropped to 55% with values oscillating around 75% in the control group (ibidem, p. 16). More extensive research was conducted in 2006 in King County Prison, also in Washington State. Under this research, the effectiveness of Vipassana meditation as a therapy for drug abuse were tested and the issues of improving psychosocial outcomes and reducing recidivism were analyzed. The results indicated significantly lower consumption of alcohol, marijuana and cocaine in a three-month research, as well as less alcohol-related incidents. Participants also reported a significant increase in optimism and lower levels of psychiatric symptoms, as well as reduced levels of recidivism (Bowen et al. 2011, p. 343-347, see Perelman et al. 2012).

An example of another of the many programs that use meditation in prison practice is the *Prison Outreach Project*<sup>5</sup>, developed by the Upaya Institute and Zen Center in Sante Fe, New Mexico. This project uses *mindfulness* to help prisoners to bring about a change in their behavior, which will be maintained after release, support a positive lifestyle and reduce the likelihood of recidivism. From a theoretical point of view, the program is based on the findings that low self-esteem, guilt and poor handling of one's own emotions

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<sup>5</sup> Other programs using the elements of meditation in the work with prisoners are, for example *Free Inside* implemented in Maui Community Correctional Center in Hawaii or *Freeing the Human Spirit Organization* implemented in 15 Canadian correctional centers.

are the causal loop of crime (Samuelson et al. 2007). Therefore, the purpose of this program is to use mindfulness-based techniques to work on self-esteem and to identify feelings. Training sessions in the *Prison Outreach Project* involve participants in simple yoga exercises and meditation practice. In silent meditation, prisoners are encouraged to experience their emotions in a non-judgmental, safe and supportive environment without suppressing or affecting them. The project has proved to help prisoners cope with their feelings, develop emotional intelligence and self-regulation skills. Prisoners have also shown an improvement in their ability to study and transform their own unhealthy thoughts and behavioral habits that previously governed their lives. Many participants of Upaya project have found that *mindfulness* practices help them better identify their feelings and maintain their balance. The training has also helped them to cope with the frustrations and anxieties that often accompany prison<sup>6</sup>life.

The above examples of the third generation of cognitive-behavioral therapy, MBSR or MBCT, which combine the practice of mindfulness with the achievements of cognitive-behavioral therapy, initially developed as stress therapy programs, have also been adapted to a wide range of population of people staying in penitentiaries (see Samuelson et al. 2007; Shonin et al. 2013). A study conducted at the Tidewater Women's Detention Centre (TDC) in Chesapeake, Missouri, examined a seven-week meditation program, which was modeled on J. Kabat-Zinn's MBSR program. The program was conducted in a strictly supervised environment and lasted 20 - 24 weeks. Classes were held once a week, offering two and a half-hour meditation sessions and instruction. The results obtained were identified as encouraging: reduced sleeping difficulties, improved anger management skills, and reduced stress and anxiety were reported. Prisoners participating in the program indicated experiencing lesser sense of guilt and an increased hope and optimism about the future (Sumter M., Monk-Turner E., Turner Ch. 2007 source: Dunn J. 2010)<sup>7</sup>.

Also in case of MBCT, positive changes in the prisoners participating in the research were noticed, as confirmed by a large-scale study by M. Samuelson and co-authors. Between 1992 and 1996, more than 2,000 prisoners from Massachusetts prisons, including a women's

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<sup>6</sup> For the information on the *Prison Outreach Project*, visit the websites of the Upaya Institute and Zen Center in Sante Fe, New Mexico: [www.upaya.org](http://www.upaya.org)

<sup>7</sup> The importance of hope in the process of social rehabilitation, see: Mudrecka I., Potrzeba i możliwości budzenia nadziei u niedostosowanych społecznie w świetle koncepcji poznawczej, *Resocjalizacja Polska* 2014, nr 7, s. 59 – 70; Muskała M., *Odstąpienie od przestępczości w teorii i praktyce resocjalizacyjnej*, Poznań 2016; Fidelus A., *Determinanty readaptacji społecznej skazanych*, Warszawa 2012; Kieszowska A., *Inkluzyjno-katalaktyczny model reintegracji społecznej skazanych. Konteksty resocjalizacyjne*, Kraków 2012.

prison, took part in them. The program was completed by 1350 prisoners. The results were measured on the basis of three criteria: measurement of hostility, self-esteem and mood disorders. All three measurements showed a significant improvement in all participants, although, which requires further research, women and the minimum security/pre-release facility had better results. The possibilities for observation after the research were limited to six, eight weeks, and although there are concerns that this period was too short, as indicated in the analysis of the results, the benefits were still obvious (Samuelson et al. 2007).

Also in the Polish penitentiary practice there are programs using elements of meditation. One of the most widely used programs is *Prison Smart*, implemented since 1999. Its origins date back to 1982 and the creation of the Art of Living Foundation in the USA. It appeared in the penitentiary reality of the U.S. ten years later, to reach Europe in the following years. In Poland, about 10,000 prisoners have completed it so far. As reported by a long-term researcher of this form of influences, "Many years of experimental research conducted in correctional centers all over Poland allow to determine the social rehabilitation dimensions of the therapy conducted in the areas of: increasing the sense of meaning in life; increasing positive attitudes towards one's own life; silencing negative emotions and reducing the symptoms of stress (...); significantly reducing the level of depression of convicts (...); increasing the sense of guilt associated with one's own criminal past; increasing the need for social approval; motivation to increase intellectual competence and develop the ability and motivation to change in the moral sphere" (Jaworska 2012, see Jaworska 2009)<sup>8</sup>.

### **Final thoughts**

The results of the research carried out suggest that mindfulness may be appropriate and beneficial for some prison populations, in particular sexual offenders are mentioned here. Negative affect and anxiety associated with it are connected with etiology and maintenance of this type of behavior, so teaching the perpetrators of such acts of adaptable ways of coping with stress is of great importance (Dafoe T. 2011). But the benefits of using mindfulness practices in social rehabilitation impacts are not limited to this particular group of criminals. There are many more of them and they occur at different stages of the process of moving away from crime as an identity element. A significant reduction in the use of psychoactive

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<sup>8</sup> Jaworska A., *Leksykon resocjalizacji*, Kraków 2012, p. 413. For a detailed description of the programme and the results achieved, see: Jaworska A., „*Prison Smart*” – ocena programu [w:] M. Marczak (red.) *Resocjalizacyjne programy penitencjarne realizowane przez Służbę Więzienną*, Kraków 2009, s. 136 - 144

substances in the prison population, increased awareness, sense of self-esteem, hope and optimism was proven, and, most importantly, these programs have also shown a reduction in the rate of recidivism (Rainforth M.V., Alexander C.N., Cavanaugh K.L. 2003; Chandiramani K., Verma S.K., Dhar P.L. 1995; Bowen et al. 2011).

It seems that all these benefits of the participation of offenders committing prohibited acts in mindfulness-based programs can be summarized in three complementary aspects. Firstly, they relate to the conditions for change as such. At the neurological level, they concern, among other things, the development of the prefrontal cortex responsible for shaping social behavior, decision making and the sense of identity or amygdala involved in the processing of emotions. This is reflected in the theoretical concepts of undertaken social rehabilitation impacts (Mudrecka 2015). Both in the R-N-R model, by referring both to ‘crime-inducing’ factors (e.g. anti-social personality patterns, abuse of prohibited substances) and more and more appreciated in the process of social rehabilitation of not crime-inducing factors (e.g. self-respect, anxiety, sense of stress), and even more clearly in the Good Lives Model (GLM), referring to primary goods (e.g. autonomy and self-management<meeting the need for independence and objectivity>, inner calm <i.e. freedom from emotional turmoil and stress>). Secondly, the advantages resulting from the participation of offenders of prohibited acts in mindfulness-based programs are very important in the process of social reintegration, after leaving prison walls and returning to the local environment, when an already former prisoner encounters a number of difficulties, obstacles or negative emotions. The ability to experience negative emotions, which is to a large extent the essence of *mindfulness*, seems extremely important in the social rehabilitation process resulting in successful reintegration. After all, mindfulness is not a way to avoid or prevent unwanted thoughts and feelings. J. Kabat-Zinn did not help people avoid catastrophes in their lives, but taught them how to accept them and live among them (Segel et al. 2009, p. 55). Toparaphrase the statement of D.H. Pink (Pink 2011) we can say that social rehabilitation means pain, not a string of successes and easy decisions. It is necessary to be aware of this and to be able to experience it, which is allowed by mindfulness. Social rehabilitation programs carried out in penitentiary institutions in such abundance certainly provide various competences, but they do not prepare to cope with these - we should not conceal it - natural elements of life. Mindfulness training teaches that instead of running away from unpleasant experiences we can accept what is happening here and now. As noted by S.L. Lazar “After eight weeks of mindfulness-based intervention in their lives, nothing has changed - they still

had the same stressful work and the same difficult people around them. The environment has not changed, but their minds and attitudes towards the surrounding have changed. The reduction of the amygdala is a reflection of this internal transformation' (Lazar 2015, p. 330). Finally, as confirmed by all the research carried out on prisoners, mindfulness training helps prisoners cope with the frustrations and anxieties that are common in prison life (Dafoe 2011, p. 20). Although prison staff are highly pessimistic or even reluctant to use such practices, which seems to be a natural difficulty in assimilating Eastern techniques in Western culture, after using them they conclude that prisoners have benefited from this experience and that contacts with them were easier, which is confirmed by a significant decrease in violations of the rules (Dunn 2010, p. 22-23).

It seems that even if the benefits of the use of impacts based on mindfulness were to be limited to the latter, i.e. assistance to prisoners in coping with institutional stress, it is probably worthwhile to refer to empirically confirmed methods and apply them.

### **Abstrakt: Trening uważności w oddziaływaniach resocjalizacyjnych.**

#### **Kontekst teoretyczny**

Mimo dużej popularności i skuteczności oddziaływań opartych na koncepcjach kognitywno – behawioralnych w pracy z osadzonymi, poszukuje się innowacyjnych interwencji, które ułatwiłyby proces odchodzenia od przestępczości i zmniejszyły odsetek powrotności na drogę przestępstwa. Te nowe dociekania określa się mianem trzeciej generacji/fali terapii kognitywno-behawioralnych. Istnieje kilka głównych, ugruntowanych empirycznie, metod terapeutycznych mieszczących się w tym nurcie, a wśród nich będące przedmiotem niniejszego opracowania, te oparte na uważności. Celem niniejszego opracowania jest właśnie przedstawienie możliwości i potencjalnych korzyści z zastosowania *mindfulness* w pracy z osadzonymi. W artykule dokonano analizy teoretycznej, jak i przeglądu badań nad skutkami stosowania tego typu programów oddziaływania w populacji osób odbywających karę pozbawienia wolności, wskazując na kilka obszarów gdzie ich zastosowanie wydaje się ze wszech miar uzasadnione i co ważne, potwierdzone empirycznie.

**Słowa kluczowe:** uważność, *mindfulness*, zmiana, zakład karny

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