Exploring the Zen Meditation Experiences of Patients With Generalized Anxiety Disorder: A Focus-Group Approach

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ABSTRACT

Background: Most of the many studies on the efficacy of meditation on anxiety disorders over the past half century have been quantitatively studied and lacked consensus. Studies into the experiences of meditation practitioners are lacking. Taiwan has a high prevalence of generalized anxiety disorders (GAD), and Zen meditation is popular.

Purpose: This study provides a deeper understanding of Zen meditation practice experience among patients with GAD in Taiwan.

Methods: The study site was a psychiatric outpatient department in a general hospital in Taiwan. Two groups of adult patients with GAD (n = 9) and without any kind of meditation experience (n = 12) enrolled in and attended a Zen meditation program. Heidegger’s phenomenology was the core framework used to guide data interpretation. Researchers used six-session focus groups, diaries, and field notes to collect data. To boost trustworthiness, researchers applied investigator triangulation, data triangulation, prolonged engagement, persistent observation, and group debriefing (feedback).

Results: A major theme, “The process of Zen meditation,” emerged. It was underpinned by the three categories: “struggling to reach a state of calm,” “signs of improvement,” and “an individual process.” Signs of improvement included “finding a personal way to enter a state of calm,” “changing the sense of time,” and “adjusting Zen meditation practice goals.”

Conclusions/Implications for Practice: The there-being state (dasein) of participants shaped their understanding of Zen meditation practice. Findings revealed the diverse “phenomena- featuring process” aspect of Zen meditation practice. Findings provide a better understanding of essential elements of Zen meditation complementing quantitative studies and may be used by professionals who intend to apply Zen meditation as an alternative therapy for patients with GAD.

Key Words: generalized anxiety disorder, Zen meditation, focus groups, Heidegger’s interpretative phenomenology.

Introduction

Generalized anxiety disorder (GAD) is the most frequent mental disorder in communities (Kessler, Walter, & Wittchen, 2004). Onset typically occurs during adolescence, typified by anxiety and cognitive, somatic, and behavioral symptoms (Grant et al., 2005). Twelve-month prevalence rates for GAD range from 1.0% to 2.9% with lifetime prevalence from 1.9% to 5.3% worldwide (Kessler et al., 2004; Lee, Tsang, Chui, Kwok & Cheung, 2007; Munk-Jorgensen et al., 2006). Taiwan’s 12-month GAD prevalence varies on setting, for example, 3.7% (city), 9.3% (suburban), and 6.9% (rural), with an overall lifetime prevalence rate of 7.8% (Hwu, Yeh, & Chang, 1989).

Meditation has evolved over time in different societies and cultures (Koszycki, Benger, Shlik, & Bradwejn, 2007). Zen is one of the major branches of Mahayana Buddhism and is popular in Taiwan (Gu, 2006). The modern word “Zen” originated from the Sanskrit word dhyana, meaning “enlightened one,” stressing (a) developing profound insights that frees one from all suffering caused by egocentric concerns; (b) encouraging the instantaneous and uncluttered awareness of everything in the here and now; and (c) emphasizing self-reliance, self-discipline, and personal effort (Austin,1999, pp. 11–14). Zen meditation is regarded as a pathway that helps cultivate practitioners in psychological, spiritual, and religious traditions (Kelly, 2008).

This study discusses the relationship between meditation and anxiety. The ameliorative effect of meditation on anxiety has been long examined (Bahrke, 1979; Delmonte, 1985; Table 1). One hypothesis states that different neurophysiological states accompany different consciousnesses. Thus, monitoring the relationship between EEG changes and
the consciousness states of meditation can provide solid evidence of meditation effect (Austin 1999, p. 88; Chang & Lo, 2006). Cahn and Polich (2006) carried out a systematic review regarding the relationship between EEG changes and meditation over a 50-year period (1957–2005), covering a range of meditation types such as Transcendental and Zen. They concluded that there is increased power in theta and alpha bands and decreased frequency at least in the alpha band, indicating lower levels of anxiety as well as calming and positive effects. However, the neuroelectric correlates of meditative altered consciousness states are not yet firmly established, because various different situations can produce altered states of consciousness. Studies using repeated measurements and same populations are needed (Cahn & Polich, 2006).

Table 1 summarizes the most recent meta-analysis and systematic review articles on meditation and anxiety disorders. On the basis of this summary, mindfulness-based stress reduction is the most commonly used meditation style in Western societies. The efficacy of meditation on anxiety remains inconclusive. Two of four meta-analyses and systematic reviews support a positive influence. That is, greater awareness acquired through meditation helped individuals in stress groups to cope with negative feelings, such as anxiety, as well as patients to manage pain, cancer, and heart disease (Grossman, Niemann, Schmidt, & Walach, 2004). Similarly, Arias, Steinberg, Banga, and Trestman (2006) reported that the strongest evidence for the efficacy of meditation was found in relation to epilepsy, premenstrual syndrome symptoms, and menopausal symptoms. Benefits were also shown for non-psychotic moods and anxiety disorders, autoimmune illnesses, and emotional disturbance in neoplastic diseases. Nevertheless, the two remaining articles were rather conservative in their judgments. Toneatto and Nguyen (2007) indicated the effect of meditation as unclear when considering factors like active control group and adherence to meditation programs. For example, although mindfulness-based stress reduction is designed as a standard intervention, researchers modified the format to suit individual circumstances (Weiss, Nordlie, & Siegel 2005). The Cochrane review indicated inconclusive results and was the only true randomization technique study (Krisanaprakornkit, Siraj, Piyavhatkul, & Laopaiboon, 2008). Overall, the research evidence regarding efficacy of meditation on anxiety disorders lacks consensus.

To summarize, literature on meditation identifies methodological issues as a primary concern, with problems including lack of control groups and randomization (Kelly, 2008; Ospina et al., 2007). In addition, Caspi and Burleson (2005) inspected aspects of meditation applied in research and pointed out that meditation is actually a multifaceted intervention, “a mixture of specific and not-so-specific elements of therapy,” resulting in problems of standardizing, quantifying, and validating research outcomes. Therefore, researchers

<table>
<thead>
<tr>
<th>Reference</th>
<th>Meditation Type</th>
<th>Country</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grossman et al. (2004)</td>
<td>MBSR</td>
<td>Germany</td>
<td>To examine the assumption that greater awareness will provide more veridical perception, reducing negative affect and improve vitality and coping.</td>
</tr>
<tr>
<td>Arias et al. (2006)</td>
<td>Yoga, mindfulness meditation, transcendental meditation, and MBSR</td>
<td>United States</td>
<td>To examine the evidence supporting efficacy and safety of meditative practice in treating illness and examined areas warranting further study.</td>
</tr>
<tr>
<td>Toneatto &amp; Nguyen (2007)</td>
<td>MBSR</td>
<td>Canada</td>
<td>To review the impact of MBSR on symptoms of anxiety and depression in a range of clinical populations.</td>
</tr>
<tr>
<td>Krisanaprakornkit et al. (2008)</td>
<td>Mindfulness and concentrative meditation</td>
<td>United Kingdom</td>
<td>To investigate the effectiveness of meditation therapy programs in treating anxiety disorders.</td>
</tr>
</tbody>
</table>

Note. MBSR = mindfulness-based stress reduction.
have focused attention on seeking the essential elements or "gold standard" physiological measures to serve as a signature for the quality of meditation to help better understand the discordant results of the various relevant studies (Arias et al., 2006). A qualitative perspective should help to understand the quality of and variability among meditation interventions (Arias et al., 2006; Toneatto & Nguyen, 2007). This study addresses the process aspect of Zen meditation practicing experience among patients with GAD to contribute to a better understanding of essential Zen meditation elements.

The researcher identified phenomenology as an appropriate approach, as the main interest of this study focuses on human consciousness (Moran, 2000, p. 297) in its goal of providing deeper insight into Zen meditation experience and a discreet group of participants with GAD.

**Methods**

**Study Design**

A 6-week Zen meditation program was designed, tested, and provided for all participants. A focus group was held every week after each Zen session to obtain a cross-sectional experience throughout the program. In addition, participant diaries and researcher field notes were recorded. An associate professor in Taiwan and a professor in the United Kingdom acted as auditors throughout the study process to boost trustworthiness, debrief (feedback) the group, prolong the engagement, maintain steady observations, and permit investigator triangulation.

Heideggerian interpretive phenomenology was adopted as a theoretical framework. This is because the researchers identified the idea of lived experience as an interpretative process through which humans construct their dasein (Koch, 1995; Racher & Robinson, 2003). Heidegger applies a basic hermeneutic circle to signify a methodological process that analyzes continual movement between the parts and the whole of a text (Pilot & Beck, 2006). In the analysis process, shifting between preunderstanding and understanding of a given study phenomena occurs so that researchers are able to form a holistic understanding. In the process of emerging patterns of interpretation, textual analysis and dialogues should be permeated by basic hermeneutic circles. In this way, an interpretation of the whole text is successively developed through interpretations of its parts, with views of each part illuminated by the view of the whole (Alvesson & Skoldberg, 2000; Koch, 1995).

**Zen Meditation Program**

A female Zen meditation expert, rather than researchers, led this program so that researchers could maintain neutrality. Three segments, namely warm-up exercises, meditation

<table>
<thead>
<tr>
<th>Method and Result</th>
<th>Major Conclusion</th>
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| A comprehensive review and meta-analysis of published and unpublished studies of health studies related to MBSR. Twenty out of sixty-four studies met criteria with acceptable quality were included (n = 1,605). | 1. Both controlled and uncontrolled studies showed similar effect sizes of approximately 0.5 (p < .0001).  
2. Although derived from a relatively small number of studies, these results suggest that MBSR may help a broad range of individuals to cope with their clinical and nonclinical problems including anxiety. |
| Qualifying studies were systemically reviewed, but studies on healthy populations were not included. Twenty middle- to high-quality studies scored above 0.65 on a validated research quality scale were included (n = 958). | 1. The results supported the safety and potential efficacy of meditative practices for treating certain illnesses, particularly in nonpsychotic mood and anxiety disorders.  
2. No serious adverse events were reported in any of the included or excluded clinical trials. |
| This review included studies that published in peer-reviewed journal, used control groups, and reported outcomes related to changes in depression and anxiety. Fifteen studies that adopted a waiting list or no-treatment control group were included (n = 1,065). | 1. The evidence for a beneficial effect of MBSR was equivocal. When active control groups were used, MBSR does not show an effect on depression and anxiety. Adherence to the MBSR program was infrequently assessed. Where it was assessed, the relation between practicing mindfulness and changes in anxiety was vague. |
| Systematic review was conducted. Two studies compared meditation with medicine and other psychological treatments (n = 45). | 1. Firm conclusions about the effects of meditation in anxiety disorders were not achieved because of the small number of eligible studies.  
2. Lack of studies from Eastern societies.  
3. No report of adverse events |
practice, and self-massage, were incorporated into each section. Initially, participants exercised body stretch movements for about 15 minutes. Stretch movements were arranged differently from one section to another, following the order from head to feet. Next, they sat on couches to practice Zen meditation, encouraging focus by counting either inhalations or exhalations from 1 to 10 or backwards. Meditation practice time was increased by 5 minutes per session, starting with 5 minutes in the first session. Lastly, self-massage techniques including kneading and flapping were applied to restore body circulation and ease muscle tension that may result from Zen meditation. The massage sequences started at the head and moved sequentially through the neck, shoulders, chest, back, legs, and feet.

Concentration and mindfulness are the two approaches used to categorize the diversity of meditation types (Cahn & Polich, 2006; Krisanaprakornkit et al., 2008). Various meditation types are located at some points on the spectrum of concentration and mindfulness. The main principle of Zen meditation practice is concentration (Sheng Yen, 2003). Breath counting is used as a key method to prevent the thoughts of beginners from wandering. The longer the participants can maintain clear counting, the better the results. No goals were set up for participants during the Zen program, and each was encouraged to make his or her own progress.

Ethics Considerations
The key principles of biomedical ethics are respect, which includes autonomy, nonmalevolence, beneficence, and justice. The informed consent form that all participants were asked to read before participation provided the right of autonomy information. All participants were told that they had the right to drop out at any point with no reason necessary. To maintain confidentiality, personal details and interview materials were stored securely so that only researchers could identify individual participants. The medical research ethics committee at the study hospital in Taiwan granted ethics approval for this study (IRB No. 95-0108).

Study Site
The study site was a psychiatric outpatient clinic of a general hospital in northern Taiwan, which saw approximately 25 patients with GAD weekly. The living room of a day care center was used as the gathering place.

Recruitment and Samples
This study employed purposive sampling. Inclusion criteria were (a) adults diagnosed with GAD, (b) willingness to attend a 6-week Zen meditation program, (c) willingness to participate in focus groups, (d) maintenance of a diary related to Zen meditation, (e) ability to read and write Chinese, and (f) no previous experience with any kind of meditation. Potential participants were informed about the study at the outpatient department by their doctors and then invited by the main researcher with the doctor’s permission. The researcher began the program when 15 patients had been enrolled to avoid an excessively long start delay that might cause participants to withdraw. Recruitment took about 1 month before starting research. Two groups (n = 9 and 12) of participants were recruited, and Zen programs were provided to each group in sequence.

Main Study
Two pilot studies tested feasibility. Attendance rates for the main studies varied between 50% and 100% with work and family matters as the most frequently cited reasons for nonattendance. Attendance rates were satisfactory, as good discussions could proceed with a minimum of five participants. Most importantly, the multisession group discussion format done in this study allowed absent participants to supplement at another time. Discussions were held between November 2006 and October 2007.

Data Collection and Analysis
Focus groups are an effective mechanism for deriving collective opinions, values, and beliefs, as group dynamics stimulate diverse responses (Halcomb, Gholizadeh, DiGiacomo, Phillips, & Davidson, 2007). In this study, focus-group session was held immediately after the completion of each Zen session. Following a schedule format (Table 2), researchers used data from six focus-group discussions held separately between the two groups as the main data source for this article.

Heidegger’s phenomenology was the theoretical framework guiding data interpretation. For a systematic analysis of the focus-group data, Frankland and Bloor’s (1999) method was concurrently applied, as it was specifically designed for focus groups and was concise. Group 1 data were analyzed, followed by Group 2. Data were saturated, and linkages between the two data sets were explored. Emerging themes and categories were sufficiently similar to allow the two groups’ data to be merged (Table 3). Data were collected, coded, analyzed, and checked by an independent

<table>
<thead>
<tr>
<th>TABLE 2. The Prompt Schedule of the Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When you were practicing Zen meditation today, what did you feel? What did you think about it?</td>
</tr>
<tr>
<td>2. What are the difficult parts of practicing Zen meditation?</td>
</tr>
<tr>
<td>3. What is the most enjoyable part of practicing Zen meditation?</td>
</tr>
<tr>
<td>4. What is different between this week’s and last week’s experiences?</td>
</tr>
<tr>
<td>5. Explain any differences in your life after learning to practice Zen meditation?</td>
</tr>
</tbody>
</table>


auditor in Chinese and then translated into English, so the meaning could be better preserved (Chen & Boore, 2010).

**Results**

**Demographics**

This study included 15 female and 6 male participants, with ages from 26 to 67 years. Most had a high school education, were married, and were part of a small family unit (Table 4). There was no significant age ($t = 0.18$) or education ($t = 1.23$) difference between the groups. The frequency of daily practice at home ranged from 0 to 14, with an average of once per day. The time spent on each meditation was 12–30 minutes. There was no significant difference between groups in terms of frequency ($t = 0.91$) or minutes ($t = 1.22$) of Zen meditation.

**Data Interpretation**

**The background: Participant perspectives on Zen meditation**

Participant opinions regarding Zen meditation were collected between their initial invitation to participate and program conclusion. Participants discussed their prior positive and negative perceptions of Zen meditation. On the negative side, participants expressed concern about spiritual issues. For example, RA3: “Will I go insane if I don’t practice correctly?” This finding corresponded to a record written in the field notes made when potential participants were invited: “The total number of potential participants rejected for enrollment into this study this week is nine, five of which were concerned that their souls might fly out from their bodies or they might be possessed by evil spirits.” These viewpoints were closely related to Taiwanese cultural beliefs. On the positive side, they held an idea that Zen meditation benefits humans by calming the mind and restoring the balance of Chi within the body. For example, RA 6 said: “Many friends encouraged me to go to temples to learn meditation, as it is said meditation helps to modulate Chi.” RA1: “There must be something good in meditation or it would not be so popular in Taiwan....” RA9: “I quite believe that when our minds have peace then all our internal organs come into harmony.”

Overall, ridding GAD symptoms represented an underlying goal, reflecting the GAD lived experience. Shared motivations for attending this study were discussed intensively in both groups, including trying to avoid taking depressants, improving sleep quality and quantity, and regaining former memory and attention faculties. The effects of meditation to the participants had been shaped by their illness experiences. For example, RB3 said: “I feel Zen meditation works for me, as I can decrease the time I dream while asleep.”; RB11: “I always want to wean myself from depressant pills. Ironically, when my doctor decided to cease my medicine, I was the one who asked him do not do that, as I was so afraid that the symptoms would come back.... Meditation practice helped me build up the confidence to stop my medications.”

On the basis of the above, participants’ *dasein* (there-being) had been revealed. As Kari, Eva, and Marit (2002) stated, a human is embedded in a world inextricably linked

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**TABLE 4. Demographics of Groups 1 and 2**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group 1 ($n = 9$)</th>
<th>Group 2 ($n = 12$)</th>
<th>$t$ Test (Two-Tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>26–55</td>
<td>28–67</td>
<td>0.18</td>
</tr>
<tr>
<td>Mean ($SD$)</td>
<td>38.3 (8.96)</td>
<td>39.2 (11.86)</td>
<td></td>
</tr>
<tr>
<td><strong>Education (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>6–16</td>
<td>9–18</td>
<td>1.23</td>
</tr>
<tr>
<td>Mean ($SD$)</td>
<td>11.4 (3.61)</td>
<td>13.33 (3.59)</td>
<td></td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Widow</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housewife</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>White collar staff</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Primary teacher</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Family members at home</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>0–3</td>
<td>0–3</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td><strong>Age of youngest child at home (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>7–31</td>
<td>2–25</td>
<td>0.85</td>
</tr>
<tr>
<td>Mean ($SD$)</td>
<td>10.33 (10.81)</td>
<td>6.58 (9.38)</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* The significance level set for the two-tailed Student’s *t* test was ≤.05.

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**TABLE 3. The Theme and Categories From Focus Groups**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process of Zen meditation</td>
<td>• Struggling to reach a state of calm</td>
</tr>
<tr>
<td></td>
<td>• Signs of improvement</td>
</tr>
<tr>
<td></td>
<td>1. Finding a personal path</td>
</tr>
<tr>
<td></td>
<td>2. Changing sense of time</td>
</tr>
<tr>
<td></td>
<td>3. Adjusting Zen meditation goals</td>
</tr>
<tr>
<td></td>
<td>• An individual process</td>
</tr>
</tbody>
</table>
with social, cultural, and political contexts. The way participants initially perceived Zen meditation was influenced by Taiwanese culture. Their dasein was in a state of being created by their concern. They participated in this study as if they were attracted by the program and assumed that it would help alleviate long-term suffering. The way they understood Zen meditation was thus influenced by the “lens” of their lived GAD experience. Their dasein was presented through their disease stories and experience with practicing Zen and interwoven into their dialogue.

The theme: The progress of Zen meditation
Data on this theme pervaded focus-group sessions. Starting with the third session and increasing as their experience grew, participants were gradually able to discuss their Zen meditation experiences in a profound manner. The process of Zen meditation was a major theme that emerged from the rich data. Simultaneously, various phenomena closely related to the theme were grouped into three categories that supported this theme: “struggling to reach a state of calm,” “signs of improvement,” and “an individual process.” (Table 3).

Struggling to reach a state of calm. Most participants attempted to reach a state of calm during the program. This was reflected in a range of concerns that included worrying about the accuracy of warm-up exercises and forming a Zen meditation habit.

Participants experienced a range of difficulties related to warm-up exercises. RA9: “The (Zen) teacher said “Relax...relax your forehead...shoulders...but I still felt my body was very tight....” RA8: “I feel the same...in here the teacher guided us using her voice and demonstrating...but not at home.” In Group 2, RB12 stated his viewpoint, which drew a consensus and reduced apprehension about not practicing correctly: “I think that as long as we spend 10 minutes doing warm-ups is good enough. The point should not be how flexible your body is but rather to prepare for the following Zen practice.”

Participants strove to fit meditation practice into their daily schedule. RA3: “When practicing meditation, my 4-year old boy was annoying.... The only time left for me to do meditation is after they were asleep....” RB10: “I can carry out the warm-up exercises with my kids and have fun. Yet they do not allow me to sit still....” Different from other participants, RA1 set a higher goal: “I managed to practice meditation 3 times daily....” To establish a Zen meditation habit, participants either changed their daily schedule or adopted it as a family activity. Forming a habit was difficult for some participants.

Signs of improvement. Although the process differed among participants, authors extracted the following three signs from data.

1. Finding a personal path

After achieving proficiency, participants gradually found their personal way to achieve a state of calm. RA4: “I have tried both simply counting exhalation and inhalation...I learned that the best way is just to feel the air flow out.” RB8: “I use imagination; I imagine bright light like sunlight surrounding me to calm myself. Counting is useless....” Religion worked as a good aid for a believer. RB4: “I am a Buddhist, I play the sutra CD.... The rhythm is slow...my mind relaxes quicker.” With accumulated Zen meditation experience, participants could increasingly distinguish among the qualities of different Zen meditation practices.

2. Changing sense of time

“A changing sense of time” refers to the feeling of time passing in Zen meditation practice and was shared around the middle of the program. RA1: “Recently, I’ve been feeling a lack of time pressure while practicing.... Is the change of sense of time passing a sign of mastering meditation?” RA7: “I think this is because we begin to get a taste of relaxation....” In the last week, RB2: “In the early weeks, every time I first opened my eyes it was punctually after 5 minutes had passed; it felt like ages.... Now when it feels like it has been ages, I open my eyes to find that 15 minutes have passed.” For most participants, the sense of time passing in the program’s later weeks differed greatly from previous weeks.

3. Adjusting Zen meditation goals

As data showed in “GAD-related expectation of Zen meditation,” all participants held their own expectations of study participation. Participants, however, adjusted their initial goals gradually. In the fourth week of focus-group discussion, RA3: “Originally I wanted to reach a higher level of Zen meditation and stop taking medications. Yet, what I want now is just a moment of tranquilization, as it is hard to focus on breath counting.” RA7: “Initially I wanted to do meditation 20 minutes daily. This then became a burden.... It is okay as long as I enjoy a few minutes of quiet.” RA1 adjusted her goals but in a different way: “I experienced a moment of emptiness which is amazing...I am anticipating the next one (laugh).” Despite the adjustment of goals over time, most participants felt content. RA4: “Once we have a taste of what it is like to be quiet in mind, then we have more confidence to move on....” In the fourth week, RB4: “I cannot experience peace every time, but sometimes that is good.... Goal setting is regarded as interference in Buddhist scripture.” In brief, most participants adjusted goals downward, although one participant adjusted goals upward. They came to realize the gaps between initial and realistic goals and in the process showed their understanding of Zen meditation principles.

An individual process. This category indicates that the Zen meditation practice process tended to be unique to the individual. Even so, phenomena could be grouped into three types.

One-third of participants (n = 7) improved over time and were easiest to identify. Evidence of this type includes decrease of dreams, easier calming of the mind, and an ability to enjoy Zen meditation. RA4: “I feel that progress is there, although slow. The first week was not so special; the second week was a bit different. The improvement became
obvious in the third week, especially in terms of reducing my dreams…” RA7: “I feel depths of calm to be different. During the first two weeks, the feeling of calm was nice. Further on, the calm seemed deeper and I felt much freer from daily worries rather than just feeling nice.” These participants were able to perceive progress from week to week. In Group 2, RB9 wanted to have more time to do meditation because of the joy felt. “It’s been easier to feel lighter and more relaxed during the last couple weeks. Meditation can be addictive…” For this type of participant, progress seemed to go smoothly.

The second group type was marked by fluctuating effectiveness (n = 7). RB10: “In the previous weeks, I felt quite comfortable; my brain had rested. Yet, improvements plateaued afterwards…. RB7: “Is this called the ceiling effect? The first two weeks were good, but not thereafter…”. RA8: “I do not know about my progress, because I can do meditation much longer, but I do not feel like I’m becoming more enlightened.” RB12: “I feel less numbness while meditating… but my thoughts still roam.” RA8 commented: “It is true. Some people can easily reach a calm state after a period of practicing while others cannot…. We have different natures….” His viewpoint comforted those who considered themselves too slow.

The third type (n = 7) was typified by a feeling of not making obvious improvement. RA9: “I feel I am in last place in our class (smiling embarrassedly). I tried breath counting but it soon became a mess…. ” RA2: “I did not sense any improvement as I am tired everyday, so I hardly did any practice.” RA3: “I did not really feel relaxed while counting my breaths…. ” In Group 2, RB6 made a comparison: “I envy you as I didn’t have a good experience like RB7, nor felt sleepy like RB12. My brain is always occupied…. ” As noted in their diaries, RA2, RA3, and RB5 invested irregularly in meditation.

On the whole, the experiences of Zen meditation practice among participants with GAD were interpreted throughout the 6-week period and used to depict the process of Zen meditation. Also, a noteworthy phenomenon was that participants developed strategies of their own to reduce anxiety. This likely resulted from the character of their experience of Zen meditation practice was centered on (R7A). The strategies and language they used to describe pressures (RA1), and free themselves from daily worries (RB8), decrease time (RB7), nor felt sleepy like RB12. My brain is always occupied…. ” As noted in their diaries, RA2, RA3, and RB5 invested irregularly in meditation.

Reflection and debriefing on focus groups

Group interactions and group process are two aspects that are crucial to focus-group data analysis (Frankland & Bloor, 1999). On the basis of field notes, Groups 1 and 2 showed different group dynamics. Group 1 participants rushed into sharing their illness experiences in the earlier sessions, arrived early to chat, stayed after to talk to one another, created a cheerful atmosphere, and were highly enthusiastic about the Zen program. A participant proposed bringing their medicines to the group to find out which were the most prescribed. Their relationships strengthened over time.

Compared to Group 1, Group 2 was conservative. Participants left soon after focus groups finished. It took longer to warm up the group before having productive group discussions and moderate interactions between participants, which allowed all to have a chance to talk equally. Experience sharing was less intense, but some participants sent E-mails to researchers to discuss their experiences privately.

Second, in terms of group process, issues among the six focus groups of the two main study groups had interesting and similar changes. Generally, the process could be divided into three stages: concern about illness, delving into a new experience, and gaining a richer experience of Zen meditation. During the first 2 weeks, beginners of Zen practitioner participants found it difficult to discuss Zen meditation. They were preoccupied and seemed to enjoy sharing their illness experiences. This triggered serious researcher anxiety, as shown in field notes, “the prompt schedules were emphasized to them but they just responded poorly…. ” By the third and fourth sessions, they were gradually able to share more about Zen meditation as both a new and positive experience. In the last 2 weeks, some participants could provide in-depth data whereas others could not. Obvious individual differences were presented. Lastly, at the debriefing session, they brought food to share voluntarily, creating a warm and caring atmosphere. All participants had an opportunity to comment on draft study findings. This suggested supportive group dynamics and also served as an appropriate ending for the program.

Discussion

Accordingly, this study revealed the ability of the Zen meditation process to contribute to fill the knowledge gap. In line with the current literature, reflections on the principal theme and its categories are discussed respectively.

The process of meditation has yet to be adequately studied. Therefore, the researcher reviewed 15 years of research to gather adequate information on this subject. The process of meditation, however, was discussed several centuries ago. Master Pumin during the Ming Dynasty (1368–1661) in China used a famous cow herding metaphor with 10 pictures and poems to illuminate the process of Zen meditation in detail, including early adjusting, gaining control, freedom, mutual forgetting, and vanishing (Giamo, 2003). Sheng Yen (2003) proposed a concise theory about the Zen process. He wrote that the mind of a Zen meditation practitioner goes through four stages: roaming, concentrating, stillness, and enlightenment. Although these two theories vary, their concept is similar in that they move from turmoil to calmness. Their standpoint is at the core of the practitioner mindset, but in the west, the stance of Zen
process study is rather outside of the practitioners’ mind. On the basis of reviews of several studies on consciousness and personal experiences, Austin (1999) identified nine states of consciousness to describe the various stages within the meditation process from “normal waking consciousness” to “ongoing enlightened traits.” These nine states are classified by different criteria, such as types of awareness (external or internal source) and levels of sense of time and place (from none to maximal, 0–5). These states are neither standard nor equidistant physiologically. They are a continuing process, showing a spectrum of consciousness states from the basic forms of consciousness to an advanced one. Generally, the major theme found in this study concurs with these previous theories in terms of thoughts moving from wandering to a focusing state.

The first category, “struggle to reach a state of calm,” referred to the participants who were in the search process. They tried diligently to pursue yearned-for calmness. This is similar to “roaming” in Sheng Yen’s (2003) theory, in which Zen practitioners have difficulties to concentrate their minds. Also, Finucane and Mercer (2006) reported similar findings. Their participants experienced difficulties when doing course exercise practice. Although struggles occurred during the process of Zen meditation, a natural attitude should be encouraged to overcome the difficulties as the general trend of Zen meditation leads to calm (Chiesa, 2009).

The second category, “signs of improvements,” is relatively new to the literature. “Finding a personal way to enter a state of calm” suggests that the sense of tranquilization develops as the Zen program progresses. This idea is likely similar to “gaining control” in Pumin’s stage theory and refers to a capability to manage floating thoughts (Giamo, 2003). “Changing sense of time” was found to agree with the VI-B stage of Austin’s hypothesis of “absorption with sensate loss,” in which sensate loss is distinctive and variable in depth, duration, and quality. “Adjusting the goals of Zen meditation practice,” paralleled Finucane and Mercer’s (2006) finding, “adapting a more flexible attitude toward course exercise practice.” Observed from a longitudinal aspect, participants gradually identified signs of improvement, which can be recognized as progress.

The last category, “an individual process,” dovetails with Sheng Yen’s (2003) statement, which emphasized that meditation progress varies from one practitioner to another. That is, some may be faster, whereas others remain stuck in one or other stages. Similarly, Austin (1999) reported individual differences, but on a neurological perspective, such as those testable using EEG parameters. Such evidence supports the fact that there is no guaranteed progress or linear progress of Zen meditation practice, but rather an individual progress. Because of this finding, the inconsistent finding among quantitative findings may have an explanation that is evidence based. In other words, why meditation works for some but not for others in terms of anxiety disorders (Table 1) may be elucidated. Likewise, Arias et al. (2006) pointed out that the term “meditation” should be limited to only techniques that achieve “thoughtless awareness.” This quality refers to the ability to focus attention on the present moment and direct attention away from dwelling on “the unchangeable past or undetermined future.” Sheng Yen (2003, p. 16) also stressed that the essence of meditation is to reach a state of “no thought.”

In conclusion, along with the accumulation of Zen meditation practice, participants were gradually able to depict Zen meditation progress over time and show the diverse phenomena of Zen meditation practice. The theme and its categories advise that the essence and process of Zen meditation experiences should be considered when examining the efficacy of Zen meditation.

Limitations and Recommendations

For the purpose of this study, we included only patients with GAD. Therefore, the transferability of study findings to studies with different sample profiles should be done with caution. Reflection on methodology, repeated focus groups, and supportive group dynamics resulted in data richness. Group feedback, investigator, data, and methodology triangulation helped to strengthen study rigor. However, individual viewpoints may remain hidden if participants have difficulty speaking in group situations (Litosseliti, 2003, p. 55). Field notes suggested the presence of three types of participants in this study.

Recommendations for further studies are as follows: (a) the experiences of Zen meditation need to be taken into account, especially for studies concerned with causality, because of differences in Zen meditation progress; (b) Zen meditation practice experiences should be tracked over a longer term, that is, over 6 months, so that generated data may help verify previous study findings. Recommendations for professionals using Zen meditation as an alternative therapy are as follows. (a) Experience with struggle is common for earnest practitioners. The solution may be to inspect and eliminate expectations. (b) Signs of improvement may be used as milestones to encourage Zen meditation practitioners. (c) Alert practitioners that Zen meditation progress may fluctuate to help them prepare beforehand.

Conclusions

Underpinned by interpretative phenomenology, the meaning of Zen meditation practice is reflected in participants’ “dasein.” The Zen meditation practice process is diverse and is interpreted by participants’ words in a subtle gradation. Participants who experienced good advancement in Zen meditation practice tend to realize significantly more benefits in comparison with those who made slower or poorer progress. This study finding provided an insight into Zen meditation practice and was able to supply quantitative research results and identified effects (Krisanaprakornkit et al., 2008; Toneatto & Nguyen, 2007). These findings agree with the idea that meditation’s “authentic” qualities are not
obtained by all practitioners (Arias et al., 2006) and suggest that, when evaluating the effect of Zen meditation, meditation practice process rather than measurements of time or frequency should be used to assess efficacy.

References


禪坐經驗與歷程——台灣廣泛性焦慮症病人焦點團體研究

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背 景
有關禪坐的研究已超過半世紀，然主要以量性研究為主，其效果仍在爭論，欠缺主體經驗之理解。台灣禪坐普及且廣泛性焦慮症之流行率頗高，故以此類患者之禪坐經驗為本研究焦點。

目 的
廣泛性焦慮症病人之禪坐經驗分析。

方 法
採目的性取樣於一教學醫院之精神科門診為研究場域，以海德格 (Heidegger) 詮釋現象學理論視框為本研究之中心研究法。研究參與者共兩組（N = 9及12），先後各進行六次的禪坐課程及焦點團體。資料收集的方式包括焦點團體、日記及田野筆記，並運用研究者及資料三角校正、長期參與、持續觀察、參與者檢核等方法，以增加研究之嚴謹度。

結 果
顯現「禪坐歷程」之主要主題詮釋禪坐歷程之轉換現象，包含努力尋求寧靜、進步徵象以及個別化歷程三類目。其中進步徵象包括：尋找個人化的方式進進專注、對時間感受的改變及調整禪坐目標三個徵象。

結 論／實務應用
本研究詮釋了禪坐對廣泛性焦慮症患者的意義，包括研究參與者之此有狀態對禪坐經驗之形塑以及呈現禪坐歷程多樣貌的現象。禪坐之過程性面向詮釋，可補充量性研究結果，並可為另類療法如指導廣泛性焦慮症病人禪坐之參考。

關鍵詞：廣泛性焦慮症、禪坐、焦點團體、海德格詮釋現象學。