

## Mind-Body Practices in U.S. Adults: Prevalence and Correlates

### **BACKGROUND**

Mind-body practices (MBP), such as yoga or tai-chi, have increased in popularity in the past 25 years in the US. MBP may offer a broader array of health-promoting physical activity options for the adult population and may complement and supplement the traditional physical activities due to high adaptability to individual capabilities, relatively low cost, and their potential for integrative benefits to multiple physiological systems and mental processes. The goal of the present study is to examine, for the first time, the prevalence and long-term trend in the use of MBP spanning three decades (1990s-2010s), including different practices such as yoga, tai-chi, or Pilates, which share similar exercise and meditative components.

### **STUDY METHOD**

*Participants.* We used data from three waves of the Midlife in the United States (MIDUS) survey (1995, 2005, and 2015). This survey contains longitudinal data collected from community-dwelling adults that were between the ages of 24 to 74 ( $M=46$ ) at baseline. The first longitudinal wave (MIDUS 1) was conducted with 7,108 participants in 1995-1996 through random digit dialing of US households in the 48 contiguous states. Longitudinal follow-ups of the original MIDUS study were conducted in 2004-2006 (MIDUS 2) and 2013-2015 (MIDUS 3), respectively. Participants who had data at all three waves were used in this study ( $n = 2,262$ ).

*Measures.* The dependent variable is MBP use. To quantify the prevalence of MBP, this variable was transformed into a binary variable with 1 indicating some sort of engagement in MBP and 0 indicating no MBP. Health and functional variables were used as independent variables. These included current physical and mental health, difficulty in activities of daily living and instrumental activities of daily living, use of moderate and vigorous physical activities, body mass index, use of tobacco and alcohol, number of chronic diseases, and having diabetes, high blood pressure, heart problem, chronic sleep problem or depression in the last 12 months. Six demographic variables were also used as covariates. These included age group, gender, racial status, marital status, education, and employment status.

*Analytic method.* Descriptive analyses indicated the prevalence of MBP and differences between participants who engaged in MBP vs. not. An ordinal logistic regression model was then used to examine the differences between participants who engaged in MBP in all waves vs. those who practiced to some extent or not at all. Persistent MBP was the outcome variable indicating MBP frequency (0: never, 1: at one wave, 2: at two waves, 3: at all waves). This model only included predictor variables that showed significant group differences associated with MBP frequency.

### **FINDINGS**

Rates of MBP use were relatively stable over time in this sample, with 20%, 17%, and 18% of

participants using MBP at wave 1, 2, and 3, respectively. The longitudinal patterns with three waves of data show 62% of participants never used MBP in any of the three waves, 26% used MBP in at least one wave, 9% used MBP in any two of the three waves, and only 4% participants used MBP in all the three waves. A number of sociodemographic and health variables were related to the frequency of MBP use over the 20 years. Specifically, women, participants with higher levels of education, never married participants, and participants who suffered from multiple chronic health conditions were more likely to use MBP.

### **POLICY IMPLICATIONS**

The findings from this study have several implications for the health promotion community. First, the finding that only a relatively small minority (17-20%) of participants have engaged in MBP suggests there may be a lack of knowledge and opportunities related to MBP, despite its increasing popularity in recent generations. Second, the finding that MBP is significantly associated with chronic health conditions suggests that it may be used by people with poor health who seek alternative therapies to alleviate their

symptoms. This suggests that MBP may provide an opportunity for physical activity for individuals suffering from chronic health conditions. More research is needed to understand whether the use of MBP is associated with better distal health outcomes for these individuals. Future research is also needed to determine whether MBP participation changes when costs are subsidized by health promotion or health insurance programs.

### **Original Article**

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