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The Influence of Mindfulness Practice on an Individual's Mental Health

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Abstract: Given the growing popularity of mental health, an increasing number of individuals are seeking methods to prioritize techniques and interventions that may improve mental well-being. Mindfulness-based therapies are considered one of the most effective ways in this context. This research analyses the influence of mindfulness-based therapies (MBTs) on individual mental health, emphasizing the efficacy of MBTs in decreasing psychological disorders and enhancing emotional control in different populations. There are two major investigations will be examined in detail: one focusing on teachers and the other on upper primary school children. It demonstrates the significant and immediate impact of MBTs, including mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT). Furthermore, this study highlights the existence of research deficiencies, including the requirement for longitudinal studies to evaluate the long-term function of MBTs. The results emphasize the broad applicability and effectiveness of MBTs in many educational and professional contexts and recommend for broader adoption of MBTs to enhance mental health.

Keywords: Mindfulness, mental health, MBTs

1. Introduction

Following the growing emphasis on strengthening the mental health of the public, scientists and psychologists are constantly looking for effective strategies to improve mental health. One of the most recent techniques considered to enhance mental wellness is Mindfulness-based Therapies (MBTs).

Mindfulness is defined as an attitude of accepting emotional states without judgment or reaction [1]. Baer et al. [2] identified a five-facet structure of mindfulness, including observing (focusing on both internal and external perceptions), describing (giving verbal descriptions of interior feelings), acting with awareness (concentrating on one's activities in the present time without any interruption), non-judging of inner experience (adopt an unbiased attitude towards thoughts and emotions) and non-reactivity to inner experience (practice independence to ideas and emotions, allowing them to appear and leave without being entangled in them). According to Galderisi et al. [3], mental health encompasses more than just personal happiness, as suggested by the World Health Organization (WHO). It also includes the ability to experience a variety of emotions and effectively deal with the difficulties of life. It incorporates multiple elements such as cognitive and social abilities, emotional

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management, empathy, adaptability, social engagement, and balanced psychological and physical connections [3].

As stated by Van Gordon et al. [4], research on MBTs has gained tenfold interest over a decade, especially in mental health. For example, in a study conducted by Hofmann and Gómez [5], it was discovered that there has been a substantial increase in research focused on MBTs for addressing anxiety and depression during the past ten years. The most prevalent therapies are Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBSR). They also claimed that MBTs are effective in diminishing the degree of anxiety and depression symptoms for a significant proportion of individuals receiving therapy [5]. Similarly, Russell and Siegmund [6]proposed that the majority of the present research on the therapeutic effectiveness of MBT relies on MBSR and MBCT. MBSR was proposed by Kabat-Zinn [7], their approach, which is designed specifically for those suffering from chronic physical disorders, is implemented at the University of Massachusetts Medical School. It employed mindfulness meditation techniques to improve self-regulation and alleviate pain symptoms. It successfully isolated the sensory aspect of pain from its emotional and evaluative elements, leading to substantial decreases in pain and related stress [7]. Moreover, Teasdale et al. [8] stated that MBCT could assist individuals suffering from recurrent depression in overcoming depression-triggered negative thought patterns that may contribute to relapse or recurrence. Their scientific results indicated that among patients who experienced three or more phases of depression (constituting 77% of the sample), MBCT significantly diminished the chance of relapse or recurrence [8].

In the past, a significant portion of the research has focused on analyzing the immediate effect of mindfulness therapies on mental health, rather than studying their long-term impacts. A detailed analysis of the immediate psychological effects of using social networking sites was conducted in Gu et al.'s [9] experiment, which demonstrated how self-esteem and upward social comparisons influence this relationship. Significantly, the cross-sectional methodology of this study solely caught one point in time, disregarding the development or stabilization of these psychological impacts over time. The absence of a longitudinal perspective prevents the understanding of the development and durability of these effects. In contrast, the mindfulness therapies examined in the paper, which last for eight to ten weeks, may fill this research gap. These therapies are somewhat considered experimental studies of standard or longer duration, although there are still gaps in the understanding of the long-term sustainability of the benefits of mindfulness after the therapy. This study aims to evaluate the impact of mindfulness therapies on a variety of psychological outcomes in different demographic groups by analyzing two major studies. One study focuses on teachers, while the other targets upper primary school students. Whether mindfulness therapies can be effective in improving the mental health of different individuals can be determined by analyzing the two experiments independently.

2. Studies investigating the effectiveness of MBTs on individuals' mental health

2.1. A preliminary study used MBSR as a treatment for teachers' chronic mental health problems

2.1.1. Mindfulness training to reduce teachers' stress

Increasing levels of stress in the field of education hurt the productivity of teachers and contribute to a significant rate of teacher departure. Therefore, in the experiment conducted by Flook et al. [10], they examined the possibility of mindfulness training for reducing stress levels among primary teachers.

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2.1.2. Methodology: Assessing mmbsr's influence on teachers' mental health

Eighteen public primary school teachers from a Midwestern city were recruited for their study, mainly female, with an average age of 43.06 years and diverse levels of teaching experience. They employed a randomized controlled design in which participants were assigned to either a control group (waiting list) or an intervention group (Modified Mindfulness-based for Stress Reduction, mMBSR sessions). Besides, their measurement of participants' mental health was based on their self-compassion, burnout, psychological distress, cortisol levels, attentional tasks, and mindfulness exercise adherence.

2.1.3. Procedure for both participants in the mMBSR program and control group

In terms of participants in the intervention group (N=10), they attended mMBSR, a program developed to assist teachers adopt mindfulness methods in the classroom. Two experienced MBSR-trained teachers lead the program. The 8-week program includes 2.5 hours of weekly lessons and a 6-hour immersion session. About 26 hours of group practice and coaching are expected. The trial used body scanning, seated meditation, walking meditation, and yoga. These activities developed teaching and classroom management skills.

The control group (N=8), on the other hand, participants did not receive any mindfulness training; instead, they carried out their usual teaching activities for the duration of the study. Applying this approach, the researchers were able to evaluate how stress, burnout, and teaching effectiveness naturally developed throughout the trial without the need for mindfulness training.

Pre- and Post-Tests covering psychological distress, mindfulness and self-compassion, burnout, teacher classroom behavior, and cortisol levels for physiological stress were administered before randomization and after the intervention to assess participants' mental health.

2.1.4. Results: Impact of mindfulness on teachers

Flook et al. [10] discovered that individuals in the intervention group who undertook mindfulness training recognized significant decreases in psychiatric symptoms as evaluated using the Symptom Checklist-90-Revised (SCL-90-R) and burnout assessed by the Maslach Burnout Inventory (MBI). Additionally, the researchers observed an improvement in self-compassion among those in the intervention group. This increase in self-compassion is associated with a more empathic and optimistic perception of oneself, which is crucial for maintaining good mental health and overall well-being.

2.1.5. Interpreting the impact of mindfulness on teachers

The findings of this preliminary study indicate that a customized mindfulness intervention can effectively decrease stress and burnout levels in teachers, while also improving their mindfulness and self-compassion. The intervention group experienced a reduction in psychological symptoms and showed improvement in their ability to handle classroom dynamics. This was demonstrated by greater classroom organization and better performance on affective attentional bias tasks. Besides, the significant decrease in burnout and psychiatric symptoms indicates that mindfulness training enhances teachers' ability to effectively manage the emotional challenges associated with teaching. The enhancements in mindfulness and self-compassion are of special significance since they suggest that the teachers have not only improved their ability to manage stress but also have become more conscious and receptive to their mental conditions. This can lead to increased emotional resilience.

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2.1.6. Benefits of mindfulness for teachers' mental health

The experiment's findings support the usefulness of MBTs for improving mental health. Franco et al. [11] discovered consistent findings in an experiment implementing mindfulness therapy to address the mental health of teachers. Their study employed a larger sample size of 68 secondary school teachers from various public schools. The researchers compared the levels of psychological distress between two groups of teachers (control group with no MBTS and experimental group with MBTs) using the SCL-90-R before and after participating in MBTs. Their finding showed that all dimensions of psychological distress (somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism), as well as all three general measures of psychological distress (Overall Severity Index, Positive Symptom Distress Index, and Positive Symptom Total), significantly decreased in the experimental group when compared to the control group, according to statistical analyses [11]. Additionally, they applied follow-up observations, and the findings of these observations demonstrated that the experimental group was able to maintain these results for four months following the ending of the intervention [11].

2.1.7. Limitations of the study on teachers

On the other hand, the result of their experiment may be limited due to the small sample size. The participation of only 18 public primary school teachers restricts the statistical power to examine the effects and limits the generalizability of the findings to a broader setting. However, their experimental findings align with wider investigations conducted. In Mandal et al.' 's [12] study, similar findings were observed, which suggests that engaging in mindfulness practice was linked to a decrease in symptoms of mental stress and an improvement in good mental health outcomes. The consistent findings across several research indicate that the results of the Flook et al. [10]study, although its limited sample size, did not diminish the actual effects of mindfulness practice on mental health.

2.2. A preliminary study used MBTs as a treatment for students' mental problem

2.2.1. Mindfulness training to improve students' mental health issues

A research investigation by Joyce et al.[13] examined the widespread occurrence of mental health issues among children and adolescents in Australia. The study found that 14 percent of this population experiences severe mental health problems. Their objective was to investigate whether there were benefits of Mindfulness Training on children's mental health, despite the majority of the supporting evidence being derived from clinical trials conducted on adults.

2.2.2. Methodology: evaluating mindfulness in upper primary students

The research included 175 students in the upper primary level (grades 5 and 6) from two schools located in the southeastern suburbs of Melbourne. These students consisted of 43.8%females and 56.2% males, with an average age of 11 years and 4 months. The study utilized a pre-post design, without a control group, and primarily emphasized qualitative feedback from teachers together with quantitative mental health assessments of children. The assessment of mental health involved the use of the Strengths and Difficulties Questionnaire (SDQ) and a modified version of the Children's Depression Inventory (CDI).

2.2.3. Procedure: ten-week mindfulness training curriculum

A ten-week mindfulness training was designed based on the health curriculum standards, with a focus on self-awareness and relaxation. The schedule was comprised of ten 45-minute sessions focusing on

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relaxation, body and breath awareness, stress reaction, emotional connection, and meditation activities.

2.2.4. Result: Improvements in student mental health post-mindfulness training

The experiment's findings demonstrated a notable enhancement in the students' mental health following their engagement in the mindfulness training. Moreover, the number of students who had scores in the borderline or diagnostic range for mental health issues reduced following the mindfulness intervention.

The SDQ statistics showed that 25.6% of students obtained scores within the borderline or diagnostic range. This percentage dramatically fell to 16.3% after the intervention (x^2 (4) = 45.90, $p < .001$). Besides, the findings of the CDI indicated a decrease in scores that were either borderline or diagnostic, from 25.8% to 21.6%.

2.2.5. Interpreting the impact of mindfulness on students

MBTs have a positive improving effect on the student population as well, according to Joyce et al. [13]. Students who experienced mindfulness practices in the experimental group demonstrated a decreasing trend in some mental health problems. Moreover, both statistical results from SDQ and CDI, suggest a significant improvement in the performance of the students.

2.2.6. Benefits of mindfulness for students' mental health

Similar results were found in Kallapiran et al.'s [14] experiment, where a mindfulness-based intervention was effective for children and adolescents with mental health symptoms. Their research executed a meta-analysis of children and adolescents in both clinical and non-clinical groups to investigate the impact of various MBTs on symptoms of mental health and overall quality of life. The results revealed that individuals in the experimental group (receiving MBSR/MBCT) demonstrated better mental health compared to the control group in the non-clinical population [14]. Therefore, this finding is consistent with the experimental results of Joyce et al. [13] since both studies investigate the effects of MBTs on non-clinical individuals in the context of mental health.

2.2.7. Limitations of the study on students

However, the exclusion of a control group in the experiment performed by Joyce et al. [13] limited the ability to directly attribute the improved outcomes to the practice of mindfulness. In the lack of a control group, comprising individuals who were not exposed to the mindfulness intervention, it becomes challenging to figure out whether improvements in mental health indicators, such as decreased anxiety, were only influenced by the mindfulness training or if they were influenced by other external factors, such as the environmental changes. Nevertheless, the study used pre- and post-intervention assessments to compare the individuals before and after the intervention. This comparison might effectively serve as a control group for the participants themselves. This methodology enables the examination of specific modifications over a while and effectively tackles the challenges related to the lack of a separate control group by highlighting unique advancements and results, thereby minimizing the potential limit to the reliability of the experimental findings.

3. Conclusion

In conclusion, this essay has examined the significant impact of Mindfulness-Based Therapies on mental health in various groups of individuals. Through the analysis of two main studies [13], it is evident that mindfulness therapies have significant effects on reducing individual mental disorders,

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improving emotional regulation, and enhancing general mental health. Although these two studies focused on different populations, namely teachers and upper primary school students, both research highlighted a common strength: the effective implementation of mindfulness therapies among various populations. This emphasizes the adaptability of mindfulness practices, confirming their efficacy in varied educational and professional contexts. However, future studies should concentrate on examining whether MBTs have a permanent effect on enhancing mental health. To ensure that the advantages of MBTs are not only immediate but also persistent over time, future research should consider using a longitudinal design to identify long-term effects. Furthermore, future investigations might expand the sample size by including a wider range of demographics which could further verify the widespread effectiveness of MBTs. Overall, this article confirms that MBTs can serve as a valuable instrument for enhancing an individual's mental health.

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