A Study Of The Effect Of Mindfulness Therapy On Anxiety In Adolescents

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Introduction: Adolescent anxiety is influenced by a variety of factors, and there is a need to develop more effective care and rehabilitation plans. Being an important component, mindfulness can play a major role in mental health in adolescents.

Objective: The purpose of the study is to check the effect of mindfulness therapy on anxiety levels in adolescents.

Methodology: Adolescents studying in Dehradun's private and public schools participated in this pre-posttest study. Written consents were obtained, and 120 study participants who met the inclusion and exclusion criteria were chosen from stratified data. Four groups were formed including 10 male and 10 female adolescents in each group. while 22 adolescents were excluded and 18 were kept in waiting list. The Beck anxiety inventory was utilized to gather data on anxiety. A total of 15 mindfulness sessions were employed for each group to control anxiety. A t-test was applied for statistical analysis.

Findings: Initial anxiety level of adolescents was 48.90 in the extremely severe category. After 15 mindfulness sessions, the subject's anxiety degree was reduced by 82.11%. **Conclusion:** This investigation is a diagnostic study, which is aimed at managing the level of anxiety in adolescents. The study discovered that adolescents' anxiety was reduced significantly following mindfulness. In general, it is found that mindfulness is useful in the management of adolescents' anxiety.

Key words: Anxiety, Adolescents, Mindfulness, Pre-Posttest.

1.0 Introduction: Mindfulness has recently gained popularity as a method for decreasing stress and upgrading overall health, and science backs it up. It is another way to think and train our attention to generate a mental state of peaceful focus and happy sentiments. "Mindfulness is the ability to be completely present and aware of one's surroundings without responding or becoming overwhelmed." Paying attention to one's experience in the present moment is the most basic definition of mindfulness. It entails observing thoughts and feelings in the present moment without judging or involving them. When the mind wanders, mindfulness practitioners will take note of where it travels and gently return to the present moment, focusing on breath, bodily sensations, or a yoga motion. A remark about mindfulness is that being present does not imply personality change. Mindfulness is a way of life. It helps us focus and relax. Our health, happiness, work, and relationships all benefit from it. Achieving effective, resilient, and low-cost solutions requires mindfulness.

Instead of reacting impulsively without understanding the feelings or reasons underlying the action which causes stress and anxiety, mindfulness helps us respond to stress by being conscious of the current moment. Having awareness of one's physical and mental condition allows one to behave more efficiently and properly in difficult situations, which helps one to manage stress thus avoiding anxiety. It teaches us to be honest about our feelings while embracing them. As a result, we are better able to recognize experience and emotions. Mindfulness also allows us to see things from several perspectives. In research, mindfulness has been found to help people manage anxiety and sadness.

2.0 Literature review

The practice of mindfulness places an emphasis on paying attention to the experience of the present moment as well as accepting that experience without passing judgment on it. On the other hand, mindfulness training entails learning how to recognize the physical manifestations of unusually high levels of stress, how to recognize stressful thoughts and interrupt their destructive cycle, as well as how to make realistic assessments and locate a constructive exit strategy **(Bishop SR. 2004).**

According to **MAMIG (2006,** an expert with extensive experience is typically required to carry out a mindfulness therapy intervention, whereas a mindfulness intervention can be carried out by someone with less training. Mindfulness therapy and mindfulness-based treatments have been applied to the parents and/or careers of children with disabilities. However, while the two treatments have not been directly compared, there have been various investigations into them.

According to **Killingsworth MA, Gilbert DT, (2010),** mindfulness therapy and mindfulness-based treatments have been applied to the parents and/or careers of children with disabilities. However, while the two treatments have not been directly compared, there have been various investigations of them.

Since **Kabat-Zinn's (1982)** introduction of a mindfulness-based training program in 1982, numerous types of therapy based on mindfulness have been created in recent years. A comprehensive analysis of the relevant published research reveals that the studies either concentrated on the behavior and well-being of children or had few experimental control conditions **(Bodhi B. 2011).** He determined the meaning and function of mindfulness meditation using the Pali Canon as the source of inquiry, the oldest complete collection of Buddhist texts to survive intact. Mindfulness is the chief factor in the practice of satipahna, the best-known system of Buddhist meditation. In descriptions of satipahna, two terms constantly recur: mindfulness (sati) and clear comprehension (sampajaa).

According to **Kabat Zeinn (2003),** recent studies have indicated that the practice of mindfulness can be beneficial in treating a wide variety of diseases, including stress, depression, and anxiety. The practices of mindfulness have been shown to be helpful in alleviating physical tensions and anxieties, in addition to mental anguish and stress. In his research, **Kabat Zeinn** suggested that mindfulness-based interventions are clinically efficacious, but that better-designed studies are now needed to substantiate the field and place it on a firm foundation for future growth. Her review, coupled with other lines of evidence, suggests that interest in incorporating mindfulness into clinical interventions in medicine and psychology is growing. It is thus important that professionals coming to this field understand some of the unique factors

associated with the delivery of mindfulness-based interventions and the potential conceptual and practical pitfalls of not recognizing the features of this broadly unfamiliar landscape. This commentary contextualizes mindfulness, its origins, its introduction into medicine and healthcare, cross-cultural sensitivity, teaching practices, and professional training opportunities in mindfulness and clinical applications.

According to **Sample et al. (2005),** the primary mechanism of mindfulness is the ability to exercise self-control over one's attention. This is because the practice of repeatedly concentrating on a neutral stimulus, like one's breathing, generates an environment that has significance. In addition to this, it frees the mind of worrying thoughts and eliminates concerns about how one will perform on tests and examinations.

According to the findings of **Miller et al. (1995),** some studies suggest that mindfulness meditation may be a useful alternative to more traditional psychological treatments for anxiety disorders. This may be especially true for individuals who do not wish to participate in conventional treatment sessions or who do not respond to the treatment. He suggested that having a good general emotional intelligence level and a higher total emotional quotient are associated with having a good mindfulness competence level. In his study of 22 medical patients with DSM-III-R-defined anxiety disorders, he found clinically and statistically significant improvements in subjective and objective symptoms of anxiety and panic following an 8-week outpatient physician-referred group stress reduction intervention based on mindfulness meditation. Twenty subjects demonstrated significant reductions in Hamilton and Beck Anxiety and Depression scores postintervention and at 3-month follow-up. In this study, 3-year follow-up data were obtained and analyzed for 18 of the original 22 subjects to probe long-term effects. Repeated measures analysis showed maintenance of the gains obtained in the original study on the Hamilton anxiety scales as well as on their respective depression scales, on the Hamilton panic score, the number and severity of panic attacks, and on the Mobility Index-Accompanied and the Fear Survey. A 3-year follow-up comparison of this cohort with a larger group of subjects from the intervention who had met criteria for screening for the original study suggests generalizability of the results obtained with the smaller, more intensively studied cohort.

Ongoing compliance with the meditation practice was also demonstrated in the majority of subjects at 3 years. It is concluded that an intensive but time-limited group stress reduction intervention based on mindfulness meditation can have long-term beneficial effects in the treatment of people diagnosed with anxiety disorders.

Due to the spiritual dimension, mindfulness has and the tremendous relevance it possesses for both internal states of being and exterior activities, mindfulness is a notion that is difficult to define. Future studies should consider the literature's emphasis on mindfulness's resistance to operationalization **(Hayes & Shenk, 2004; Baer et al., 2006).** One definition of the practice known as "mindfulness" is "bringing one's whole attention to the events occurring in the present moment in a way that is nonjudgmental or receptive" **(Kabat-Zinn, 1990; Brown & Ryan, 2003; Linehan, 1993).** Not responding, observing, acting aware, describing, and not judging are the five characteristics of mindfulness included in the condensed version of the Five Facets of Mindfulness **(Bohlmeijer et al., 2011).** Typical examples of mindfulness techniques include meditating, practicing yoga or qigong, or doing tai chi.

In recent years, mindfulness has risen to prominence as a potential tool for both the avoidance and alleviation of stress. In his 1982 and 1990 works, the leading proponent of this approach**, Jon Kabat-Zinn**, described mindfulness as the ability to pay attention in a certain way to the sensations that occur in the present moment while accepting them without making value judgments about them.

Segal, Williams, and Teasdale (2002) evaluated mindfulness-based cognitive therapy (MBCT), a group intervention designed to train recovered recurrently depressed patients to disengage from dysphoria-activated depressogenic thinking that may mediate relapse or recurrence. Recovered recurrently depressed patients (n = 145) were randomized to continue with treatment as usual or, in addition, to receive MBCT. Relapse or recurrence of major depression was assessed over a 60-week study period. For patients with three or more previous episodes of depression (77% of the sample), MBCT significantly reduced the risk of relapse or recurrence. For patients with only two previous episodes, MBCT

did not reduce the relapse or recurrence. MBCT offers a promising, cost-efficient psychological approach to preventing relapse or recurrence in recovered, recurrently depressed patients.

According to **Bishop et al. (2004),** there is a difference between (1) self-regulation of attention paid to immediate experience, which allows for the recognition of mental events in the present, and (2) a specific orientation to one's own experience of the present moment, which is characterized by curiosity, openness, and acceptance of whatever is taking place in the present.

According to research by **Weinstein et al. (2009),** Mindful individuals respond to ongoing events and experiences in a receptive, attentive manner. This experiential mode of processing suggests implications for the perception of and response to stressful situations. Using laboratory-based, longitudinal, and daily diary designs, four studies examined the role of mindfulness on appraisals of and coping with stress experiences in college students and the consequences of such stress processing for well-being. Across the four studies (n's = 65 − 141), results demonstrated that mindful individuals made more benign stress appraisals, reported less frequent use of avoidant coping strategies, and in two studies, reported higher use of approach coping. In turn, more adaptive stress responses and coping partially or fully mediate the relationship between mindfulness and well-being. College students with higher levels of mindfulness are less likely to view stress as threatening, use fewer avoidant coping strategies, and more frequently engage in constructive coping strategies. These results suggest that mindfulness practice can help lessen the negative effects of stress.

Walach and Louise (2008) created a program called Mindfulness-Based Coping with University Life (MBCUL). This program helped them feel less stressed, anxious, and depressed, and it also helped them become better problem solvers and have more positive self-assessments. Subsequently, **Lynch et al. (2009)** used the same approaches and found that doing so improved mood in addition to stress levels.

According to **Lynch et al. (2018)**, the benefits of mindfulness for a variety of clinical and nonclinical populations are well established, and there is growing interest in the potential of mindfulness in

higher education. They designed a randomized, wait-list-controlled study of Mindfulness-Based Coping with University Life (MBCUL), an adaptation of Mindfulness-Based Stress Reduction (MBSR), for university students. MBCUL is an 8-week program that aims to help students bring mindful awareness to their academic work, stress management, approach to communication and relationships, and health. Participants were recruited from the general student body at the University of Northampton and were randomized into mindfulness or control groups. The mean age for students in the combined MBCUL group was M = 25.07 and M = 28 in the control group. A significant decrease in anxiety, depression, and perceived stress was found in the MBCUL group compared with controls. Similarly, a significant increase in mindfulness was found in the MBCUL compared with controls. Attrition was high, and the small numbers limit the generalizability of the data. However, the results suggest that MBCUL is an acceptable and useful mindfulness program for university students, which warrants further investigation with larger samples.

Kang et al. (2009) examined the effectiveness of a stress coping program based on mindfulness meditation on stress, anxiety, and depression experienced by nursing students in Korea. A non-equivalent, control group, pre-posttest design was used. A convenience sample of 41 nursing students was randomly assigned to experimental (n = 21) and control groups (n = 20). Stress was measured with the PWI-SF (5-point) developed by Chang. Anxiety was measured with Spieberger's state anxiety inventory. Depression was measured with the Beck depression inventory. The experimental group attended 90-minute sessions for eight weeks. No intervention was administered to the control group. Nine participants were excluded from the analysis because they did not complete the study due to personal circumstances, resulting in 16 participants in each group for the final analysis. Results for the two groups showed (1) a significant difference in stress scores, (2) a significant difference in anxiety scores, and (3) no significant difference in depression scores.

According to **Bullis JR (2014),** There has been a recent proliferation of research evaluating the efficacy of mindfulness as a clinical intervention. However, there is still little known about trait mindfulness or how trait mindfulness interacts with maladaptive emotion regulation strategies. He explored the effect of trait

mindfulness on emotion regulation as well as whether specific factors of trait mindfulness are uniquely associated with subjective and autonomic reactivity to stress. Forty-eight healthy male participants were trained in the use of the suppression strategy and then instructed to suppress their responses to the inhalation of a 15% CO_2-enriched air mixture for 90 s while their subjective distress and heart rate were recorded. After controlling anxiety-related variables, the ability to provide descriptions of observed experiences predicted less heart rate reactivity to CO_2 inhalation, while skillfulness at restricting attention to the present moment was uniquely predictive of less subjective distress. The tendency to attend to bodily or sensory stimuli predicted greater distress during CO_2 inhalation.

3.0 Research methodology

3.1 Objective of the study: To study the effect of mindfulness therapy on the degree of anxiety in adolescents.

3.2 Hypothesis:

1. There will be a significant reduction in the degree of anxiety in adolescents through mindfulness therapy.
2. There will be a significant reduction in the degree of anxiety in male adolescents through mindfulness therapy.
3. There will be a significant reduction in the degree of anxiety in female adolescents through mindfulness therapy.

3.3 Samples and Sampling Techniques

The random method selected 120 adolescents, including 60 male and 60 female adolescents of 16 to 18 years of age who were studying in classes 11 and 12 in Dehradun. A total of 22 adolescents were excluded due to medical and preexisting psychological treatment, and a total of 18 male and female adolescents were allocated to the waiting list. A total of four groups were formed including 10 male and 10 female adolescents. A total of 10 adolescents dropped therapy midway. Thus, a total of 70 adolescents completed the therapy.

3.4 Plan of Mindfulness Therapy

For the management of anxiety, a total of 15 sessions of mindfulness therapy were provided to each subgroup **(Table 1).** After each session of mindfulness therapy, a 3-day break was

observed. For this break, specific tasks were given, which included journaling and noting their own emotions and reactions as per current situations.

3.5 Assessment and Statistical Analysis

The back anxiety inventory was used for the assessment of anxiety (**Aaron T. Beck, 1993).**

3.6 Variables

3.6.1 Independent variables: Mindfulness

3.6.2 Dependent variables: anxiety.

Table 1 Plan of groups for Mindfulness Therapy.

Groups	Variables	Total Subjects		Dropouts	Subjects completed Therapy
		Male	Female		
Group A	Anxiety	10	10	02	18
Group B	Anxiety	10	10	03	17
Group C	Anxiety	10	10	04	16
Group D	Anxiety	10	10	01	19

4.0 Results and interpretations

Table 2 Statistical Analysis of Pretest and posttest scores of anxieties in adolescents.

Subjects	N	Pretest Score	SD	Posttest score	SD	t-value *
Male	36	49.17	1.8284	10.4	0.3333	125.1634 (Significant)
		(Extremely Severe)		**(Mild)**		
		78.85 % reduction				

Female	34	48.62	3.7011	07	0.5667	64.8154 (Significant)
		(Extremely Severe)		**(Mild)**		
		85.60 % reduction				
All adolescents	70	48.90	3.7379	8.75	0.6467	88.5528 (Significant)
		(Average)		**(High)**		
		82.11 % reduction				

* 0.05 level of confidence

The initial anxiety score in male adolescents was 49.17, which decreased to 10.4 after 15 sessions of mindfulness therapy. Which showed 78.85% reduction in the degree of anxiety. The calculated t-value for anxiety mean scores in male adolescents after 15 sessions of mindfulness therapy is 125.1634 at a 95% confidence level. This t-value is found to be extremely significant. Hence, the first hypothesis is accepted, and it is concluded that there is a significant reduction in the degree of anxiety among adolescents through mindfulness therapy **(Table 2).**

After 15 sessions of mindfulness therapy, the initial anxiety score in female adolescents reduced from 48.62 to 7, with a 85.60 % reduction. The calculated t-value for these mean scores is 64.8154, which is found to be extremely significant at the 95% level of significance. Hence, the second hypothesis is accepted, and it is concluded that there is a significant reduction in the degree of anxiety in female adolescents through mindfulness therapy **(Table 2).**

After 15 sessions of mindfulness therapy, the initial anxiety score of all adolescents reduced from 48.90 to 8.75, with a reduction of 82.11%. for these mean values the calculated t-value is 88.5528, which is found to be extremely significant at the 95% level of significance. Hence, the third hypothesis is accepted, and it is concluded that there is significant reduction in the degree of anxiety in adolescents after mindfulness therapy **(Table 2).**

5.0 Discussion

The first hypothesis, which expected a significant reduction in the degree of anxiety in male adolescents after mindfulness therapy,

was accepted. From Table 2, a significant reduction is observed in the anxiety scores of male adolescents after 15 sessions of mindfulness therapy. **Bell and Callimarie (2019),** in their research, found a similar impact of mindfulness therapy on the anxiety levels of adolescents.

The second hypothesis, expecting a significant reduction in the degree of anxiety in female adolescents after mindfulness therapy, was accepted. From Table 2, a significant reduction is observed in the anxiety scores of female adolescents after 15 sessions of mindfulness therapy. **Bell and Callimarie (2019),** in their research, found a similar impact of mindfulness therapy on the anxiety levels of adolescents.

The third hypothesis, expecting a significant reduction in the degree of anxiety in adolescents after mindfulness therapy, was accepted. From Table 2, a significant reduction is observed in the anxiety scores of adolescents after 15 sessions of mindfulness therapy. **Hofmann SG and Gómez AF (2017),** in their research, found a similar impact of mindfulness therapy on the anxiety levels of adolescents.

6.0 Conclusion

This study found that mindfulness therapy is highly useful in the management of anxiety among adolescents. It is recommended that mindfulness therapy be used for the management of mental health-related issues among adolescents.

7.0 Summary

The objectives of the study were to examine the effectiveness of mindfulness therapy to the degree of anxiety among adolescents who were enrolled in Dehradun schools. For the assessment of the degree of anxiety T. Aeron Beck's psychological anxiety inventory was used. In the pre-posttest study, initially 120 adolescents in total were chosen; 22 adolescents were excluded due to preexisting treatment, and 18 adolescents were kept on the waiting list. In this way, mindfulness therapy was applied to manage anxiety, in 80 adolescents. After a drop of 10 adolescents, a total of 70 adolescents completed the therapy. To identify a significant difference, the t-test was used. The results of the study showed that after 15 sessions of mindfulness therapy, anxiety levels in adolescents reduced significantly.

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9.0 Conflict of Interest: The authors have declared that no competing interest exists.

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