

Effect of Mindfulness-Based Self-Management Therapy on Happiness and Psychological Well-Being

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KEYWORDS ABSTRACT

Mindfulness,
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(PWB),
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Therapy
(MBSMT)

Background: The concept of mindfulness is rooted in *Buddhism* but has received a great deal of attention even in the present era. Mindfulness interventions strive to promote attention and awareness of the present-moment experience.

Objective: The main objective of this study is to explore the effect of Mindfulness Based Self-Management Therapy (MBSMT) on the happiness and well-being of university students.

Method and material: The study recruited 60 participants who were selected from a pool of 200 university students based on screening. The selected participants were randomly assigned to experimental and controlled groups. The intervention was given to the experimental group only. The level of happiness and well-being of the participants was measured before and after the completion of the intervention.

Results: The level of happiness ($t=-7.353$, $p<.001$) and PWB ($t=-.6828$, $p<.001$) were significantly increased in the experimental group after completing the intervention. No such significant difference in the variable of happiness ($t=.619$, $p=.541$) and PWB ($t=.294$, $p=.771$) was reported by the control group, who did not get the intervention.

Conclusion: The findings suggest that MBSMT has the potential to boost the level of happiness and PWB among the participants who receive the intervention.

Introduction

Can mindfulness be a key factor in fostering greater happiness and well-being among students?

The psychological construct of *mindfulness* is an emerging concept that has gained considerable attention in the field of positive psychology due to its emphasis on enhancing overall well-being. Mindfulness is broadly defined as the ability to become aware of and attentive to the present-moment experiences, which plays a crucial role in influencing emotional and psychological states (1). As a therapeutic approach, mindfulness techniques promote self-awareness, emotional regulation, and stress reduction, leading to improvements in overall happiness and PWB (2).

The majority of researchers have explored the efficacy of various mindfulness-based techniques among different social strata and have also revealed the effectiveness of such interventions in improving their happiness (3) and overall well-being (4). Chambers and colleagues reviewed evidence suggesting that mindfulness improves emotional regulation, which can lead to greater happiness (5). Hofmann and colleagues also showed that mindfulness-based therapy effectively reduces the symptoms of anxiety and depression, contributing to better overall well-being (6). Carruthers and Hood in a systematic review found mindfulness as a beneficial therapeutic tool for enhancing positive emotions and the level of PWB in individuals along with decreasing unnecessary suffering and creating a meaningful, personal existence (7) (8).

In a research conducted by Priyanka and Sandeep Singh on 30 school teachers with an age range of 25-40 years, MBSMT was administered on the target sample. The findings clearly indicate that the therapy is effective in enhancing the life satisfaction of the teachers (9). Improving the well-being of university students is a significant concern of the present time. Students use this concept in limited ways, and require conceptual clarity about its significance, uses, and applications to further improve their overall well-being. Being aware of own health can help individuals enhance their mental health, and this awareness can be acquired through acquiring mindfulness-related skills.

Numerous studies have found that mindfulness-based therapies, including Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy, are beneficial in improving stress management and boosting positive outcomes (10,11). However, while extensive research has examined the benefits of mindfulness in enhancing well-being, limited studies have specifically focused on the efficacy of MBSMT in promoting happiness and PWB. Most of the research has concentrated on clinical populations or individuals dealing with specific psychological disorders (12), leaving a gap in understanding its effects on general populations.

The research gap lies in the lack of comprehensive studies examining how MBSMT can influence both happiness and PWB in a broader context, involving diverse populations. Additionally, there is a need to explore the mechanisms by which MBSMT impacts these outcomes whether it operates directly by enhancing mindfulness skills or indirectly by promoting adaptive coping strategies, emotional regulation, and positive self-reflection. MBSMT is one of the newly developed mindfulness intervention techniques that aims to increase the level of happiness and well-being through mindfulness and effective self-management. MBSMT is based on the core assumption that life is fundamentally unconditional and everyone possesses unique strengths. It implies that no one is innately good or bad; difficulties arise when we start comparing ourselves to others or focusing on differences, such as feeling inferior because of our skin colour or socio-economic status. So, the present study seeks to investigate the effect of a newly developed mindfulness-based intervention i.e., MBSMT on the level of happiness and PWB among university students. This research aims to fill this gap by investigating the impact of MBSMT on happiness and PWB among university students. The study seeks to understand whether MBSMT leads to

sustained improvements in well-being and happiness and to identify potential mechanisms underlying these changes.

Intervention: Mindfulness Based Self-Management Therapy comprises 18 sessions which are to be given in 9 weeks i.e., two sessions per week. Each duration of each session was two hours and mindfulness-related skills were taught to the participants (13). MBSMT assumes that life is fundamentally unconditional. Everyone possesses unique strengths, just as every flower has its own distinct aroma. It implies that no one is innately good or bad; difficulties arise when we start comparing ourselves to others or focusing on differences, such as feeling inferior because of our skin colour or socio-economic status.

MBSMT aims to increase the level of happiness and well-being through mindfulness and effective self-management. It fosters self-awareness and acceptance along with belief management, which leads to better decision-making and personal growth. It also promotes a thoughtful and positive approach to life by emphasizing our unique strengths and fostering positive emotions, thus improving our overall PWB and happiness. The eighteen sessions used in the therapy are represented in Figure 1.



Figure 1: Eighteen Sessions used in MBSMT

Objectives:

1. To investigate the effect of MBSMT on happiness among university students.
2. To investigate the effect of MBSMT on psychological well-being among university students.

Hypotheses:

1. MBSMT will significantly improve happiness among university students.
2. MBSMT will significantly improve psychological well-being among university students.

Material and Methods

Sample: The initial sample of the study comprises 200 research participants who were selected using quota sampling. To finalize the sample a screening process was conducted. Those who have comparatively lower scores on PWB were included in the final sample. The 60 participants were randomly assigned to experimental and control groups. The CONSORT flow diagram for the selection of study participants is indicated in Figure 2. MBSMT will be administered to the experimental group for nine weeks; two sessions per week and no intervention was given to the control group. The data was collected from both groups twice i.e., before initiating the intervention as well as after the completion of the intervention. After completion of the intervention, an assessment will be made with the help of suitable statistical methods.

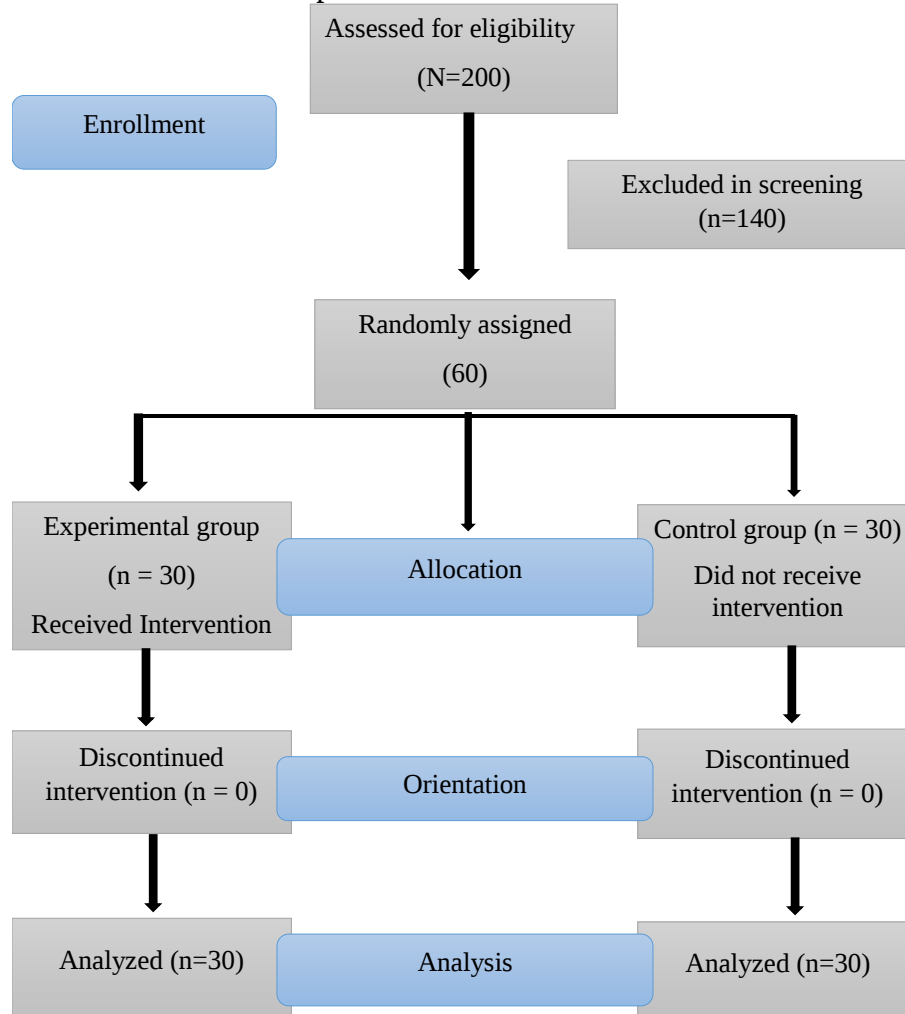


Figure 2: CONSORT flow diagram for study participants

Inclusion criteria:

- Age group 18-25 years.
- Can read/write Hindi/English
- Having lower PWB

Exclusion criteria:

- Participants having any severe psychiatric ailment
- Cannot read/write Hindi/English

- Receiving other psychological interventions

Ethical Consideration: The present study aims to explore the effectiveness of MBSMT on the happiness and well-being levels of university students. Before collecting the necessary information from selected participants, the purpose of the research was debriefed to them and then the following consent form was given to them:

“I am going to ask you some personal questions that some of the people find difficult to answer. Your answers will be kept completely confidential, your name, will not be disclosed to anyone, and will never be used in connection with any of the information you tell me. Based on this you might be asked to be selected for the research which we are going to conduct. You do not have to answer any questions that you do not feel comfortable with, and you may withdraw from this research at any time you want to. We would greatly appreciate your help in contributing to this research. Would you be willing to participate?”

Voluntary participation was ensured and if the respondents provide consent, only then they will be allowed to be a part of this research.

Assessments: For the selection of the sample initially, the psychological well-being scale (14) was used to assess the level of PWB. The scale consists of a 7-point Likert scale response format from ‘strongly agree to strongly disagree’. This scale possesses good psychometric properties with internal consistency of .70 to .89 with 20-item parent scales. The Oxford Happiness Questionnaire (15) is a self-report questionnaire that helps in assessing the personal happiness of the respondent. This scale includes 29 items and has a six-point Likert scale response format from ‘strongly disagree to strongly agree’. Some items are negatively worded with reverse coding. This scale possesses good internal consistency, Cronbach’s alpha of this scale is 0.91.

Statistical Analysis: The obtained data was statistically analyzed with the help of SPSS-26 (Statistical Package of Social Sciences) using descriptive statistics (including central tendency and standard deviation) and the graphical representation of the data to understand the data in simpler terms. A paired t-test was used to compare the data between experimental and control groups before starting the intervention and after completing it.

Results: The effect size value for adequate sample size in the test family was calculated using a priori power analysis for dependent means (matched pairs) by using ‘G*Power’ software. At the effect size (f^2) of 0.90, a significant value of $p < 0.05$, and one tail, the minimum adequate sample size was found to be ‘15’. As our sample size of 30 for each i.e., experimental and control (total 60) is greater than the calculated value. So, our sample size is sufficient to conduct the research (16,17). Table 1 reveals the descriptive analyses for all the groups viz. pre-experimental, post-experimental, pre-control, and post-control for the variable of happiness and PWB.

Table 1: Descriptive Statistics for the Variable of Happiness and PWB

Variable	Test	N	M	SD	SEM
Happiness	Pre-experimental	30	119.80	20.405	3.725
	Post-experimental	30	132.10	15.771	2.879
	Pre-control	30	117.83	14.123	2.578
	Post-control	30	116.17	14.120	2.578
PWB	Pre-experimental	30	85.03	7.946	1.451
	Post-experimental	30	95.87	10.187	1.860
	Pre-control	30	85.40	8.923	1.629
	Post-control	30	85.00	9.805	1.790

Note: ‘N-Number of Participants; M- Mean; SD- Std. Deviation, SEM-standard error mean’

Table 1 demonstrated that the mean value for the pre-experimental group on happiness is 119.80 (SEM=3.725) with an SD of 20.405. The mean value for the post-experimental group on happiness is 132.10 (SEM=2.897) with an SD of 15.771. The mean value for the pre-control group on happiness is 117.83 (SEM=2.578) with an SD of 14.123. The mean value for the post-control group on happiness is 116.17 (SEM=2.578) with an SD of 14.120. The mean value for the pre-experimental group on PWB is 85.03 (SEM=1.451) with an SD of 7.946. The mean value for the post-experimental group on PWB is 95.87 (SEM=1.860) with an SD of 10.187. The mean value for the pre-control group on PWB is 85.40 (SEM=1.629) with an SD of 8.923. The mean value for the post-control group on PWB is 85.00 (SEM=1.790) with an SD of 9.805.

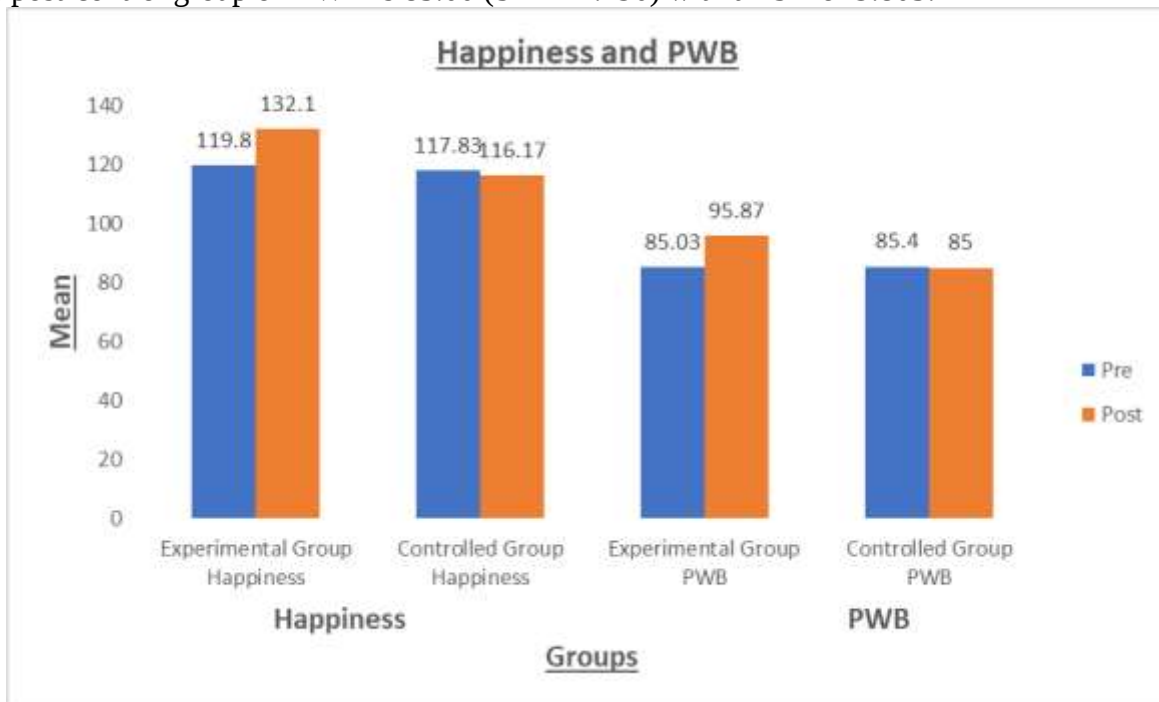


Figure 3: Graphical representation of mean scores on the variable of Happiness and PWB

The graphical representation of the data as indicated in Figure 3 and the descriptive analysis for the variable of happiness, both revealed an increase in the mean score from the pre-experimental to the post-experimental group whereas, there is a slight decrease seen from the pre-control to the post-control group.

Table 2: Outcome on the variable of Happiness and PWB (Paired t values)

Variable	Group	mean difference	SEM	t	df	sig.
Happiness	Pre-experimental–Post-experimental	-12.300	1.673	-7.353	29	.000
	Pre-control–Post-control	1.667	2.695	.619	29	.541
PWB	Pre-experimental–Post-experimental	-10.833	1.587	-6.828	29	.000
	Pre-control–Post-control	.400	1.362	.294	29	.771

Note: 'SEM- standard error mean, PWB-Psychological Well-Being'

Table 2 displays the results of the paired sample t-test on the variable of happiness and PWB which is used to assess the mean differences between the pre-experimental and the post-experimental group and between the pre-control and the post-control group. The obtained paired t-test results indicate that the mean difference between the pre-experimental and the post-

experimental group is -12.300 ($t=-7.353$) which is significant at $p<.001$. Whereas, the mean difference between the pre-control and the post-control group is 1.667 ($t=0.619$) which is not found to be significant.

The graphical representation of the data shown in Figure 3 and the descriptive analysis for the variable of PWB, both revealed an increase in the mean score from the pre-experimental to the post-experimental group whereas, there is a slight decrease seen from the pre-control to the post-control group.

Table 2 displays the results of the paired sample t-test on the variable of PWB which is used to assess the mean differences between the pre-experimental and the post-experimental group and between the pre-control and the post-control group. The obtained paired t-test results indicate that the mean difference between the pre-experimental and the post-experimental group is -10.833 ($t=-6.828$) which is significant at $p<.001$. Whereas, the mean difference between the pre-control and the post-control group is 0.400 ($t=0.294$) which is not found to be significant.

Discussion: The results of the study are indicating a significant difference in the scores of happiness and PWB among the students who were given the intervention i.e., the experimental group whereas, no such difference was seen among the students who were not given the intervention i.e., the controlled group. These results clearly stated that MBSMT has the potential to enhance the level of happiness and PWB in the individuals who attend the sessions. So, our first hypothesis stating ‘MBSMT will have a significant positive effect on happiness among university students’ and our second hypothesis stating ‘MBSMT will have a significant positive effect on psychological well-being among university students’ is also accepted. So, this is very clear that the intervention helps the participants boost their level of happiness as well as PWB.

These results support previous research showing that mindfulness practices can enhance the level of happiness in the participants. For example, a study by Keng and colleagues demonstrated that mindfulness reduces negative thoughts and improves mood (4). Happiness is the key determinant of mental health and can be enhanced by practicing meditation exercises (3). Geschwind and colleagues discovered that among people at risk of depression, mindfulness training enhanced momentary positive emotions and rewarding experiences (18). A research conducted on 30 participants deduced that MBCT caused the elderly to experience fewer irrational beliefs and more levels of happiness (19). MBCT significantly increased the level of awareness, happiness, and mindfulness in nurses (20).

The obtained results are supported by the previous research where mindfulness and mindfulness-based therapies were proposed to help people become more aware of and productively use their strengths to improve their PWB. For instance, Brown and Ryan (21) found a positive association between mindfulness and subjective well-being. These findings are in line with earlier studies that have shown the benefits of mindfulness practices for improving general well-being. For example, a research study was conducted where mindfulness-based group intervention was given to 75 middle-aged Korean women in 8 sessions of 2.5 hours each.

The results of the study proved that mindfulness as an intervention may enhance PWB, reduce psychological distress, and also help participants deal with emotional distress (22). Many studies on mindfulness meditation in both clinical and nonclinical samples indicate that this is a successful approach to enhancing psychological functioning and general well-being (23).

These findings suggest that incorporating mindfulness practices into daily routines could be a simpler as well as a powerful tool to boost happiness and improve mental health. Khoury and colleagues discovered in their meta-analysis that mindfulness-based therapies help reduce symptoms of anxiety and depression (12), which are closely related to happiness. Hayes and

colleagues found that mindfulness and acceptance interventions increase psychological flexibility and decrease anxiety and depression (24). Tang and colleagues(25) showed that mindfulness meditation improves attention and self-regulation, contributing to better mental health.

In our study, participants reported feeling happier and more content after engaging in mindfulness exercises regularly. This increase in happiness can be attributed to mindfulness helping individuals manage their emotions better and develop a more positive outlook on life. Thus, MBSMT can help the participants eliminate negative emotions and experience more positive emotions. The intervention will also provide them with valuable strategies to increase their overall joy.

Further, our study found that participants reported increased PWB after regularly engaging in mindfulness exercises. These results suggest that incorporating mindfulness into daily routines can be a powerful way to improve psychological health, helping individuals manage stress, reduce negative emotions, and enhance their overall sense of well-being. Thus, MBSMT effectively enhances the mental health of the participants by providing essential strategies for improved PWB and happiness. Along with these implications, the study also has some shortcomings such as a smaller sample size and smaller demographic area restricting the generalization of findings. Further research could be done on different social strata with an active control group.

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