

Government conspiracies assignment



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I decided to look into a research study done by Stefan Hofmann. The study gives people suffering from all kinds of ailments clinical psychology in the form of mindful based therapy to see how they respond to it regardless of the injury or reason for medical treatment. Mindful based therapy or MOB is how it will be referred to from here on out in this paper.

Derived from ancient Buddhist and Yoga practices, mindfulness-based therapy (AMBIT which includes mindfulness-based cognitive therapy and mindfulness-based stress reduction, has become a very popular form of treatment in contemporary psychotherapy. Several of the applications of MOB (such as AMBIT) have been designed as relapse prevention strategies rather than to reduce acute symptoms. Other studies have examined MOB as a symptom-focused treatment. The present study is a review of MOB as a therapy to reduce acute symptoms of anxiety and depression.

The literature in this study simply states how mindful based therapy is not just good for depression but is actually good regardless of the medical reason behind the medical ailments. The study also goes on to explain how mindful based therapy helps to improve anxiety as well as depression. I feel that the researcher used many references to show how MOB works and is used in many parts of the world. I feel they could have included studies for other types of treatments for depression. The search tends to use references that only help the positive results of the study.

The research only shows references that go along with the hypothesis of the experiment. While other research could have been included the research that was included covered the topic of MOB very well. Thirty nine studies

totaling or 1, 140 participants of conditions, including cancer, generalized anxiety disorder, depression, and other psychiatric or medical conditions showed great improvement over the course of this study. The methods of this research are easily explained by the author “ Studies were identified by searching PubMed, Psychology, and the Cochrane Library.

We conducted searches for studies published between the first available year and April 1, 2009, using the search term mindfulness combined with the terms meditation, program, therapy, or intervention and ANXI*, depress*, mood, or stress. Additionally, an extensive manual review was conducted of reference lists of relevant studies and review articles extracted from the database searches. Articles determined to be related to the topic of mindfulness were selected for further examination. Studies

Were selected if (a) they included a mindfulness-based intervention, (b) they included clinical sample (I. E. , participants had a diagnosable psychological or physical/ medical disorder), (c) they included adult samples (18-65 years of age), (d) the mindfulness program was not coupled with treatment using acceptance and commitment therapy or dialectical behavior therapy, (e) they included a measure of anxiety and/or mood symptoms at both pre- and postmodernist, and (f) they provided sufficient data to perform effect size analyses (I. E. Means and standard deviations, t or F values, change scores, frequencies, or probability levels). Studies Were excluded if the sample overlapped either partially or completely with the sample of another study meeting inclusion criteria for the meta-analysis. In these cases, we selected for inclusion the study with the larger sample size or more complete data for measures of anxiety and depression symptoms. For <https://assignbuster.com/government-conspiracies-assignment/>

studies that provided insufficient data but were otherwise appropriate for the analyses, authors Nerve contacted for supplementary data.

Because the vast majority of studies meeting our criteria used MBPS, AMBIT, or interventions modeled on MBPS or AMBIT, we excluded studies in which the intervention differed substantially from MBPS and AMBIT in length (I. E. , two sessions as opposed to the typical eight). Furthermore, we excluded studies in which the MOB was not delivered in person” (Hofmann 2010). I feel that all these methods were properly used and that by eliminating subjects whom overlapped the criteria they kept the numbers valid and accurate.

The sample size could have been larger and but I feel that the variables were used properly. They used all kinds of different ailments and that allows us to see how MOB affected each attain and if it helped patients who are suffering from different ailments. That does not restrict the information that is gathered to just people who are suffering from The results of this research study are as follows: “ Of the 727 articles identified in our initial searches as potentially relevant, 39 studies met our selection criteria and Nerve included in the meta-analysis.

These studies included a total of 1, 140 patients No received MOB. The most common disorder studied was cancer (n = 9), followed by generalized anxiety disorder (n = 5), depression (n = 4), chronic fatigue syndrome = 3), panic disorder (n = 3), formability (n = 3), chronic pain (n = 2), social anxiety disorder (n = 2), attention-deficit/hyperactivity disorder (n = 1),

arthritis (n = 1), binge eating disorder (n = 1), bipolar disorder (n = 1), diabetes (n = 1), heart disease (n and traumatic brain injury (n = 1).

Many studies targeted more than one disorder, and thus the sum of the above numbers exceeds the total number of studies included. In addition, one study used a sample of patients meeting criteria for any mood disorder (either current or lifetime), one study included patients with treasonous anxiety and mood disorders, and one study used a sample of patients Ninth heterogeneous medical diagnoses. All included studies provided data for continuous measures of anxiety and/or depressive symptom severity at pre- and post-ponement” (Hofmann 2010).

I feel that the results of this study are right on. While more people could be included to make the research have a wider coverage I feel that using the thirty nine cases allows the researcher to spend a good amount of time looking and reviewing the numbers instead of studying a thousand people and getting broad results. The research study shows MOB helped the majority of the people in the experiment. The average pre-post effect size estimate (Hedge's g) based on the 39 studies was 0.63 (95% CLC [0.53, 0.73], p The effect size for this pooled data was Hedge's $g = 0.60$ (95% CLC [0.48, 3.72], p Alright now that the study has been explained and shown I now will review why I feel the study was indeed a strong and correct study. I will also explain something I felt like the authors overlooked. I feel that based on the people studied this research is very strong. It shows improvement of anxiety and depression when MOB is used. It shows not only that MOB works in the present but continues to work in the future. By making the research study over time it allows them to review the change in oppression not just <https://assignbuster.com/government-conspiracies-assignment/>

from the time therapy was going on but also weeks after the therapy had concluded.

This allows us to see if depression or anxiety spikes back up after MOB. I feel this is one of the major benefits to this research. It would be one thing if the numbers significantly rose or declined after treatment, but this shows that the numbers stayed low thus having a positive effect on depression. I honestly feel that while using a low number of cases it allows you more detail, I would have liked to see this study go larger and see if the numbers held up. You never know with only thirty nine cases. While this number seems like a lot of cases the truth is it is pretty small.

I also think that MOB needed to be defined a little bit better. While they did an alright job of defining it I feel that many other types of therapy can be that MOB will help someone who is not suffering from anxiety or depression just as well as someone who is suffering. I think that MOB can be helpful to anyone regardless of their situation or ailments. This study does not show anywhere that MOB had a negative response in any patient, which causes me to believe that MOB would be helpful even if you had no problems at all.