

Mindfulness-based therapy and its relationship with well- being in various age gro...

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Introduction

This research paper examines mindfulness-based therapy and its relationship with well-being in various age groups and gender. Mindfulness based therapy mostly relates to cognitive development, which is why the main theory that we will focus on will be Piaget's theory of cognitive development. Piaget's theory is broken down into a series of stages. The developmental stages are as follows; sensorimotor, pre-operational, concrete operational, and formal operational. Each stage in Piaget's theory relates to well-being because every stage that we go through from the moment we are born and as we grow older depends on our state of mind and the way we are developing cognitively. Many of the articles that will be mentioned throughout this research paper have found positive and effective results when conducting research on mindfulness-based therapy. Harett and Dawe (2012), stated that when focusing on children ages 10-13 they noticed a decrease in their levels of depression and an improvement on their overall behavioral problems. Another article also states that mindfulness-based therapy allows the promoting of being aware of your relationship with your own thoughts and feeling (Sipe & Eisendrath, 2012).

Analyzing these covariates with our main topics which are mindfulness-based therapy and wellbeing will allow us to conclude with the stated hypothesis. The hypothesis is stated as finding if there is actually any sort of relationship amongst the data being analyzed. Furthermore, the purpose of this research paper is to analyze the relationship between mindfulness-based theory and wellbeing amongst different age and gender groups. The

research question for this paper will be: How does Mindfulness based therapy correlate with the well-being of different genders and age groups?

Research shows that in a study conducted by Blake, et al. (2012), a group of one hundred twenty-three participants from the ages of 12-17 not only resulted in a positive cognitive-behavioral improvement, but they also noticed in improvement in their sleep. Carmody and Baer (2008), also reported a positive result with their participants. Their participants included one hundred seventy-four adults. The participants noticed a decrease in stress and an increase in their overall mindfulness and well-being due to the activities being performed such as yoga and meditation which was part of the ongoing research. The results allow us to see the positive results that come with mindfulness-based therapy and it also shows us that there are multiple age groups, but they all seem to seek help if they have issues such as stress, depression, anxiety, and any other symptoms along those lines.

Literature Review

Mindfulness-Based Therapy

Although there are multiple ways that mindfulness-based therapy is conducted, Blake, et al. (2012), defines mindfulness as being aware and paying attention to what is going on in the present time and learning from it without being judgmental and learning from the overall experience.

Wikipedia (2018), on the other hand defines it as a relapse prevention treatment for those diagnosed with depression. One of the measures that was used to analyze mindfulness-based therapy was the Spence Children's Anxiety Scale (SCAS). This scale allows for researchers to analyze the

frequency of the six domains of anxiety that children and adolescents experience. These six domains of anxiety are, “generalized anxiety, panic/agoraphobia, social phobia, separation anxiety, obsessive-compulsive disorder, and physical injury fears” (Spence, 1998). This scale includes statements such as “I worry about things”, “I am afraid of the dark” “I am a good person”, and “All of a sudden I feel scared for no reason at all.” The possible responses to these statements are “never, sometimes, often, or always.”

Hubbert and Johnson (2012), on the other hand used the Cognitive and Affective mindfulness Scale-Revised (CAMS-R). This scale is used to analyze mindfulness. This scale has a series of statements that can be numbered from 1-10 or even more than that. The purpose of this scale is to rate these from 1-10 with 1 being the one that relates the most to you and 10 being the one that least relates to you. For example, this can include statements such as “I am preoccupied by my future”, “I am easily distracted”, “It is easy for me to concentrate on what I am doing.” Everyone’s thoughts and feelings are different; therefore, our priorities, values, and minds tend to have different levels of meaning or importance to everyone. These two different assessments are only a couple of the ones that are used to research mindfulness-based therapy. There are many other assessments that can be used to conduct this kind of research, but when it comes to these two specific ones, they mainly involve the participant to identify the relationship and importance of each statement according to their own personal perspective.

Well-Being

According to Merriam-Webster (2018), well-being is defined as “ the state of being happy, healthy, and prosperous. On the other hand, others define well-being as being mentally healthy and making sure that as an individual, you are able to realize your full potential and can live your everyday life regardless of the situations occurring around you (World Health Organization, 2014). One of the measures that was used to analyze well-being in the participants was the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). This scale focuses mainly on the positive aspects of the individuals life by using a 5-point likert scale. This scale uses statements such as “ I’ve been feeling optimistic about the future”, or “ I’ve been feeling close to other people.” According to how the participant responds by using a 1-5, this will show how mentally stable they are and how positive they truly are with the statements that are mentioned to them. Another scale used to analyze well-being would be the scale of psychological well-being (PWB; Ryff and Keyes, 1995). This specific scale, has six elements to it. These elements are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This scale includes statements such as “ I am not interested in activities that will expand my horizons”, “ I tend to worry about what others think of me”, “ Maintaining close relationships has been difficult and frustrating for me.” These statements are rated on a scale from 1-6 with 1 being strongly disagree and 6 being strongly agree. Of course, there are many other scales that can help analyze the well-being of anyone, but these are just two that have been commonly used.

Focusing on analyzing the well-being of an individual involves the mental

state of mind that they are in and making sure that it is a positive one, which connects back to mindfulness.

Mindfulness-Based Therapy and Well-Being: Gender Groups

The purpose of this section is to examine mindfulness-based therapy and well-being with the following covariate: Gender. The articles in this section will compare different gender groups: male and female. According to Bluth, Campo, Futch, & Gaylord (2017), the results of their research showed that “there was a protective effect of self-compassion on anxiety on boys than for girls.” This allow us to see that when males feel stressed, they are more commonly seen to be self-compassionate. This means that they are able to reduce their stress by allowing themselves to believe that they will get through their situation and that everything will turn out to be okay.

Additionally, Hubbert and Johnson (2010), state that there are also more positive effects on males well-being when it comes to using mindfulness-based therapy. Although these two articles show that there are more common changes in males, Carmody and Baer (2017), stated that based on their research, the demographic variables really did not have any significant difference. They realized that when it came to gender, both males and females deal with stress in a similar manner therefore, we can conclude that there wasn't a very big difference between the two gender groups.

Considering that there are higher positive effects on males rather than females according to the first two articles, it is important that we realize that Hubbert and Johnson (2010), also state that whether the research now shows a higher positive reaction amongst men, it is important that in the future studies conducted, there isn't just a focus on males and females as a whole

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but rather focusing more on the age as well. For example, comparing boys to men and girls to woman. Different age groups can have different outcomes, which is why we will now move on to compare age groups amongst mindfulness-based therapy.

Mindfulness-Based Therapy and Well-Being: Age Groups

The purpose of this section is to examine mindfulness-based therapy and well-being with the following covariate: Age. The articles in this section will discuss the age groups: adolescents. Blake, et. al. (2016), states that sleeping patterns in adolescents in far more commonly seen in that age group rather than adults. According to the research in this article, those adolescents who had a difficult time sleeping or who had significant variation patterns were the ones who saw benefits in their well-being when introduced to mindfulness-based therapy. Their sleeping patterns improved and their levels of stress and anxiety reduced. In another article, Hubbert and Johnson (2010), showed that adolescents who had higher levels of anxiety and neuroticism were the ones who tend to need more of this intervention. Therefore, realizing that the mindfulness-based therapy shows great benefits. In these two articles we can see that not only do these two articles relate, but they also show improvements amongst their sleeping patterns and their overall wellbeing. Hubbert and Johnson (2010), also state that those who participated in their study reported that they truly enjoyed the process of learning about mindfulness and they also said they would continue to practice it.