

The effects of mindfulness based stress reduction

[Health & Medicine](#), [Stress](#)



I am currently studying Psychology Honour's at the University of South Africa. I am a school counsellor at a private school in Sydney where I work with children from Year K through to year 12. I have a keen interest in Adolescent mental health and suicide prevention.

The Department of Mental Health at the World Health Organisation states that: " WHO figures clearly show that by 2030 depression will be the single biggest burden of care on our health care system, exceeding cardio vascular disease and obesity". It is becoming increasingly more urgent to look at preventative strategies to reduce the number of young people presenting with depression, anxiety and stress. I understand that the ANIKA Foundation was set up in response to the tragic death by suicide of your daughter Anika.

The purpose of foundation is to support and promote the prevention of anxiety and depression in young people. Mindfulness Based Stress Reduction training has been shown to develop the capacity to:

- Consciously act and respond with awareness and clarity rather than react out of a habitual pattern
- Bring greater concentration and focus to daily activities
- Monitor levels of stress and distress, and take effective steps to address them
- Positively take action to renew your energy - physically, emotionally and mentally.

It therefore seemed appropriate to contact you with information about my proposed research topic to see if you would be interested in this new area of

prevention. I look forward to hearing from you soon
Yours Sincerely 5888743
Psychology Honours student and school counsellor.

My experience as a School Counsellor along with current research coming out of the World Health organization indicates that by 2030 depression will be the single biggest burden of care on our health care system, exceeding cardio vascular disease and obesity. It is becoming increasingly more urgent to look at preventative strategies to reduce the number of young people presenting with depression, anxiety and stress. Mindfulness Based Stress Reduction (MBSR) is part of an exciting new field in psychology that combines ancient wisdom with modern day knowledge. The associated field of

Positive Psychology looks not only at the elimination of negative mental states but also at ways in which we can understand how people grow and flourish. Mindfulness Based Stress Reduction training has been shown to develop the capacity to:

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MBSR strategies based on the ancient Buddhist practice of mindfulness and meditation, seek to give people the tools to develop self-awareness in order to be able to identify the different emotions that present themselves during our lifetime. And then respond to those emotions is a way that is constructive rather than destructive. The way that we think and feel about things profoundly affects the way we act in the world, so it is important to be

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able to recognize the feelings and thoughts that arise habitually in our lives. Research Problem A literature review indicates that MBSR has been researched quite extensively in the medical field.

The literature shows very promising results with researchers finding significant reductions in stress, anxiety and depression after participants completed MBSR training. 1, 2, 3, In another study, normal healthy working adults who participated in Mindfulness based stress reduction (MBSR) training, showed improvement in behavioural, psychological, and physiological outcomes measured. This study assessed the effects of a shortened (low-dose [ld]) work-site MBSR intervention (MBSR-ld) on indicators of stress in healthy working adults to determine if results similar to those obtained in traditional MBSR could be demonstrated.

Participants were randomized into MBSR-ld and wait-list control groups. Self-reported perceived stress, sleep quality, and mindfulness were measured at the beginning and end of the 6-week intervention. Salivary cortisol was assessed weekly. Significant reductions in perceived stress ($p = .0025$) and increases in mindfulness ($p = .0149$) were obtained for only the MBSR-ld group ($n = 22$). Scores on the global measure of sleep improved for the MBSR-ld group ($p = .0018$) as well as for the control group ($p = .0072$; $n = 20$). There is however at this time no literature available on the effects of teaching MBSR to adolescents, in a school setting as part of the PDHPE curriculum. This research may unlock the door to an exciting field of preventative psychology in youth mental health. What we consider stressful or what causes us to feel 'mad', 'bad' or 'sad' varies from one person to another. But any negative state can have a profound effect on the way we

function in our day-to-day lives. Left unacknowledged or untreated it can develop into Stress, Anxiety or Depression.

Very simply one of the first impacts of practicing mindfulness can be the capacity to move out of an aroused, activated, stressed state into a calmer, reflective more regulated state. This relaxed state - called the parasympathetic state shows in responses such as slowing down of the heart rate, increased expiration, relaxation of the muscles, increased digestive activity and recuperation and rest. Many of us spend time in our sympathetic branch of our nervous system that prepares us for active engagement. It is associated with emotions such as anger, rage and fear as well as joy, excitement and interest.

This is commonly known as the fight or flight response, our hard wiring for survival. However ongoing and excessive fight/flight response that is not regulated or modulated can lead to increased cortisol levels creating stress and distress. By cultivating in the students an innate capacity to 'pay attention' on purpose, in the present moment in a non-judgmental way, we can hopefully decrease overall levels of stress, anxiety and depression. Research Design The study will include both qualitative and quantitative methods to assess the efficacy of the MBSR program.

The study will include 42 year 9 students, aged 14 -15 years. They will participate in an 8 week program where they will learn techniques of mindfulness and meditation. The course will be taught in conjunction with the personal health and development curriculum (PDHPE). The quantitative part of the research includes two surveys. The surveys will be administered before the training begins, at the completion of the course and then again 6

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months later. This methodology is useful as it quantifies variables by making them empirically observable, and makes replication and retesting plausible.

Survey 1: The DASS (Depression, Anxiety and Stress Questionnaire) developed by Peter Lovibond from the University of New South Wales. The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. The DASS was constructed not merely as another set of scales to measure conventionally defined emotional states, but to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress.

The DASS should thus meet the requirements of both researchers and scientist-professional clinicians. 5 Survey 2: The Self-Assessment Questionnaire: The MAAS (Mindfulness Awareness Attention Scale) is a 15-item scale designed to assess a core characteristic of dispositional mindfulness, namely, open or receptive awareness of and attention to what is taking place in the present. The scale shows strong psychometric properties and has been validated with college, community, and cancer patient samples.

Correlational, quasi-experimental, and laboratory studies have shown that the MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of self-regulation and well-being constructs. The measure takes 10 minutes or less to complete. 6 Both surveys will be administered electronically and the student response will be anonymous. Although the data gathered will be intra-personal in nature, the trends being assessed will be more general. The data will be analysed electronically and <https://assignbuster.com/the-effects-of-mindfulness-based-stress-reduction/>

will give me and overall level of the participating student's self-awareness, depression, anxiety and stress.

This will be compared to the surveys conducted at the end of the 8 weeks as well as those in 6 months' time. The qualitative aspect of the research will be the weekly small discussion groups. As the students move through the training they will have opportunity to give feedback through semi structured interviews. The qualitative information gathered will give me evidence of trends and patterns emerging. I will rely primarily on interviews and observations. " the analyses produced by qualitative researchers most often are narratives and are based on words used by informants to describe their life experiences. Royce, 2004. Pg 237) In terms of sampling, it would be ideal if I could have a control group in which I could randomly assign half of the group, however unless the control group could have the opportunity to participate in the training at a later stage, this would in fact be unethical and unfair. Given the constraints of a school curriculum, this would also be very difficult. If the initial results coming out of the pilot program were promising then it would be prudent to run the program again with a control group. This would enhance the reliability and validity of the initial results.

Data Analysis The study will use qualitative and quantitative research methodology. Creswell (1998, pg 15) defines qualitative research as " an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting. " The small weekly

discussion groups will give me an opportunity to provide detailed and dynamic feedback on both individual and group process.

Terre Blanche, Kelly and Durrheim (2006, pg 273-274) describe this as interpretative research, interested in experiences, feelings and meaning. The interviews will be semi structured, and developed according to data collected from the previous week and current literature. All interviews will be transcribed. The intention behind the analysis of the transcripts will be to extract a common narrative. There are no costs associated with my research at this time. Ethics and expected Outcomes The children will be given permission slips and consent forms to take home to be signed by their parents.

At all times the welfare of the children will be monitored and they will have access to the support of the school counsellor and the PDHPE staff. All participants will be given a letter explaining the idea behind the program. The online surveys will be anonymous and data transcribed from the semi structured interviews will be anonymous and made available to the students should they wish to see the transcripts. The students will be re-surveyed in 6 months' time to assess whether the program has had sustainable effects. There are expected short term and long term outcomes for this research.

In the short term we hope that the children will learn to meditate and make meditation and mindfulness part of their everyday routine. Obviously we hope they will also reach the goal they set for themselves on a physical level. In the long term we are hoping that the skill that they learn during this 8 week program will be the inoculation and thereby increased resilience that

they will need for the upcoming stress associated with their HSC (Matric), and all of the other life stressors going forward.

Literature Review

1. Impact of mindfulness-based stress reduction (MBSR) on sleep, mood, stress and fatigue symptoms in cancer outpatients: Linda E. Carlson and Sheila N. Garland
2. A qualitative study of self-perceived effects of mindfulness-based stress reduction (MBSR) in a psychosocial oncology setting: Michael J. Mackenzie¹, Linda E. Carlson^{1, 2,*}, Marleny Munoz¹, Michael Speca^{1, 2}
Article first published online 28 NOV 2006
3. Randomized controlled trial of mindfulness-based stress reduction (MBSR) for survivors of breast cancer: Cecile A. Lengacher¹, Versie Johnson-Mallard¹, Janice Post-White², Manolete S. Moscoso¹, Paul B. Jacobsen³, Thomas W. Klein⁴, Raymond H. Widen^{4, 5}, Shirley G. Fitzgerald¹, Melissa M. Shelton¹, Michelle Barta¹, Matthew Goodman⁶, Charles E. Cox^{3, 4}, Kevin E. Kip^{1,*} Article first published online: 20 FEB 2009
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4. Effects of Low-Dose Mindfulness-Based Stress Reduction (MBSR-Id) on Working Adults: Maryanna D. Klatt, PhD. College of Medicine, The Ohio State University, Columbus, klatt.edu Janet Buckworth, PhD. College of Education and Human Ecology, The Ohio State University, Columbus William B. Malarkey, MD. College of Medicine, the Ohio State University, Columbus Scales
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6. Mindful Attention Awareness Scale (MAAS) Kirk Warren Brown, Ph. D. & Richard M. Ryan, Ph. D.

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4. Royse, D. (2004) *Qualitative Research from Research Methods in Social Work, Fourth Edition*, Brookes/Cole-Thomson Learning, Pacific Grove, CA, USA.
5. Terre Blance, M. , & Durrheim, K. , Painter, D. (Eds), *Research in Practise (Second Edition)*. Cape Town: University of Cape Town Press.