The Impact of Eastern and Western Mindfulness on Well-Being

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Abstract

The study of mindfulness is of great importance when considering its relationship to numerous well-being outcomes. This study investigated the differences in eastern and western mindfulness techniques in relation to positive and negative affect and psychological well-being. Augsburg University students were recruited from the psychology department participant pool and completed a mindfulness task (either Christian, Buddhist, or Christian & Buddhist), the RPW and PANAS scales, and a participant information survey. Contrary to previous studies, the results did not indicate a significant main effect for positive affect or psychological well-being. However, a significant main effect for negative affect was found, suggesting that there is a significant difference in the effectiveness of eastern and western mindfulness techniques on negative moods. Given that the results of the present study are inconsistent with past research, further investigation implementing a base-line and follow-up procedure is needed to better measure the effectiveness of eastern and western mindfulness techniques in relation to positive and negative affect and psychological well-being.

Mindfulness is generally defined as a state of non-judgmental awareness and attention to the here and now of personal experience (Khramtsova & Glascock, 2015). As stated by Shapiro (2009, p. 4), “Mindfulness is the awareness that arises through intentionally attending in an open, accepting, and discerning way to whatever is arising in the present moment.” Therefore, given the eastern origin of mindfulness and its foundations in the Buddhist religion’s concept of unconditioned pure awareness (Sikh & Spence, 2016), the underlying concepts of present awareness apply to western Christian and secular traditions as well (Poloma & Pendleton, 1989). As mindfulness practice has been associated with enhancing both physical and mental well-being (Hardy, 2015) in numerous clinical trials, its practice has also improved the psychological well-being of undergraduate college students (Khramtsova & Glascock, 2015). In the last two decades, mindfulness practice has transformed from topics of scientific investigation to a tool implemented in psychotherapy and several educational practices (Van Dam et al., 2018). Mindfulness also has significant impacts on mood, as Rae’s, Dewulf, Van Heeringen, and Williams (2009) found that mindfulness practice reduces cognitive reactivity
and negative thinking patterns (affect). Though existing research indicates that mindfulness practice has increased well-being (Hardy, 2015) and decreased negative affect (Rae's et al., 2009), it is unclear if the impact on well-being and positive or negative affect is greater when practicing an eastern Buddhist mindfulness task rather than a western Christian mindfulness task. Considering that approximately 488 million people practice Buddhism and 2.3 billion people practice Christianity, the way in which their well-being might be impacted by their religions use of mindfulness is a significant relationship to study (Maoz 2010).

**Buddhism vs. Christian and Mindfulness**

Mindfulness originated in the east, particularly in Buddhist meditations and yoga practices that follow the assumptions that the mind and body are monistic, consciousness is centralized within the individual, and meditation focus is part of daily conduct (Singla, 2011). Singla (2011) describes how eastern Buddhist Mindfulness emphasizes visualization and focusing attention on the present sensations that rely on maintaining an “alert and aware state.” Much of western mindfulness is either practiced secularly, without the realm of spirituality (Singla, 2011), or in Christian contexts where mindfulness practices are guided by biblical readings with the inclusion of God in prayer (Poloma & Pendleton, 1989). When investigating types of Christian prayer practice, Poloma & Pendleton (1989) found that those who practiced meditative prayer had the highest reported quality of life scores among four other types of prayer practices. As it was concluded that Christian meditative prayer is closely associated with verbal prayer (Poloma & Pendleton, 1989), it gives reason to further investigate the impacts that a Christian verbal meditative prayer might have on an individual’s well-being, in comparison to a Buddhist visualization and verbal meditation.

**Visualization Mindfulness and Psychological Well-being**

As mindfulness refers to, “the awareness that arises through intentionally attending in an open, accepting, and discerning way to whatever is arising in the present moment” (Shapiro, 2009, p.2), there are particular ways that an individual might accomplish such awareness. Margolin, Pierce, and Wiley (2009) investigated the impact of practicing visualization mindfulness on physical and mental health and found that female undergraduate college students had increased immune functioning and relaxing responses when practicing the conscious control of mental imagery. This practice occurs when information is brought to the mind from imagination, resulting in relaxing responses that include decreased perceived levels of stress and anxiety, suggesting an improvement in psychological well-being. Similarly, just as eastern Buddhist mindfulness emphasizes visualization (Singla, 2011), this component of Buddhist practice was implemented to decrease negative psychological symptoms, giving reason to suspect that visualization could help improve an individual’s overall psychological well-being if given a well-being measurement.

Humanitarian workers
have implemented the practice of visualization into their aid work with Syrian refugees after finding that meditation programs facilitated the improvement in the quality of life of refugees and long-term humanitarian workers that participated in Sahaja Meditation, where individuals are instructed to imagine their vision of inner peace (Chung & Hunt, 2016). Just as Margolin et al. (2009) found that visualization mindfulness improves quality of life by positively impacting an individual’s perception of stress and anxiety, Chung and Hunt (2016) similarly applied methods of visualization to those enduring significant emotional distress in relation to their status as a refugee. This additional finding supports the Buddhist role in visualization (Singla, 2011) and the potential for psychological well-being improvement in an individual.

Visualization Mindfulness and Affect

Techniques used in mindfulness have provided relief to those diagnosed with mental health and psychiatric disorders (Russinova, Wewiorski, & Cash, 2002). Clients diagnosed with psychotic disorder that experienced delusions were found to experience less stress and more positive emotions after completing an eight week session that focused on positive visualizations and guided imagery (Serruya & Grant, 2009). For those with social phobia disorders, visualization exercises of social encounters guided by therapists allowed clients to gain a sense of control in social interactions, relieving an aspect of fear that is associated with the dread to socialize (Wild et al., 2008). Mindfulness visualization thus provides a means of coping and regulation for individuals diagnosed with various mental disorders, improving mood and affect.

Present Study

In the present study, I expanded upon the existing literature that has investigated the link between mindfulness and positive and negative affect and psychological well-being. Although it has been found that mindfulness practice positively impacts affect and well-being, there is little to no existing literature that investigates the differences in eastern and western mindfulness techniques in relation to mental health. Therefore, it is unclear if the impact on psychological well-being and positive or negative affect is greater when practicing an eastern Buddhist mindfulness task than a western Christian mindfulness task.

I predicted that those participating in the condition that combined both aspects of Christian and Buddhist mindfulness practices had higher psychological well-being scores, reported higher positive emotions, and reported lower negative emotions than those in the Buddhist condition. I also predicted that those in the Buddhist condition had higher psychological well-being scores and reported higher positive emotions and lower negative emotions than those in the Christian control condition, as this condition implemented visualization, and the Christian control did not.
Method

Participants

Forty four males and 49 females were recruited in Augsburg’s psychology course “Psychology Studies” participant pool, where students with the average reported age of 20 were enrolled and had the option to participate in the course’s provided experiments. The participants reported their race/ethnicity as 31% black/African-American, 55% white/Caucasian, 9% reported Asian, and 5% reported Hispanic. Each subject participated in all conditions by providing consent, completing a subject information survey, the Positive and Negative Affect Scheduler (PANAS) and the Ryff Psychological Well-being (RPW) questionnaire. Each participant was randomly assigned to one of the three conditions to control for potential extraneous variables.

Materials

An experimenter script was implemented in the study to ensure consistent experiences between the participants and the experimenters (Appendix C). The script introduced participants to the study, provided an opportunity to consent, outlined the experiment, and provided the experimenter with exact instruction for the completion of the experiment. Participants completed a participant information survey following their consent to participate in the study (Appendix F). The survey instructed the participant to indicate their demographic information (age, gender, race/ethnicity, religious affiliations). The participants were then given a task described on an instructional sheet (Appendix G) dependent on their assigned condition, where they read a Christian prayer (Psalm 23) for two minutes using a standard timer. Upon completion of their given task, the participant completed a copy of the RWB (Appendix A) that measured six dimensions of well-being (autonomy, environmental mastery, personal growth, positive relations, purpose in life, self-acceptance) and a copy of the PANAS (Appendix B) that measured negative and positive affect. The results were measured in exact accordance with the factor structure of the RWB and PANAS.

The reliability and validity of the RWB and PANAS measures have been implemented in various studies measuring well-being and affect. The PANAS meets the standards of educational and psychological testing and validates the reliability of positive affect and negative affect in psychology and other applied sciences (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1999). In a study revisiting the structure and validity of the PANAS bifactor model, researchers investigated the theoretical background of the PANAS structure and evidence for a two-factor structure of affect and concluded that the measure is a valid assessment of affect in multiple settings (Leue & Beauducel, 2011). Just as the PANAS has been validated as a reliable measure in psychology, the RWB scale has been found to measure psychological wellness in multiple examinations of its structure (Schmutte & Ryff, 1997). Extensive research has also found
that with replicative consistency, the dimensions of well-being indicate valid measures of psychological well-being, ensuring the measures used in the present study (Ryff & Keyes, 1995).

Procedure

The participants were individually greeted by an experimenter of the study upon arrival. The experimenter introduced themselves according to the experimenter script and asked participants to complete a consent form following the experimenter’s introduction. Following the completion of the consent form, the experimenter read the script to the participant that details the given tasks in the study. Participants in group one received the instruction to read aloud the passage on the sheet that includes Psalm 23 for two minutes on a timer. Participants in group two received the same instructions and were asked to visualize themselves in the text. Participants in group three were asked to read and visualize themselves in the text with God. Once the timer was up, the instructions asked the participant to complete the RWB and PANAS attached to the instructional guide and alert the experimenter once completed. The experimenter continued to follow the script and collect the assessments. The experimenter debriefed the participant and thanked them for their participation.

Results

The RPW and PANAS score of each participant was recorded (see Table 1). The data was submitted to a 1 X 3 (Christian Condition, Buddhist Condition, Christian and Buddhist Condition) between subjects factorial ANOVA. The results of this test revealed no significant main effect for the RPW scores between groups, F(2, 89) = .26, p = .77. There were no significant main effects for the PANAS positive scores between groups, F(2, 92) = .33, p = .72. The results indicated a significant main effect for the PANAS negative scores between groups, F(2, 92) = .33, p = .03.

Discussion

The purpose of the study was to investigate if the impact on psychological well-being and positive or negative affect was greater when practicing an eastern Buddhist mindfulness task than a western Christian mindfulness task. Based on the previous research literature that suggested mindfulness practice positively impacts affect and well-being, it was hypothesized that those participating in the condition that combined both aspects of Christian and Buddhist mindfulness practices would have higher psychological well-being scores and report higher positive emotions and lower negative emotions than those in the Buddhist condition. It was also hypothesized that those in the Buddhist condition would have higher psychological well-being scores and report higher positive emotions and lower negative emotions than those in the Christian control condition, as the condition implemented visualization, whereas the Christian control did not. Although the results did not indicate a significant relationship between a combined Christian and Buddhist task and positive mood and psychological well-being, the results did indicate
a significant relationship between a combined Christian and Buddhist task and lower negative emotions. The data also trended in the hypothesized direction, as the PANAS positive means and RWB means in the combined Christian and Buddhist tasks were higher than the Buddhist condition and the Christian control condition.

Limitations

The present study failed to include a comparison between participants’ baselines scores and follow up scores. The significance of the results would have benefited greatly by implementing a procedure that included well-being assessments before and after the assigned mindfulness task to measure the effectiveness of an eastern or western mindfulness approach. Additionally, the present study would also benefit by obtaining a greater number of participants to increase the overall sample size.

Future Directions

Given the results, the next study should implement two tasks, rather than one, to accurately measure the ways in which an eastern or western mindfulness task impacts well-being. The results suggest a need for further investigation of other aspects of well-being not included in the RWB or PANAS, as the present study found differences in well-being according to a given spiritually-based mindfulness task (eastern or western). In an extension of the findings, another scale of measurement should be included to assess the ways in which a western/Christian and eastern/Buddhist mindfulness task might impact spiritual well-being. Thus, the results of the present study are inconsistent with past research and weaknesses within the procedure and limited sample size require additional data and changes to be made in future research relating to this topic.

Bibliography


