

## Coping Competence, Mindfulness and Well-Being Among Young Psychologists and Other Associative Fields

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### ABSTRACT

**Coping Competence** is the capacity to effectively cope with failure and negative life events as indicated by a reduced likelihood of helplessness reactions and fast recovery from any occurring helplessness symptoms. **Mindfulness** is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. It is a quality that every human being already possesses, it's not something you have to conjure up and you just have to learn how to access it. **Well-Being** is defined as a state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to the community. The study is designed to find out the significant difference between coping competence, mindfulness and well-being among young psychologists and other associative fields and to study the relationship between coping competence, mindfulness and well-being among young psychologists and other associative fields. By using structured questionnaire, primary data was collected from 120 adults (60 psychologists and 60 other associative fields). Coping Competence Questionnaire, Cognitive and Affective Mindfulness Scale -Revised (CAMS-R) and WHO-5 Well-being Index were used to gather data. The 't' test and Pearson's correlation is done for statistical analysis. The findings are interpreted based on the current theories and implications for future are pointed out.

**Keywords:** Coping Competence, Mindfulness, Well-being, Young Psychologists, Other Associative fields.

### COPING COMPETENCE

Coping is defined as the thoughts and behaviors mobilized to manage the internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defense mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress.

When individuals are subjected to a stressor, the varying ways of dealing with it are termed 'coping styles,' which are a set of relatively stable traits that determine the individual's behavior in response to stress. These are consistent over time and across situations.

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Generally, coping is divided into reactive coping (a reaction following the stressor) and proactive coping (aiming to neutralize future stressors). Proactive individuals excel in stable environments because they are more routinized, rigid, and are less reactive to stressors, while reactive individuals perform better in a more variable environment.

The word “competence” could be referred to a person’s mastery of some skills in the traditional western psychology. Based on this tradition, Saarni proposed eight skills as the components of emotional competence to handle emotion-eliciting social transactions. These eight skills include:-

- being aware of one’s own emotions,
- discerning and understanding others’ emotions,
- using the vocabulary of emotion and expressions,
- having the capacity for empathic involvement,
- differentiating internal, subjective emotional experience from external, emotional expression,
- coping adaptively with aversive emotions and distressing circumstances,
- being aware of emotional communication within relationships, and
- possessing the capacity for emotional self efficacy.

*Coping is generally categorized into two major categories which are:*

**1. Problem-focused**, which addresses the problem causing the distress: Examples of this style include active coping, planning, restraint coping, and suppression of competing activities. Problem-focused coping targets the causes of stress in practical ways which tackles the problem or stressful situation that is causing stress, consequently directly reducing the stress.

Problem focused strategies aim to remove or reduce the cause of the stressor, including:

- Problem-solving.
- Time-management.
- Obtaining instrumental social support.

**2. Emotion-focused coping** is a type of stress management that attempts to reduce negative emotional responses associated with stress. Negative emotions such as embarrassment, fear, anxiety, depression, excitement and frustration are reduced or removed by the individual by various methods of coping. Emotion-focused techniques might be the only realistic option when the source of stress is outside the person’s control.

Emotion focused coping techniques include:

- Distraction, e.g., keeping yourself busy to take your mind off the issue.
- Emotional disclosure. This involves expressing strong emotions by talking or writing about negative events which precipitated those emotions.
- Meditation, e.g., mindfulness.
- Suppressing (stopping/inhibition of) negative thoughts or emotions. Suppressing emotions over an extended period of time compromises immune competence and leads to poor physical health

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### *Here are seven ways to deal with stress:*

- Keep a positive attitude - sometimes the way you think about things can make all of the difference. Your attitude can help offset difficult situations.
- Accept that there are events you cannot control – when you know there are times when you have given all that you can to a situation, it allows you to expend energy where it can be more effective.
- Learn to relax – purposeful relaxation, such as deep breathing, muscle relaxation and meditation is essential in training your body to relax. Relaxation should be a part of your daily regimen.
- Be active regularly – being active also helps your body more easily fight stress because it is fit.
- Eat well-balanced meals – staying on track with healthy eating habits is a great way to manage stress.
- Rest and sleep - your body needs time to recover from stressful events, so sleep is an important part of caring for yourself.
- Find your stressors and effective ways to cope with them - remember that you can learn to control stress because stress comes from how you respond to stressful events.

### **MINDFULNESS**

Mindfulness is a technique you can learn which involves making a special effort to notice what is happening in the present moment (in your mind, body, and surroundings) – without judging anything. It has roots in Buddhism and meditation, but you do not have to be spiritual, or have any beliefs, to try it.

It aims to help you:

- become more self-aware
- feel calmer and less stressed
- feel more able to choose how to respond to your thoughts and feelings
- cope with difficult or unhelpful thoughts
- be kinder towards yourself.

Many people find practicing mindfulness helps them manage their day-to-day wellbeing. Mindfulness is a skill. It requires work like any therapy and practice like any skill. The way we think (and what we think about) can affect how we feel and act. For example, if you think or worry a lot about upsetting past or future events, you might often feel sad or anxious. The theory behind mindfulness is that by using various techniques to bring your attention to the present (usually focusing on your body and your breathing), you can:

- Notice how thoughts come and go in your mind. You may learn that they do not have to define who you are, or your experience of the world, and you can let go of them.
- Notice what your body is telling you. For example, tension or anxiety can often be felt in your body (such as in a fast heartbeat, tense muscles, or shallow breathing).
- Create space between you and your thoughts, so you can react more calmly.

### ***Mindfulness treats mental health problems -***

- **Common mental health problems** - Studies show that practising mindfulness can help to manage depression, some anxiety problems, and feelings of stress. Some structured mindfulness-based therapies have also been developed to treat these

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problems more formally. In some cases, these treatments are recommended as evidence-based treatments by the National Institute of Health and Clinical Excellence (NICE).

- **Complex mental health problems** - Research into whether mindfulness could help treat more complex mental health conditions, such as psychosis and bipolar disorder, is still in the early stages. It is not clear yet how helpful mindfulness could be for managing these conditions – but you might find it works for you.

Mindfulness helps us put some space between ourselves and our reactions, breaking down our conditioned responses. Here is how to tune into mindfulness throughout the day:

1. **Set aside some time.** You do not need a meditation cushion or bench, or any sort of special equipment to access your mindfulness skills—but you do need to set aside some time and space.
2. **Observe the present moment as it is.** The aim of mindfulness is not quieting the mind or attempting to achieve a state of eternal calm. The goal is simple: we are aiming to pay attention to the present moment, without judgment. Easier said than done, we know.
3. **Let your judgments roll by.** When we notice judgments arise during our practice, we can make a mental note of them, and let them pass.
4. **Return to observing the present moment as it is.** Our minds often get carried away in thought. That is why mindfulness is the practice of returning, again and again, to the present moment.
5. **Be kind to your wandering mind.** Do not judge yourself for whatever thoughts crop up, just practice recognizing when your mind has wandered off, and gently bring it back.

That is the practice. It has often been said that it is very simple, but it is not necessarily easy. The work is to just keep doing it. Results will accrue. Of course, when we meditate, it does not help to fixate on the benefits, but rather just to do the practice. There are plenty of benefits. Here are five reasons to practice mindfulness.

- **Understand your pain.** Pain is a fact of life, but it does not have to rule you. Mindfulness can help you reshape your relationship with mental and physical pain.
- **Connect better.** Ever find yourself staring blankly at a friend, lover, child, and you've no idea what they are saying? Mindfulness helps you give them your full attention.
- **Lower stress.** There is lots of evidence these days that excess stress causes lots of illnesses and makes other illnesses worse. Mindfulness decreases stress.
- **Focus your mind.** It can be frustrating to have our mind stray off what we're doing and be pulled in six directions. Meditation hones our innate ability to focus.
- **Reduce brain chatter.** The nattering, chattering voice in our head seems never to leave us alone. Isn't it time we gave it a little break?

Every little bit of mindfulness helps. What matters most is that you are consistent with your mindfulness practice. Practicing mindfulness regularly can help you calm your mind and move past negative emotions. As you spend time practicing mindfulness, you will probably find yourself feeling kinder, calmer, and more patient. These shifts in your experience are likely to generate changes in other parts of your life as well. Mindfulness can help you

become more playful, maximize your enjoyment of a long conversation with a friend over a cup of tea, then wind down for a relaxing night's sleep.

## **WELL-BEING**

**The World Health Organisation (WHO)** describes 'wellbeing' as a "resource for healthy living" and "positive state of health" that is "more than the absence of an illness" and enables us to function well: psychologically, physically, emotionally, and socially. In other words, wellbeing' is described as "enabling people to develop their potential, work productively and creatively, form positive relationships with others and meaningfully contribute to the community"

**Well-being** is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress. More generally, well-being is just feeling well.

Well-being is something sought by just about everyone because it includes so many positive things — feeling happy, healthy, socially connected, and purposeful. However, increasing your well-being can be tough without knowing what to do and how to do it. Increasing your well-being is simple; there are tons of skills you can build. But increasing your well-being is not always easy: Figuring out what parts of well-being are most important for you and figuring out how, exactly, to build well-being skills usually require some extra help.

Usually, when people start consistently using science-based techniques for enhancing well-being or emotional wellness, they begin to feel better quickly. But you must stick to it. Well, you probably already know that if you stop eating healthy and go back to eating junk food, then you will end up back where you started. It turns out that the exact same thing is true for different types of well-being. If you want to maintain the benefits you gain, you will have to continue to engage in well-being-boosting practices to maintain your skills. So, it's really helpful to have strategies and tools that help you stick to your long-term goals — for example, a happiness and well-being plan or a well-being boosting activity that you can continue to use throughout your life.

Evidence suggests there are 5 steps you can take to improve your mental health and wellbeing. Trying these things could help you feel more positive and able to get the most out of life.

- **Connect with other people:** Good relationships are important for your mental wellbeing. They can help you to build a sense of belonging and self-worth, give you an opportunity to share positive experiences and provide emotional support and allow you to support others
- **Be physically active:** Being active is not only great for your physical health and fitness. Evidence also shows it can also improve your mental wellbeing by raising your self-esteem, helping you to set goals or challenges and achieve them, causing chemical changes in your brain which can help to positively change your mood.
- **Learn new skills:** Research shows that learning new skills can also improve your mental wellbeing by boosting self-confidence and raising self-esteem, helping you to build a sense of purpose, helping you to connect with others, even if you feel like you do not have enough time, or you may not need to learn new things, there are lots of different ways to bring learning into your life.

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- **Give to others:** Research suggests that acts of giving and kindness can help improve your mental wellbeing by creating positive feelings and a sense of reward, giving you a feeling of purpose and self-worth, and helping you connect with other people.
- **Pay attention to the present moment (mindfulness):** Paying more attention to the present moment can improve your mental wellbeing. This includes your thoughts and feelings, your body, and the world around you.

Well-being emerges from your thoughts, actions, and experiences — most of which you have control over. For example, when we think positive, we tend to have greater emotional well-being. When we pursue meaningful relationships, we tend to have better social well-being. And when we lose our job — or just hate it — we tend to have lower workplace well-being. These examples start to reveal how broad well-being is, and how many different types of well-being there are. Living a life with meaning and purpose is key to improving your psychological well-being. Your purpose does not necessarily have to involve changing the world or finding a career devoted to helping others though. Instead, you might make it your purpose to be kind every day. Or your purpose might involve making the world better by encouraging others to take care of the environment or adopt pets from the shelter. Maybe your purpose is being an advocate for those who are hurting like bullied students, the homeless, or victims of abuse.

If you feel like your life lacks purpose, do not worry. There are many ways you can find purpose in life and build a life that has more meaning. Begin by thinking about the legacy you would like to leave behind. Write down how you would like to be remembered at the end of your life or think about the impact you want to leave on the planet. Then, establish some objectives that can help you reach those goals.

Going through Carol Ryff's notion of maintaining positive relations with others explains a way of leading a meaningful life involved comparing levels of self-reported life satisfaction and subjective well-being. Hence positive interventions to attain positive human experience should not be at the expense of disregarding human feelings, emotions, and weakness. He has conceptualized psychological well-being as consisting of 6 dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance.

- **Autonomy:** High scores indicate that the respondent is independent and regulates his or her behaviour independent of social pressures. An example statement for this criterion is "I have confidence in my opinions, even if they are contrary to the general consensus".
- **Environmental Mastery:** High scores indicate that the respondent makes effective use of opportunities and has a sense of mastery in managing environmental factors and activities, including managing everyday affairs and creating situations to benefit personal needs. An example statement for this criterion is "In general, I feel I am in charge of the situation in which I live".
- **Personal Growth:** High scores indicate that the respondent continues to develop, is welcoming to new experiences, and recognizes improvement in behaviour and self over time. An example statement for this criterion is "I think it is important to have new experiences that challenge how you think about yourself and the world".
- **Positive Relations with Others:** High scores reflect the respondent's engagement in meaningful relationships with others that include reciprocal empathy, intimacy, and

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affection. An example statement for this criterion is "People would describe me as a giving person, willing to share my time with others".

- **Purpose in Life:** High scores reflect the respondent's strong goal orientation and conviction that life holds meaning. An example statement for this criterion is "Some people wander aimlessly through life, but I am not one of them".
- **Self-Acceptance:** High scores reflect the respondent's positive attitude about his or herself. An example statement for this criterion is "I like most aspects of my personality"

Hundreds of research studies have proven, wellbeing does not just feel good – it's important for happier, healthier living:

- Optimism and positive emotions can reduce the risk of a heart attack by up to 50%. Optimism can be learnt.
- Experiencing three times more positive emotions compared to negative ones leads to a tipping point beyond which we become more resilient to adversity and better able to achieve things.
- Happier people live longer
- Our expression of positive emotions, such as happiness and optimism, influences the people we know, and studies show our positivity can be passed on to others.
- Having high levels of wellbeing has been shown to increase our immunity to infection, lower our risk of some mental health problems, reduce mental decline as we get older, and increase our resilience.

## REVIEW OF LITERATURE

### COPING COMPETENCE

**Shejmal and Shshnaz (2006)** studied the relationship between job burnout variables and coping mechanism among high school male and female teachers teaching in Pune and found that male teachers used more of problem-focused and emotion-focused coping mechanism and have higher job burnout and depersonalization but not in the area of loss of personal accomplishment. Among the male teachers there is no significant correlation between coping mechanism variables and any of job burnout variables. Among female teachers, there were no significant correlation between the coping mechanism variables and any of job burnout variables except for depersonalization, which showed a significant positive correlation with both the coping mechanisms.

**Singh and Koteswari (2006)** studied relationship between emotional intelligence and the type of coping resources of stress among project managers belonging to different information technology companies in Hyderabad and found that there was significant and positive correlation between emotional intelligence and total coping resources. Highly emotional intelligent people used more of coping resources of stress and more of cognitive and physical types of coping resources. With increase in age, emotional intelligence increased and with increase in age of the project managers, the effectiveness of using the coping resources of stress also increased.

**Shannon, Suldo, Shaunessy and Hardesty (2008)** studied the relationship among stress, coping, and mental health in 139 students. Mental health was assessed using both positive indicators (life satisfaction, academic achievement, academic selfefficacy) and negative indicators (psychopathology) of adolescent is social-emotional and school functioning and

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found students in an IB program perceive significantly more stressed than a sample of 168 of their general education peers, and that specific coping styles are differentially related to mental health outcomes in this subgroup of high-achieving high school students. Furthermore, coping styles (specifically, anger 54 and positive appraisal) moderate the influence of stress on global life satisfaction and internalizing symptoms of psychopathology.

**Kumar and Kadhiravan (2010)** studied the relationship between functional dimensions of coping and cognitive styles of 267 higher secondary students from Puducherry U.T. and found that the approach coping significantly related with intuition, it is also found that the coping significantly related with logical mode and reappraisal coping significantly related with both logical and intuitive mode.

**Sudhaker & Gomes (2010)** conducted a study among 60 nurses working in a multispecialty hospital in Mangalore, using convenient sampling technique. The objective of the study was to determine the occupational stress and coping strategies used by nurses to overcome workplace stress. The tools used were Job Stress Index and Coping Checklist. Different coping strategies were used by the nurses such as discussion with spouse, problem solving and engaging themselves in hobbies like reading, music etc. The results showed a strong negative correlation between job stress and use of coping strategies by nurses.

**Moradi et al (2011)** conducted a research to investigate the relationship between emotional intelligence and coping strategies. A total of 200 (96 females, 104 males) students from Razi university completed measures of emotional intelligence (TMMS) and Coping Responses Inventory (CRI). Data were analyzed using correlation coefficient and regression analysis. The results revealed significant relationship between emotional intelligence and each of the five items of coping strategies in CRI. In addition, regression analysis showed that, emotional intelligence can significantly predict each of these five coping strategies (problem-solving, social support seeking, cognitive evaluation, somatic inhibition and emotional inhibition). These results can be useful for prevention and treatment of behavioral and psychiatric disorder.

**Bahrani et.al, (2013)** examined adolescent's coping styles, with their gender, age and level of six types of problems, the participants were 1843 adolescents (51.7% female and 48.3% male) from the sultanate of Oman with a mean age of 15.75. The findings showed that adolescents high level of perceived problems were associated with higher levels of maladaptive coping styles than those with low level of problems. Furthermore, female adolescents seem to use maladaptive coping styles (across all level of the six types of problems) more than males. The use of adaptive and maladaptive coping styles increase with age.

**Raut, Sneha, Subramanyam and Sinha (2013)** studied professional stress, sleep quality and coping in post-graduate medical students. The sample consisted of 150 postgraduate medical students of various faculties and found that 62% were of moderate to high stress; 41.33% had significant sleep disturbance. The most affected factor was sleep duration. Positive correlation was seen between poor sleep quality and professional stress. Commonest coping mechanism was problem solving and least 55 common was fatalism. Fatalism was a significant predator of increased professional stress and poor sleep quality. There was no significant difference in medical and surgical students on scale for stress, sleep



quality and use of coping mechanism. Sleep quality is an important predictor of professional stress. Coping mechanism also affected residents by altering the way of perceiving and reacting to stressful events, and also by affecting sleep quality.

**Mahnoosh (2014)** studied self-regulation strategies and coping strategies among depressed, single and married women. The statistical sample consists of 100 people in two groups namely 50 depressed single and married women (25 single and 25 married) and 50 non-depressed single and married women (25 single and 25 married). The study found that marital status makes no difference in the strategies used for coping with stress and this difference in the applied coping strategies that stems from personality factors provides the stage of depression. Also, self-regulation in normal persons is higher than in depressed people; while marital status creates no difference in the applied strategies.

**Safaeian & Esmaeilinasab (2014)** compared spiritual intelligence, job stress and coping styles of 232 nurses and doctors coping with critical stress conditions using King Spiritual Intelligence Questionnaire and Hospital Occupational Stress Questionnaire. The findings revealed significant difference in spiritual intelligence and job stress among nurses and doctors. Nurses had higher spiritual intelligence and highest job stress than doctors. Problem focused coping strategy was found to be used more by the nurses than doctors and avoidance coping was frequently used by the doctors.

## **MINDFULNESS**

**Michalak, Teismann, Heidenreich, Ströhle and Vocks (2011)** studied the effect of mindful acceptance on the relationship between self-esteem and depression. The sample consisted of 216 undergraduate students and using Rosenberg Self-esteem Scale, Kentucky Inventory of Mindfulness Skills, Beck Depression Inventory, self-esteem, mindful acceptance and depression respectively were measured. It was found that non-judgmental acceptance moderates the relationship between self-esteem and depression. Results showed that there is a direct relation between mindfulness and self-esteem.

**Rasmussen and Pidgeon (2011)** investigated the benefits of mindfulness on self-esteem and social anxiety. The present study was conducted on 205 undergraduate students of Australia. These students completed the Mindful Attention Awareness Scale (MAAS), the Rosenberg Self-Esteem Scale (RSES), and the Social Interaction Anxiety Scale (SIAS). It was found that mindfulness significantly predicted high levels of self-esteem and low levels of social anxiety. The analysis also reported the role of self-esteem as a partial mediator between mindfulness and social anxiety.

**Hinterman, Burns, Hopwood and Rogers (2012)** investigated the role of mindfulness in relation to cognitive coping strategies on a sample of 232 comprising males and females of college. Using regression and correlation design, it was found that mindfulness had a significant effect in the prediction of positive and negative perfectionism and life satisfaction. There was a positive correlation between high levels of mindfulness, self-esteem, proactive coping and high satisfaction with life; and negative correlation between lack of mindfulness, negative perfectionism, depression and rumination.

**Kelley and Lambert (2012)** examined the potential role of mindfulness for attenuating anger and aggression among criminals. The study was conducted on 272 criminals by using Mindfulness Attention Awareness Scale, Aggression Questionnaire, Hostile Attribution Bias

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Scale and Thought Recognition Inventory. The results indicated that dispositional mindfulness was negatively related with self reported aggression and hostile attribution bias. It was positively related with thought recognition.

**Bergen-Cico, Possemato and Cheon (2013)** examined the effect of mindfulness on physiological health. The study was conducted on a sample of 119 undergraduate students and the mindfulness based stress reduction (MBSR) program was given for the duration of 5-weeks. The study revealed the statistically significant improvement in psychological health (measured by Philadelphia Mindfulness Scale and Kentucky Inventory Mindfulness Scale) and self-compassion (measured by selfcompassion scale). So, this can be concluded that the mindfulness intervention is helpful in improving psychological health however, there was no improvement in trait anxiety.

**Hue and Lau (2015)** investigated the effect of mindfulness meditation on preservice teachers in Hong Kong. The study was conducted on 70 pre-service teachers of Honk Kong for the duration of six-weeks. Both the experiment group and control group were assessed through pretest and posttest measurements. There was a statistically significant increase in the mindfulness and well-being of the experiment group. Regression analysis supported that mindfulness was a significant predictor of well-being, stress, anxiety and depressive symptoms.

**Bernay, Graham, Devcich, Rix and Rubie-Davies (2016)** examined the effect of mindfulness on the well-being of the students. A sample of 124 elementary school students was given the mindfulness intervention for eight-weeks. The participants were assessed by using the Mindfulness Awareness Attention Scale for Children and the Stirling Children's Well-being Scale. The data revealed that there was significant improvement in the well-being and the level of the mindfulness. There was direct relation between mindfulness and well-being. So, it can be concluded that mindfulness intervention is very effective in improving well-being.

**Dundas, Thorsheim, Hjeltnes and Binder (2016)** examined the effect of Mindfulness Based Stress Reduction (MBSR) on academic achievement and self confidence. The sample consisted of 70 students from graduation and post-graduation. On the sample of 46 students, analysis of covariance was applied and it was found that there was the statistically significant reduction in anxiety and improvement in self-confidence. However, there was a reduction in both cognitive and emotional components of evaluation anxiety on the original sample of 70 students. Researcher 29 concluded that more research is needed to establish the effect of mindfulness on anxiety. This study indicated that MBSR may reduce evaluation anxiety.

**Sharma, Sharma, Marimuthu (2016)** explored the role of mindfulness-based program in the management of aggression among youth. The present study consisted of 50 subjects, age range from 18 to 25 years. It was a pre-test post-test study and the tools administered included Socio-demographic information schedule, Buss-Perry Aggression Questionnaire, and World Health Organization quality of life. The results showed the presence of feeling of well-being and ability to relax, reduction in anger and verbal aggression enhancement of quality of life in the physical and environment domains at one month follow-up.

**Prashanth & Sivakumar (2017)** examined the effect of yogic practice and aerobic exercise on selected physiological variables. For this purpose, forty five middle aged men in the age group of 35 – 40 years were selected. They were divided into three equal groups, in which group – I underwent yogic practice, group – II underwent aerobic exercise and group – III acted as control group who did not participate in any special training. The training period for this study was five days in a week for twelve weeks. Prior to and after the training period the subjects were tested for vital capacity and blood pressure (systolic and diastolic). Vital capacity was assessed by using wet- spirometer and blood pressure was assessed by using sphygmomanometer respectively. It was concluded from the result of the study that the yoga practice and aerobic exercise has positively altered the criterion variables, such as, vital capacity and blood pressure (both systolic and diastolic).

### **WELL-BEING**

**Bewick et al. (2010)** showed that during the first year at university, students' psychological well-being changed significantly over time. Psychological well-being decreased significantly from pre-registration to semester one, and then slightly increased again in semester two. This pattern was similar for females and males. In year two the students' psychological well-being was slightly but significantly poorer during semester two compared to semester one.

**Srimati & Kiran (2010)** examined the level of psychological well being among working women in different professions. A total of 325 women working in different organizations – industries, hospitals, banks, educational institutions and in call centers/BPOs were randomly selected. They were administered Carol Ryff's Medium Form of Psychological Well Being Scale. Results revealed that women employees working in industries had least psychological well being in all the sub factors and total psychological well being scores, followed by women working in health organizations. Women employees working in banks had medium level of psychological well being scores. Women teachers had highest total Psychological Well Being scores and also in the entire sub factors of Psychological Well Being. Each subscale of PWB is correlated significantly and positively with rest of the sub scales.

**A study conducted by Agrawal et. al (2011)** aimed to explore subjective wellbeing (SWB) in an urban Indian sample. Adults (n = 1099) belonging to two wards in the city of Bangalore in South India, responded to a study-specific questionnaire. Almost equal number of men and women responded to the study and their age ranged from 20 to 81 years (mean age 37 years). Majority of them were married, Hindus, from middle socio-economic status, had studied above pre university level and more than half were earning. Higher age, being married, having higher education, higher income and working in a full time job seemed to improve life satisfaction and decrease negative affect. Religion was also significantly associated with negative effect. Step- wise regression analysis suggested that only education and income were important predictors of positive effect, while negative affect was better predicted by age, income, work status and religion. Life satisfaction was predicted by income, age and education. The important correlates of SWB for men and women were somewhat different. Overall, socio-demographic variables were found to have minimal effect on SWB in urban India.

**Bravo & Figueroa (2011)** conducted a study to identify the relationship between Job Satisfaction, Psychological Well-being and Perceived Organizational Support amongst prison officials. 190 employees working in state facilities and privately-run prisons were

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evaluated. Main results depict a positive and significant connection between job satisfaction, psychological well-being and perceived organizational support, in such a way that those employees satisfied with their jobs tend to feel better psychologically and perceive support from their organizations. Furthermore, there were no significant differences found between officials in different facilities, concerning the study variables. Regarding socio-demographic figures, the 69 study showed certain differences between genders as far as job satisfaction and psychological well-being are concerned, whereas there were no differences found between employees in different units.

**Akintayo (2012)** investigated the impact of occupational stress on psychological well-being and workers' behavior in manufacturing industries in SouthWest Nigeria. This was for the purpose of ascertaining the relationship among occupational stress, psychological well-being and workers' behavior. A total number of 435 respondents were selected for the study using proportionate purposive sampling technique. The four hypotheses generated for the study were tested using Pearson Product Moment Correlation and t test statistical methods. The finding of the study revealed that there was a significant influence of occupational stress on psychological wellbeing of the respondents. Also, there was a significant influence of occupational stress on workers' behavior (job satisfaction, job commitment and compliance to organizational control). A significant difference was not found in the perception of male and female respondents on the influence of occupational stress on their psychological well-being.

**Kumar and Subramanian (2012)** had done a study on correlates of psychological wellbeing with reference to personal values that actually analyses the relationship between value priorities of individuals and their well-being utilizing Schwartz values model and Carol Ryff's Psychological Well-Being (PWB) Scale. The study was conducted over a sample of 876 students (429 male and 447 female) drawn from various colleges in Madurai, TN, India. Results revealed that espousing hedonistic values provide significantly lesser psychological well-being. PWB scores had significantly positive correlation with values of tradition and self-direction. Analysis of higher order personal values revealed that there is a significant negative correlation between self-enhancement value domain and almost all dimensions of PWB such as autonomy, personal growth, environmental mastery, self-acceptance and total psychological well-being. On the other hand, it was noticed that there was a significant positive correlation between self-transcendence values and psychological well-being domain of personal growth. In sum, the results showed that hedonistic values provides psychological ill-beings, whereas espousing values i.e. adoptive values like self-direction and tradition provides greater psychological wellbeing.

**Saravi et al. (2012)** aimed to compare the quality of life of employed women with housewives. In their study "Comparing health-related quality of life of employed women and housewives: a cross sectional study from southeast Iran." A cross-sectional study was carried with sample consisted of 110 housewives and 110 employed women selected randomly from ten health care centers. The findings from this study indicated that there were no significant differences in quality of life between employed women and housewives. However, employed women scored higher on the SF-36, especially on the role emotional, vitality and mental health. The findings suggest that associations exist between some aspects of health-related quality of life and employment. Indeed improving health-related quality of life among housewives seems essential.

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**Ajediran I. Bello et al (2013)** conducted study on health related quality of life amongst people affected by leprosy in South Ghana. Seventy elderly people who have been cured of leprosy but were undergoing socio-economic rehabilitation at three selected Leprosaria in the southern part of Ghana, were involved in this study. They comprised 31 female and 39 male adults with leprosy-related residual impairment and disability. The main outcome measure was a standardized HRQOL questionnaire which comprised physical functioning, role functioning, social functioning, cognitive functioning, health perception and pain. The results showed that overall mean score of the subjects ( $40.9^{7.6}$ ) on the six domains of the questionnaire was below average. The highest and lowest mean scores were obtained in social functioning ( $56.9^{20.1}$ ) and physical functioning ( $15.0^{25.1}$ ) domains respectively. All the domains were 25 significantly and positively correlated with the overall HRQOL scores. Age had no significant relationship on any of the domains and the overall HRQOL scores. Male participants scored significantly higher than their female peer on cognitive functioning and HRQOL. This study demonstrated low QOL among the sampled elderly people affected by leprosy at the selected leprosoaria, thus stressing the need for measures that could improve their health and socio- economic status within the settlements.

**Dadhania (2015)** had done a study on mental health and psychological well-being in adolescence boys and girls. The random sampling Method was used in this study. The total sample consisted of 80 Adolescent. 40boys and 40 girls' of 10th standard students selected from the Junagadh city were assessed by mental health test and psychological well- being scale. Translated in Gujarati and the t-test was applied to check the difference of mental health and psychological well -being and the Karl-person 'r' method used to check the correlation. Result reveals that significant difference in mental health and psychological well-being with respect to both adolescence boys and girls while corelation between mental health and psychological well- being reveals 0.82 positive correlations.

**Honmore and Jadhav (2015)** in their study on psychological well-being, gender and optimistic attitude among college students set an aim to study psychological well-being in relation to gender and optimistic attitude among college students. Two hundred first year Arts, Commerce and Science students (100 males and 100 females) from different colleges in Islampur and Sangli (Maharashtra) participated in the present study. The participants received Psychological Well-Being Scale (PWB) with five subscales (Sisodia and Choudhary, 2012) and Optimistic- Pessimistic Attitude Scale (Parashar, 1998). The ANOVA results indicate the significant overall gender difference. The results also indicated that the psychological well-being in terms of Mental Health dimension is better in males than females, although the effect size in this context is small (Cohen's  $d = .38$ ). The majority of the participants in this study belonged to rural or semi-urban background characterized by male dominance and emphasis on traditional norms and restrictions on females. In a society in transition, this may create some mental health problems for the college going females where equality of the genders is emphasized at conceptual level. Thus the present findings are in line with the earlier evaluation of the literature on gender differences in introduction indicating 'either the absence of gender differences or only small to medium gender differences'.

### **METHODOLOGY**

**Aim:** To examine the difference in coping competence, mindfulness and well-being among young psychologists and other associative fields.

## **Coping Competence, Mindfulness and Well-Being Among Young Psychologists and Other Associative Fields**

### ***Objectives***

- To find out the difference on the level of coping competence, mindfulness and well being among young psychologists and other associative fields.
- To study the relationship between coping competence, mindfulness and well-being among young psychologists.
- To study the relationship between coping competence, mindfulness and well-being among other associative fields.

### ***Hypothesis***

- There is a significant difference in coping competence among young psychologists and other associative fields.
- There is a significant difference in mindfulness among young psychologists and other associative fields.
- There is a significant difference in well-being among young psychologists and other associative fields.
- There is a significant relationship between coping competence and mindfulness among young psychologists.
- There is a significant relationship between coping competence and mindfulness among other associative fields.
- There is a significant relationship between coping competence and well-being among young psychologists.
- There is a significant relationship between coping competence and well-being among other associative fields.
- There is a significant relationship between mindfulness and well-being among young psychologists.
- There is a significant relationship between mindfulness and well-being among other associative fields.

### ***Sample***

A sample of 120 adults will be taken for the study i.e., 60 young psychologists and 60 other associative fields. The age range taken up for the study is 23-27 years.

### ***Variables***

- Coping Competence Mindfulness
- Well Being

### ***Tools***

- **Coping Competence Questionnaire:** It was developed by Schroder & Ollis in 2013. It consists of 12 items and each item has 6 alternatives and out of them one alternative has to be selected.
- **Cognitive and Affective Mindfulness Scale-Revised (CAMS-R):** It was developed by Feldman in 2007. It consists of 10 items and each item has 4 alternatives and out of them one alternative has to be selected. Scoring for the positive items is done as 4,3,2,1 and negative item as 1,2,3,4.
- **WHO-5 Well-being Index:** It was developed by World Health Organization in 1998. It consists of 5 items and each item has 6 alternatives and out of them one alternative has to be selected. Scoring for the items is done as 5, 4, 3, 2, 1, 0.

## Coping Competence, Mindfulness and Well-Being Among Young Psychologists and Other Associative Fields

### Procedure

For conducting this study, Coping Competence Questionnaire, Cognitive and Affective Mindfulness Scale -Revised (CAMS-R) and WHO-5 Well-being Index were used to gather data within the age range of 23-27 years. The Google form was made and participants were asked to fill the questionnaire. The instructions were given to them. I asked them to respond to all the questions according to what they feel. They were informed that their responses will be kept confidential. After that the scores were analyzed and the data was entered in excel sheet.

### Statistical Analysis

The tests used for statistical analysis are mean, standard deviation, t-test and Pearson's correlation.

## ANALYSIS OF RESULT

**Table 1: Showing the mean, standard deviation and t-test in coping competence among young psychologists and other associative fields.**

Coping Competence	Young Psychologists	Other Associative Fields
Number(N)	60	60
Mean	24.22	25.55
Standard Deviation	4.98	5.21
T-Test	0.07	

\*0.05

The level of significance is 1.96. The above table shows that the t-test is 0.07, which means there is no significant difference in coping competence among young psychologists and other associative fields. Thus, my hypothesis is rejected.

**Table 2: Showing the mean, standard deviation and t-test in mindfulness among young psychologists and other associative fields.**

Mindfulness	Young Psychologists	Other Associative Fields
Number(N)	60	60
Mean	27.05	28.38
Standard Deviation	3.26	3.31
T-Test	0.01	

\*0.05

The above table shows that the t-test is 0.01, which means there is no significant difference in mindfulness among young psychologists and other associative fields. Thus, my hypothesis is rejected.

**Table 3:- Showing the mean, standard deviation and t-test in well-being among young psychologists and other associative fields.**

Well-Being	Young Psychologists	Other Associative Fields
Number(N)	60	60
Mean	19.2	19.78
Standard Deviation	2.60	2.34
T-Test	0.09	

\*0.05

**Coping Competence, Mindfulness and Well-Being Among Young Psychologists and Other Associative Fields**

The above table shows that the t-test is 0.09, which means there is no significant difference in well-being among young psychologists and other associative fields. Thus, my hypothesis is rejected.

**Table 4:- Showing Pearson's correlation between coping competence and mindfulness among young psychologists.**

YOUNG PSYCHOLOGISTS		COPING COMPETENCE	MINDFULNESS
COPING COMPETENCE	Pearson Correlation	1	.193
	Sig. (1-Tailed)		.070
	N	60	60
MINDFULNESS	Pearson Correlation	.193	1
	Sig. (1-Tailed)	.070	
	N	60	60

\*0.05

The above table shows that  $r = .193$  which means there is no significant relationship between coping competence and mindfulness among young psychologists, thus my hypothesis is rejected.

**Table 5:- Showing Pearson's correlation between coping competence and mindfulness among other associative fields.**

Other Associative Fields		COPING COMPETENCE	MINDFULNESS
COPING COMPETENCE	Pearson Correlation	1	-.105
	Sig. (1-tailed)		.213
	N	60	60
MINDFULNESS	Pearson Correlation	-.105	1
	Sig. (1-tailed)	.213	
	N	60	60

\*0.05

The above table shows that  $r = -.105$  which means there is no significant relationship between coping competence and mindfulness among other associative fields, thus my hypothesis is rejected.

**Table 6:- Showing Pearson's correlation between coping competence and well-being among young psychologists.**

YOUNG PSYCHOLOGISTS		COPING COMPETENCE	WELL-BEING
COPING COMPETENCE	Pearson Correlation	1	.201
	Sig. (1-tailed)		.062
	N	60	60
WELL-BEING	Pearson Correlation	.201	1
	Sig. (1-tailed)	.062	
	N	60	60

\*0.05



**Coping Competence, Mindfulness and Well-Being Among Young Psychologists and Other Associative Fields**

The above table shows that  $r = .201$  which means there is no significant relationship between coping competence and well-being among young psychologists, thus my hypothesis is rejected.

**Table 7:- Showing Pearson's correlation between coping competence and well-being among other associative fields.**

Other Associative Fields		COPING COMPETENCE	WELL-BEING
COPING COMPETENCE	Pearson Correlation	1	-.185
	Sig. (1-tailed)		.078
	N	60	60
WELL-BEING	Pearson Correlation	-.185	1
	Sig. (1-tailed)	.078	
	N	60	60

\*0.05

The above table shows that  $r = -.185$  which means there is no significant relationship between coping competence and well-being among other associative fields, thus my hypothesis is rejected.

**Table 8:- Showing Pearson's correlation between mindfulness and well-being among young psychologists.**

YOUNG PSYCHOLOGISTS		MINDFULNESS	WELL-BEING
MINDFULNESS	Pearson Correlation	1	.160
	Sig. (1-tailed)		.112
	N	60	60
WELL-BEING	Pearson Correlation	.160	1
	Sig. (1-tailed)	.112	
	N	60	60

\*0.05

The above table shows that  $r = .160$  which means there is no significant relationship between mindfulness and well-being among young psychologists, thus my hypothesis is rejected.

**Table 9:- Showing Pearson's correlation between mindfulness and well-being among other associative fields.**

Other Associative Fields		MINDFULNESS	WELL-BEING
MINDFULNESS	Pearson Correlation	1	-.084
	Sig. (1-tailed)		.262
	N	60	60
WELL-BEING	Pearson Correlation	-.084	1
	Sig. (1-tailed)	.262	
	N	60	60

\*0.05

The above table shows that  $r = -.084$  which means there is no significant relationship between mindfulness and well-being among other associative fields, thus my hypothesis is rejected.

## **DISCUSSION**

**Coping Competence** is the capacity to effectively cope with failure and negative life events as indicated by a reduced likelihood of helplessness reactions and fast recovery from any occurring helplessness symptoms. **Mindfulness** is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. It is a quality that every human being already possesses, it's not something you have to conjure up and you just have to learn how to access it. **Well-Being** is defined as a state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to the community.

The objective of the study was to find out the significant difference between coping competence, mindfulness and well-being among young psychologists and other associative fields and to study the relationship between coping competence, mindfulness and well-being among young psychologists and other associative fields. A sample of 120 adults were taken for the study i.e., 60 psychologists and 60 other associative fields. The age range taken up for the study is 23-27 years. For conducting this study, Coping Competence Questionnaire, Cognitive and Affective Mindfulness Scale -Revised (CAMS-R) and WHO-5 Well-being Index were used to gather data. The participants of young psychologists had 3-5 years of work experience and the participants of other associative fields were from teaching background with 3-5 years of work experience.

The first hypothesis was that there is no significant difference in coping competence among young psychologists and other associative fields. According to the results, the table shows that the t-test is 0.07, it indicates that they do not differ significantly at  $p < 0.05$  level. Thus, there is no significant difference in coping competence among young psychologists and other associative fields, so my hypothesis is rejected. The second hypothesis was that there is a significant difference in mindfulness among young psychologists and other associative fields. According to the results, the table shows that the t-test is 0.01, it indicates that they do not differ significantly at  $p < 0.05$  level. Thus, there is no significant difference in coping competence among young psychologists and other associative fields, so my hypothesis is rejected. The third hypothesis was that there is no significant difference in well-being among young psychologists and other associative fields. According to the results, the table shows that the t-test is 0.09, it indicates that they do not differ significantly at  $p < 0.05$  level. Thus, there is no significant difference in well-being among young psychologists and other associative fields, so my hypothesis is rejected.

According to the researches, Safaeian & Esmaeilinasab (2014) compared spiritual intelligence, job stress and coping styles of 232 nurses and doctors coping with critical stress conditions. The findings revealed significant difference in spiritual intelligence and job stress among nurses and doctors. Nurses had higher spiritual intelligence and highest job stress than doctors. Problem focused coping strategy was found to be used more by the nurses than doctors and avoidance coping was frequently used by the doctors.

The fourth hypothesis was that there is a significant relationship between coping competence and mindfulness among young psychologists. According to the results, the table shows that the r value is 0.193, which means there is no significant relationship between coping competence and mindfulness among young psychologists, so my hypothesis is rejected. The fifth hypothesis was that there is a significant relationship between coping competence and

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mindfulness among other associative fields. According to the results, the table shows that the  $r$  value is  $-0.105$ , which means there is no significant relationship between coping competence and mindfulness among other associative fields, so my hypothesis is rejected. The sixth hypothesis was that there is no significant relationship between coping competence and well-being among young psychologists. According to the results, the table shows that the  $r$  value is  $0.201$ , which means there is no significant relationship between coping competence and well-being among young psychologists, so my hypothesis is rejected.

According to the researches, Bravo & Figueroa (2011) conducted a study to identify the relationship between Job Satisfaction, Psychological Well-being and Perceived Organizational Support amongst prison officials. 190 employees working in state facilities and privately-run prisons were evaluated. Main results depict a positive and significant connection between job satisfaction, psychological well-being and perceived organizational support, in such a way that those employees satisfied with their jobs tend to feel better psychologically and perceive support from their organizations. Furthermore, there were no significant differences found between officials in different facilities.

The seventh hypothesis was that there is a significant relationship between coping competence and well-being among other associative fields. According to the results, the table shows that the  $r$  value is  $-.185$ , which means there is no significant relationship between coping competence and well-being among other associative fields, so my hypothesis is rejected. The eighth hypothesis was that there is a significant relationship between mindfulness and well-being among young psychologists. According to the results, the table shows that the  $r$  value is  $.160$ , which means there is no significant relationship between mindfulness and well-being among young psychologists, so my hypothesis is rejected. The ninth hypothesis was that there is a significant relationship between mindfulness and well-being among other associative fields. According to the results, the table shows that the  $r$  value is  $-.084$ , which means there is no significant relationship between mindfulness and well-being among other associative fields, so my hypothesis is rejected.

According to the researches, Hue and Lau (2015) investigated the effect of mindfulness meditation on pre service teachers. The study was conducted on 70 pre-service teachers for the duration of six-weeks. Both the experiment group and control group were assessed through pretest and posttest measurements. There was a statistically significant increase in the mindfulness and well-being of the experiment group. Regression analysis supported that mindfulness was a significant predictor of well-being, stress, anxiety and depressive symptoms.

### **CONCLUSION**

The findings of the study indicate that there is no significant difference in coping competence, mindfulness and well-being among young psychologists and other associative fields. It was also found that there is no significant relationship between coping competence and mindfulness among young psychologists, no significant relationship between coping competence and well-being among young psychologists, no significant relationship between mindfulness and well-being among young psychologists and there is no significant relationship between coping competence and mindfulness among other associative fields, no significant relationship between coping competence and well-being among other associative

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fields, no significant relationship between mindfulness and well-being among other associative fields.

### ***Future Implication of the study***

The study provides the theoretical framework of Coping Competence, Mindfulness and Well-being. This study has been conducted to find out the significant difference between coping competence, mindfulness and well-being among young psychologists and other associative fields and to study the relationship between coping competence, mindfulness and well-being among young psychologists and other associative fields. Thus, this provides the basic understanding. The study is beneficial for students, psychologists, doctors, teachers, and social workers.

### ***Limitations of the study***

No study can be quoted perfect. There are always some loopholes that are identified after the study is conducted. Some limitations and suggestions are:-

- The sample was applied only on two regions i.e. Lucknow and Delhi-NCR, so we cannot say that the results are applied to all the people. If this topic is taken up, samples should be collected from different regions.
- The study has been conducted between the age group of 23-27. The study can be conducted on any other age group which fulfills the objective of the study.
- Qualitative research method can be used for the further research but in this study only quantitative research method is used.
- The sample size taken for this research was very less. Number of participants can be increased to make the study more valid.

## **REFERENCES**

- Agrawal, J., Murthy, P., Philip, M., Mehrotra, S., Thennarasu, K., John, J. P., Girish, N., Thippeswamy, V., & Isaac, M. (2011). Socio-demographic Correlates of Subjective Well-being in Urban India. *Social Indicators Research*, 101(3), 419–434. <http://doi.org/10.1007/s11205-010-9669-5>.
- Ajediran I, et al. Bello, Sylvester A. Dengzee & Fidelis T. Iyor; Health related quality of life amongst people affected by leprosy in South Ghana: A needs assessment. *Lepr Rev* 2013:76–84.
- Akintayo, D. I. (2012). Occupational Stress, Psychological Well Being and Workers' Behaviour in Manufacturing Industries in South- West Nigeria. *Research Journal in Organizational Psychology & Educational Studies*, 1(5), 289-294.
- Bahrani, M.A., Aldhafri. S., Alkharusi.H., Kazem.A., and Alzubiadi.A.(2013) Age and gender difference in coping style across various problems: Omani adolescents' perspective. *Journal of Adolescence*, 36,303-309.
- Bergen-Cico, D., Possemato, K., & Cheon, S. (2013). Examining the efficacy of a brief mindfulness-based stress reduction (brief MBSR) program on psychological health. *Journal of American College Health*, 61(6), 348-360.
- Bernay, R., Graham, E., Devcich, D. A., Rix, G., & Rubie-Davies, C. M. (2016). Pause, breathe, smile: a mixed-methods study of student well-being following participation in an eight-week, locally developed mindfulness program in three New Zealand schools. *Advances in School Mental Health Promotion*, 9(2), 90- 106.

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- Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education* 2010; 35(6), 633-645.
- Bravo, Y & Figueroa, A (2011). Psychological well-being, perceived organizational support and job satisfaction amongst Chilean prison employee's Psychological well-being, perceived organizational support and job satisfaction amongst Chilean prison employees. *Rev Esp Sanid Penit*, 13, 91-99
- Dadhania, D.A. (2015). Mental Health and Psychological Well-Being in Adolescence Boys and Girls. *International Journal of Public Mental Health and Neurosciences*, 2(3), 10-12.
- Dundas, I., Thorsheim, T., Hjeltnes, A., & Binder, P. E. (2016). Mindfulness Based Stress Reduction for academic evaluation anxiety: A naturalistic longitudinal study. *Journal of college student psychotherapy*, 30(2), 114-131.
- Hinterman, C., Burns, L., Hopwood, D., & Rogers, W. (2012). Mindfulness: Seeking a more perfect approach to coping with life's challenges. *Mindfulness*, 3(4), 275-281.
- Honmore, V.M., and Jadhav, M.G. (2015). Psychological Well-Being, Gender and Optimistic Attitude among College Students. *The International Journal of Indian Psychology*, 3(1), 174-18.
- Hue, M. T., & Lau, N. S. (2015). Promoting well-being and preventing burnout in teacher education: A pilot study of a mindfulness-based programme for preservice teachers in Hong Kong. *Teacher Development*, 19(3), 381-401.
- Kelley, T. M., & Lambert, E. G. (2012). Mindfulness as a potential means of attenuating anger and aggression for prospective criminal justice professionals. *Mindfulness*, 3(4), 261-274.
- Kumar, K. & Kadiravan, S. (2010). Stress coping and cognitive styles of higher secondary Students. *Recent Researches in education and Psychology* 17 (III-IV) 94-98.
- Kumar, V.V.B., and Subramanian, S. (2012). Correlates of Psychological Well Being with Reference Personal Values. *Indian Journal of Health and Well-Being*, 3(3), 711-715
- Mahnoosh, Z. (2014) A comparison of self-regulation strategies and coping strategies among depressed single and married women. *International Journal of Research in Organizational Behaviour and Human Resource Management*. 2(3)164 – 178.
- Michalak, J., Teismann, T., Heidenreich, T., Ströhle, G., & Vocks, S. (2011). Buffering low self-esteem: The effect of mindful acceptance on the relationship between self-esteem and depression. *Personality and Individual Differences*, 50(5), 751-754.
- Moradi A, Pishva N, Ehsan HB, et al. (2011) The relationship between coping strategies and emotional intelligence. *Procedia-Social and Behavioral Sciences* 30: 748–751.
- Prashanth, M.D & Dr. K. Sivakumar (2017). Effect of Yogic Practices and Aerobic Exercise on Muscular Strength on Selected Physiological Variables. *International Journal of Recent Research and Applied Studies*, 4, 1(3), 10-12.
- Rasmussen, M. K., & Pidgeon, A. M. (2011). The direct and indirect benefits of dispositional mindfulness on self-esteem and social anxiety. *Anxiety, Stress, & Coping*, 24(2), 227-233.
- Raut, N. Sneha, G., Subramanyam, A. & Sinha, D., (2013). Professional stress, sleep quality and coping in post-graduate medical students. *Journal of Research in Medical Education & Ethics*. 3, (3), 225-232.
- Safaeian, M., & Esmailinasab, M. (2014). Comparison of spiritual intelligence, job stress and coping styles between nurses and doctors. *Bulletin of Environment, Pharmacology and Life Sciences*. 3(II), 233–237.

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- Saravi FK, Navidian A, Rigi SN, Montazeri A. (2012, Nov 23). Comparing health-related quality of life of employed women and housewives: a cross sectional study from southeast Iran. *BMC Womens Health*, 12, 41. DOI: 10.1186/1472-6874-12-41.
- Shannon M, Suldo, Elizabeth Shaunessy & Robin Hardesty (2008). Relationships among stress, coping, and mental health. *Psychology in the schools*, 45 (4).
- Sharma, M. K., Sharma, M. P., & Marimuthu, P. (2016). Mindfulness-based program for management of aggression among youth: a follow-up study. *Indian journal of psychological medicine*, 38(3), 213.
- Shejwal, B.R. & Shahnaj, M. (2006). A study of job burnout and coping mechanisms among high school teachers. *Journal of Psychological Researches*, 50 (1), 27-33.
- Singh & Koteswari (2006). Emotional intelligence and the coping resources of stress among project managers. *Edutracks*. 5(11), 33-36.
- Srimathi, N. L & Kiran, S. K (2010). Psychological well-being of Employed Women across different organizations. *Journal of the Indian Academy of Applied Psychology*, 36(1), 89-95.
- Sudhaker, C. and Gomes, L. (2010). Job Stress, Coping Strategies and the Job Quality Index of Nurses Working in Selected Multi-speciality Hospitals. *Journal of the Academy of Hospital Administration*. 22 (1 & 2), 10-14.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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