

## Role of Mindfulness in The Management of Mental Health in Adolescent: A Literature Review

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### ABSTRACT

Mindfulness is a popular method for reducing stress and improving overall health, with scientific evidence supporting its therapeutic effects. It involves being present and aware of one's surroundings without responding or becoming overwhelmed. There are two main types of mindfulness interventions: stress reduction-based mindfulness (MBSR) and mindfulness-based cognitive therapy (MBCT). MBSR is an 8-week therapy technique that includes daily practices at home and weekly group sessions, while MBCT combines MBSR and CBT to treat depression. Mindfulness has therapeutic effects, including affecting the brain's architecture and activity in regions connected to attention and emotion regulation. Studies have shown that mindful participants are less likely to react negatively to stressful situations with negative thoughts or emotions, and they are better at paying attention to the moment. Mindfulness is a powerful tool for managing anxiety, depression, and emotional intelligence among adolescents. Regular mindfulness practices help individuals better recognize and comprehend their own emotions, leading to greater clarity of feelings, reduced distraction, and improvement in emotional intelligence. Research has shown that mindful individuals respond to events and experiences in a receptive, attentive manner, which can impact their perception and response to stressful situations.

*Keywords: Mindfulness, Adolescents, Anxiety, Depression, Emotional Intelligence*

Throughout antiquity, individuals have engaged in the practice of meditation, predominantly as a means of spiritual cultivation. The practice of mindfulness has experienced a surge in popularity as a means of reducing stress and enhancing overall well-being, with scientific research providing support for its efficacy. This approach offers an alternative method for cultivating and directing one's attention towards achieving a state of tranquil concentration and positive emotions." Mindfulness refers to the cognitive capacity to maintain a state of complete presence and heightened awareness of one's immediate environment while refraining from reactive responses or succumbing to feelings of being overwhelmed. The fundamental concept of mindfulness involves directing one's focus on the current moment and being fully aware of one's experiences. Practice is the act of mindfully observing one's thoughts and emotions in the current moment without engaging in judgment or personal attachment to them. When those practicing mindfulness experience a wandering mind, they engage in the process of observing the direction of their thoughts

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and then redirect their attention back to the present moment. This redirection involves placing emphasis on breath, physiological sensations, or engaging in a yoga action.

In essence, the term "mindfulness" can be characterized as a concept that is easily comprehensible. This implies that our attention is solely directed toward our immediate surroundings. Although it may appear small, it is a common occurrence for us to deviate from the subject matter being discussed. During this phenomenon, our thoughts transcend physical limitations, leading to a detachment from our corporeal selves and, afterwards, being overwhelmed by feelings of remorse or fear. Consequently, we express our apprehension. The faculty of awareness remains consistently present to redirect our attention towards our present physical position, ongoing tasks, and cognitive state. In order to achieve a comprehensive understanding of mindfulness, it is imperative to engage in regular practice of this concept. In order to maintain a state of mindfulness, individuals must actively engage with their own sensory experiences. The practice often entails directing one's attention on the breath, cognitive processes, physical sensations, and present affective states. Acceptance refers to the act of perceiving and encountering something without the imposition of evaluative judgments. Instead of responding to such ideas or emotions, it is advisable to cognitively acknowledge them and afterwards release them. These practices can contribute to the improvement of our mindfulness towards our bodily sensations, cognitive condition, and emotional well-being. The rise in popularity of standardized mindfulness-based therapies has resulted in the integration of mindfulness into both the practice and research of psychology in Western contexts.

**Hoffman (2017)** posits that the integration of Eastern mindfulness practices and Western cognitive behavioral therapy is evident in the therapeutic approaches of stress reduction-based mindfulness (MBSR) and mindfulness-based cognitive therapy (MBCT). The body of literature pertaining to mindfulness-based treatments (MBIs) has been steadily increasing.

### *Types of Mindfulness*

Mindfulness is made up of two parts, which are attention and acceptance.

**There are two main types of mindfulness interventions:**

- 1. Mindfulness-based stress reduction (MBSR):** It is an 8-week therapy technique that includes daily mindfulness practices at home and weekly group sessions. MBSR teaches yoga and meditation to improve awareness (**Nehra et al., 2013**).
- 2. Mindfulness-based cognitive therapy (MBCT):** To treat depression (CBT), MBCT combines MBSR and CBT. MBCT has been demonstrated to reduce the chance of relapse in those who have previously had severe depression. Mindfulness-based treatment can also enhance physical health (**Hardy, Sheila, 2015**).

### *Therapeutic Effects of Mindfulness*

Research has demonstrated that mindfulness exerts an influence on the structural and functional characteristics of the brain, particularly in areas associated with attention and the regulation of emotions. Researchers are also investigating the therapeutic implications of mindfulness. Through a series of meditation experiments, researchers discovered that individuals who underwent mindfulness-based cognitive therapy (MBCT) had a reduced tendency to respond to stressful situations with negative thoughts or emotions. This discovery is not the sole instance of their findings. They exhibited a higher level of mindfulness, characterized by an enhanced ability to focus on the present moment and a reduced tendency to ruminate on negative ideas or events (**Troy et al., 2013**).

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Chronic stress has the potential to compromise the functionality of the immune system and exacerbate preexisting health conditions. Additional studies have demonstrated that the practice of mindfulness exhibits potential for facilitating the recovery process from colds and flus, mostly through enhancing individuals' immune systems. The practice of mindfulness has the potential to provide benefits to the overall well-being of an individual by mitigating the effects of stress. The cultivation of mindfulness meditation necessitates consistent practice in order to become integrated into an individual's daily routine. Through consistent practice, individuals may discover that it serves as a valuable instrument for mitigating stress and enhancing overall well-being. One example of a demonstrated effect of mindfulness is its ability to alleviate chronic pain, fatigue, and stress (Seiler, A., et al., 2020).

### *Mental Health Benefits of Mindfulness*

A remark about mindfulness is that being present does not imply personality change. Simple actions can help us, our friends and coworkers, and the institutions we support grow these natural traits, as well as the people and groups we support. Mindfulness is a way of life. It helps us focus and relax. Our health, happiness, work, and relationships all benefit from it. Achieving effective, resilient, and low-cost solutions requires mindfulness. When we think about mindfulness meditation, we may get distracted. It's as though our bodies are heavy luggage for our heads. Mindfulness starts with awareness of one's body and surroundings. So, we appear to float without needing to walk.

### *A mindfulness practitioner can get the following benefits*

- **Body awareness:** Body awareness is the ability to detect subtle bodily sensations, and research shows that mindfulness improves body awareness. To regulate emotions, one must first be aware of them (Treves, et al., 2019; Pérez-Peña et al., 2022).
- **Improves Concentration, Self-Esteem, and Stress:** Mindfulness increases the activity of the anterior cingulate cortex (Tang, YY., 2015), a brain section linked to executive function and attention. Increased attention control allows one to focus on a task rather than be distracted by worries. Mindfulness meditation, among other benefits, has been linked to lower blood pressure and cortisol levels, a stress hormone (Anderson JW et al., 2008). In another study, it was found that after two months of mindfulness meditation practice, self-esteem and self-acceptance improved (Keng SL., 2011).

### *Mindfulness and Anxiety*

The practice of mindfulness places an emphasis on paying attention to the experience of the present moment as well as accepting that experience without passing judgment on it. On the other hand, mindfulness training entails learning how to recognize the physical manifestations of unusually high levels of stress, how to recognize stressful thoughts and interrupt their destructive cycle, as well as how to make realistic assessments and locate a constructive exit strategy (Bishop SR., 2004). According to MAMIG (2006), an expert with extensive experience is typically required to carry out a cognitive behavioral therapy (CBT) intervention, whereas a mindfulness intervention can be carried out by someone with less training. CBT and mindfulness-based treatments have been applied to the parents and/or careers of children with disabilities. However, while the two treatments have not been directly compared, there have been various investigations into them.

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In his study, **MAMIG (2006)** searched databases (e.g., PsycINFO, MEDLINE) for literature on the impact of mindfulness interventions and the psychological and biological mechanisms that underpin the effects of mindfulness practice. Results showed that mindfulness practice and principles have their origins in many contemplative and philosophical traditions, but individuals can effectively adopt the training and practice of mindfulness in the absence of such traditions or vocabulary. A recent surge of interest regarding mindfulness in therapeutic techniques can be attributed to the publication of some well-designed empirical evaluations of mindfulness-based cognitive therapy. As a result of this, as well as a broader history of clinical integration of mindfulness and Western psychotherapies, a growing number of clinicians have expressed interest in and enthusiasm for learning the techniques of mindfulness and integrating them into their therapeutic work.

Since **Kabat-Zinn's (1982)** introduction of a mindfulness-based training program, numerous types of therapy based on mindfulness have been created in recent years. A comprehensive analysis of the relevant published research reveals that the studies either concentrated on the behavior and well-being of children or had few experimental control conditions (**Bodhi B., 2011**). He determined the meaning and function of mindfulness meditation using the Pali Canon as the source of inquiry, the oldest complete collection of Buddhist texts to survive intact. Mindfulness is the chief factor in the practice of satipahna, the best-known system of Buddhist meditation. In descriptions of satipahna, two terms constantly recur: mindfulness (*sati*) and clear comprehension (*sampajaa*). An understanding of these terms based on the canonical texts is important not only from a philological angle but also because such an understanding has major bearings on the actual practice of meditation. The word *sati* originally meant 'memory,' but the Buddha ascribed to this old term a new meaning determined by the aims of his teaching. This meaning, the author holds, might best be characterized as 'lucid awareness.' He questions the common explanation of mindfulness as 'bare attention,' pointing out problems that lurk behind both words in this expression. He also briefly discusses the role of clear comprehension (*sampajaa*) and shows that it serves as a bridge between the observational function of mindfulness and the development of insight. Finally, he takes up the question of whether mindfulness can legitimately be extracted from its traditional context and employed for secular purposes. He maintains that such non-traditional applications of mindfulness are acceptable and even admirable on the grounds that they help alleviate human suffering, but he also cautions against a reductionist understanding of mindfulness and urges that investigators respect the religious tradition in which it is rooted.

According to **Kabat Zeinn (2003)**, recent studies have indicated that the practice of mindfulness can be beneficial in treating a wide variety of diseases, including stress, depression, and anxiety. The practices of mindfulness have been shown to be helpful in alleviating physical tensions and anxieties, in addition to mental anguish and stress. **Kabat Zeinn** suggested that mindfulness-based interventions are clinically efficacious, but that better-designed studies are now needed to substantiate the field and place it on a firm foundation for future growth. Her review, coupled with other lines of evidence, suggests that interest in incorporating mindfulness into clinical interventions in medicine and psychology is growing. It is thus important that professionals coming to this field understand some of the unique factors associated with the delivery of mindfulness-based interventions and the potential conceptual and practical pitfalls of not recognizing the features of this broadly unfamiliar landscape. This commentary contextualizes mindfulness, its origins, its introduction into medicine and healthcare, cross-cultural sensitivity, teaching practices, and professional training opportunities in mindfulness and clinical applications. The primary

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mechanism of mindfulness is the ability to exercise self-control over one's attention. This is because the practice of repeatedly concentrating on a neutral stimulus, like one's breathing, generates an environment that has significance. In addition to this, it frees the mind of worrying thoughts and eliminates concerns about how one will perform on tests and examinations.

According to the findings of **Miller et al. (1995)**, some studies suggest that mindfulness meditation may be a useful alternative to more traditional psychological treatments for anxiety disorders. This may be especially true for individuals who do not wish to participate in conventional treatment sessions or who do not respond to the treatment. He suggested that having a good general emotional intelligence level and a higher total emotional quotient are associated with having a good mindfulness competence level. In his study of 22 medical patients with DSM-III-R-defined anxiety disorders, he found clinically and statistically significant improvements in subjective and objective symptoms of anxiety and panic following an 8-week outpatient physician-referred group stress reduction intervention based on mindfulness meditation. Twenty subjects demonstrated significant reductions in Hamilton and Beck anxiety and depression scores postintervention and at 3-month follow-up. In this study, 3-year follow-up data were obtained and analyzed for 18 of the original 22 subjects to probe long-term effects. Repeated measures analysis showed maintenance of the gains obtained in the original study on the Hamilton anxiety scales as well as on their respective depression scales, on the Hamilton panic score, the number and severity of panic attacks, and on the Mobility Index-Accompanied and the Fear Survey. A 3-year follow-up comparison of this cohort with a larger group of subjects from the intervention who had met criteria for screening for the original study suggests generalizability of the results obtained with the smaller, more intensively studied cohort. Ongoing compliance with the meditation practice was also demonstrated in the majority of subjects at 3 years. It is concluded that an intensive but time-limited group stress reduction intervention based on mindfulness meditation can have long-term beneficial effects in the treatment of people diagnosed with anxiety disorders.

Mindfulness facilitates a more measured response to stress by promoting awareness of the present moment, as opposed to impulsive reactions devoid of comprehension of underlying emotions or motivations. This approach mitigates the negative impact of stress and anxiety. The possession of self-awareness regarding both physical and mental states enables individuals to exhibit enhanced efficacy and appropriateness in challenging circumstances, thereby facilitating stress management and anxiety prevention. This practice encourages individuals to cultivate a sense of honesty and acceptance of their emotions. Consequently, individuals exhibit enhanced capacities for seeing, undergoing, and articulating emotions. Mindfulness facilitates the ability to perceive phenomena from multiple vantage points. Research studies have demonstrated that the practice of mindfulness can be beneficial in helping individuals effectively cope with feelings of anxiety and despair (**Zhang D. et al., 2021; Schuman-Olivier et al., 2020**).

### *Mindfulness and Depression*

Depression is widely recognized as the most prevalent and formidable mental health condition to address therapeutically. The efficacy of drugs may diminish during the course of treatment. One of the most significant challenges is the potential lack of efficacy of medications across all patient populations. It may be opportune to harness the potential of mindfulness as a therapeutic intervention for depression. The results of a recent meta-analysis indicate that mindfulness-based cognitive therapy (MBCT) exhibits positive effects

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in reducing the risk of relapse among individuals with recurrent depression, particularly those with more severe residual symptoms. Mindfulness-Based Cognitive Therapy (MBCT) is an intervention that aims to equip individuals with the skills necessary to disengage from the pervasive maladaptive thoughts commonly associated with depression. Remarkably, recent findings have shown that mindfulness-based cognitive therapy (MBCT) may hold particular efficacy for individuals afflicted with severe depression. In alternative terms, there exists a positive correlation between the elevated risk of resistant depression and the perceived advantage of mindfulness-based cognitive therapy (MBCT) (Kuyken et al., 2016; Goldberg et al., 2019).

### *Mindfulness and Emotional intelligence*

Engaging in consistent mindfulness activities has the potential to enhance an individual's ability to identify and understand their own emotional experiences. Emotional intelligence is essential for managing anxiety, depression, and stress (Kumar B. 2018 and 2021). According to Feldman et al. (2007), there is a correlation between mindfulness and several outcomes, such as increased awareness of emotions, enhanced emotional clarity, and decreased levels of distraction. Mindfulness training instructs individuals to cultivate a state of focused awareness towards their emotions and thoughts, devoid of evaluative judgment or active interference. Maintaining a state of vigilance promotes individuals' heightened attentiveness towards the emotional states of others, thereby facilitating their ability to effectively interpret nonverbal signs and accurately perceive and understand the emotions experienced by others. Mindfulness facilitates the differentiation between action and reaction. This approach facilitates individuals in enhancing their emotional efficacy by aiding them in discerning the appropriateness of distinct emotions for various jobs. By cultivating self-awareness of one's own emotions as well as the emotions of others, individuals can acquire the necessary skills to regulate and utilize emotions in a conscious and deliberate manner, thereby demonstrating emotional intelligence.

### *Mindfulness Therapy for the Management of Anxiety, Depression, and Emotional Intelligence Among Adolescents:*

Different cultures place distinct beginning and ending ages in adolescence. Buhrmester and Furman (1987) point to adolescence as a time when parental and social role expectations shift and when adolescents experience a proliferation of new and deeper friendships and romantic partnerships. Adolescence and "youth" are often used interchangeably, despite their significant differences. Adolescence, like youth, is a unique period of joy, vitality, opportunity, and difficulties during which a person develops a heightened awareness of and appreciation for the world around them (Ikorok, 2004). This is a time of rapid transformation. Adjusting to changes in one's own identity as well as those of one's family, friends, and community can be challenging during adolescence. The sociologist claims that adolescents typically experience a period of unclear role expectations. Adolescents may feel torn between acting like children or adults. The adolescent experience cannot be captured by a single theoretical framework.

Due to the spiritual dimension, it has and the tremendous relevance it possesses for both internal states of being and exterior activities, Future studies should consider the literature's emphasis on mindfulness's resistance to operationalization (Hayes & Shenk, 2004; Baer et al., 2006). One definition of the practice known as "mindfulness" is "bringing one's whole attention to the events occurring in the present moment in a way that is nonjudgmental or receptive" (Kabat-Zinn, 1990; Brown & Ryan, 2003; Linehan, 1993). Not responding, observing, acting aware, describing, and not judging are the five characteristics of

mindfulness included in the condensed version of the Five Facets of Mindfulness (Bohlmeijer et al., 2011).

In recent years, mindfulness has risen to prominence as a potential tool for both the avoidance and alleviation of stress. In his 1982 and 1990 works, the leading proponent of this approach, **Jon Kabat-Zinn**, described mindfulness as the ability to pay attention in a certain way to the sensations that occur in the present moment while accepting them without making value judgments about them.

**Segal, Williams, and Teasdale (2002)** looked at mindfulness-based cognitive therapy (MBCT), a group intervention that teaches recovered people who are depressed again and again how to stop thinking depressing thoughts that are triggered by dysphoria and may lead to relapse or recurrence. Recovered recurrently depressed patients (n = 145) were randomized to continue with treatment as usual or, in addition, to receive MBCT. Relapse or recurrence of major depression was assessed over a 60-week study period. For patients with three or more previous episodes of depression (77% of the sample), MBCT significantly reduced the risk of relapse or recurrence. For patients with only two previous episodes, MBCT did not reduce relapse or recurrence. MBCT offers a promising, cost-efficient psychological approach to preventing relapse or recurrence in recovered, recurrently depressed patients. According to **Bishop et al. (2004)**, there is a difference between (1) self-regulation of attention paid to immediate experience, which allows for the recognition of mental events in the present, and (2) a specific orientation to one's own experience of the present moment, which is characterized by curiosity, openness, and acceptance of whatever is taking place in the present.

The four therapies that claim to employ mindfulness are acceptance and commitment therapy (**Linehan, 1993**), mindfulness-based cognitive therapy, and mindfulness-based stress reduction (**MBSR; Kabat-Zinn, 1982, 1990, 2003**). This study aimed to compare the effectiveness of mindfulness-based cognitive group therapy (MBCGT) with cognitive-behavior group therapy (CBGT) in reducing anger and aggression while driving. The experimental design was a pretest, posttest, and follow-up with a randomized assignment. The sample for this study included 20 male taxi drivers who were selected through accessible sampling and participated voluntarily in the research. Participants were randomly divided into two experimental groups. The first experimental group received MBCGT, and CBGT was conducted in the second experimental group. Both groups were tested three times (i.e., pretest, posttest, and one-month follow-up). The study tools used were the Driving Anger Scale (DAS) and the Driving Anger Expression Questionnaire (DAX). Data were analyzed using SPSS 16 software with covariance analysis. The results showed that MBCGT, in comparison to CBGT, led to a significant reduction in driving anger, aggressive expression of driving anger, and a significant increase in adaptive or constructive expression of driving anger.

According to research by **Weinstein et al. (2009)**, mindful individuals respond to ongoing events and experiences in a receptive, attentive manner. This experiential mode of processing suggests implications for the perception of and response to stressful situations. Using laboratory-based, longitudinal, and daily diary designs, four studies examined the role of mindfulness on appraisals of and coping with stress experiences in college students and the consequences of such stress processing for well-being. Across the four studies, results demonstrated that mindful individuals made more benign stress appraisals, reported less frequent use of avoidant coping strategies, and in two studies, reported higher use of

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approach coping. In turn, more adaptive stress responses and coping partially or fully mediated the relationship between mindfulness and well-being. College students with higher levels of mindfulness are less likely to view stress as threatening, use fewer avoidant coping strategies, and more frequently engage in constructive coping strategies. These results suggest that mindfulness practice can help lessen the negative effects of stress.

**Walach and Louise (2008)** created a program called Mindfulness-Based Coping with University Life (MBCUL). This program helped them feel less stressed, anxious, and depressed, and it also helped them become better problem solvers and have more positive self-assessments. According to **Lynch et al. (2018)**, the benefits of mindfulness for a variety of clinical and nonclinical populations are well established, and there is growing interest in the potential of mindfulness in higher education. They designed a randomized, wait-list-controlled study of Mindfulness-Based Coping with University Life (MBCUL), an adaptation of Mindfulness-Based Stress Reduction (MBSR), for university students. MBCUL is an 8-week program that aims to help students bring mindful awareness to their academic work, stress management, approach to communication and relationships, and health. Participants were recruited from the general student body at the University of Northampton and were randomized into mindfulness or control groups. The mean age for students in the combined MBCUL group was  $M = 25.07$  and  $M = 28$  in the control group. A significant decrease in anxiety, depression, and perceived stress was found in the MBCUL group compared with controls. Similarly, a significant increase in mindfulness was found in the MBCUL compared with controls. Attrition was high, and the small numbers limit the generalizability of the data. However, the results suggest that MBCUL is an acceptable and useful mindfulness program for university students, which warrants further investigation with larger samples.

**Kang et al. (2009)** examined the effectiveness of a stress coping program based on mindfulness meditation on the stress, anxiety, and depression experienced by nursing students in Korea. A non-equivalent control group pre-posttest design was used. A convenience sample of 41 nursing students was randomly assigned to experimental ( $n = 21$ ) and control groups ( $n = 20$ ). Stress was measured with the PWI-SF (5-point) developed by Chang. Anxiety was measured with Spieberger's state anxiety inventory. Depression was measured with the Beck depression inventory. The experimental group attended 90-minute sessions for eight weeks. No intervention was administered to the control group. Nine participants were excluded from the analysis because they did not complete the study due to personal circumstances, resulting in 16 participants in each group for the final analysis. Results for the two groups showed (1) a significant difference in stress scores, (2) a significant difference in anxiety scores, and (3) no significant difference in depression scores.

According to **Bullis JR. et al. (2014)**, there has been a recent proliferation of research evaluating the efficacy of mindfulness as a clinical intervention. However, there is still little known about trait mindfulness or how trait mindfulness interacts with maladaptive emotion regulation strategies. He explored the effect of trait mindfulness on emotion regulation as well as whether specific factors of trait mindfulness are uniquely associated with subjective and autonomic reactivity to stress. In their experiment, forty-eight healthy male participants were trained in the use of the suppression strategy and then instructed to suppress their responses to the inhalation of a 15% CO<sub>2</sub>-enriched air mixture for 90 seconds while their subjective distress and heart rate were recorded. After controlling for anxiety-related variables, the ability to provide descriptions of observed experiences predicted less heart rate



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reactivity to CO<sub>2</sub> inhalation, while skillfulness at restricting attention to the present moment was uniquely predictive of less subjective distress. The tendency to attend to bodily or sensory stimuli predicted greater distress during CO<sub>2</sub> inhalation. These findings suggest that factors associated with trait mindfulness predict less stress reactivity and distress while engaging in suppression, above and beyond other variables that have been shown to predict anxious responses.

### SUMMARY

Reduction in stress, anxiety, and health improvement are common benefits of mindfulness, which are supported by researchers. Mindfulness requires awareness without judgment. Stress reduction-based mindfulness (MBSR) and mindfulness-based cognitive therapy (MBCT) are the main mindfulness therapies. MBCT treats depression with MBSR and CBT over eight weeks. Mindfulness meditation helps people handle stress and anxiety by being present in the moment and acting more effectively in tough situations. Mindfulness-based cognitive group therapy (MBCGT) helps reduce relapse in depressed patients, especially those with significant residual symptoms. Managing anxiety, depression, and stress requires emotional intelligence. Regular mindfulness activities can help people understand and recognize their emotions, improving clarity and reducing distraction. Receptive, attentive responses to events and experiences have been found to affect how aware people perceive and respond to stressful and anxious situations. Mindfulness-Based Coping helps adolescents reduce stress, anxiety, and depression, increase their mood, and have more positive self-assessments.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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