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Research Paper

A Correlational Study Between Mindfulness and Depression Among College Students

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ABSTRACT

This study examined the relationship between Mindfulness Attention Awareness and Depression among college going students. Depression is a disorder of mood that affects a person's capacity to think clearly; undermines motivation to act; alters intimate bodily functioning, such as sleeping and eating. Mindfulness refers to the ability to focus on the present internal and external experience with non-judge mental and non-response attitudes. Mindfulness could help the individuals to give up depressive rumination. Descriptive survey method was employed to analyse the relationship between mindfulness and depression among the college going students. A sample of 240 students was taken randomly from a P.G college, Panchkula with a mean age of approx. 20 yrs. To conduct the research 'The Back Depression Inventory-II' and Mindfulness Attention Awareness Scale were used to assess the relationship between both the variables. The results of the study showed a negative correlation between mindfulness and depression.

Keywords: *Mindfulness Attention, Depression*

Mindfulness is a complex construct that does not yet have a generally accepted operational definition in the field of psychology. Mindfulness can be understood as the ability to pay attention on purpose, in the present moment, in a non-judgmental manner (Kabat-Zinn, 1990). Bishop et al. (2004) contend that acceptance is another essential component of mindfulness in addition to attention and awareness of the present. Cardaciotto, Herbert, Forman, Moitra, and Farrow (2008) view mindfulness as a two-dimensional construct composed of awareness of one's experience and the concomitant acceptance of that experience, with the two components being conceptually and empirically different. Based on convergent, discriminant, and criterion validity studies conducted using large samples, Brown and Ryan (2004) proposed that, although the concepts are related, "acceptance" does not provide a qualitative advantage over the single factor of "attention and awareness of the present."

The different ways of measuring mindfulness also reflect the diversity of definitions, with scales that vary in complexity from the use of a single factor, attention to the present moment (Brown & Ryan, 2003), to the use of five factors: observe, describe, act with awareness, non-judging and non-reactivity (Baer, Smith, Hopkins, Krietemeyer, & Toney,

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2006). This terminological and conceptual confusion is the result of researchers approaching the subject from different perspectives.

Mindfulness has been widely studied in recent decades, with the number of scholarly articles increasing from 80 in 1990 to more than 600 in 2006 (Brown, Ryan, & Creswell, 2007). There is now even a scientific journal devoted to the subject. The topic's popularity among researchers and clinicians is all the more noteworthy given that mindfulness is a quality of consciousness and that, except among cognitive scientists and those psychologists with a philosophical orientation, consciousness has received relatively little attention in psychological scholarship, research, and clinical practice. Equally noteworthy is the fact that mindfulness represents a challenge to western thinking and to the established paradigms in psychology, where the superiority of the self is considered the appropriate guide for human behaviour (Brown et al., 2007).

With evidence mounting regarding the beneficial effects of mindfulness, researchers have begun to take an interest in the processes that might explain such effects. Until now, it has been suggested that these processes involve changes in the use of attention, cognition, and emotion. However, another significant process to consider is exposure. Given that mindfulness requires contact with external and internal phenomena as they occur, mindfulness may lessen sensitivity and emotional overreaction and result in quicker recovery, greater tolerance and more effective acceptance of unpleasant emotional states (Borkovec, 2002). Voluntary exposure to unpleasant or challenging events and experiences may thus lessen emotional distress and facilitate more adaptive behavioural responses (Sloan, 2004). Conversely, strategies such as experiential avoidance, which lead to distracted states and the suppression of unpleasant events and experiences, can make the extinction of emotional responses more difficult. As a result, a body of experimental research has emerged suggesting that voluntary exposure is a component of mindfulness (Arch & Craske, 2006).

Mindfulness has also been related to behavioural regulation. After reviewing a series of studies, Brown et al. (2007) proposed that mindfulness not only facilitates behavioral control with adaptive ends, but also promotes behavioural regulation that optimizes well-being. According to the authors, the awareness brought about by mindfulness facilitates more flexible and adaptive responses and helps to minimize automatic or impulsive reactions. In this regard, mindfulness can strengthen the ability to respond according to values, objectives, or personal needs rather than responding out of habit or reacting to components of a situation. Mindfulness may also work by inhibiting intrusive thoughts and allowing for a deeper processing of those stimuli relevant to the task at hand (Brown et al., 2007).

While mindfulness has been widely explored in Western contexts, limited research exists in India exploring its association with depression among college students, a population increasingly vulnerable to psychological distress. This study aims to bridge that gap by investigating the correlation between mindfulness and depression within an Indian academic setting.

Depression is a mood disorder that affects individual functioning across multiple domains. It is currently known that more than 350 million people suffer from depression worldwide and that it significantly contributes to the global burden of disease. Depression stands out not only for its high prevalence, but also due to the probability of associated relapse and recurrence. Another setback is the high financial cost that it entails, which translates into low

productivity, workplace absenteeism, outpatient care, hospitalizations and pharmacological treatments. According to the World Health Organization depression is the leading cause of years lived with disability (YLD), and the most prevalent disorder among serious psychiatric disorders in primary care setting. This disorder is characterized by changes in sleep, appetite and psychomotricity, decreased concentration and decision-making ability, loss of self-confidence, feelings of inferiority or worthlessness and guilt, as well as despair and recurrent thoughts of death with ideation, planning and/or suicidal acts. So far, the Beck Depression Inventory-II (BDI-II) has become one of the most widely used measures to assess depressive symptoms and their severity in adolescents and adults. The BDI-II is a 21-item self-report measure that taps major depression symptoms according to diagnostic criteria listed in the Diagnostic and Statistical Manual for Mental Disorders. Items are summed to create a total score, with higher scores indicating higher levels of depression. It is worth noting that the BDI-II is not only extensively applied for research purposes but also in clinical practice, being the third test most used among Spanish professionals. Since its publication, a number of studies have examined the validity and reliability of BDI-II across different populations and countries. Results have consistently shown good internal consistency and test-retest reliability of the BDI-II in community adolescent and adult clinical outpatients as well as in adult clinical inpatients. Criterion-based validity has also shown acceptable sensitivity and specificity of the BDI-II for detecting depression, supporting its clinical utility as an aid measure for diagnostic purposes. In contrast, findings concerning BDI-II factor structure have been somewhat inconsistent. Particularly, while Beck et al. two-factor correlated model composed of a cognitive-affective and a somatic factors has been supported in many studies; there are others studies which identified a single factor, two alternative factors consisting of somatic affective and cognitive, three factors corresponding to cognitive, somatic and affective and an alternative three-factor model including negative attitude, difficulty and somatic. Less frequently, four and five factors have also been reported. Additionally, more sophisticated analysis into the BDI-II factor structure including hierarchical and bi-factor models have been tested. Bi-factor models, in contrast, allow to examine a non-hierarchical general factor independently of the specific factors and to simultaneously test the extent to which the common variance between items are explained by the orthogonal general factor and by the specific factors that are tested. By doing so, bi-factor models represent a useful strategy to examine if a construct of interest can be viewed primarily as one-dimensional or multidimensional and, subsequently, the way in which scores should be computed. Results from hierarchical and bi-factor BDI-II models supported both models. For example, Byrne et al. found that a hierarchical model comprising one general factor of depression and three factors of negative attitude, performance difficulty and somatic elements fitted well to data and were fully invariant across Hong Kong and American adolescents. Subica et al compared a one-dimensional model, three alternative two-factor models and three bi-factor models including an independent general depression factor and specific factors. They found that none of the two-factor models have acceptable fit and, in contrast, all the corresponding bi-factor models showed good fit indices, concluding that only BDI-II total score should be used to measure the severity of depression. Similarly, McElroy tested fifteen competing BDI-II models including unidimensional, multidimensional and bi-factor models, and revealed that bi-factor models provided the best fit to the data, supporting the view that BDI-II assesses a single latent construct. Finally, Vanheule et al. did not find confirmatory evidence for bi-factor models but, instead, they found that a three-factor model consisting of affective, cognitive and somatic factors provided better fit to data in clinical and non-clinical samples.

RESEARCH METHODOLOGY

Aim:

To examine the relationship between mindfulness and depression among college students.

Objectives*:*

- To assess the level of mindfulness attention awareness among college-going students.
- To assess the level of depressive symptoms among college-going students.
- To examine the relationship between mindfulness attention awareness and depression among college students.

Hypotheses:

- **H_0:** There is no significant relationship between mindfulness attention awareness and depression among college students.
- **H_1:** There is a significant negative relationship between mindfulness attention awareness and depression among college students.

Method:

A descriptive survey design was used. A random sample of 240 students (mean age ≈ 20 years) was selected from a postgraduate college in Panchkula. Participants completed the Mindfulness Attention Awareness Scale (MAAS) and the Beck Depression Inventory-II (BDI-II).

Data was analysed using Pearson's correlation.

Sample:

A stratified random sampling method was used to ensure representation from six departments (Arts, Science, Commerce, Mass Communication, Business Administration, and Physical Education). The study was conducted in a P.G Govt. College (Panchkula). A sample of 240 male and female students was randomly selected from six Departments of the College across different academic years. From each department 40 students were randomly selected. The subjects' age was kept with an approximate mean of 20 years.

Inclusion Criteria:

- Enrolled in full-time undergraduate/postgraduate programs.
- Age between 18 and 25.
- Ability to read and understand English.

Exclusion Criteria:

- Students currently receiving psychological treatment.
- Incomplete questionnaire responses.

Tools and Technique:

- **Mindful Attention Awareness Scale (Brown & Ryan, 2003):** was used to determine the level of mindfulness of the college students. The MAAS is used to evaluate individual differences in the frequency of mindfulness over a period of time. It is a 6-point Likert Scale, consists of 15 items.
- **Beck Depression Inventory-II (Beck, Steer, & Brown, 1996):** In order to assess the level of depression among the subjects taken for the present research Beck

Depression Inventory-II (BDI-II) was used. The BDI-II is a widely used 21-item self-report inventory assessing depressive symptom severity.

Data collection:

Questionnaires were distributed to the students and after briefing them about the questionnaire, they were given sufficient time to fill it. Consent was taken from the students and their confidentiality has been maintained. Students studying in Govt. PG. College, Panchkula of both the genders (males and females) who gave their consent were included in the study.

INTERPRETATION OF THE OBTAINED RESULTS

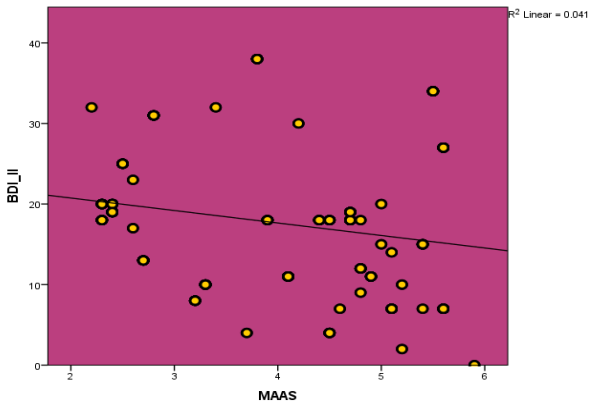
Analysis of the collected data was done with the help of Software (SPSS). Karl Pearson's Product Moment Method was applied for determining the association between the variables under taken for the study.

Table 1: Correlation between Mindfulness Attention Awareness and Depression

Correlations between BDI-II and MASS		
Pearson Correlation	1	-.201*
Sig. (2-tailed)		.002
N		240
***Correlation is significant at the 0.05 level (2-tailed).**		

It was found from the analysis of the data that the obtained 'r' value was -.201, which was significant at 0.05 level of significance. The obtained results clearly showed a significant but negative relationship between mindfulness attention and depression among the college students. *As mindfulness increases, levels of depression tend to decrease.* Therefore, it can be safely interpreted that higher the mindful attention among the students less was the level of depression in them (as shown in Table 1 and Figure no.1). It may be due to that prevalence of mindfulness attention make the students more aware about their well-being (physical, mental and social) *potentially preventing the onset of depression*.

Fig No.1: Graphical representation of Correlations between BDI-II and MAAS Scores



DISCUSSION

As the results of the present study depicted a significant but negative relationship between mindfulness attention awareness and depression among the college students. Similar findings were reported by Moskowitz et.al (2015); Palmer, A., & Rodger, S. (2009); Ahmed M. Alzahrani et,al (2020) and Branstrom R. et.al (2011). Mindfulness attention has been

found out to cultivate and facilitate the adaptive psychological functioning (Shaheed et.al, 2015) among them as it reduces the level of stress and ultimately to depression. Keng et.al (2011) mentioned in their work that mindfulness attention is significantly correlated with physical health of an individual. Ruff and Mackenzie in 2005 supported the fact that mindfulness shows a significant relevance to the quality of life. The negative correlation, though modest, supports the potential utility of mindfulness practices in college mental health programs. Promoting awareness-based emotional regulation may reduce depressive tendencies.

CONCLUSION

The findings of this study demonstrate a significant inverse relationship between mindfulness and depression in college students. While the effect size is small, the results underscore the importance of psychological awareness and attention in mitigating depressive symptoms. Incorporating mindfulness-based training into student wellness programs may offer a viable preventive strategy. Future research should explore this relationship across diverse populations and through experimental designs.

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Conflict of Interest

The author(s) declared no conflict of interest.

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