

Research Paper

## Relationship Between Mindfulness, Cognitive Failure and Stress among Young Adults

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### ABSTRACT

The study explored the relationship between mindfulness, cognitive failure and perceived stress, among college-going students. Scales used for mindfulness, Cognitive failure, and perceived stress. The total number of participants is 100 (males 47, females 53). Previously, there was a lack of literature found with respect to this combination among college going students. Findings revealed a significant inverse correlation between cognitive failure and mindfulness, associated with reduced between-group differences, indicating that higher mindfulness levels are associated with reduced cognitive malfunctions, perceived stress and additionally. Cognitive failures, a positive result suggests a bidirectional relationship where stress can impact cognitive function and vice versa. Gender differences showed that women scored higher in mindfulness than men, indicating potentially higher levels of mindfulness among females. Limitations and further implications of the study are discussed later.

**Keywords:** *Mindfulness, Gender difference, Cognitive Failure, Perceived stress*

In the current setting, mindfulness is crucial, particularly for young adults. Stress levels are higher among young individuals (India Wellness Index, 2023). According to the ICICI Lombard General Insurance, the 2023 Indian Wellness Index. Every third Indian is consistently experiencing at least one symptom of stress due to the country's growing rate of cognitive decline and stress. Additionally, practicing mindfulness can lessen stress and cognitive impairment.

### *Mindfulness*

Mindfulness is managing where your attention is directed and how you approach your experiences are the two primary components of mindfulness. Self-regulation of attention, which is the first component, is the ability to change one's focus when necessary and to observe thoughts, feelings, and sensations without passing judgment or becoming engrossed in them. Developing an attitude of curiosity, openness, and acceptance towards your experiences is the second part, which is called orientation to experience.

“A receptive attention to and awareness of present events and experiences.” (Brown & Ryan, 2003)

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According to Bateman & Fonagy (2004, 2006) mindfulness is similar to mentalization. Mindfulness is used to treat a wide variety of mental disorders and in clinical contexts to help alleviate chronic pain (Bunjak, 2022). Lately, more and more people outside clinical settings have embraced mindfulness through meditation as a way to alleviate stress and enhance their overall wellness (Chiesa, 2009). Mindfulness meditation also reduces anxiety and depression symptoms significantly (Teasdale et al., 2000; Hofmann et al., 2010; de Jong et al., 2016). Up to now, scholarly studies have primarily concentrated on assessing mindfulness, creating evaluation tools (Brown & Ryan, 2003; Baer et al, 2004, 2006), and assessing the efficacy of mindfulness-based interventions like the mindfulness-based stress reduction (MBSR) program (Kabat-Zinn et al., 1992; Grossman et al., 2004) and mindfulness-based cognitive therapy (MBCT: Teasdale et al., 2000). Additionally, researchers have delved into understanding the mechanisms of mindfulness, aiming to elucidate the fundamental processes connecting mindfulness practice with the resultant positive changes (Shapiro et al., 2006; Hoelzel et al., 2011).

Being mindful involves more than just being attentive. It concerns our attentional processes (Shapiro, 2020, p. 9). Three key psychological components of mindfulness are:

1. Goal
2. Vigilance
3. Mentality

### Qualities of mindfulness (Kobatz-Zinn, 1992)

A set of **key attitudes** that form the foundation of mindfulness practice. These are not separate techniques, but guiding qualities for engaging with the present moment. They include **non-judging**, or observing experiences without labeling them; **patience**, allowing events to unfold in their own time; and a **beginner's mind**, approaching each moment with fresh curiosity. They also involve **trust** in one's own perceptions, **non-striving**, which means letting go of the urge to achieve specific outcomes; **acceptance**, recognizing things as they are; and **letting go**, releasing attachments to thoughts, emotions, and experiences so they can pass naturally.

Being mindful has several advantages in day-to-day living. Self-control (Bishop et al., 2004; Masicampo & Baumeister, 2007), objectivity (Adele & Feldman, 2004; Brown, Ryan, & Creswell, 2007; Leary & Tate, 2007; Shapiro, Carlson, Astin, & Freedman, 2006), affect tolerance (Fulton, 2005), enhanced flexibility (Adele & Feldman, 2004), equanimity (Morgan & Morgan, 2005), improved concentration and mental clarity (Young, 1997), emotional intelligence (Walsh & Shapiro, 2006), and empathy, kindness, acceptance, and compassion (Fulton, 2005; Wallace, 2000)

### *Cognitive failure*

According to the APA. "Cognitive failures are minor errors in thinking reported by clinical and non-clinical individuals during everyday life.

"Cognitive failures were broadly defined as one's tendency to experience errors and slips in functioning" (Boomsma, 1998; Broadbent et al. 1982. Wallace, Kass, & Stanny, 2002).

Broadbent et al. used the term "cognitive failure" for the first time in 1982. Cognitive failures are elements of subjective cognition that reflect minute cognitive errors that occur in day-to-day life, according to Broadbent et al. (1982). These are the little mental mistakes that occur to all of us frequently, in both clinical and non-clinical settings. Memory,

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distractibility, blunders, and name recall are the four main categories of cognitive failures, also referred to as absent-minded errors, according to Wallace et al. (2002).

Physically active people frequently deal with the irritation (and sometimes the shame) of fleeting moments of mental disorientation, also referred to as "brain farts" or "cognitive failure," on a daily basis (Carrigan & Barkus, 2015). Even small things like forgetting why you're in a place, leaving your keys inside a car, or repeatedly pushing an apparently stuck door before seeing there's a "Pull" sign can become annoying. These forgetfulness episodes affect some people more than others, which makes it difficult for them to complete their daily duties. It is still unclear what causes these cognitive failures, and attempts to link them to quantifiable cognitive capacities have produced nothing in the way of preventive measures. (Carrigan & Barkus; 2015)

A growing number of people are choosing to improve their cognitive talents through commercial brain training programs. Markets & Markets (2014) projected that by 2018, the market for these tools would be worth US\$5,721.2 million. According to Kelly et al. (2014) and Valenzuela & Sachdev (2009), whereas practicing a specific task may increase performance on that task, it is unclear if such improvements translate to general cognitive functioning in daily life

### *Perceived stress*

Stress can be defined as a state of worry or mental tension caused by a difficult situation. Stress is a natural human response that prompts us to address challenges and threats in our lives. Everyone experiences stress to some degree. The way we respond to stress, however, makes a big difference in our overall well-being" (WHO, 2023)

Stress arises when individuals perceive that they cannot adequately the demands being made on them or with threats to their well-being. (S. Lazarus, 1966)

"Stress is the psychological, physiological, and behavioral response of an individual when they perceive a lack of equilibrium between the demands placed upon them and their ability to meet those demands, which, over a period of time, leads to ill-health" (S. Palmer, 1989)

"Stress, it is argued, can only be sensibly defined as a perceptual phenomenon arising from a comparison between the demand on the person and his or her ability to cope. An imbalance in this mechanism, when coping is important, gives rise to the experience of stress and to the stress response" (Cox, 1978).

"Stress is characterized as an individual's response, whether physical, mental, or emotional, to a particular stimulus, also referred to as a "stressor." Our bodies react to demands of any kind by producing stress. (Pearlin, 1981).

"An agent or stimulus that creates stress is known as a stressor. Stressors can be noises, disagreeable people, a speeding car, divorce, work difficulties, etc. Stress may lead to psychological disorders like depression, anxiety, anger, fear, sleep disturbances, etc. We generally respond to stress by going into fight or flight mode" (Dhabhar, 2018)

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The fight/flight reaction is divided into two stages:

1. Short-term fight/flight responses
2. Long-term fight/flight responses

### Types of stress

Stress is of four types- Eustress, Distress, Acute stress, Chronic stress

The prefix “**eu**” in *eustress* originates from a Greek term meaning “excellent.” Eustress, also called *positive* or *good stress*, occurs in enjoyable circumstances, such as the excitement of getting married, the happiness of receiving an award, or the pride of a job promotion. This type of stress can enhance confidence, foster new skills, and inspire motivation (Kupriyanov, 2014).

**Distress:** The term *distress* is derived from the Latin prefix “dis,” meaning disharmony or disagreement. It refers to the negative form of stress that arises when situations are perceived as painful, unfair, threatening, or uncomfortable. Examples include unemployment, serious injury, chronic illness, divorce, and depression. Distress can significantly diminish an individual’s quality of life (Holland, 2013).

**Acute Stress:** Acute stress is a short-term response to a situation and can manifest as either eustress or distress. In moderate amounts, it can be stimulating and enjoyable, but when excessive, it becomes draining. Prolonged exposure to acute stress may result in psychological strain, headaches, tension, and other symptoms (Bryant, 2000).

**Chronic Stress:** Chronic stress is long-lasting and often stems from major distressing events or the accumulation of multiple minor stressors. It poses serious risks to both mental and physical health, increasing the chances of burnout and heart disease (Shalev, 2002). Chronic stress often develops when a person cannot find solutions to their problems, leading to ongoing feelings of helplessness.

### Effect of stress

Stress hormones are released from the body when the person is under stress. Physical health is also affected by the accumulation of stress hormones (Yaribeygi, 2017).

It has been seen variety of effects including Heart disease, Asthma, Obesity, Diabetes, Headaches, Anxiety and Depression, Gastrointestinal problems, Alzheimer’s disease, and Accelerated ageing.

### Objectives

To explore the relationship between mindfulness, cognitive failure, and perceived stress among collage going students.

### Hypothesis

- **H1:** Higher levels of mindfulness will be associated with lower levels of perceived stress among college-going students.
- **H2:** Higher levels of mindfulness will be associated with fewer cognitive failures among college-going students.
- **H3:** Higher levels of cognitive failure will be associated with higher levels of perceived stress among college-going students.
- **H4:** Mindfulness will significantly predict perceived stress, even after controlling for cognitive failure.

## METHOD

A quantitative approach is used in this study, and it is also the most commonly used method. This study is aimed at the relationship between mindfulness, cognitive failure, and perceived stress among young adults.

### *Sample*

Based on the purposive sampling method, the study consists of 100 participants (N 100). The age range of the participants varies from 18 to 26. Further, the total sample is divided into two groups. The total number of male participants is 47, and the total number of female participants is 53. This sample was taken because the present study is on young adults.

### *Measurements:*

To measure these variables, we have used the following scales,

- **A mindfulness attention awareness scale (MAAS)** was developed to measure the mindfulness of one's life. The MAAS was developed in 2003 by Kirk Brown and Richard Ryan. The scale is a 15-item, 6-point Likert scale that assesses trait mindfulness about one's life. The reliability coefficient, Cronbach's alpha, and test-retest reliability of MAAS were, respectively, 0.76 and 0.67.
- **The Cognitive Failures Questionnaire (CFQ)** was developed by Donald Broadbent in 1982. CFQ is a self-report measure that assesses the frequency of lapses in attention, memory, and cognition in everyday life. The questionnaire consists of 25 items, and each item describes a cognitive failure or lapse that an individual might experience in their daily life. The questions are rated on a Likert scale with response options like "never", "rarely", "sometimes", "frequently", and "very frequently". The Cronbach's alpha and test-retest reliability of CFQ are 0.85 and 0.71, respectively.
- **A perceived stress scale (PSS)**, developed by Sheldon Cohen in 1983, was designed to measure the level of perceived stress in one's life. The PSS is available in 10-item (PSS-10) and 14-item (PSS-14) versions. The 10-item version is more commonly used due to its brevity and strong psychometric properties. In this study, PSS-10 is used. Scores are obtained by reversing responses to certain items (eg, items 4, 5, 7, and 8 in the PSS-10) and then summing across all items. Higher scores indicate higher perceived stress. The PSS has demonstrated good internal consistency, with Cronbach's alpha values typically ranging from 0.70 to 0.90 in various studies. The test-retest reliability of the PSS is 0.70, suggesting that the measure is stable over time.

### *Procedure*

The topic was selected. Scales were finalized for all three variables (mindfulness, cognitive failure, and perceived scale). Then questionnaires were distributed to the intended respondents. The data was collected in both online and offline formats. Instructions were given to the respondents. After obtaining written consent from the respondents, the questionnaire booklet was provided to those who were interested. The filled-out questionnaires were collected from the respondents. We thanked each and every respondent for their valuable time and effort. After collecting each data point, we feed each data point in SPSS-20. We used descriptive statistics (mean and SD) and inferential statistics (correlation and regression) to draw meaningful inferences from the data. We used SPSS-25 to analyze the data.

**RESULT**

*Table 1 Group Statistics*

Measure	Gender	N	M	SD
Mindfulness Attention Awareness Scale	Male	47	53.28	16.051
	Female	53	56.19	12.352
Cognitive Failure Questionnaire	Male	47	41.66	18.656
	Female	53	44.17	17.569
Perceived Stress Scale	Male	47	19.68	6.044
	Female	53	20.75	5.824

*Note. M = Mean; SD = Standard deviation.*

The table presents descriptive statistics for three different measures (Mindfulness Attention Awareness Scale total, Perceived Stress Scale total, and Cognitive Failure Questionnaire total) across two gender groups (male and female). On average, females (mean 56.19) scored higher on the Mindfulness Attention Awareness Scale total than males (mean 53.28). The scores are more variable among males (standard deviation 16.051) compared to females (standard deviation 12.352). Females (mean 20.75) reported slightly higher perceived stress on average than males (mean 19.68). The variability of stress scores is slightly higher among males (standard deviation 6.044) compared to females (standard Deviation 5.824). Females (mean 44.17) reported slightly more cognitive failures on average than males (mean = 41.66). The variability of cognitive failure scores is higher among males (standard deviation 18.656) compared to females (standard deviation = 17.569).

*Table no 2 Correlation Matrix*

	Mindfulness	Cognitive failure	Perceived stress
Mindfulness	1	-.651**	-.394**
Cognitive failure	-.651**	1	.444**
Perceived stress	-.394**	.444**	1

*\*\*.* Correlation is significant at the 0.01 level (2-tailed).

The above table shows the correlations between mindfulness attention awareness scale total (maas total), cognitive failure questionnaire total (cfq total), and perceived stress scale total (pss total). The table shows that the correlation between MAAS total and CFQ total is -0.6511, which indicates that there is a strong negative correlation between MAAS total and CFQ total. The correlation is significant at the level of 0.01. The correlation between MAAS total and PSS total is -0.394, which indicates that there is a moderately negative correlation. The correlation is significant at the 0.01 level. The correlation between CFQ total and PSS total is 0.444, which indicates that there is a moderately positive correlation. The correlation is significant at the 0.01 level.

**DISCUSSION**

For correlation, this study's findings indicate a significant inverse relationship ( $r=-0.651$ ,  $p < .01$ ) between cognitive failure and mindfulness. Reduced instances of cognitive failure are linked to higher mindfulness levels. This implies that those who practice mindfulness have a tendency to have fewer cognitive malfunctions. By improving awareness and focus, mindfulness exercises may lower the risk of cognitive mistakes. The findings are consistent with the studies conducted in 2014 by Klockner and Hicks and Singh and Sharma in 2017, which similarly showed a negative relationship between cognitive failure and mindfulness.

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The findings corroborate the idea that practicing mindfulness can lower the degree of cognitive failure

The relationship between perceived stress and mindfulness is moderately negative ( $r=-0.394$ ,  $p<.01$ ). Reduced perceived stress is linked to higher mindfulness levels. This suggests that practicing mindfulness can help with stress management. People who engage in mindfulness practices may be more adept at managing stressors because they have heightened emotional regulation and awareness of the present moment. Baer et al. (2012), who show that mindfulness-based stress reduction training is particularly useful in reducing stress, confirm the present study's findings. The findings of the current study are consistent with studies conducted by Baer et al. (2012) and Muthukrishnan et al. (2016), which similarly showed a negative correlation between mindfulness and perceived stress.

The CFQ and PSS scores had a somewhat positive connection ( $r 0.444$ ,  $p <.01$ ). Higher perceived stress levels are linked to higher degrees of cognitive failure. According to this relationship, people who frequently have cognitive failures also seem to report higher levels of stress. This may be the result of stress impairing cognitive function or cognitive inadequacies contributing to stressful settings. Day et al 's (2012) research shows that people with high levels of stress are more likely to experience cognitive failure, which increases the risk of workplace accidents. Research conducted by Linden et al. (2007) also demonstrated the same result: cognitive failure will increase with an increasing level of stress.

### **Bidirectional Relationships**

A two-way link where stress can impede cognitive function and cognitive failures can exacerbate stress is implied by the positive correlation between perceived stress and cognitive failures. Both variables may benefit from interventions targeted at lowering stress or cognitive difficulties.

Participants exhibit a moderate level of mindfulness on average, with some fluctuation around this average, according to the Mindfulness Awareness Scale mean score and standard deviation. According to the cognitive failure questionnaire's mean scores and standard deviation, people generally exhibit moderate levels of cognitive failure with notable variability. Additionally, the perceived stress scale mean score and standard deviation show that individuals' perceived stress levels are modest and reasonably stable when compared to other measures.

### **Gender difference**

In terms of mindfulness, women scored higher on the mean than men did. suggesting that women had somewhat higher levels of mindfulness than men. Females appeared to have a more consistent level of awareness, as indicated by their smaller standard error. These findings would suggest that, generally speaking, women exhibit greater levels of mindfulness, attentiveness, and awareness than do men. This might be investigated further to see if any particular variables are behind this discrepancy. When it comes to cognitive failure, women's mean scores are higher than men's, suggesting that women have somewhat more cognitive failures than men. For both genders, the standard deviations are rather high, suggesting a significant range of cognitive deficits. While on average, women report slightly higher rates of cognitive failures, the distinction is not large.

This may suggest that, despite significant variation in individual experiences, cognitive errors are rather prevalent in both genders. Comparatively speaking. women felt a little more

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stress than men did. The comparable standard deviations for the two genders show similar diversity in felt stress levels. The somewhat higher stress levels that women report could be caused by a number of biological, psychological, or societal causes. This small variation implies that stress perception is common in both sexes, albeit slightly more so in women.

### Mindfulness and Gender

The higher mindfulness scores in females could suggest a potential gender difference in mindfulness practices or natural predispositions towards mindfulness. This might warrant further investigation into gender-specific mindfulness interventions.

**Cognitive Failures and Gender** The minor difference in cognitive failures between males and females indicates that both genders experience cognitive lapses, though females report them slightly more frequently. This could be examined in the context of gender-related stressors or cognitive load.

### Perceived Stress and Gender

The slightly higher perceived stress levels in females suggest that stress management strategies might need to be tailored differently for males and females to address their unique stressors effectively.

## REFERENCES

- Baer, R. A., Carmody, J. & Hunsinger, M. (2012) Weekly change in mindfulness and perceived stress in a mindfulness-based stress reduction program. *Journal of clinical psychology*, 68(7), 755-765.
- Baer, R. A. Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11(3), 191-206.
- Baer, R. A., Smith, G. T. Hopkins, J., Krietemeyer, J., & Toney, L (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27-45.
- Bateman, A. W., & Fonagy, P. (2004). Mentalization-based treatment of BPD. *Journal of personality disorders*, 18(1), 36-51.
- Bateman, A., & Fonagy, P. (2006). Mentalizing and borderline personality disorder. *Handbook of mentalization-based treatment*. 183-200.
- Bienertova-Vasku, J., Lenart, P., & Scheringer, M. (2020). Eustress and distress: neither good nor bad, but rather the same?. *BioEssays*, 42(7) 1900238.
- Bishop, S. R., Lau, M., Shapiro, S. Carlson, L., Anderson, N. D. Carmody, J. & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical psychology: Science and practice*, 11(3), 230.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology*, 84(4), 822.
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence effects. *Psychological inquiry*, 18(4), 211-237. for its salutary
- Bunjak, A., Černe, M., & Schölly, E. L. (2022). Exploring the past, present, and future of the mindfulness field: A multitechnique bibliometric review. *Frontiers in psychology*, 13, 792599
- Carrington, P., Collings Jr. G. H., Benson, H., Robinson, H., Wood, L W., Lehrer, P. M., & Cole, J. W. (1980). The use of meditation relaxation techniques for the management of stress in a workingpopulation. *Journal of Occupational and Environmental Medicine*, 22(4). 221-231

## Relationship Between Mindfulness, Cognitive Failure and Stress among Young Adults

- Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis. *The journal of alternative and complementary medicine*, 15(5), 593-600.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). "A global measure of perceived stress." *Journal of Health and Social Behavior*, 24(4), 385-396.
- Cordon, S. L. Brown, K. W., & Gibson, P. R. (2009), The role of mindfulness-based stress reduction on perceived stress: Preliminary evidence for the moderating role of attachment style. *Journal of Cognitive Psychotherapy*, 23(3), 258-269.
- Day, A. J., Brasher, K., & Bridger, R. S. (2012). Accident proneness revisited: The role of psychological stress and cognitive failure. *Accident Analysis & Prevention*, 49, 532-535.
- De Jong, M., Lazar, S. W., Hug, K., Mehling, W. E., Hölzel, B. K., Sack, A. T. & Gard, T. (2016). Effects of mindfulness-based cognitive therapy on body awareness in patients with chronic pain and comorbid depression. *Frontiers in psychology*, 7, 163042.
- Dekeyser, M. Raes, F., Leijssen, M. Leysen, S., & Dewulf, D. (2008). Mindfulness skills and interpersonal behaviour. *Personality and individual differences*, 44(5), 1235-1245.
- Dhabhar, F. S. (2018). The short-term stress response-Mother nature's mechanism for enhancing protection and performance under conditions of threat, challenge, and opportunity. *Frontiers in neuroendocrinology*, 49, 175-192.
- Dimsdale, J. E. (2008). Psychological stress and cardiovascular disease. *Journal of the American College of Cardiology*, 51(13), 1237-1246.
- Edenfield, T. M., & Blumenthal, J. A. (2011). Exercise and stress reduction. *The handbook of stress science: Biology, psychology, and health*, 301-319.
- Escher, C. M., Sannemann, L., & Jessen, F. (2019). Stress and Alzheimer's disease. *Journal of Neural Transmission*, 126, 1155-1161.
- Forbus, P., Newbold, J. J., & Mehta, S. S. (2011). A study of non-traditional and traditional students in terms of their time management behaviors, stress factors, and coping strategies. *Academy of Educational Leadership Journal*, 15, 109.
- Fulton, P. R. (2005). Mindfulness as Clinical Training. Giluk, T. L. (2009), Mindfulness. Big Five personality, and affect. A meta-analysis. *Personality and Individual Differences*, 47(8), 805-811
- Grossman, P., Niemann, L., Schmidt, S. & Walach, H (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research*, 57(1), 35-43
- Hayes, A. M., & Feldman, G. (2004) Clarifying the construct of mindfulness in the context of emotion regulation and the process of change in therapy *Clinical Psychology: science and practice*, 11(3), 255.
- Heymann-Mönnikes, I. (2001). Role of stress in functional gastrointestinal disorders: evidence for stress-induced alterations in gastrointestinal motility and sensitivity. *Digestive Diseases*, 19(3), 201-211.
- Hirsch, C., Gauss, R. & Sommer, T. (2006), Coping with stress: cellular relaxation techniques. *Trends in cell biology*, 16(12), 657-663.
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of consulting and clinical psychology*, 78(2), 169.
- Holland, J. C., Andersen, B., Breitbart, W. S., Buchmann, L. O., Compas, B. Deshields, T. 1... & Freedman-Cass, D. A. (2013). Distress management. *Journal of the National Comprehensive Cancer Network*, 11(2), 190-209,

## Relationship Between Mindfulness, Cognitive Failure and Stress among Young Adults

- a neural Hölzel. B. K., Lazar, S. W., Gard, T., Schuman-Olivier. Z., Vago, D. R. & Ou. U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from conceptual and perspective. *Perspectives on psychological science*, 6(6), 537-559.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General hospital psychiatry*, 4(1), 33-47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation*. New York: NY: Bantam Dell.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future.
- Kelly, M. E., Loughrey, D., Lawlor, B. A., Robertson, I. IH., Walsh, C., & Brennan, S. (2014). The impact of cognitive training and mental stimulation on cognitive and everyday functioning of healthy older adults: a systematic review and meta-analysis. *Ageing research reviews*, 18, 28-43.
- Keng. S. L. Smoski. M. J. & Robins, C. J. (2011) Effects of mindfulness on psychological health: A review of empirical studies. *Clinical psychology review*. 37(6), 1041-1056
- Klockner, K., & Hicks, R. E. (2015). Cognitive failures at work. mindfulness, and the Big Five, *GSTF Journal of Psychology (JPsych)*. 2. 1-7.
- Kupriyanov, R., & Zhdanov, R. (2014). The eustress concept: problems and outlooks. *World Journal of Medical Sciences*, 11(2). 179-185.
- Leary, M. R., & Tate, E. B. (2007). The multi-faceted nature of mindfulness. *Psychological Inquiry*, 18(4), 251-255.
- Li. A. W., & Goldsmith, C. A. W. (2012). The effects of yoga on anxiety and stress. *Alternative Medicine Review*, 17(1).
- Li, J. X. Hong, Y., & Chan, K. M. (2001). Tai chi: physiological characteristics and beneficial effects on health. *British journal of sports medicine*, 35(3), 148-156.
- Linden. D. V. D., Keijsers, G. P., Eling. P., & Schaijk. R. V. (2005) Work stress and attentional difficulties: An initial study on burnout and cognitive failures. *Work & Stress*. 19(1), 23-36.
- Markets and Markets. (2014). *Cognitive Assessment and Training Market worth \$5,721.2 Million by 2018*.
- Martin, P. R. (2016). Stress and primary headache: review of the research and clinical management. *Current pain and headache reports*, 20, 1-8.
- Masicampo, E. J., & Baumeister, R. F. (2007). Relating mindfulness and self-regulatory processes. *Psychological inquiry*, 18(4), 255-258.
- McCallie, M. S., Blum, C. M., & Hood, C. J. (2006). Progressive muscle relaxation. *Journal of human behavior in the social environment*, 13(3), 51-66.
- Morgan, W. D., & Morgan, S. T. (2005). *Cultivating Attention and Empathy*.
- Muthukrishnan, S., Jain, R., Kohli, S., & Batra, S. (2016). Effect of mindfulness meditation on perceived stress scores and autonomic function tests of pregnant Indian women. *Journal of clinical and diagnostic research*. JCDR, 10(4), CC05.
- Nagata, S., Irie, M., & Mishima, N. (1999). Stress and asthma. *Allergology International*, 48(4), 231-238.
- Novotny, S., & Kravitz, L. (2007). The science of breathing, *IDEA Fitness Journal*, 4(2), 36-43.
- major depression by mindfulness-based cognitive therapy. *Journal of consulting and clinical psychology*, 68(41,615)
- Thompson. B. L., & Waltz, J. (2007). Everyday mindfulness and mindfulness meditation: Overlapping constructs or not?. *Personality and Individual differences*, 43(7), 1875-1885

## Relationship Between Mindfulness, Cognitive Failure and Stress among Young Adults

- Tomiyama, A. J. (2019). Stress and obesity. *Annual review of psychology*, 70, 703-718.
- Valenzuela, M., & Sachdev, P. (2009). Can cognitive exercise prevent the onset of dementia? Systematic review of randomized clinical trials with longitudinal follow-up. *The American Journal of Geriatric Psychiatry*, 17(3), 179-187.
- Vedhara, K., Miles, J., Bennett, P., Plummer, S., Tallon, D., Brooks, E., & Farndon, J. (2003). An investigation into the relationship between salivary cortisol, stress, anxiety and depression. *Biological psychology*, 62(2), 89-96
- Wallace, B. A. (2001). Intersubjectivity in indo-tibetan buddhism. *Journal of Consciousness Studies*, 8(5-6), 209-230.
- Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and Western psychology: a mutually enriching dialogue. *American psychologist*, 61(3), 227.
- Willert, M. V., Thulstrup, A. M., Hertz, J., & Bonde, J. P. (2010). Sleep and cognitive failures improved by a three-month stress management intervention. *International journal of stress management*, 17(3), 193.
- Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI journal*, 16, 1057.
- Young, S. (1997). *The science of enlightenment Teachings & meditations for awakening through self-investigation*. Sounds True.
- Zheng, J. C., Yu, Q., & Chen, X. (1988, September). Studies on influencing factors to the ageing of porcelain insulators under DC stresses. In *Proceedings., Second International Conference on Properties and Applications of Dielectric Materials* (pp. 16-19), IEEE.

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

The author(s) declared no conflict of interest.

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