

The effectiveness of mindfulness-based cognitive therapy on social health dimensions of abused adolescents

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Abstract

Introduction: due to the widespread prevalence of maltreatment and the extreme vulnerability of maltreated children and adolescents to social problems, early identification and the use of appropriate therapeutic interventions for these people seem necessary. Therefore, the purpose of the present study is to investigate the effectiveness of mindfulness-based cognitive therapy on the dimensions of social health of abused adolescents.

Research Method: The current research method was semi-experimental with pre-test-post-test design and control and experimental groups. The statistical population in this research was made up of all abused students of Isfahan city in 1399-1400, and the sampling method of the research was non-random and purposeful. In this way, 30 abused female students in high school were randomly selected from three available welfare centers and they were asked to cooperate with the researcher. Then these students were randomly assigned to experimental (15 people) and control (15 people) groups. The measuring tool in this research was Keyes' Social Health Questionnaire. After completing the questionnaire by both the control and experimental groups, the participants in the experimental group received the content of the mindfulness training package based on cognitive therapy based on Kabat-Zinn's treatment protocol in 8 sessions as a group.

Findings: The results of covariance analysis showed that mindfulness based on cognitive therapy had an impact on social prosperity by 57%, social solidarity by 41%, and social cohesion by 64%, and social acceptance by 80%, and social participation by 78%.

Conclusion: Mindfulness skills training focusing on mindful attitude, mindful activities, dealing with problematic emotions and breathing exercises can be used as an effective method to improve the social health of abused teenagers.

Keywords: abuse, mindfulness based on cognitive therapy, social health

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Introduction:

Today, there is no doubt about the main role of the family and its positive and negative effects on children and adolescents, but some children and adolescents are deprived of this primary focus, because of poverty, death of parents, drug addiction, alcoholism, parents suffering from incurable physical diseases or mental disorder, imprisonment and absence of one of the parents are effective factors of child abuse in the world, each of these factors has many psychological and physical effects on children's mind and body (1). Adolescents who suffer from the lack of family or inappropriate and bad families in the future may be left behind in their education and life stages and suffer from a personality crisis and the inability to communicate with those around them (2). Studies show that teenagers who spend their early years in inappropriate families are mainly deprived of supportive environments and are more exposed to behavioral and social problems (3). In fact, one of the most important issues for abused teenagers is their social health.

Social health is a person's report of the quality of his relationships with other people, relatives and social groups that he is a member of, so that the social health scale measures a part of a person's health that includes those answers. It is the inside of a person (feelings, thoughts and behavior) that show the satisfaction or dissatisfaction of a person with his life and social environment (4). Social health is actually the assessment of a person's conditions and work in society and includes several elements that together show how and to what degree people are doing well in their social life. 5). in abused adolescents, due to low self-confidence, usually harmless and ambiguous social signs from others can potentially be interpreted as a negative evaluation. In fact, because of negative emotions in certain social situations and negative automatic thoughts in social interactions, abused teenagers predict readiness for psychological and social distress (6). As a result, social health, as one of the dimensions of human health, plays an important role in the balance of social life of teenagers, and its comprehensive coverage in society can provide the means for social development (7). In fact, if teenagers have appropriate and desirable social health, they can perform their social roles well, participate in more collective activities and adapt to social norms, which can help prevent Abnormalities and deviations also have a positive effect (8). Therefore, these teenagers generally suffer from antisocial personality disorder and break the norms in society, which is caused by the environment in which they spent their childhood, which ultimately deprives society of peace and security (9).

There are various therapeutic and educational methods to improve the social components of health in adolescents, and as it was said, abused adolescents need psychological and social services more than other adolescents, and recent studies show that intervention based on mindfulness. By integrating meditation and physical examination techniques, they increase understanding and awareness of programmed automatic and involuntary thoughts, feelings and body sensations and are useful in dealing with dysfunctional emotions and attitudes (10).). Mindfulness focuses a person's attention on the internal and external experiences of the present time and causes the acceptance of events without changing them, and includes paying attention in a specific and purposeful way in the present time without prejudice and judgment be (11). During this type of treatment, this attitude is formed in abused teenagers to have acceptance without judgment, that is, to create awareness about perceptions, cognitions, emotions or feelings without being concerned about Good or bad, true or false, healthy or unhealthy,

important or not, should be judged and evaluated (12). So that in the context of a conscious mind, instead of ignoring their shortcomings, abused teenagers see them clearly and have a positive attitude towards themselves, which balances their mental point of view (13).

In the field of the effectiveness of cognitive-based mindfulness therapy on some of the problems of abused adolescents, especially their psychological problems, researches have been conducted, including the Iranian electronic studies (14) on the effectiveness of mindfulness-based therapy. awareness of the fear of negative evaluation, change of attitude towards life and boldness in abused teenagers; Davoudi Moghadam et al. (13) based on the effectiveness of self-compassion therapy based on mindfulness on the negative emotions of abused and neglected adolescent girls; Farnoosh et al. (15) based on the effectiveness of mindfulness training on social self-efficacy and symptoms of social anxiety disorder; Madak and Blair (16) based on the effectiveness of mindfulness training on anxiety, depression and psychological distress of adolescents; Lam and Seiden (17) based on the effect of mindfulness on executive function, emotion regulation and mental health in Hong Kong adolescents; Modi et al. (18) based on the effectiveness of mindfulness intervention on self-esteem, self-regulation, mental health and mindfulness of adolescents; Viglas and Pullman (19) pointed out the effect of mindfulness-based therapy on self-regulation, social and emotional competencies of adolescents.

However, so far, limited research has been done on the effectiveness of mindfulness skills on all aspects of social health, including social prosperity, social solidarity, social cohesion, social acceptance, and social participation in abused teenagers, and the results of this research can be changed. The attitude of abused teenagers towards themselves, others and the world, and as a result, help improve their mental and social empowerment and well-being, because the treatment is based on mindfulness-intervention.

Research Method:

The current research design is among the semi-experimental methods with a pre-test-post-test design with control and experimental groups. The statistical population in this research was made up of all abused students of Isfahan city in 1399-1400, and the sampling method of the research was non-random and purposeful. Therefore, after obtaining a license from the welfare organization of Isfahan city, three welfare-affiliated centers were selected as available and after coordinating with the officials of these centers, 30 girls were randomly selected from among the misbehaved students in secondary school. They were requested to cooperate with the researcher. Then these students were randomly assigned to experimental (15 people) and control (15 people) groups. The criteria for entering the research were the teenager being abusive, studying in girls' high school, willing to cooperate with the participants for therapeutic intervention, and not receiving any other psychological treatment in addition to participating in the study for the experimental group. Also, the sample withdrawal criteria from the research included the teenager's lack of interest in continuing to participate in the research, the teenager's non-cooperation in doing homework and exercises in the sessions, and absenting more than two sessions. The measurement tools in this research were:

Keyes Social Health Questionnaire (2004): This questionnaire has 20 questions and its purpose is to examine the level of social health from different dimensions (social health, social prosperity, social solidarity, social cohesion, social acceptance, social participation) and was

developed by Keyes (2004) was made in the MacArthur Science Foundation of the United States of America and its validity and reliability have been tested in several study courses. Of course, this marking method is reversed for questions number 3, 5, 6, 7, 13, 14, 15, 16, 17, 18, 19, 20. The above questionnaire has five dimensions, the questions related to each dimension are presented in the table below, and to obtain the points related to each dimension, the total points of the questions related to that dimension should be added together. To obtain the total score of the questionnaire, the total scores of all questions are added together. Higher scores indicate higher social health and vice versa.

Table 1. Dimensions related to social health questionnaire

relevant questions
Social prosperity 4-1
Social solidarity 5-7
Social cohesion 10-8
Social acceptance 11-15
Social participation 16-20

Babapour et al. (2008) used internal consistency to check the reliability of this tool and reported that the alpha obtained for the whole scale was 0.78 and for each of the subscales, respectively, it was 0.74 for social participation, 0.74 for social acceptance, 0.71 for social solidarity, 0.70 for social prosperity, 0.77 for social cohesion, which shows that this tool has good reliability. Also, the content validity of this questionnaire has been confirmed. In Ahri's study (2012), the construct validity and reliability of this questionnaire were confirmed, and the reliability of the questionnaire was calculated using Cronbach's alpha measurement method of 0.80.

To conduct this research, three centers were selected from the welfare centers of Isfahan and after coordinating with the officials of these centers, 30 girls were randomly selected from among the abused female students and they were asked to cooperate with the researcher. Then these students were randomly divided into experimental (15 people) and control (15 people) groups. After completing the questionnaires by both groups, the participants in the experimental group received mindfulness training based on cognitive therapy during 8 sessions of 90 minutes as a group. During this period, the control group did not receive any training. After the end of the training course of the experimental group, the questionnaires were completed and collected again by the two experimental and control groups. Covariance analysis was used to analyze the data obtained from the research. Mindfulness sessions based on Kabat-Zinn's therapeutic protocol (1990) are summarized below.

Table 2. The content of mindfulness therapy intervention sessions based on cognitive therapy based on Kabat-Zinn protocol (1990)

Objectives of the meetings
First getting to know each other and establish a relationship Explaining the rules and regulations of meetings, Introducing exercises and how to do them

Second

the discussion about being more aware of feelings, moment-to-moment thoughts and experiencing being in the moment

Practicing raisins and checking the body

Determining mindful tasks to do in between sessions

Third

review the assignments of the previous session

Paying attention to feelings, thoughts and expanding acceptance of unpleasant thoughts and feelings.

Practice non-judgmental listening and relay between members

Practice yoga skills

Fourth

review the homework of the previous session, the skills of responding to an unpleasant thought or feeling

Sitting meditation practice with emphasis on bodily sensations.

Conscious walking practice

Explanation of psychophysiological symptoms of stress response

Assigning homework including body inspection, yoga, sitting meditation, walking meditation.

Fifth

reviewing the assignments of the previous session, preventing the establishment of negative thoughts

Reading the table of unpleasant experiences of each member and its relationship with emotions

Feedback to clients' problems in doing homework

Sixth

Practice changing old habits of thinking and increasing the power to accept unwanted things.

Practice meditation

Also, in this meditation, the participants were asked to hold their breath in the abdomen at the beginning

Practice eye contact and constructive and accepting communication between members

Focusing on the here and now and practicing freeing the mind

Assignment of homework

Seventh

Review the assignments of the previous session.

Awareness of minor changes in mood, and bodily sensations.

Feedback and solving problems of clients in doing exercises.

Eighth

Group discussion about members' feelings at the end of the meetings.

An overview of the changes made and the dimensions of mindfulness,

Planning for the future and using present techniques to continue living

Generalizing them to the whole flow of life

Research findings:

First, the descriptive indices including the mean and standard deviation of the research variables are presented in Table 3.

Table 3. Descriptive indicators of social health and its dimensions

Variable	stage	Mindfulness therapy		control group	
		Average	standard deviation	Average	standard deviation
Total social health score	pre- test	47.73	2.76	48.80	2.75
	post-test	73.26	3.26	51.13	2.55
Social prosperity	pre- test	7.33	1.63	7.20	1.01
	post-test	13.40	1.54	7.80	1.37
Social Solidarity	pre- test	5.33	0/81	5.73	1.22
	post-test	9.86	0/74	6.33	1.58
social solidarity	pre- test	7.26	0/70	7.20	0.86
	post-test	12.46	1.24	7.53	1.40
social acceptance	pre- test	14.66	0/89	15	1.19
	post-test	19.13	0/74	15.53	1.59
social participation	pre- test	13.13	1.30	13.66	1.11
	post-test	18.40	2.32	13.93	0.79

According to the findings of Table 3, the average scores of social health and its components in the mindfulness test group and the control group have changed in the post-test stage compared to the pre-test stage. These changes confirm that in the experimental group, the post-test scores of the participants in social health and its components have increased.

Then, multivariate covariance analysis (MANCOVA) was used to investigate the effectiveness of mindfulness-based cognitive-therapy on social health dimensions of abused adolescents, the results of which are presented in Table 4.

Table 4. MANCOVA covariance analysis to investigate the effectiveness of mindfulness-based cognitive therapy on social health dimensions

Test	Value	F	Degrees of freedom	Degree of freedom error	meaningful	Impact rate
Pillai effect	0.93	37.3	6	17	<0.001	0.91
Lambda and Yelex	0.07	37.3	6	17	<0.001	0.91
Hotelling's work	13.18	37.3	6	17	<0.001	0.91
The largest square root	13.18	37.3	6	17	<0.001	0.91

Based on the value of the Wilks lambda coefficient in Table 4 and considering the significance of the post-test scores ($P < 0.05$), the results indicate that mindfulness based on cognitive therapy

has had an impact on social health dimensions. In this table, the impact rate (91%) shows that mindfulness based on cognitive therapy has had a 91% impact on social health dimensions. To further investigate this difference, a one-variable covariance analysis was performed on the data in Mankwa text, the results of which are presented in Table 5.

Table 5. Results of covariance analysis of one variable on social health dimensions

Source	Dependent variable	sum of squares	Degrees of freedom	mean square	F	meaningful	Impact rate	Statistical power
group	Social prosperity	57/4	1	57/4	29.4	<0.001	0.57	0.95
	Social Solidarity	32/4	1	32/4	15.4	<0.001	0.41	0.94
	social solidarity	60.8	1	60.8	39.9	<0.001	0.64	0.97
	social acceptance	92.2	1	92.2	90.05	<0.001	0.80	1
	social participation	174.9	1	174.9	79.9	<0.001	0.78	1

The results of group membership in Table 5 show that the F ratio of covariance analysis of one variable in the score of social prosperity ($F=29.4$ and $P<0.001$), social solidarity ($F=15.4$ and $P=0.0001$), social cohesion ($F=39.9$ and $P=0.001$), social acceptance ($F=90.05$ and $P=0.001$) and social participation ($F=79.09$ and $P=0.001$) are significant. Therefore, mindfulness based on cognitive therapy on social flourishing with an impact rate of 57%, social solidarity with an impact rate of 41%, social cohesion with an impact rate of 64%, social acceptance with an impact rate of 80% and social participation was effective with an impact rate of 78%.

Discussion and conclusion:

The present study was conducted with the aim of investigating the effectiveness of mindfulness-based cognitive therapy on the dimensions of social health of abused adolescents and the results showed that there is a significant difference between the average scores of the subjects in the experimental group and the control group in the post-test stage. Mind-awareness based on cognitive-therapy has been effective on all aspects of social health. Therefore, the results of the present study are in line with the results of Iranian electrical research (14), Farnoosh et al. (15), Lam and Seiden (17), Modi et al.

In explaining the alignment of these results, it can be said that Bargi Irani (14) believes that mindfulness can be considered as behavioral, cognitive, and emotional regulation, and in such a situation, instead of asking people to go outside of The focus is on these mental situations, they are asked to focus all their awareness on the content of thought without reacting to mental events, and to look at them only as mental processes (the concept of metacognition) and This can be an effective way to stay in the moment and have a higher awareness, which causes teenagers to maintain their self-confidence in the face of stress and problems, to replace self-expression methods by avoiding society and behaviors do social wrong. Also, according to

Farnoosh et al.'s opinion (15), mindfulness allows a person to monitor his behavior and prevent unwanted behavior by being aware of the various components of his behavior. The level of concern of a person who has more mental awareness decreases significantly with awareness of the surrounding events, and therefore, increasing mental awareness strengthens the person in facing worrying situations. Therefore, one of the reasons for the effectiveness of mindfulness-based treatments is strengthening people's motivations and increasing their awareness of their performance in various fields, including social functioning. In addition, Lam and Seiden (17) believe that the main goals of cognitive therapy based on mindfulness are to be more aware of bodily sensations, feelings and thoughts from moment to moment, helping participants to expand different ways of communicating with Senses, thoughts and feelings, especially recognizing and accepting unwanted thoughts and feelings that automatically and habitually cause permanent problems. In fact, mindfulness, by making a person aware of the various components of his behavior, makes him monitor his own behavior and prevent unwanted social behaviors. According to the results of Modi et al.'s study (18), it can be said that in teaching mindfulness, the right and appropriate ways to manage emotions and develop interpersonal skills and problem solving skills for teenagers can be sufficient on the behavioral dimension. And their social health is effective. By increasing self-awareness, mindfulness training teaches teenagers how to deal with others, how to reject inappropriate requests, and how to get others' approval, which set of skills increases a person's self-satisfaction and behavior and can be properly present in the community and this in turn will increase social health.

Therefore, in the current study, the participants in mindfulness sessions based on cognitive therapy, through repeated practice of mindfulness skills, during the learning process, deliberately monitored their cognitive structure and processes, so that instead of using Automatic patterns and constant processes create new habits and thought patterns, and finally recognizing negative thoughts and challenging them led to the formation of an insight that confronts the feeling of inefficiency and social inadequacy. So that teenagers overcome self-criticism in mindfulness therapy by teaching them to distance themselves from self-critical thoughts and observe thoughts without judgment, and this increases their social self-efficacy. Therefore, since education based on mindfulness pays attention to both mental and physical dimensions, it is effective in a wide range of psycho-social problems and strengthens a person's awareness of life values such as social values. And in this way, it doubles his desire and motivation to deal with this side of life. The transformation that results from training can play an effective role in increasing social adaptation and prosocial behaviors.

In general, it can be said that mindfulness affects the development of the three qualities of refraining from judgment, intentional awareness, and focusing on the present moment, which results in focused attention on the present moment and processing all aspects of immediate experience, including cognitive, physiological, or behavioral activities. it will be Mindfulness helps a person to understand that negative emotions may occur, but they are not a fixed and permanent part of the personality. Also, it allows a person to respond to events with thought and reflection instead of responding to events involuntarily and thoughtlessly. Therefore, taking into account that abused teenagers also lose social support due to isolation, seclusion and low social relations, they feel unpleasant towards themselves and their mental and physical image changes. Therefore, in the mindfulness intervention of the current research, the control and management of physical and mental emotions are considered at the same time, and the

person is taught to be fully aware of his thoughts and feelings, and without judgment in a state of calmness and be focused. Acquiring this ability makes a person feel more in control in all matters of his life and relationships, and instead of an automatic negative response in social situations, he responds with more control, calmness and awareness, and ultimately improves his social health.

The present study, like any other study, had limitations, such as it can be said that the available non-random sampling method was used to select the statistical sample, and the non-use of random sampling methods is one of the limitations of the present study. Also, the moderating role of demographic factors has not been considered in this research. Therefore, it is suggested that, if possible, in future studies, for more comprehensive studies on the effectiveness of mindfulness based on cognitive therapy on abused adolescents, the moderating role of demographic factors such as gender, age, education level of parents or guardian, and status socio-economic should be considered and random sampling methods should be used. Finally, it is suggested to use mindfulness treatments in welfare centers to help abused teenagers along with other trainings, so that with the help of the techniques used in this treatment, these teenagers value themselves and trust. The higher self will benefit from favorable social relations and more social health.

Ethical consideration: In order to comply with the ethical considerations in the current research, a brief explanation about the purpose of the study, the way of cooperation, the benefits and advantages of participating in the study, the purpose of completing the questionnaire was provided to all the participants, and a written consent form was completed by the participants to participate in the study. . Also, the participants in the research were assured about privacy protection.

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Conflict of interest: According to the author, this article has no financial sponsor or conflict of interest.

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