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TO STUDY THE MINDFULNESS-INTEGRATED COGNITIVE BEHAVIOR THERAPY IMPACT ON MINDFULNESS, ATTENTION, AND AWARENESS

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ABSTRACT

Simply paying attention does not have the same impact on how you are aware of an object as mindfulness and its corresponding components do. Instead of just being more attentive, mindfulness is attention that has grown to be self-assured, charitable, balanced, and essentially healthy. As a result, it builds upon both the occasional variables as well as the seven universal mental factors, which are shared by all mind states. Basic attention, which is one of the universals, is strengthened by deliberate conscious attention, which is occasionally brought in. Mindful attention, which is always a positive universal, is then further polished and developed. Even if the focus of awareness is something routine, like the sensation of breathing, the moment is profoundly altering when it occurs at the level of focused attention. If the healthy attention is maintained moment by moment, the entire stream of consciousness is cleansed of any poisons that naturally arise, and the wholesome dispositions are strengthened while their unwholesome counterparts deteriorate.

KEY WORDS: Mindfulness, Integrated, Cognitive Behavior, Therapy, Mindfulness, Attention, and Awareness

INTRODUCTION

MINDFULNESS

Acceptance of unpleasant emotional experiences rather than escape from them characterizes mindfulness, an approach-oriented attention deployment **(Kabat-Zinn, 1982).** Mindfulness prevents automatic evaluations and responses by utilizing cognitive resources in an effortful attention deployment. New aspects of a situation can be perceived as a result of the interruption of automatic responses and the return to sensory focus.

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MINDFULNESS

The earliest Buddhist meditation traditions are where mindfulness first emerged. As the "heart of Buddhist meditation," it is seen as **(Nyanaponika, 1962).** Through his mindfulness-based stress reduction (MBSR) program, Jon Kabat-Zinn pioneered its first clinical application in the framework of Western science and medicine. This approach assisted patients with chronic illnesses in overcoming the pain and stress associated with their conditions. Since then, there has been a tremendous rise in interest in mindfulness. In reality, research into mindfulness and mindfulness-based psychiatric therapies has increased tremendously during the previous two decades **(Kabat-Zinn & Williams, 2011).**

"Mindfulness" is defined as paying attention in a specific way, including on purpose, in the here and now, and without passing judgment **(Kabat-Zinn, 1994).** 'A form of non-elaborative, non-judgmental, and present-centered awareness in which each thought, feeling, or sensation that comes in the attentional field is observed and accepted as it is,' according to another frequently used definition of mindfulness **(Bishop et al. 2004).** To put it another way, they contend that practicing mindfulness entails bringing "non-elaborative awareness to current experience" while maintaining an attitude of "curiosity, experiential openness, and acceptance**" (Bishop et al. 2004).** According to a slightly more in-depth explanation, "in mindfulness practice, a person's focus of attention is opened to admit whatever enters experience, while at the same time, a stance of kindly curiosity allows the person to investigate whatever appears, without succumbing to automatic judgments or reactivity" **(Segal, Williams, and Teasdale, 2002).** Segal and colleagues further compared automatic pilot, or acting mechanically or without awareness of one's activities, with mindfulness.

MICBT is a four stage method that skillfully combines mindfulness meditation, which focuses on awareness of presence, with Buddhist principles of compassion and ethical behavior. The practice of mindfulness cultivates awareness of the body, feelings, emotions, and thoughts. In times of psychological hardship, keeping homeostasis aids in addressing

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emotions and beliefs. Researchers discovered that states' cognitive reactions are more frequently sparked by sensations than by disordered thoughts. Theoretically, the co-emergence model of reinforcement is the MICBT. It describes how the mind and body instantly co-emerge with bodily sensation. The intensity of body feelings, whether positive or negative depending on appraisal, increases with the level of personal evaluation. When a response lessens painful sensations or amplifies pleasant ones, reinforcement takes place. Importantly, the paradigm asserts that learnt responses depend on bodily sensation rather than the stimuli or assessments. The locus of reinforcement is introspection.

It would be important to grasp the psychological and philosophical system within which mindfulness developed in order to comprehend its genuine core, its transformational power, and to analyze its present application in secular western clinical environments.

MINDFULNESS TRAINING:

- It teaches paying attention in the present time without passing judgment. Through the development of present-moment awareness (realized through interoceptive attention and an attitude of acceptance), emotion regulation self-efficacy, and a comprehension of the true nature of emotions, mindful emotion regulation serves as a psychological tool (e.g., their impermanence, and selflessness).

- It (as seen through the lens of western mindfulness-based treatment interventions) can be understood as an attention-focused emotion control method. Training your attention helps you build mindfulness.
- It is exceptional in that it encourages meta-awareness of emotion management techniques. By increasing flexibility in the choice of regulatory strategies, meta-awareness of regulatory habits improves regulation by spotting and preventing maladaptive methods like rumination.

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RESEARCH METHODOLOGY

The theoretical examination of the techniques used in our investigation is reflected in this chapter. The relevance of this chapter is to provide specifics regarding selection of the sample, equipment used, description of the procedures, and statistical techniques used. Planning the study is of utmost importance in scientific research.

RESEARCH DESIGN:

The experimental research design served as the foundation for this investigation. It was investigated how independent variables affected reliable variables.

SAMPLE OF THE STUDY:

Purposive sampling was used to choose the initial sample of 320 individuals from the various civic hospitals. These participants included both males and females, ranging in age from 20 to 40. First and foremost, all participants took the Beck Depression Inventory (BDI-II) for the purpose of screening, and those who scored moderately were the only ones eligible for the final study. For the final sample, 160 people in total were chosen. In our study, 80 participants—40 men and 40 women—were divided into two groups: the control group and the experimental group.

MINDFULNESS ATTENTION AWARENESS SCALE (MAAS)

The Brown & Ryan (2003) 15-item single-dimension trait mindfulness test assesses the frequency of open and receptive attention and awareness of ongoing experiences. On a 6-point Likert scale, from 1 (nearly never) to 6, these items are scored (almost always). To account for social desirability, respondents were told to complete the MAAS in a way that accurately reflected their actual experiences. A total score between 15 and 90 is available; higher scores denote the presence of the mindfulness attribute. The standardized test evaluates how well people pay attention and are aware of their surroundings on a regular basis.

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RESULTS AND DISCUSSION

To investigate the aforementioned claim, Mixed ANOVA has been employed in this study with two between components (gender and intervention) and one within factor (time). Gender, the first determining factor, has two levels: male and female. Second between factors (intervention) has three levels (Pre, Post 4 weeks, and Post 8 weeks) of one inside factor and two levels (MICBT group and control group).

TABLE NO.1. BETWEEN SUBJECT FACTORS (MEASURE: MINDFULNESS ATTENTION AWARENESS)

		Value Label	N
Gender of Participants	1	MALE	75
	2	FEMALE	75
Intervention : MICBT and Control	1	MICBT	75
	2	CONTROL	75

ASSUMPTION 1: Continuous measurement of the dependent variable is appropriate (i.e., they are either interval or ratio variables). The dependent variable in this study, mindfulness attention awareness, is measured using the mindfulness attention awareness scale at the continuous level (Mindfulness Attention Awareness Scale was a interval scale)

ASSUMPTION 2: At least two categories, "related groupings" or "matched pairs" should make up a within-subjects factor, or within-subjects independent variable. The phrase "related groups" denotes the presence of the same subjects in both groups. Time, a three-level within-subject factor in this study (Pre, Post 4 weeks and Post 8 weeks)

ASSUMPTION 3: At least two categorical, "independent groups" should make up each between-subjects factor (also known as between-subjects factor independent variable). There are two between-subjects covariates in this study. Male and female gender make up the first of two levels of the subject factor gender, and there are two levels of the subject factor intervention (MICBT and Control group)

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ASSUMPTION 4: Neither your within-subjects factor nor your between-subjects factor should contain any large outliers in any group. There are no outliers in this study.

ASSUMPTION 5: The dependent variable for each combination of the groups of two components should be roughly normally distributed, according to assumption 5. (i.e., your within-subjects factor and between-subjects factor). Two between-subject factors and one within-subject factor were found to be regularly distributed in the current investigation, as shown in the accompanying table.

TABLE NO. 2. TESTS OF NORMALITY FOR MICBT FEMALE

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	**Df**	**Sig.**	**Statistic**	**df**	**Sig.**
Pre test scores	.159	50	.017	.930	50	.016
Post scores 4 weeks	.164	50	.012	.954	50	.088
Post scores 8 weeks	.126	50	.128	.985	50	.796

TABLE NO. 3. TESTS OF NORMALITY FOR CONTROL MALE

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Pre test scores	.141	50	.051	.950	50	.068
Post scores 4 weeks	.067	50	.202*	.984	50	.750
Post scores 8 weeks	.094	50	.202*	.986	50	.831

TABLE NO. 4. TESTS OF NORMALITY FOR CONTROL FEMALE

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Pre test scores	.136	50	.071	.935	50	.023
Post scores 4 weeks	.111	50	.202*	.959	50	.130
Post scores 8 weeks	.119	50	.180	.925	50	.011

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HYPOTHESIS 6: The variances for each combination of the groups of two components are homogeneous (i.e., within-subjects factor and between-subjects factor). According to the chart below, the current study also satisfies the requirement for homogeneity of variances.

TABLE NO. 5. LEVENE'S TEST OF EQUALITY OF ERROR VARIANCES

	F	df1	df2	Sig.
Pre test scores	5.636	2	160	.003
Post scores 4 weeks	3.124	2	160	.030
Post scores 8 weeks	1.358	2	160	.260

ASSUMPTION 7: Sphericity requires that all groups of the between-subjects factor (i.e., within-subjects factor and between-subjects factor) have equal variances of the differences between the related groups of the within-subject factor. Mauchly's test of sphericity within the range in the current investigation.

TABLE NO. 6. MAUCHLY'S TEST OF SPHERICITY (MEASURE: MINDFULNESS ATTENTION AWARENESS)

Within Subjects Effect	Mauchly's W	Approx Chi-Square	df	Sig.	Epilson		
					Greenhouse-Geisser	Huynh-Feldt	Lower Bound
TIME	.964	6.022	2	.051	.965	.996	.502

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TABLE NO. 7. TESTS OF WITHIN - SUBJECTS EFFECT (MEASURE: MINDFULNESSATTENTION AWARENESS)

Source		Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Time	Greenhouse-Geisser	68042.265	1.929	35317.213	978.161	.000	.864
Time * Gender	Greenhouse-Geisser	667.906	1.929	346.676	9.604	.000	.060
Time * Intervention	Greenhouse-Geisser	39361.781	1.929	20430.661	565.858	.000	.786
Time * Gender * Intervention	Greenhouse-Geisser	791.790	1.929	410.978	11.385	.000	.070
Error(time)	Greenhouse-Geisser	10851.602	300.552	36.108			

F (1.93, 300.57) = 978.161, p< 0.05, ηp2 = .864, The major effect of time on the measures of mindfulness and attentional awareness is statistically significant. The partial eta square (p2) value for time is.864, meaning that time accounts for a sizable effect of 86.2% of the variance in the mindfulness attention awareness score. F (1.93, 300.57) = 9.604, p< 0.05, ηp2=.060. The major effects of time and gender are statistically significant, although the weak effect of time and gender accounts for just 5.8% of the variance in mindfulness attention awareness scores (value 2 for time is.060; see below). F (1.93, 300.57) = 565.858, p< 0.05,ηp2=.786 On scores for mindfulness attention awareness, time and intervention have a statistically significant main influence. The value of p2 for time is.786, indicating that time and intervention account for a large influence of 78.4% of the variance in mindfulness attention awareness scores. F (1.93, 300.57) =11.40, p< 0.05,ηp2=.070 The

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primary effects of time, gender, and intervention on the MCA scores are not statistically significant. However, the fact that the value of 2 for time is.070 means that time, gender, and the intervention only account for a modest 6.8% of the variance in mindfulness attention awareness scores.

CONCLUSION

Buddhist philosophy at its core defines mindfulness as having a loving and nonjudgmental attitude toward one's experiences. It involves appreciating the present and realizing that it is all one has, hence embracing one's ideas and sensations as they are.

In the field of positive psychology, mindfulness has grown to be one of the most extensively researched topics. It has been linked to a range of advantages, including assisting individuals in managing serious diseases like depression as well as stress, acute illnesses, and pain. In fact, the fundamental idea behind many psychological treatment techniques is to use mindfulness to assist lessen the symptoms of the diseases.

One such important method that relies only on using mindfulness as a tool of treatment for individuals exhibiting depressive symptoms is MICBT. In the current study, the effect of MICBT on participants' levels of mindfulness and attention awareness while they were experiencing mild depression symptoms was examined. The study's findings indicated that after MICBT was applied to the sample under study for an 8-week period, mindfulness attentive awareness did, in fact, grow significantly. From the pre-test circumstances through the first four weeks of MICBT application, there was a substantial level of rise. From the fourth week until the end of the intervention at the eighth week, there was a second significant level of growth. There was a considerable increase in both genders.

After the intervention, however, women improved in their mindfulness attention awareness slightly more than men did.

After using MICBT, mindfulness attentiveness awareness does in fact greatly increase. The improvement in females' mindfulness attention awareness was somewhat greater. The

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influence of gender on mindfulness attention awareness turned out to be statistically significant. It was shown that the interaction impact between time and gender was substantial. The interaction impact between time and the intervention was also shown to be statistically significant, as was the interaction effect between time, gender, and the intervention.

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