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European Journal of Integrative Medicine 7 (2015) 124–130



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Original article

The influence of mindfulness meditation on angry emotions and violent behavior on Thai technical college students

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Received 22 July 2014; received in revised form 18 October 2014; accepted 18 October 2014

Abstract

Introduction: Violence among technical college students is a significant issue in Thailand, South East Asia, and yet few interventions are available for use with this group. In this study the outcomes of a culturally appropriate intervention, mindfulness meditation (MM), on anger and violent behavior are reported. The MM intervention was delivered over three consecutive weeks to technical college students (n = 40) and the effects compared to a comparison group (n = 56) who attend classes as usual.

Methods: Both the intervention and comparison group completed a series of validated self-report measures on aggressive and violent behavior perpetration and victimization on three occasions (pre-intervention, 1 month and 3 month post-intervention).

Results: Program participants reported lower levels of anger expression at one month follow-up, but there were no observed group × time interactions for self-reported violent behavior. Rates of victimization changed over time, with one interaction effect observed for reports of being threatened.

Conclusions: MM may have the potential to improve emotional self-control, but is likely to only impact on violent behavior when this is anger mediated.

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Keywords: Anger; Mindfulness meditation; Thailand; Technical college

Introduction

Youth violence is a major public health issue in Thailand, a low-middle income country in South-East Asia [1], where particular concerns have been expressed about violence in students who attend vocational training institutes, particularly technical colleges [2]. In response, the Minister of Education has announced plans to send delinquent students to boot camps, a proposal which has triggered public debate about the effectiveness of this, and other, interventions for youth. The Secretary General Office of the Vocational Educational Commission has

also proposed a number of new regulations to control violence in vocational colleges. These include increased policing of the streets adjacent to colleges, the use of surveillance cameras in public locations, prohibiting students leaving the colleges during school hours, and improving student enrolment screening processes [3]. These initiatives, however, focus on the monitoring of student behavior rather than implementing interventions that have the potential to address the causes of violence in this population. The aim of this study, then, is to investigate the effect of one particular type of intervention, mindfulness meditation (MM), on aggressive and violent behavior in Thai technical college students. While a number of alternative interventions are potentially available, the evidence base to support their effectiveness outside of the United States is somewhat limited [4], and many employ methods that cannot be assumed to be

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culturally appropriate. MM, on the other hand is increasingly being incorporated into a range of different health care treatments [11] and particularly valued in a country in which more than 90% of the population are Buddhist.

The rationale to support the use of MM as a means to reduce aggressive and violent behavior has been articulated by both Baer in 2003 and Wright, Howells and Day in 2009. They identify a number of different mechanisms by which mindfulness-based interventions might improve emotional control [5,6], suggesting, for example, that mindfulness improves an individual's ability to tolerate negative emotional states and the ability to cope with them effectively. Related to this is the idea that mindfulness training interferes with those ruminative patterns that are believed to be characteristic of negative emotional arousal [7]. Applying mindfulness skills permits the individual to step back from the emotional disturbance, and to see it clearly as an emotional state that will, in time, pass. Improved selfnoticing may thus allow the individual to make more informed, wiser, behavioral choices as he or she develops a higher level of tolerance for unpleasant internal states. Finally, the ability of various meditation strategies to induce physiological relaxation has been well-documented. Gillespie et al. have further discussed the neurobiological and cardiorespiratory mechanisms associated with controlled breathing, which is thought to be conducive to a state of mindfulness [8]. They argue that these techniques, considered key components of many meditational practices, have been shown to affect the functioning of those neural circuits involved in the regulation of emotional states, including the prefrontal cortex and the amygdala. The aim of this exploratory study, then, is to investigate the effects of MM in a high-risk cohort of Thai technical college students.

Materials and methods

Participants

Ninety six students from seven departments, across various year levels (shown in Table 1) volunteered to participate in the

Table 1
Demographic data between groups at pre-test.

	Mindfulness meditation $(n=40)$	Control $(n = 56)$
Departments		
Mechanical	4 (10.00)	56 (100)
Metal	7 (17.50)	
Electrical power	4 (10.00)	
Electronics	5 (12.50)	
Architecture	15 (37.50)	
Computer	3 (7.50)	
Accounting	2 (5.00)	
Ages (Mean \pm S.D.)	17.56 ± 1.69	17.32 ± 1.17
Year levels		
Certificate – Year I	6 (15.00%)	56 (100)
Certificate – Year II	21 (52.50%)	
Certificate – Year III	9 (22.50%)	
Diploma – Year II	4 (10.00%)	

study, from the 600 students at the college. Forty of these were invited to participate in the MM intervention, with 56 acting as a non-intervention comparison group. These students attended normal classes throughout the study.

Self-reported data were collected from both groups on three occasions (pre-intervention, and at 1 month and 3 month post-intervention). There was some attrition from the study, resulting in a total of 77 participants at the 1-month follow-up (MM = 29, control group = 48) and 3-month follow-up (MM = 32, control group = 45).

Procedure

The MM intervention was delivered in a technical college in Bangkok with the agreement of the College Director. Interested students were given an information package (consent form and program outline) by their teachers and invited to meet the principal researcher to discuss participation. Informed consent was provided by the students' parents. Each participant was reimbursed the equivalent of US \$10 for his or her time and expertise.

Intervention: Mindfulness meditation

The MM intervention in the study was a modification of the Mindfulness-Based Stress Reduction (MBSR) program developed by the University of Massachusetts Medical Center [9] and similar to Vipassana meditation that is practiced in Theravada Buddhism. It did not, however, include the somatic relaxation technique (a body scan or yoga). It focused on the objective observation and awareness of the breath in order to concentrate attention, a technique that is used in both sitting and walking meditations.

The intervention was delivered by Buddhist monks who had at least 5 years of meditation and teaching experience. Participants attended daily for three consecutive weeks from 9.00 a.m. to 5.00 p.m. The day started with communal chanting and liturgical services, followed by meditation until 12.00 noon. Students sat quietly with their eyes closed and placed their attention on breathing either at the tip of the nose or the diaphragm. If participants drifted away or were distracted by thoughts they were encouraged gently to bring the focus back to their breathing and acknowledge the thought without judging. The monks guided participants until they were able to do this properly before joining the meditation. After, a walking meditation was used. To begin walking meditation, participants simply stood and then began to walk at a fairly slow walking pace and in a normal manner around garden paths in the college for approximately 2h, with 5-min breaks every half hour. The monks practiced walking meditation with the participants.

In the afternoon, participants attended lectures on how to behave towards parents, teachers, seniors, and friends, and discussed the consequences of antisocial behavior. The final session each day involved 1–2 h of communal chanting and sitting meditation until 5 p.m. Participants attended all exercises every day during the intervention.

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