

**EXPERIENCES OF MINDFULNESS-BASED RELAPSE
PREVENTION ON THE SMOKING BEHAVIOUR OF WORKING
WOMEN**

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by
ANITA MARY VADIVALE

Under the Supervision of
Anuradha S
Professor



**CENTRE FOR RESEARCH
CHRIST (Deemed to be University)
BENGALURU**

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Chapter 5

Summary and Conclusion

The aim of this embedded study was to explore the experiences of the participant undergoing MBRP for smoking behaviour. The study recorded participants' experiences periodically using both quantitative and qualitative measures. The sample size for the study was eight.

The objective of the study was to understand working women's smoking behaviour before the intervention, their experience of MBRP during the intervention and its influence on their smoking behavior, and the experience of the intervention and its influence on smoking behavior after the intervention was completed. The major findings of the study, as well as its implications have been described below.

Major findings

With relation to smoking behavior, the influence of peers appeared to be a significant factor in smoking initiation, and the development of smoking as a habit. This included both family and friends. Another common theme with relation to their smoking behavior was that several participants had attempted to quit prior to participating in the intervention. However, increases in stress and negative affect during abstinence caused relapse.

Smoking behavior influenced personal and professional aspects of the participants' lives. This included physical and psychological health as well as ideological changes towards the habit of smoking. Smoking also influenced relationships with family, friends, and colleagues.

THE MBRP intervention focused on providing participants specific mindfulness exercises that would enable them to curb urges and cravings, and increase awareness of thoughts, feelings and physical sensations in various high risk situations. Experiences included being able to identify triggers, understand cravings, being present in the moment, reflecting on breath, reduction in stress among others. Participants also experienced challenges in the practice of mindfulness, and in the home practice exercises.

The intervention improved participants' self-efficacy and self-awareness, and reduced feelings of stress and negative affect. This was evidenced by the participants' subjective reporting of their experiences, and the analysis of data using quantitative measures.

Continued practice after the eight weeks of intervention led to positive changes in the participants' personal and professional lives. This included a reduced desire to smoke, as well as reduced negative reactions to stressful situations. Participants were able to use mindfulness to reduce cravings, and to develop strategies that would prevent relapse.

Some participants also expressed their inability to practice mindfulness regularly. Participants also described challenges in incorporating mindfulness into their daily routines. Nevertheless, it was evident that their perceptions of smoking, self-efficacy relating to smoking abstinence, and response to stressful situations improved through the practice of mindfulness during and after the intervention. It must be mentioned, however, that three out of the eight participants reported relapse in the follow up interviews. However, their smoking consumption was still lower than before participating in the intervention.

MBRP thus helps working women understand themselves better. It increases self-awareness and self-efficacy, and reduces perceived stress and cravings. It also reduces the association between triggering thoughts and smoking behavior. Participants learnt to function less on autopilot mode. They learnt to compartmentalise, and to attend to thoughts and emotions without judgement, rather than appraise them. This helped them manage their irritability and changes in temperament more effectively. This helped them work more efficiently, make better lifestyle choices, and have more fulfilling relationships.

Implications

MBRP improved participants' self-efficacy, self-awareness and ability to control urges when experiencing craving. This led to reduced smoking behavior as well as positive changes in their personal and professional lives. Thus, MBRP is a helpful intervention for smoking cessation and relapse prevention among working women.

MBRP includes mindfulness exercises that are targeted at improving abstinence maintenance and relapse prevention. In particular SOBER breathing space and urge surfing were helpful in enabling participants to cope with cravings. They reduce the tendency to

relapse by helping individuals cope with triggers, urges and cravings. They also help increase awareness of thoughts, feelings and physical sensations in a specific situation.

Continued practice of mindfulness and the utilization of strategies taught in the MBRP program help in long term smoking prevention. Follow up after the intervention is complete helps motivate individuals to continue practicing mindfulness, and incorporating it in their daily routines.

Limitations

The researcher attempted to ensure the reliability of the findings of the study through various means. However, no study is absent of limitations.

A significant limitation was the sample size. The research design and the protocol of the therapy favoured small group size. However, the small sample size reduces the generalizability of the data to population levels.

Another limitation is that the findings of the study relate only to the experiences of working women. The reasons for focusing on this population were discussed in the introductory chapter. Nevertheless, the generalizability of these findings to other populations, including other genders, age groups and the non-working population is limited as they were not included in the study.

Another limitation relating to the sociodemographic details of the participants was that all participants were educated, and fluent in English. The administration of the intervention may be influenced if the group comprised uneducated women who were not fluent in English. Their experiences were not recorded in this study.

All participants all resided in the same geographical area. This was primarily because the intervention included two hour weekly sessions that had to be attended in person. However, this may affect the generalizability of results to populations from other geographical areas.

The generalizability of the findings to individuals who are heavy smokers is also limited as all participants were categorized as moderate smokers. They smoked no more than a pack of cigarettes per day. Further, none of the participants reported significant physical or psychological illnesses prior to joining the intervention. The effectiveness of the intervention

for heavy smokers, or for those experiencing physical or psychological disorders were thus not researched in this study.

Other limitations of the study include the following:

- Carbon monoxide tests were not done and abstinence was checked only through self-report.
- A control group was not included in the study.
- Group influences were not looked for in its totality which could have played a bigger role than mentioned in the study.
- All participants did not quit on the same day though they all had quit in the same week prior to the beginning of the intervention.
- Families of the participants were not interviewed. This may have provided insight into aspects of the home practice of mindfulness, and the influence of mindfulness on relationships.

Scope for further research

The present study focused solely on the experiences of working women. Future research can focus on the effectiveness of MBRP among other populations. This can include different age groups, college student populations, different genders, and the nonworking population.

Another suggestion for further research is the study of the biological and neurological implications of MBRP on individuals with nicotine dependence. This may yield intriguing results as research on mindfulness in general indicates that it causes changes in the cortical structures of the brain (Ives-Deliperi, Solms & Meintjes, 2010).

The present study focused on experiences of individuals who participated in an MBRP intervention in person. Future research can focus on mediums other than face-to-face delivery, including the delivery of intervention through virtual means.