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The Relationship Between Perceived Stress Levels and
Expectancies of Mindfulness Meditation

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The Relationship Between Perceived Stress Levels and Expectancies of Mindfulness Meditation

Meditation is one of humankind's oldest therapies. Its origins may not be absolutely clear, but there are four thousand year old Indian carvings showing people sitting in meditative postures (Walsh, 1992, p.32). And in fact, meditation probably began in India over four thousand years ago, and from there it spread across cultures into Nepal, Tibet, China, Japan, and other parts of the world. Meditation, in some form, has been adopted by each of the world's major religions, including Christianity, Judaism, Buddhism, Hinduism, and Islam (Delmonte, 1995, p.223). However, in the United States today many people believe that meditation is a foreign, Eastern tradition. Because of this, meditation is not accepted by some people (Schopen and Freeman, 1992, p. 123). A common misconception is that meditation is a "weird or mystical inner maneuver that requires sitting in the full lotus posture and/or making one's mind a blank" (Salmon, Santorelli, and Kabat-Zinn, 1998, p. 253). In fact, meditation is often accessible, down-to-earth, and relevant to practitioners lives (Salmon et al., p. 253). More than 6 million Americans have tried meditation at some point (Walsh, 1992, p. 32). Several million Americans practice regularly (Walsh, 1983, p. 19). Although meditation has been practiced throughout the world for thousands of years, significant research on meditation did not begin until the early 1970s (Mikulas, 1981, p.333). However, since that time, a large body of literature has been produced, including hundreds of experimental research studies (Walsh, 1992, p.32).

Walsh (1983) defines meditation as a "family of practices that train attention in order to heighten awareness and bring mental processes under greater voluntary control" (p.19). There are many varieties of meditation with much in common. Individual practices may differ in the "object of awareness, such as the breath, special images, or emotions (such as love), they may use different types of attentional strategies, and they

may have different intermediary aims, for example, the cultivation of specific attributes and virtues such as generosity, love, compassion, concentration, or wisdom" (Walsh, p. 20).

Meditation practices are sometimes divided into two major classes. The first is concentration practices in which awareness is focused on a single object, such as the breath or a mantra (Walsh, 1992, p.34). The most popular form of this type of practice is Transcendental Meditation in which attention is focused on a mantra. In concentration practices, attention usually lasts for a relatively short time and then the meditator becomes lost in thought. When they realize this they bring their attention back to the point of concentration. This process occurs many times during one meditation period. With practice, concentration and focus gradually improve. This improvement usually coincides with a sense of calm and equanimity (Walsh, 1983, p. 30). By continuously returning the attention to the focal point the meditator learns to discriminate thought from other stimuli. Thoughts are seen as simply thoughts instead of deeper and more reprehensible character traits with which the meditator may have identified himself (Carpenter, 1977, p. 399). This type of practice can be very useful. However, some traditions view it as more of a facilitator of the second class of meditation, called awareness or mindfulness, than as an end in itself (Walsh, 1983, p. 30-31). An example of this type of practice is the Buddhist vipassana meditation, also called insight or mindfulness meditation. This type of meditation has its roots in the tradition of Theravada Buddhism (Astin, 1997, p. 99). Salmon et al. (1998) define mindfulness meditation as "the systematic cultivation of nonjudgmental, nonreactive, moment-to-moment attention" (p. 240-241). In this type of practice, attention is allowed to shift between and explore different objects (Walsh, 1992, p. 34). There are no distractions, only objects to be observed. Mindfulness is the ability to notice objectively whatever arises in one's consciousness without elaborating it, reacting to it, identifying with it, or getting lost in it (Mikulas, 1981, p. 334). With practice, the meditator begins to see the way a single thought may arise into awareness and modify all

of perception (Walsh, 1983, p. 32). The emphasis is to attend to all thoughts and sensations that arise without judgment or interpretation. It is important to simply notice what has occurred (Astin, p. 100). It is important to observe whatever arises without judgment. An aim of this meditation is to distinguish between observation of the experience and interpretation and judgments of the experience. By accepting thoughts, perceptions, and emotions openly and nonjudgmentally, instead of avoiding or suppressing them, mental distress is reduced (Salmon et al., p. 250).

The focus of this experiment was mindfulness meditation because of "its immediate applicability to a great variety of present-moment experiences. This orientation lends a quality of 'ordinariness' to the intervention that makes it more acceptable and accessible to wide range of people with different life stressors and different medical disorders." (Kabat-Zinn et al., 1992, p. 937) Instead of restricting attention to one single focal point, as is done in Transcendental Meditation with a mantra, mindfulness emphasizes the detached observation of perceptions, sensations, thoughts, and emotions as they arise. A goal is to maintain stability of attention as objects of attention change over time (Kabat-Zinn, 1988, p. 225). Another goal of the meditation is to take this gentle awareness and attention practiced in meditation and bring it into each moment of daily life (Astin, 1997, p. 100). The purpose of practicing observation and awareness in meditation is to enhance mindful observation of all events and experiences in daily life, not just during a formal sitting meditation. Practitioners are encouraged to bring nonjudgmental awareness to each aspect of daily life, for example driving, eating, working, playing, etc. (Salmon et al., 1998, p. 242). This intentional nonjudgmental awareness allows thoughts, feelings, perceptions, etc. to be seen merely as "events" in the field of awareness. Observing them in this way can lead to feelings of relaxation, calmness, self-confidence, commitment, and self-efficacy. Each moment, whether in formal meditation or in daily life, is an opportunity to practice viewing thoughts, perceptions, and emotions in this way (Salmon et al., p.

254). By observing nonjudgmentally, the meditator is trained to recognize thoughts as simply thoughts, instead of identifying with the thoughts as truth or reality (Walsh, 1983, p. 26-27).

A common goal of meditation is greater insight and wisdom and the development of optimal states of psychological well-being and consciousness. It therefore can be used for psychotherapeutic and psychophysiological benefits. In the United States many more people practice meditation for its short term benefits such as relaxation, stress management, self confidence, and enhanced physical and psychological well being than for the long term benefits of insight, wisdom, and enlightenment (Walsh, 1983). Research has shown that meditation often is correlated with improvements in physical and psychological symptoms, including decreases in anxiety, drug use, and blood pressure, and increases in perceptual sensitivity, empathy, self-actualization, and pain tolerance. Meditation has been shown to be a successful treatment for a variety of disorders, including insomnia, hypertension, anxiety, phobias, asthma, chronic pain, and cardiac arrhythmia. It has also been said to reduce medical care use and criminal recidivism (Walsh, 1992, p. 32-33). Therefore, despite the fact that it seems foreign to some people, meditation has become increasingly popular as a therapy (West, 1980, p. 270). "There is a strong basis of support, from a practitioner standpoint for the use of meditation as a therapeutic intervention in counseling. Indeed, some argue that meditation can replace counseling as a healing force or change agent for certain clients" (Schopen and Freeman, 1992, p. 129). Meditation is, in fact, becoming more popular in a clinical setting. Evidence of this is the rapid increase of hospital and clinic-based Mindfulness-Based Stress Reduction (MBSR) programs. This program is an intensive 8-week course which teaches mindfulness meditation to patients with various chronic conditions. The program is concerned with the applications of mindfulness to daily living and coping with stress, pain, and illness. Over 10,000 medical patients have been through this program since it began in 1979, and there

are currently over 240 hospitals and clinics which offer the program. (Salmon et al., 1998, p. 40) This intervention program has also been shown to be effective in a nonclinical population (Shapiro, Schwartz, and Bonner, 1998, p. 594).

When researching meditation it is important to consider that people attracted to meditation may differ in certain aspects from people not attracted to meditation. Studies have looked at different characteristics of prospective meditators and found that certain individuals may be more favorably disposed towards meditation (Delmonte, 1983, p.1161). Delmonte (1985, p. 9) suggests that prospective meditators report higher anxiety levels than published population norms. Prospective meditators have also been shown to initially have greater negative perceived-selves and greater expectations of Transcendental Meditation (Delmonte, 1981). Fiebert (1977) suggests that people with positive attitudes towards personal growth will be more likely to take up meditation. It is important to examine factors that influence a person's decision to take up meditation because research suggests that predispositional factors may be important in the outcome of meditation (Delmonte, 1985, p. 9).

Expectancies are an important aspect in the research on meditation. Much of the research on expectations of meditation has dealt with Transcendental Meditation (TM), and this study focuses on mindfulness meditation. Expectancy effects may be a factor in the psychological and physical improvements often seen in meditators. It is important to identify people's attitudes towards meditation. Delmonte (1981) suggests that people's initial expectancies of Transcendental Meditation are associated with the decision of whether or not to begin meditating as well as the reported benefits of TM. Subjects with higher expectancies of meditation were more likely to begin meditating. Frequency of practice was also positively correlated with higher expectancies. Expectancies had about one month predictive value regarding regularity of practice (Delmonte, 1981, p. 705).

One characteristic of prospective meditators that has not been looked at in depth is

stress. It is important to examine stress because it is a major problem in this country. Many serious disorders are intensified or even caused by stress, including hypertension, heart disease, alcohol and drug abuse, anxiety, depression, and gastrointestinal disorders. Stress is a rather broad and ambiguous concept. It occurs on many different levels, including physical and psychological levels, and it originates from a variety of sources (Kabat-Zinn, 1990, p. 235). Lazarus defines psychological stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (as cited in Kabat-Zinn, 1990). This study focused on minor stressors or daily hassles as measured in the Weekly Stress Inventory (WSI). Reactions to minor daily stressors, such as driving in heavy traffic or arguing with a friend, have shown to be better predictors of physical and psychological symptoms than major life events, such as job changes or divorce (Brantley, Jones, Boudreaux, and Catz, 1997). Previous studies have shown that mindfulness meditation is associated with decreases in stress-related symptomatology (Astin, 1997). It is important to study the attitudes toward meditation of people with various stress levels because these attitudes can affect both the decision to begin meditating and subjective reactions to meditation (Delmonte, 1981). A person's attitude toward meditation determines to a large degree the long term value of the meditation (Kabat-Zinn, 1990, p. 32). This study questioned whether or not the perceived amount of stress in one's life, as measured by the WSI, is related to expectancies of mindfulness meditation. People with high stress levels tend to be more likely to suffer from anxiety. Anxiety has been shown to be a common trait of prospective meditators (Delmonte, 1985), and therefore anxiety is also related to higher expectancies of meditation (Delmonte, 1981). Therefore, stress may also have an effect on expectancies of meditation. The hypothesis in this study was that expectancies of meditation and self-reported stress levels will be positively correlated.

This study examined the relationship between stress levels and expectancies of meditation because these expectations have been shown to predict whether or not subjects will begin practicing meditation. Predispositional factors, such as stress levels, may also be important in the outcome of meditation (Delmonte, 1985). A person with positive expectations of meditation is more likely to begin practicing meditation and to practice with greater frequency than a person with lower expectations (Delmonte, 1981). A relationship between stress levels and expectancies of meditation could be useful in predicting whether or not a person with high stress levels will begin meditating and in determining the outcome of meditation.

Method

Participants

The subjects in this experiment consisted of 52 undergraduates between the ages of 18 and 25. Participants were recruited from undergraduate psychology courses at Louisiana State University through posted sign-up sheets. Subjects received extra credit in their class for participation in this study. Volunteers with experience in mindfulness meditation were excluded from this study.

Materials

Video-A short introductory video on mindfulness meditation including historical information, an explanation of mindfulness meditation, some research findings, and a brief guided meditation on mindfulness from Levine (1979, p.32-36) were used.

Expectancies of Mindfulness Meditation Questionnaire- A questionnaire designed to assess expectancies and attitudes regarding mindfulness meditation was given. This survey is similar to ones used by Zuroff and Schwarz (1978) and Kindlon (1983). It contains 26 statements involving possible benefits or results of mindfulness meditation which subjects rate on a 5-point Likert Scale, with values ranging from 1 (strongly disagree) to 5 (strongly agree). There are also two additional statements involving interest in and willingness to practice mindfulness meditation which were not scored. The ratings were added to derive a total expectancy score.

Weekly Stress Inventory (WSI) (Brantley et al., 1997)- The WSI is an 87-item, self-report inventory that measures the number and stressfulness of minor stressors experienced throughout the past week. Two scores are obtained from the WSI. The WSI-Event score is the number of events that happened during the week, and the WSI-Impact score is the total of the perceived stress ratings.

Demographic Questionnaire- A brief questionnaire to determine demographics of the subjects (age, gender, race, and religion) was used.

Procedure

Participants were informed that the experiment involved watching an introductory video, participating in a brief guided meditation on the video, and completing three questionnaires. Subjects were asked to sign a consent form saying they had been informed about the experiment, had never practiced mindfulness meditation, and were not under a doctor's care or that they would inform their doctor about the experiment and remain under a doctor's care. Subjects were then shown the educational video on mindfulness meditation. After watching the video in which they also participated in the guided meditation, subjects were asked to complete the demographic, WSI, and expectancies questionnaires.

Data Analysis

A median split was performed on the WSI scores. The highest 50% and the lowest 50% of stress scores were tested using a *t*-test to determine if they differ significantly.

A Pearson product moment correlation of stress and expectancy scores was also performed to test the association of these two measures.

Results

Table 1 displays descriptive statistics used to generate a profile of the sample based on the demographic information (i.e. age, gender, race, and religion). The majority of subjects tested were Catholic, Caucasian females.

Table 2 displays the mean, standard error of the mean, standard deviation, and range of the WSI scores and expectancy scores. The mean WSI scores for this college population is comparable to those found by Brantley, et al. (1997, p. 409). They found a mean WSI-Impact score for 20-39 year olds to be 113.09 with a standard deviation of 77.18.

A Pearson's product moment correlation of stress and expectancy scores was performed. No significant correlation is shown between these two scores, $r = -.108$, $p > .05$.

A median split was performed on the WSI scores. The mean for the lowest 50% of scores was 85.04 with a standard deviation of 21.51. The mean for the highest 50% of scores was 208.62 with a standard deviation of 65.39. An independent two-tailed t -test with an alpha level of .05 showed that the means were significantly different, $t(50) = -9.256$, $p < .001$. That is, the highest 50% and the lowest 50% of WSI scores are significantly different. An independent two-tailed t -test was conducted to determine if the high and low WSI groups differed in terms of expectancy scores. No group differences were found $t(50) = -1.039$, $p > .05$. These results support those of the correlation analysis.

Table 1

Demographic Information for the Total Sample

Variable	%	N	Mean (\pm SEM)	Range
Age			19.98 (\pm .24)	18-25
Gender				
Female	73	38		
Male	27	14		
Race				
Caucasian	82.7	43		
African American	9.6	5		
Asian	3.8	2		
Hispanic	3.8	2		
Religion				
Catholic	59.6	31		
Baptist	19.2	10		
Methodist	7.6	4		
Other	9.6	5		
None	3.8	2		

Table 2

Independent Variables: Descriptive Statistics

Variable	Mean (\pm SEM)	SD	Range
WSI Scores	146.83 (\pm 10.89)	78.51	45-373
Expectancy Scores	72.23 (\pm 1.78)	12.82	41-100

Discussion

This experiment failed to support the hypothesis. A positive correlation between high WSI scores and high expectancy scores was expected, but a nonsignificant negative correlation between these scores was shown. Results indicate that stress levels are not related to expectancies of mindfulness meditation. Self-reported stress levels do not appear to be a useful predictor of persons who are likely to begin meditating. Previous literature has shown that anxiety is associated with greater expectancies of meditation (Delmonte, 1981). Although stress tends to be associated with anxiety, in this study stress is not shown to be associated with expectancies of meditation. The results of this experiment lead to questions about the original hypothesis. Although stress and anxiety are related, they are not the same thing. There may be something unique about anxiety that leads it to be correlated with greater expectancies of meditation, while stress is not associated with expectations.

Sample size or lack of statistical power is typically a concern when experimental hypotheses fail to receive support. However, it was determined a priori that the present sample size was adequate. In fact, it is unlikely the present results would change if we had employed twice as many subjects as we did.

One limitation of this study involves the Expectancies of Mindfulness Meditation Questionnaire. Although it is modeled after similar questionnaires used by Zuroff and Schwarz (1978) and Kindlon (1983), it is not a standardized measure. This use of a nonstandardized measure of expectancies may account for why a significant correlation was not found.

It is also possible that a significant correlation was not found because the relationship between stress and expectancies of meditation may not be a linear relationship. Perhaps stress is only associated with expectancies in extreme circumstances.

Future research should reexamine the role of anxiety in the prediction of expectancy. It may be the case that stress would predict expectancies in individuals who have clinical or subclinical levels of anxiety symptoms.

A clinical implication of these findings is that assessment procedures designed to measure individuals' perceptions of life stress should not be used to decide whether to offer them meditation as a treatment option.

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Appendix A

Expectations of Mindfulness Meditation Questionnaire

Expectancies of Mindfulness Meditation Questionnaire

For each statement below, circle the number which indicates how much you either disagree or agree with it. Use the following scale:

1 2 3 4 5
disagree strongly disagree somewhat agree somewhat agree agree strongly

1. ____ Practicing mindfulness meditation regularly will enhance my concentration.
2. ____ Practicing mindfulness meditation regularly will help me feel more relaxed.
3. ____ Practicing mindfulness meditation regularly will decrease stress in my life.
4. ____ Practicing mindfulness meditation regularly will help me feel less anxious.
5. ____ Practicing mindfulness meditation regularly will help me feel healthier physically.
6. ____ Practicing mindfulness meditation regularly will help me sleep better.
7. ____ Practicing mindfulness meditation regularly will help me feel happier.
8. ____ Practicing mindfulness meditation regularly will increase my performance in work and/or school.
9. ____ Practicing mindfulness meditation regularly will lead to personal growth.
10. ____ Practicing mindfulness meditation regularly will increase my self-esteem.
11. ____ Practicing mindfulness meditation regularly will cause good dreams.
12. ____ Practicing mindfulness meditation regularly is more beneficial than a daily nap.
13. ____ Practicing mindfulness meditation regularly will decrease physical pain in my body.
14. ____ Mindfulness meditation is helpful when used in medical settings.
15. ____ Practicing mindfulness meditation regularly will make me more insightful.
16. ____ Practicing mindfulness meditation regularly is more beneficial than daily exercise.
17. ____ Practicing mindfulness meditation regularly will lead to decreased fatigue.
18. ____ Practicing mindfulness meditation regularly would help me feel less depressed.
19. ____ Mindfulness meditation is helpful when used by people experiencing psychological distress.
20. ____ Practicing mindfulness meditation will enhance my physical strength.
21. ____ Practicing mindfulness meditation regularly will help me feel less nervous.
22. ____ Practicing mindfulness meditation regularly will make me more intelligent.
23. ____ Practicing mindfulness meditation regularly will enhance my physical appearance.
24. ____ Practicing mindfulness meditation will enhance my daily life in general.
25. ____ I am interested in learning more about mindfulness meditation.
26. ____ I would like to begin practicing mindfulness meditation.

Appendix B

Weekly Stress Inventory

WSI

Below are listed a variety of events that may be viewed as stressful or unpleasant. Read each item carefully and decide whether or not that event happened to you during **this past week**. If the event **did not** happen this week, circle the X to the right of that item. If the event **did** happen, show the amount of stress that it caused you by circling a number from **1 to 7** to the right of that item (see scale below). Additionally, if the event happened 3 or more times during this past week, put a check in the blank (____) to the right of that item.

X-----1-----2-----3-----4-----5-----6-----7
 Did not Happened Slightly Mildly Moderately Stressful Very Extremely
 happen not stressful stressful stressful stressful stressful stressful
 stressful

Check if item
 happened 3 or
 more times
 this week

1. Had a job or assignment overdue.....X 1 2 3 4 5 6 7 _____
2. Bothered with red tape.....X 1 2 3 4 5 6 7 _____
3. Argued with a coworker.....X 1 2 3 4 5 6 7 _____
4. Customers or clients gave you a hard time.....X 1 2 3 4 5 6 7 _____
5. Did poorly at a job, task, or chore.....X 1 2 3 4 5 6 7 _____
6. Hurried to meet a deadline.....X 1 2 3 4 5 6 7 _____
7. Interrupted during a job, task, activity, or thinking...X 1 2 3 4 5 6 7 _____
8. Someone spoiled your completed job, task, or chore.X 1 2 3 4 5 6 7 _____
9. Did something you were not good at.....X 1 2 3 4 5 6 7 _____
10. Uable to finish job, task or chore.....X 1 2 3 4 5 6 7 _____
11. Unable to finish all plans for the week.....X 1 2 3 4 5 6 7 _____
12. Was late for work or appointment.....X 1 2 3 4 5 6 7 _____
13. Was graded or evaluated on your performance.....X 1 2 3 4 5 6 7 _____
14. Worked late or overtime.....X 1 2 3 4 5 6 7 _____
15. Not enough money for basics (food, clothing, etc.)...X 1 2 3 4 5 6 7 _____
16. Ran out of pocket money.....X 1 2 3 4 5 6 7 _____
17. Had unexpected bills (traffic fines, etc.)X 1 2 3 4 5 6 7 _____
18. Had problems paying bills.....X 1 2 3 4 5 6 7 _____
19. Not enough money for fun or recreation.....X 1 2 3 4 5 6 7 _____
20. Had problem obtaining ride or transportaion.....X 1 2 3 4 5 6 7 _____
21. Drove undr bad conditions (traffic,, weather)X 1 2 3 4 5 6 7 _____
22. Had car trouble.....X 1 2 3 4 5 6 7 _____
23. Had minot auto accident.....X 1 2 3 4 5 6 7 _____
24. Argued with husband wife, boyfriend, or girlfriend...X 1 2 3 4 5 6 7 _____
25. Child misbehaved.....X 1 2 3 4 5 6 7 _____

26. Child had school problems.....	X	1	2	3	4	5	6	7	_____
27. Minor illneww of husband, wife, child, or loved one....	X	1	2	3	4	5	6	7	_____
28. Husband or wife had problems at work.....	X	1	2	3	4	5	6	7	_____
29. Not enough time for family and friends.....	X	1	2	3	4	5	6	7	_____
30. <u>Had crime in the neighborhood.....</u>	X	1	2	3	4	5	6	7	_____
31. Had household chores (shopping, cooking, etc.)	X	1	2	3	4	5	6	7	_____
32. Had minor home repairs.....	X	1	2	3	4	5	6	7	_____
33. Had problems with neighbors.....	X	1	2	3	4	5	6	7	_____
34. Ran out of food or personal item.....	X	1	2	3	4	5	6	7	_____
35. <u>Your property was damaged.....</u>	X	1	2	3	4	5	6	7	_____
36. Store did not have something you wanted.....	X	1	2	3	4	5	6	7	_____
37. Had problems with pet (dog, cat, etc.).....	X	1	2	3	4	5	6	7	_____
38. Heard a rumor or something bad about yourself.....	X	1	2	3	4	5	6	7	_____
39. Was told what to do.....	X	1	2	3	4	5	6	7	_____
40. <u>Was lied to, fooled or tricked.....</u>	X	1	2	3	4	5	6	7	_____
41. Was misunderstood or misquoted.....	X	1	2	3	4	5	6	7	_____
42. Had confrontation with someone of authority.....	X	1	2	3	4	5	6	7	_____
43. Was criticized or berbally attacked.....	X	1	2	3	4	5	6	7	_____
44. Was around unpleasant people (drunk, bigot, rude) ...	X	1	2	3	4	5	6	7	_____
45. <u>Had unexpected guests.....</u>	X	1	2	3	4	5	6	7	_____
46. Did poorly because of others.....	X	1	2	3	4	5	6	7	_____
47. Was forced to socialize.....	X	1	2	3	4	5	6	7	_____
48. Someone broke a promise.....	X	1	2	3	4	5	6	7	_____
49. Someone broke an appointment.....	X	1	2	3	4	5	6	7	_____
50. <u>Competed with someone.....</u>	X	1	2	3	4	5	6	7	_____
51. Argued with a friend.....	X	1	2	3	4	5	6	7	_____
52. Not enough time to socialize.....	X	1	2	3	4	5	6	7	_____
53. Was ignored by others.....	X	1	2	3	4	5	6	7	_____
54. Had someone disagree with you.....	X	1	2	3	4	5	6	7	_____
55. <u>Spoke or performed in public.....</u>	X	1	2	3	4	5	6	7	_____
56. Was interrupted while talking.....	X	1	2	3	4	5	6	7	_____
57. Was stared at.....	X	1	2	3	4	5	6	7	_____
58. Had someone "cut" in front of you in line.....	X	1	2	3	4	5	6	7	_____
59. Unable to express self clearly.....	X	1	2	3	4	5	6	7	_____
60. <u>Had unwanted physical contacted (crowded).....</u>	X	1	2	3	4	5	6	7	_____
61. Dealt with rude waiter, waitress, or salesperson.....	X	1	2	3	4	5	6	7	_____
62. Was without privacy.....	X	1	2	3	4	5	6	7	_____
63. Was excluded or left out.....	X	1	2	3	4	5	6	7	_____
64. Had too many responsibilities.....	X	1	2	3	4	5	6	7	_____
65. <u>Had to make important decision.....</u>	X	1	2	3	4	5	6	7	_____
66. Did not hear from someone you expected to.....	X	1	2	3	4	5	6	7	_____
67. Was disturbed while trying to sleep.....	X	1	2	3	4	5	6	7	_____
68. Forgot something.....	X	1	2	3	4	5	6	7	_____
69. Heard some bad news.....	X	1	2	3	4	5	6	7	_____
70. <u>Was clumsy (spilled or knocked something over)</u>	X	1	2	3	4	5	6	7	_____

71. Lost or misplaced something (wallet, keys)X 1 2 3 4 5 6 7 _____
72. Had elgal problems.....X 1 2 3 4 5 6 7 _____
73. Waited longer than you wanted.....X 1 2 3 4 5 6 7 _____
74. Did something you did not want to do.....X 1 2 3 4 5 6 7 _____
75. Had to face a feared situation or object.....X 1 2 3 4 5 6 7 _____
76. "Pet peeve" violated (someone fails to knock, etc)....X 1 2 3 4 5 6 7 _____
77. Failed to understand something.....X 1 2 3 4 5 6 7 _____
78. Had close escape from danger.....X 1 2 3 4 5 6 7 _____
79. Had minor accident (broke something, tore clothing)..X 1 2 3 4 5 6 7 _____
80. Someone borrowed something without asking.....X 1 2 3 4 5 6 7 _____
81. Had minor injury (stubbed toe, sprained ankle, etc.) ...X 1 2 3 4 5 6 7 _____
82. Was physically uncomfortable (cold, wet, hungry)X 1 2 3 4 5 6 7 _____
83. Stopped unwanted habit (smoking, overeating, etc.)...X 1 2 3 4 5 6 7 _____
84. Interrupted while relaxing.....X 1 2 3 4 5 6 7 _____
85. Not enough time for fun or recreation.....X 1 2 3 4 5 6 7 _____
86. Did poorly at sport or game.....X 1 2 3 4 5 6 7 _____
87. Saw upsetting TV show, movie, or read an upsetting
book, etc.X 1 2 3 4 5 6 7 _____
- Any we missed? (List below)
88. _____.....X 1 2 3 4 5 6 7 _____
89. _____.....X 1 2 3 4 5 6 7 _____

Appendix C

Consent Form

Consent Form

Study Title: The Relationship Between Perceived Stress Levels and Expectancies of Mindfulness Meditation

Performance Site: Louisiana State University, Baton Rouge

Name and Telephone Number of Investigators:

Christina A. Qualls.....(225) 769-3990
Phillip J. Brantley, Ph.D.....(225) 763-2500

Purpose of the Study: This is a research study to determine whether a relationship exists between perceived stress levels and expectancies of mindfulness meditation.

Subjects: Male and female volunteers between the ages of 18 and 30 who are undergraduates at Louisiana State University will qualify as participants in this research project. Participants have never practiced mindfulness meditation. Participants are not under a doctor's care, or they will inform their doctor about the experiment and remain under a doctor's care. Participants will be excluded from participation in this study if they do not meet predetermined inclusion criteria. Fifty subjects will be used in this study.

Study Procedure: Participants will be asked to watch an informative video on mindfulness meditation and to participate in a brief guided meditation. They will also be asked to fill out two questionnaires, The Weekly Stress Inventory (WSI), which measures minor daily stressors, and the Expectancies of Mindfulness Meditation Questionnaire which assesses expectancies and attitudes regarding mindfulness meditation.

Benefits: Subjects may find the guided meditation pleasurable and may use the technique demonstrated in the future. Participants will be awarded class credit for their participation in this study.

Risks/Discomforts: There are no known risks to participate in this research, however participation may involve unforeseen risks.

Right to Refuse: Participation in this study is voluntary and participants may refuse to participate or withdraw from the study at any time without penalty.

Privacy: Information provided during the study is anonymous. Although results may be published, no identifiable information regarding individual subjects will be obtained.

Signature: The study has been discussed with me and all of my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about subjects' rights or other concerns, I can contact Charles E. Graham, Chairman, LSU Institutional Review Board, (225) 388-1492. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

Signature of Participant

Date

Appendix D

Demographic Questionnaire

Demographic Questionnaire

Please fill out the following for statistical purposes only:

Age: _____

Gender : _____

Race: _____

Religion: _____