The Relationship between Mindfulness, Happiness and Healthy Lifestyle

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Abstract

Background: Healthy lifestyle is the cornerstone of preventing chronic diseases. In this study, we aimed to investigate the association between mindfulness and happiness with healthy lifestyle.

Methods: This cross-sectional study was performed on students at Islamic Azad University South of Tehran. A total of 250 students were selected using simple random sampling method. Data were gathered using three questionnaires of five facet mindfulness, Oxford Happiness and healthy lifestyle. The association between variables were assessed using correlation coefficient and linear regression method.

Results: Of total, 203 people participated in the study. The mean age of participants was 32.2 (standard deviation = 10.8). The majority of them were women and married. The results of regression analysis showed that mindfulness and happiness had a positive and significant correlation with healthy growth.

Conclusion: According to the results, the findings of this study can be used to design conceptual models and enrichment of the theory of mindfulness and happiness in order to plan programs for improving the lifestyle of individuals.

Keywords: Happiness, Healthy lifestyle, Mindfulness, Psychology


Introduction

It is estimated that about half of the patients suffer from psychosomatic diseases (1). According to the World Health Organization (WHO), chronic diseases will be the main cause of death and disability in 2020, and will account for two thirds of all diseases (2). Nowadays, many physical illnesses are considered as psychosomatic disease associated with lifestyle (3). Lifestyle is a multi-dimensional phenomenon that contains all aspects of everyday life including sleep, food, health, customs, work, gaming, entertainment, time spent, social relationships, and way of thinking, behavior, feelings and emotions. According to WHO, lifestyle is a combination of behavioral patterns and individual habits throughout life such as nutrition, physical activity, anxiety, smoking and the quality of sleep (4). Given the necessity of recognizing methods for preventing and treating disorders and chronic diseases, third generation of so-called cognitive therapies such as Mindfulness Based Cognitive Therapy (MBCT) have been introduced (5). One of the components of mind-consciousness is the tendency to life in the present, which is the key to mental health and satisfaction from life (6). The relationship of mindfulness with the pathological variables such as stress (7) and health variables like adjustment ability and emotional functioning (8), psychological well-being (9), and emotional, psychological and social wellbeing (11, 10) have been well illustrated. Other variables that are significant in the field of health and positive psychology are the concept of happiness that is composed of cognitive and emotional components (12). Joyful people usually evaluate their skills better than others and remind positive events more than negative ones and make better decisions in their life. There is relationship
between psychological well-being, people’s understanding of health and improvement of physical and mental illness. Happiness is also associated with healthy behaviors like healthy eating, and regular sleep (14).

Recently, due to the development of chronic physical and psychological disorders the mindfulness and lifestyle have been drawn into attention. But there are few empirical research on these subjects and most research has been performed on recognition of the therapeutic effects of mindfulness. Therefore, this research is designed to assess the role of mindfulness and happiness on healthy lifestyles. In addition, the results of the research can be used to design programs that enhance quality of life and public health.

Methods

Sub title

This research was a cross-sectional study. The statistical population of this study consisted of undergraduate, graduate and postgraduate students in the Islamic Azad University of South Tehran, Iran. According to the result of pilot study and estimating a correlation coefficient of 0.25, considering 95% confidence interval and a power of 90%, a sample size of 250 were calculated. The sample were selected using simple random sampling method on the list of student with associated ID number as sampling frame.

Measuring instrument

Five Facet Mindfulness Questionnaire (FFMQ): This tool is a self-report scale of 39 items that was created by Baer and colleagues (15). The participant must express his agreement or disagreement to each of the phrases on a scale of 5 degrees from 1 (never) to 5 (always). The validity and reliability of the questionnaire has been evaluated in Iran. The correlation coefficients of the FFMQ questionnaire in Iranian sample ranged from \( r = 0.57 \) (non-judgmental factor) to \( r = 0.84 \) (observation factor). (16). In this study, internal consistency of the whole mindfulness was obtained by \( \alpha = 0.60 \). The internal consistency of the subscales of observation, description, act with awareness, non-judgment, and non-react items were 0.73, 0.66, 0.69, 0.77 and 0.52, respectively.

Oxford Happiness Questionnaire (OHQ): The questionnaire include 29 items, each containing 4 phrases. The higher scores represent higher level of happiness. An examination of the internal consistency of the Oxford Happiness Index showed that all 29 items had a high correlation with the overall score. Cronbach’s alpha was 0.91 for the whole scale. The convergent and divergent validity of the questionnaire with Beck Depression questionnaire and subscales of extraversion and neuroticism for the Eysenck Personality Questionnaire (EPQ) have been confirmed (17). Validity reliability of pension version of the questionnaire have been confirmed in previous study in Iran. (18).

Health-Promoting Lifestyle Profile (HPLP): Health-promoting lifestyle profile were used to measure health behaviors. This tool was developed by Walker et al and has 52 items on 6 subscales including health responsibilities, physical activity, nutrition, spiritual growth, interpersonal relationships and stress management (20).

Each item was scored based on Likert Ratings scale: 1 = never, 2 = sometimes, 3 = often, and 4 = routinely. The psychometric properties of the questionnaire have been confirmed by previous study in Iran (21).

Data analysis: Data was described using mean and standard deviation (SD) or absolute or relative frequency according to the type of variables. To test the hypotheses, Pearson correlation and linear regression methods were used. All analyzes were performed using SPSS software version 19.

Results

A total of 203 people participated in the study (response rate = 81%). The mean age of the participants in the study was 32.2 with the standard deviation of 10.88. The majority of participants (78%) were women and married (57%). Table 1 presented the mean score of lifestyle, happiness and mindfulness. Table 2 shows the distribution of life style scores in terms of demographic variables and its correlation with happiness and mindfulness variables.

There was no significant association between sex, age groups, marital status, smoking, and educational level with lifestyle score. Life style showed a positive and significant correlation with happiness and mindfulness variables. Table 3 reveals the association between happiness and mindfulness showed that these two variables accounted for 39% of variation in life style score. A separate analysis on each dimension of lifestyle showed that the highest prediction score of both happiness and mindfulness was on the spiritual dimension.

Table 3 explores the relationship between happiness and mindfulness with lifestyle based on linear regression model. Higher scores of happiness and mindfulness increase the average life style score by 0.62 and 0.55, respectively. Among the dimensions of mindfulness, the most important predictors were observation (B = 1.15), act with awareness (B = 0.99) and non- react (B = 0.95), respectively. Among the dimensions of mindfulness, the most important predictor variables were respectively observation, action with awareness and non-response, which had a significant relationship with lifestyle scores.
Table 2. Lifestyle Score Distribution and Correlation According to the Study Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>Correlation coefficient</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>132.2</td>
<td>19.8</td>
<td></td>
<td></td>
<td>0.93</td>
</tr>
<tr>
<td>Male</td>
<td>131.8</td>
<td>24.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>71</td>
<td>132</td>
<td>20.2</td>
<td></td>
<td>0.24</td>
</tr>
<tr>
<td>25-35</td>
<td>54</td>
<td>128.5</td>
<td>20.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 and more</td>
<td>68</td>
<td>134.9</td>
<td>20.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>111</td>
<td>130.9</td>
<td>20.8</td>
<td></td>
<td>0.40</td>
</tr>
<tr>
<td>Married</td>
<td>81</td>
<td>133.5</td>
<td>21.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>83</td>
<td>130.4</td>
<td>20.8</td>
<td></td>
<td>0.48</td>
</tr>
<tr>
<td>Master</td>
<td>83</td>
<td>133.02</td>
<td>19.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post graduate</td>
<td>27</td>
<td>134.3</td>
<td>25.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>139.2</td>
<td>20.3</td>
<td></td>
<td>0.27</td>
</tr>
<tr>
<td>No</td>
<td>183</td>
<td>131.7</td>
<td>21.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.57</td>
</tr>
<tr>
<td>Mindfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.001</td>
</tr>
</tbody>
</table>

Abbreviation: SD, Standard deviation

Discussion

The purpose of this study was to investigate the role of mindfulness and happiness in predicting healthy lifestyle. The results of regression analysis showed that these two variables could simultaneously predict 39% of lifestyle variance. In explaining this finding, it can be said that mindfulness, through cognitive focus on the present, encourage individual to become aware of his daily activities and the automatic functioning of mind and through instantaneous awareness of thoughts, emotions and physical status, get rid of automated minds which are focused on past and future. A mindfulness person is well aware of his health risk and knows how to discover his satisfaction to make it into his everyday life as well as turn into a healthy lifestyle. Mindfulness, in general, through ultra-consciousness, delaying conceptual processing and separating a person from cognitive events can be effective in improving lifestyle (22). Happiness through better assessment of individual skills and more positive life events than negative events, interpersonal skills, Optimism, hope and a positive look at life can motivate and empower people to lead a healthier lifestyle, better manage stress and a sense of responsibility for health.

This finding is in agreement with previous research. Mousavian et al. concluded that mindfulness can have a positive effect on weight loss in obese women in the study of the effectivenss of Mindfulness Based Cognitive Therapy (MBCT) on reducing obesity (13). Holis-Walker and Colosimo found that mind-conscious people are more capable of identifying, managing, and solving everyday problems (7). Schütze et al. believed that mindfulness causes people not to be trapped in automatic thinking, so that they can evaluate the situation positively (23). Previous research has shown that mindfulness comes to modify negative behavioral patterns and automatic thought as well as helps regulate health-related positive behaviors (23). In other words, mind-consciousness can create positive changes in happiness and psychological well-being (24). The results of the research by Forgeard and Seligman suggested that life with the consciousness was accompanied by greater hope and optimism (25). The study of Keng (26) also found that mindfulness was accompanied by growth in hope and optimism, and generally improved psychological well-being of individuals in clinical settings such as a hospital and non-clinical settings such as educational centers. Nameni et al. in a study on the effectiveness of teaching meta-cognitive methods on nursing life style showed that attention and mindfulness education has been effective on lifestyle of employed and married nurses, by contributing significant changes in health and promoting lifestyle to their mental and physical health (3). Ghashgaee et al. also revealed that Mindfulness Based Cognitive Therapy (MBCT) is effective in improving the quality of life and physical and mental dimensions of patients (27). Jonjani et al. found that there is a meaningful relationship between happiness and quality of life (28). Hashemi and Mahoor et al. by evaluating the effectiveness of mindfulness education on happiness of high school students found that this training can increase happiness among students them (29). Positive psychology is a new advent approach in psychology that addresses the happiness and well-being of individuals. This approach tries to use people's abilities and capacities to increase people's lives in the face of events and disadvantages, and increase their satisfaction with life (30). The study by Yeon Kye in Korea indicated that happiness was associated with some health behaviors among Korean adolescents, including the absence of current smoking or drinking, eating breakfast, healthy eating, participating in physical activity a day, sedentary behaviour, and hours of sleep (31).

Table 3. Results of Coefficient Regressions for Prediction of Lifestyle Based on the Mindfulness and Happiness

<table>
<thead>
<tr>
<th>Predictable variables</th>
<th>B Coefficient</th>
<th>95% Confidence Interval</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>0.55</td>
<td>0.33-0.77</td>
<td>0.001</td>
</tr>
<tr>
<td>Happiness</td>
<td>0.62</td>
<td>0.42-0.82</td>
<td>0.001</td>
</tr>
</tbody>
</table>

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Hopeful people have more powerful stimuli and more energy to pursue their goals, and also, they have more positive emotions. Hope is able to improve the quality of life by repairing mental injuries and using positive human abilities and capacities such as happiness and optimism.

Conclusion
The findings of current study revealed that happiness and mindfulness are positively associated with health life style behaviors. Further research is recommended to focus on pathways and intermediate and moderate variables and to identifying mechanism of action.

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Ethical consideration
The study protocol has been approved by ethical Review Board of Azad University of South branch, Tehran, Iran.

Conflicts of interests
Authors declared no conflict of interest.

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19. Walker SN, Hill-Polerecky DM. Psychometric evaluation of the Health-Promoting Lifestyle Profile II. Unpublished manuscript, University of Nebraska Medical Center; 1996.

