

Effects of Mindfulness-Based Therapy and Counseling Group on Emotional Intelligence and Mindfulness of Clinical Psychology Students

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Abstract

This study assessed the impact of mindfulness-based group therapy and counseling on emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others among clinical psychology students. A quasi-experimental design was employed involving fourth-year undergraduate students in a clinical psychology program at a university in northeastern Thailand. Fourteen participants were purposefully selected based on slightly elevated stress levels and received therapy and counseling utilizing mindfulness techniques. Data collected through various assessment tools revealed that immediately after the intervention and three months later, participants demonstrated significantly higher levels of emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others compared to pre-intervention levels. Moreover, stress levels significantly decreased post-intervention and remained lower three months later. These findings suggest that incorporating mindfulness-based therapy and counseling can effectively enhance emotional well-being and mitigate stress among clinical psychology students.

Keywords: mindfulness, emotional intelligence, mindfulness-based therapy, clinical psychology education

1. Introduction

Due to the dynamic nature of technology, the aging population, the climate change-induced global warming crisis, and the uncertain global circumstances, individuals are facing increasing competition and various pressures, which can result in stress and potentially severe mental health problems (Iwamoto & Chun, 2019; Jimenez, 2021). The significance of emotional intelligence and mindfulness lies in their ability to enhance one's well-being and cognitive abilities. Emotional intelligence enables individuals to proficiently identify, comprehend, and regulate their own emotions, while also demonstrating empathy towards the emotions of others (Jiménez-Picón et al., 2021; Khedkar & Babu, 2023). Through the development of emotional intelligence, individuals can effectively traverse difficult circumstances with resilience and make well-informed choices. Similarly, mindfulness techniques cultivate the ability to be fully aware of the present moment and to accept thoughts and feelings without judgment (Jiménez-Picón et al., 2021; Khedkar & Babu, 2023). This helps to enhance mental clarity and emotional stability. Emotional intelligence and mindfulness are essential tools for enhancing mental well-being in a constantly evolving world.

In clinical psychology education, students need to receive education, training, and practical experience according to the standards in the curriculum during their undergraduate studies, which typically span four years. As a part of their degree, students are required to undergo professional experience training in organizations or institutions that cover all aspects of clinical psychology work. These organizations must have outpatient and/or inpatient services, licensed clinical psychologists, psychiatrists/physicians, as well as personnel from other mental health specialties. They should also be able to provide practical training according to the clinical psychology curriculum, which includes courses that comply with the certification requirements of educational institutions under the clinical psychology professional standards, including clinical psychological diagnosis, psychological therapy and mental

health recovery, application of clinical psychology in community mental health and related disciplines, professional development in clinical psychology, technology, and research, and teaching, training, and academic consultation in clinical psychology (Phungpong, 2019). In addition to developing knowledge and skills in the aforementioned field, clinical psychology students also need to enhance their emotional intelligence and interpersonal skills to be effective in helping patients and becoming successful professionals. Simultaneously, clinical psychology students must take care of their own health and well-being (de Vibe, 2014; de Vibe et al., 2013). Especially during professional experience training or internships, clinical psychology students often encounter challenges and obstacles that can lead to stress and burnout (Pintado, 2019).

Previous research in medical personnel has found that emotional intelligence has positive effects on physical, mental, and social well-being by enhancing emotional resilience, social support perception, empathy, work efficiency, job satisfaction, and reducing stress and burnout (Nightingale et al., 2018; Szczygiel & Mikolajczak, 2018). The ability to manage emotions is a fundamental skill that medical personnel should develop because the work environment often leads to significant emotional impacts (Cox, 2018). Clinical psychologists are among the health professionals who focus on psychological assessment, therapy, and understanding behavioral problems or mental disorders to assist individuals facing complex issues and those suffering from experiences in life, such as adjustment problems, intellectual disabilities, abnormal personality, and other mental health problems (Plante, 2010). Studies have found that clinical psychologists and trainees have high levels of stress and psychological distress, mainly due to feelings of incompetence, excessive workload, constant evaluation, and feelings of inadequacy (Jones & Thompson, 2017). Additionally, a survey found that 59% of clinical psychology trainees experienced psychological distress, and three out of four trainees reported moderate to high levels of stress, attributed to clinical training (Jones & Thompson, 2017), which can have serious consequences on their well-being and professional performance (Pakenham & Stafford-Brown, 2012). Consistent with research findings, the majority of clinical psychology students endures psychological distress and low quality of life, experience increased fatigue towards the end of their studies, and continue to face challenges in their professional careers. Therefore, promoting the well-being of clinical psychology students and developing their ability to cope with challenges is essential and increasingly important (de Vibe, 2014).

Previous researchers (e.g., Raupova, 2023; Rueda León et al., 2021; Yurayat, 2016) have investigated the desired characteristics of clinical psychologists and identified key attributes, with emotional maturity being among the most significant. Emotional maturity encompasses several elements, including the capacity for mindful work, addressing issues consciously, rationality, acceptance of reality, emotional self-regulation or control, and managing physical and verbal dissatisfaction. It also involves the ability to control personal desires, be receptive to suggestions for self-improvement, and adapt effectively to changing environments and individuals. These qualities closely align with mindfulness and emotional intelligence (EI) concepts. Mindfulness involves purposeful presence and nonjudgmental awareness, embracing compassionate and empathetic qualities, and fostering an open and welcoming mindset (Baer et al., 2012; Kabat-Zinn, 2003). Studies have demonstrated that mindfulness-based therapy can alleviate symptoms of anxiety and depression while enhancing mental health, well-being, and subjective happiness (Keng et al., 2011). Furthermore, emotional intelligence comprises four key components: 1) the ability to perceive and express one's own and others' emotions, 2) utilizing emotions effectively in decision-making and problem-solving processes, including creativity, 3) understanding emotions by analyzing them, facilitating emotional change, and anticipating consequences, and 4) managing emotions and controlling emotional responses (Mayer et al., 2004).

Mindfulness-based therapy is effective in enhancing the well-being of clinical psychology students, as well as reducing stress, anxiety, and depression while fostering mindfulness, emotional management, self-perception, and empathy (de Vibe, 2014). Additionally, Silakhom and Kaewwichit (2017) studied the effects of dynamic mindfulness on the mental health and emotional intelligence of university students and found that students without mental health issues experienced increased happiness and emotional intelligence after engaging in mindfulness practice. Conversely, there was a trend of increased happiness and emotional intelligence scores and decreased mental health problems among students with mental health issues. Moreover, self-compassion and compassion for others were found to be crucial factors supporting individuals' well-being, such as reducing depression, anxiety, and stress (Gale et al., 2014).

Previous studies (Brun et al., 2023; Hsu et al., 2024; Jiménez-Picón et al., 2021; Khedkar & Babu, 2023; Magallón-Botaya et al., 2021) have primarily focused on the development of mindfulness and emotional intelligence among medical professionals, such as doctors and nurses, with fewer investigations targeting clinical psychologists or psychology students. In this study, we aimed to cultivate emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others among clinical psychology students through group therapy

and counseling rooted in mindfulness therapy and Buddhist principles (Wongpiromsarn, 2016). The intervention involved integrating Kabat-Zinn's mindfulness framework with Buddhist meditation practices (Kabat-Zinn, 2003), emphasizing breath awareness to soothe the mind and mindfulness of the present moment during activities. This intervention seeks to prepare clinical psychology students for professional internships and future careers by nurturing their capacity to advocate for prevention, treatment, and rehabilitation in line with professional standards, thereby enhancing mental health outcomes for patients. Moreover, it empowers clinical psychologists to effectively manage their physical and mental well-being, enabling them to become practitioners who prioritize wellness and provide effective care for others over the long term.

2. Literature Review

2.1 *Emotional Intelligence and Mindfulness in Clinical Psychology Education*

In clinical psychology education, blending emotional intelligence (EI) with mindfulness practices offers valuable advantages for learners. Emotional intelligence refers to the capacity to recognize, analyze, manage, and regulate emotions in oneself and others (Goleman, 2020; Hasson, 2019). For clinical psychology students, developing these abilities is critical since they serve as the foundation for therapeutic interactions, effective communication, and self-care methods in clinical practice. Students who acquire emotional intelligence can establish sympathetic connections with their clients, manage difficult clinical settings calmly, and prioritize their well-being among the demands of the profession (Parker et al., 2006).

Mindfulness, which has its roots in contemplative traditions, is a complementary method to improving emotional intelligence and overall well-being in clinical psychology education (de Vibe, 2014; de Vibe et al., 2013). Mindfulness entails practicing present-moment mindfulness and nonjudgmental acceptance of both internal and external stimuli. Mindfulness activities such as meditation and mindful breathing can help students build resilience, emotional regulation, and cognitive flexibility, all of which are necessary for success in the complicated and difficult field of clinical psychology (Hemanth & Fisher, 2015).

Clinical psychology students benefit from a comprehensive arsenal for personal and professional development by including emotional intelligence and mindfulness practices into their training. These practices not only improve students' therapeutic skills, but also help them develop self-awareness, empathy, and compassion. Finally, incorporating emotional intelligence and mindfulness into clinical psychology education prepares students to be skilled and compassionate practitioners who prioritize the well-being of both themselves and their clients, thereby positively contributing to the area of mental health care.

2.2 *Mindfulness-Based Therapy*

Mindfulness-Based Therapy (MBT) is a therapeutic approach grounded in mindfulness principles and practices aimed at cultivating present-moment awareness and nonjudgmental acceptance of one's experiences (Pratikta, 2020). Developed from Buddhist meditation techniques, MBT involves guiding individuals to pay deliberate attention to their thoughts, emotions, and sensations without reacting or becoming attached to them (Allen et al., 2021). The core concept of MBT revolves around fostering a compassionate and accepting attitude towards oneself and others, encouraging individuals to observe their thoughts and feelings as transient mental events rather than fixed truths. By incorporating mindfulness techniques such as meditation, breathing exercises, and body scans, MBT helps individuals develop resilience, emotional regulation, and insight into their inner workings, ultimately promoting psychological well-being and personal growth (Sekhar et al., 2021).

MBT encompasses various approaches tailored to address specific mental health challenges and promote overall well-being. Mindfulness-Based Stress Reduction (MBSR) emphasizes self-awareness and acceptance of present experiences through activities like meditation and mindful movement, beneficial for managing chronic pain and stress-related symptoms (Nehra et al., 2013). Similarly, Mindfulness-Based Cognitive Therapy (MBCT) combines mindfulness practices with cognitive behavioral techniques to prevent the recurrence of conditions like depression and anxiety by challenging automatic thoughts and fostering resilience (Sipe & Eisendrath, 2012).

In contrast, Acceptance and Commitment Therapy (ACT) advocates for individuals to directly engage in their experiences rather than avoiding them, fostering authentic self-exploration and comprehension (Larmar et al., 2014). ACT enhances individuals' ability to effectively manage life's obstacles by promoting psychological flexibility and providing them with adaptive coping methods. Dialectical Behavioral Therapy (DBT) combines acceptance and change-focused techniques, with a particular emphasis on mindfulness to improve emotional regulation and encourage rational thinking (Swales, 2009). DBT enables individuals to enhance their emotional and behavioral management skills, resulting in enhanced overall functioning and well-being.

2.3 Groups Counseling

Group counseling is therapeutic interventions that involve a small group of individuals coming together under the guidance of a trained counselor or therapist to explore and address shared concerns, challenges, or goals (Ajufo, 2019; Yusop et al., 2020). In these groups, participants have the opportunity to share their experiences, receive support and feedback from peers, and learn coping strategies and skills to navigate their difficulties. The counselor facilitates discussions, fosters a supportive and nonjudgmental atmosphere, and provides guidance to help participants gain insight, develop self-awareness, and make positive changes in their lives (Sohrabi et al., 2013). Counseling groups can focus on various themes such as stress management, relationship issues, grief and loss, or personal growth, catering to the specific needs and interests of the participants (Hussin et al., 2020).

For clinical psychology students, participating in counseling groups can offer invaluable learning opportunities and personal growth experiences. By engaging in group therapy sessions, students can observe firsthand the dynamics of group interactions, the process of therapeutic facilitation, and the effectiveness of different counseling techniques. Moreover, being part of a counseling group allows students to develop their counseling skills, such as active listening, empathy, and rapport building, in a supportive and supervised environment. Additionally, participating in group therapy can enhance students' self-awareness, emotional intelligence, and cultural competence as they learn to navigate diverse perspectives and experiences within the group. Overall, counseling groups provide clinical psychology students with practical experience, interpersonal skills, and insights that can greatly benefit their future careers as mental health professionals.

Previous studies (e.g., Avrand et al., 2022; Hussin et al., 2020; Rismi, 2020) have highlighted the benefits of group counseling in education, demonstrating its efficacy in reducing students' stress, preventing depression, and promoting overall mental well-being. Building upon this foundation, the current study recognizes the potential of mindfulness-based therapy and group counseling in enhancing the emotional intelligence and mindfulness of mental health professionals. While previous research (Brun et al., 2023; Hsu et al., 2024; Jiménez-Picón et al., 2021; Khedkar & Babu, 2023; Magallón-Botaya et al., 2021) has extensively explored the emotional intelligence and mindfulness of medical professionals, there remains a gap in understanding these aspects among clinical psychology students. Given their pivotal role in working with patients both during their education and in their future careers, it is imperative to address this gap and investigate the potential benefits of mindfulness-based interventions for this population. Thus, our study seeks to bridge this void in the literature and contribute to a deeper understanding of the emotional intelligence and mindfulness of clinical psychology students. The purpose of the study was to examine the effects of mindfulness-based group therapy and counseling on the emotional intelligence and mindfulness of clinical psychology students.

3. Methodology

3.1 Research Design

The study is designed in a quasi-experimental design utilizing the one-group, pretest-posttest design. Measurements were taken twice: immediately after the experiment and three months post-experiment.

3.2 Samples

This study's population consisted of 18 fourth-year undergraduate students majoring in clinical psychology from the Faculty of Education at a university in Thailand's northeastern area during the academic year 2023. Out of this cohort, 14 people were chosen to engage in integrated mindfulness-based group therapy and counseling, which generally has 10-15 participants (Juengsiragulwit et al., 2015). Four pupils were not picked because their stress levels were less than 18, and hence were eliminated from the group.

3.2.1 The Inclusion Criteria for Selecting Participants for the Study

- 1) Participants had to score above the normal threshold for stress, as indicated by a stress assessment questionnaire (scoring 18 points or higher).
- 2) Participants willingly enrolled in the program and were able to attend all 8 therapy sessions.
- 3) Participants were able to communicate verbally.

3.2.2 Exclusion Criteria from the Study

- 1) Participants with severe mental health problems or psychiatric symptoms.
- 2) Participants who wished to withdraw from the research project.
- 3) Participants unable to attend all 8 therapy sessions.

3.3 Research Instruments

3.3.1 Integrated Mindfulness-Based Therapy and Counseling Group Activity

The group therapy and counseling program based on mindfulness by Wongpiromsarn (2016) consists of 8 sessions, each lasting 90-120 minutes, held once a week for a total duration of 8 weeks. Homework assignments on meditation and mindfulness were given during the week and discussed during group sessions. The program blends counseling with mindfulness therapy and Buddhist principles, led by a certified clinical psychologist specializing in mindfulness-based therapy. The weekly activities include: Week 1) Managing confusion, Week 2) Living mindfully, Week 3) Learning to let go of emotions, Week 4) Mindfulness of thoughts and letting go, Week 5) Reviewing new perspectives, Week 6) Improving communication skills, Week 7) Loving-kindness and forgiveness, and Week 8) Moving forward in life (Wongpiromsarn, 2016). The researchers applied this program to a pilot group of 4 individuals with characteristics similar to the target group before implementing it in the actual study.

3.3.2 Emotional Intelligence Assessment

The emotional intelligence assessment for adults aged 12-60 is an evaluation tool developed by the Department of Mental Health, Ministry of Public Health, consisting of 52 questions divided into 3 subscales: Goodness, Excellence, and Happiness. Each subscale assesses different aspects such as self-control, empathy, motivation, decision-making, relationships, pride, life satisfaction, and emotional stability. The assessment tool demonstrates good reliability with Cronbach's alpha coefficients of 0.75, 0.76, 0.81, and 0.85 for the Goodness, Excellence, Happiness, and Overall scales, respectively, and split-half reliability coefficients of 0.83, 0.86, 0.71, and 0.74, respectively (Department of Mental Health, Ministry of Public Health, 2000).

3.3.3 Mindfulness Assessment

The mindfulness assessment developed by Silpakit (2015) consists of 15 questions categorized into 4 dimensions: Body (4 questions - items 1, 2, 3, 7), Meditation (2 questions - items 11, 12), Mind (6 questions - items 4, 5, 6, 13, 14, 15), and Wisdom (3 questions - items 8, 9, 10). These dimensions are further divided into 3 facets, each comprising 5 questions: Awareness (Body dimension - items 1, 2, 3, 7; Mind dimension - item 4), Intention (Meditation dimension - items 11, 12; Mind dimension - items 13, 14, 15), and Automaticity (Mind dimension - items 5, 6; Wisdom dimension - items 8, 9, 10). Questions 1-8 are positively oriented, while questions 9-15 are negatively oriented. The internal consistency (Cronbach's alpha) of the Awareness, Intention, and Automaticity dimensions is 0.82, 0.70, and 0.67, respectively.

3.3.4 Stress Assessment

The stress assessment and analysis tool developed by Chakraband (1995) comprises a total of 20 questions using a 4-level rating scale. The total stress score ranges from 0 to 60. Internal consistency (Cronbach's alpha coefficients) was checked, yielding values of 0.86, 70.4% reliability, and 64.6% specificity.

3.3.5 Happiness Index Assessment

The happiness index assessment (THI-15), developed by Mongkol et al. (2001), consists of 15 questions with 5 dimensions: Positive Affect (3 items), Negative Affect (3 items), Psychological Well-being (3 items), Mental Quality (3 items), and Support Factors (3 items). Each item is rated on a 4-point scale: 0 meaning "never," 1 meaning "rarely," 2 meaning "sometimes," and 3 meaning "often." The total score ranges from 0 to 45. The reliability of the tool, as indicated by Cronbach's alpha coefficient, is 0.70.

3.3.6 Self-Compassion Scale

The self-compassion scale developed by Neff (2003) was translated into Thai by a team consulting the Department of Mental Health in the year 2015 (B.E. 2558). It comprises a total of 12 items, which are divided into questions related to self-kindness (items 2, 6), self-judgment (items 11, 12), common humanity (items 5, 10), isolation (items 4, 8), mindfulness (items 3, 7), and over-identification (items 1, 9). Scores for each subcategory are averaged, and the overall self-compassion score is computed. Scores for negatively worded questions, such as those concerning self-judgment, isolation, and over-identification, are reversed. Results are interpreted by calculating the mean of all items.

3.3.7 Compassion for Others Scale

The compassion for others scale developed by Neff and Pommier (2013) was translated into Thai by a team consulting the Department of Mental Health in the year 2015 (B.E. 2558). It comprises a total of 24 items, categorized into questions related to kindness (items 6, 8, 16, 24), indifference (items 2, 12, 14, 18 - reverse scored), common humanity (items 11, 15, 17, 20), separation from others (items 3, 5, 10, 22 - reverse scored),

mindfulness (items 4, 9, 13, 21), and irrelevance (items 1, 7, 19, 23 - reverse scored). Scores for each subcategory are averaged after reversing appropriate items, and then the overall compassion for others score is calculated.

3.4 Protection of Sample Rights

This research has been approved by the Research Ethics Committee of Mahasarakham University, approval number 226-159/2022. The sample group received explanations regarding the objectives, duration of the research and data collection, nature of activities, and benefits to be gained. Upon acceptance of participation in the research by the sample group, researchers obtained their signed consent forms and stored the data in a secure document cabinet with restricted access.

3.5 Data Analysis

Statistical software was used for data analysis. Descriptive statistics were utilized for general data analysis and one-way repeated measures ANOVA was employed to analyze within-subject variability. Pairwise differences in means were compared using the Bonferroni method.

4. Results Methodology

It shows that the target group consists of individuals aged between 21-22 years old. It is divided into 10 females, accounting for 71.43%, and 4 males, accounting for 28.57%. All members of the target group are studying in the fourth year of the Bachelor of Science program in Clinical Psychology.

Before data analysis, the researchers conducted a preliminary examination for the analysis of one-way repeated measures ANOVA, including:

Testing for normal distribution using the Shapiro-Wilk test (due to the sample size being less than 50 individuals). The analysis showed no statistically significant differences, indicating that emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others at pre-experiment, immediate post-experiment, and three months post-experiment were normally distributed. Testing the assumption of sphericity for within-subject variability using Greenhouse-Geisser Epsilon to reduce Type I error. The analysis revealed statistically significant differences in the relationship size and variability size of emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others across the three measurement points, following the preliminary agreement for the analysis of one-way repeated measures ANOVA.

Therefore, the research findings can be summarized as follows:

Comparisons of emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others were conducted by the researchers at three different time points: pre-experiment, immediate post-experiment, and three months post-experiment, using repeated measures ANOVA, as illustrated in Table 1.

Table 1. Repeated measures ANOVA analysis comparing average scores of emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others at pre-experiment, immediate post-experiment, and three months post-experiment (n=14)

Variables	SS	df	MS	F	p
Emotional intelligence					
Duration of Time	647.19	1.01	638.32	38.57	.00*
Margin of error	218.14	13.18	16.55		
Mindfulness					
Duration of Time	233.91	1.13	207.12	129.79	.00*
Margin of error	23.429	14.681	1.596		
Stress					
Duration of Time	214.33	1.13	189.60	75.316	.00*
Margin of error	37.00	14.70	2.52		
Happiness					
Duration of Time	78.43	1.09	71.69	55.90	.00*
Margin of error	18.24	14.22	1.28		
Self-compassion					
Duration of Time	147.57	1.09	135.58	50.80	.00*
Margin of error	37.76	14.15	2.67		
Compassion to others					
Duration of Time	106.48	1.25	85.38	70.90	.00*
Margin of error	19.52	16.21	1.20		

Note. *p<0.05.

From Table 1, it is observed that there are differences in the duration of the experiment. Clinical psychology students had significantly different mean scores for emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others in pre-experiment, immediate post-experiment, and three months post-experiment. Therefore, the researchers compared the mean scores pairwise using the Bonferroni method, as shown in Table 2.

Table 2. Pairwise comparison of mean scores for emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others at pre-experiment, immediate post-experiment, and three months post-experiment

	Compared assessment	MD	p
Emotional intelligence	Post (\bar{x} =161.50) Pre (\bar{x} =153.00)	8.50*	.00
	3 Month Delay (\bar{x} =161.14) Pre (\bar{x} =153.00)	8.14*	.00
	3 Month Delay (\bar{x} =161.14) Post (\bar{x} =161.50)	-0.36	.06
Mindfulness	Post (\bar{x} =54.86) Pre (\bar{x} =49.71)	5.14*	.00
	3 Month Delay (\bar{x} =54.57) Pre (\bar{x} =49.71)	4.86*	.00
	3 Month Delay (\bar{x} =54.57) Post (\bar{x} =54.86)	-0.29	.12
Stress	Post (\bar{x} =22.00) Pre (\bar{x} =26.93)	-4.93*	.00
	3 Month Delay (\bar{x} =22.29) Pre (\bar{x} =26.93)	-4.64*	.00
	3 Month Delay (\bar{x} =22.29) Post (\bar{x} =22.00)	0.29	.31
Happiness	Post (\bar{x} =48.21) Pre (\bar{x} =45.21)	3.00*	.00
	3 Month Delay (\bar{x} =48.00) Pre (\bar{x} =45.21)	2.79*	.00
	3 Month Delay (\bar{x} =48.00) Post (\bar{x} =48.21)	-0.21	.25
Self-compassion	Post (\bar{x} =51.50) Pre (\bar{x} =47.36)	4.14*	.00
	3 Month Delay (\bar{x} =51.14) Pre (\bar{x} =47.36)	3.79*	.00
	3 Month Delay (\bar{x} =51.14) Post (\bar{x} =51.50)	-0.36	.06
Compassion to other	Post (\bar{x} =95.14) Pre (\bar{x} =91.57)	3.57*	.00
	3 Month Delay (\bar{x} =94.71) Pre (\bar{x} =91.57)	3.14*	.00
	3 Month Delay (\bar{x} =94.71) Post (\bar{x} =95.14)	-0.43	.08

Note. *p>0.05.

From the analysis presented in Table 2, it is evident that when comparing the mean scores of emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others across the pre-experiment, immediate post-experiment, and 3-month follow-up periods, several noteworthy findings emerge.

Firstly, the mean scores of emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others at the immediate post-experiment assessment were significantly higher than those observed before the commencement of the experiment, reaching statistical significance at the .05 level. Similarly, the mean scores at the 3-month follow-up assessment were significantly higher compared to the pre-experiment scores, also reaching statistical significance at the .05 level. However, there were no significant differences observed between the mean scores at the 3-month follow-up and those immediately post-experiment.

In summation, it can be concluded that emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others exhibited significantly higher mean scores at both the immediate post-experiment and 3-month follow-up assessments compared to pre-experiment levels, at a statistical significance level of .05. Conversely, stress showed significantly lower mean scores at both the immediate post-experiment and 3-month follow-up assessments compared to pre-experiment levels, also at a statistical significance level of .05.

5. Discussion

The research findings reveal that clinical psychology students who participated in mindfulness-based group therapy and counseling exhibited higher levels of emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others in the immediate post-experiment and 3-month follow-up periods compared to pre-experiment levels (Wongpiromsarn, 2016). Furthermore, these students demonstrated lower levels of stress in the immediate post-experiment and 3-month follow-up periods compared to pre-experiment levels. Notably, there were no significant differences observed in emotional intelligence, mindfulness, stress, happiness, self-compassion, and compassion for others between the immediate post-experiment and 3-month follow-up periods.

These results suggest that the participation of clinical psychology students in mindfulness-based group therapy and counseling, which integrates mindfulness and awareness practices without religious emphasis, is aimed at addressing mental health issues such as stress, anxiety, and depression (Kerdsang et al., 2018). Moreover, the program design emphasized foundational mindfulness training, incorporating present-moment awareness with concurrent activities, such as mindful walking and body scan meditation. Additionally, students were guided to observe thoughts and emotions without judgment, fostering an understanding of the impermanent nature of feelings and their release through non-attachment. This approach facilitated the development of insight into the underlying nature of emotional experiences, enabling their cessation without further elaboration or reactivity.

Furthermore, group therapy and counseling using mindfulness as a basis are activities that help manage emotional turmoil. Mindfulness training increases awareness of the effects of emotions and stress, keeps pace with thoughts, and teaches letting go of negative thoughts, which are one of the causes of stress and distress (Wongpiromsarn, 2016). Regarding the enhancement of mindfulness and the brain, it is found that when individuals practice mindfulness or meditation, it leads to 1) increased activity in the left hemisphere of the brain, particularly in the frontal left forehead area, resulting in increased happiness and positive emotions in humans; 2) increased serotonin levels in the brain, which is a neurotransmitter that promotes relaxation, easy sleep, and prevents depression. If this substance decreases, individuals may experience depression and difficulty sleeping; and 3) enhanced Parasympathetic nervous system function, which leads to calming the mind, reducing stress, lowering heart rate, reducing blood pressure, slowing down digestion, and increasing lifespan (Vorapongpichet, 2019). Additionally, mindfulness training helps reduce stress hormones (Mitsea et al., 2022; Raab, 2014) while simultaneously increasing hormones/neurotransmitters that promote relaxation, coupled with a positive outlook and self-satisfaction (Mitsea et al., 2022).

From previous studies in university student groups (Agastya, 2023), medical students, psychology students (Baer et al., 2012; Birnie et al., 2010; de Vibe, 2014; Shapiro et al., 2007), trainee therapists (Shapiro et al., 2007), and nursing students (Ratanasiripong et al., 2015), it was found that mindfulness-based therapy is effective in developing the well-being of university students, medical students, psychology students, trainee therapists, and nursing students. It also helps reduce stress, anxiety, and depression, consistent with the research of Cohen and Miller (2009), who found that six weeks of mindfulness-based therapy reduced stress and anxiety in graduate students majoring in counseling and clinical psychology in the United States. Additionally, mindfulness therapy helps develop mindfulness, emotional regulation, self-awareness, and empathy.

As for the issue of mindfulness and emotional intelligence, it can be said that emotional intelligence is an important characteristic and skill of medical personnel. Mindfulness meditation has been proven effective in increasing the

well-being of those who practice it, leading to improved mental health, self-care, and job satisfaction. Additionally, mindfulness-based therapy has been shown to promote emotional balance, emotional awareness, emotional acceptance, emotion recognition, expressive suppression, and reduced emotional exhaustion (Jiménez-Picón et al., 2021). Furthermore, past research has found that mindfulness-based therapy influences the emotional intelligence of students (Agastya, 2023) and community members (Magallón-Botaya et al., 2021). Mindfulness enables individuals to manage present emotions appropriately, not only cognitively or intellectually but also experientially (SalcidoCibrián et al., 2019). Mindfulness determines students' abilities to perceive and manage their own emotions, leading to better emotional management and the ability to build good relationships with others, fostering empathy (Agastya, 2023). This highlights the significance of emotional intelligence.

Moving on to the issue of mindfulness and happiness, happiness has various dimensions, such as subjective well-being and psychological well-being, which are all related to happiness. Past research has found that adolescents with high mindfulness have high scores on each dimension of psychological well-being, explaining that high mindfulness helps adolescents accept themselves, build good relationships with others, express independence, control their environment, have life goals, and achieve personal growth (Agastya, 2023). Factors contributing to subjective well-being include positive emotions, engagement, relationships, meaning, and accomplishment (Seligman, 2011). This is consistent with the research of Skolzkov and Efremova (2023), who found that first-year undergraduate students in the psychology department of Ural Federal University, after receiving mindfulness programs, had lower levels of depression and higher levels of subjective well-being than the control group, with statistical significance. Furthermore, according to the research of Schutte and Malouff (2011), emotional intelligence is a mediating variable in the relationship between mindfulness and subjective well-being. In summary, increased mindfulness is significantly associated with increased emotional intelligence, and increased mindfulness combined with increased emotional intelligence leads to significantly higher subjective well-being or life satisfaction.

Furthermore, mindfulness practice leads to increased mindfulness and enhanced self-compassion (Baer et al., 2012; Birnie et al., 2010; de Vibe, 2014; Shapiro et al., 2007). Research among medical professionals has found that healthcare providers who show compassion for patients, or compassion for others, also tend to develop self-compassion. Neff's (2003) research identified self-compassion as comprising self-kindness, a sense of common humanity, and mindfulness. Both mindfulness and self-compassion are associated with promoting an attitude of curiosity and nonjudgment towards one's experiences. Research suggests that mindfulness interventions, particularly among healthcare professionals with qualities of lovingkindness, have the potential to increase self-compassion (Raab, 2014). Additionally, other studies have found that an increase in mindfulness predicts an increase in self-compassion (Shapiro et al., 2007).

6. Conclusion

In summary, it is found that group therapy and counseling using mindfulness as a foundation help develop emotional intelligence, mindfulness, happiness, self-compassion, and compassion for others. Moreover, it aids in reducing stress among clinical psychology students, who are final-year students before entering professional practice, to help them cope with stressors they may encounter during their clinical practicum. This prepares them to handle the challenges they may face in a new environment, with new people, and with workloads similar to those they will encounter in clinical psychology practice in the future. Additionally, it helps clinical psychology students become more mindful and emotionally intelligence, enabling them to perceive and manage negative emotions effectively, leading to better problem-solving and increased personal happiness, which ultimately benefits their professional practice. Clinical psychologist is a medical profession that requires empathy for patients and self-compassion, allowing professionals to work happily and assist patients in managing life challenges and increasing their mental well-being.

One limitation of this study may be the lack of a control group, making it difficult to determine whether the outcomes observed were truly a result of the group therapy and counseling using mindfulness as a foundation. Additionally, the experimental group might have been too small. Future research could involve larger sample sizes and include a control group to better compare the outcomes of group therapy and counseling using mindfulness as a foundation versus other interventions, such as training or cognitive-behavioral therapy. Moreover, a study comparing the effectiveness of the full-length mindfulness-based therapy and a shortened version (8 sessions) could be conducted to reduce the time commitment for participants while maintaining the effectiveness of the intervention. However, the efficacy of the original full-length mindfulness-based therapy compared to the shortened version should still be evaluated.

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Authors contributions

Assoc. Prof. Phamornpun Yurayat was responsible for the overall study design and drafting the manuscript. Asst. Prof. Patcharin Katsatasri and Dr. Gamon Savatsomboon contributed to the formulation of research objectives, data collection, and data analysis. Assoc. Prof. Phamornpun Yurayat also coordinated the review process and finalized the manuscript with inputs from all authors.

All authors read and approved the final version of the manuscript. There are no special agreements concerning authorship, and all contributions were made collaboratively and equally by the authors.

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