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Changes in Mindfulness, Well-Being, and Sleep Quality in College Students Through *Taijiquan* Courses: A Cohort Control Study

Karen Caldwell, PhD¹ Lisa Emery, PhD² Mandy Harrison, PhD³ and Jeffrey Greeson, PhD⁴

Abstract

**Objectives:** This study sought to determine whether participants in *taijiquan* classes would report increases in mindfulness greater than that of a comparison group, and whether changes in mindfulness were associated with improvements in mood, perceived stress, self-regulatory self-efficacy, and sleep quality.

**Design:** The study design was quasi-experimental with repeated measures.

**Settings/location:** The study was set in a midsized public university.

**Subjects:** Students aged 18–48 years old enrolled in 15-week courses of either *taijiquan* (*n* = 76) or special recreation (control group, *n* = 132).

**Intervention:** Chen-style *taijiquan* classes were offered 2 times per week for 50 minutes each time.

**Outcome measures:** Self-report of mindfulness (Five Facet Mindfulness Questionnaire), mood (Four Dimensional Mood Scale), perceived stress (Perceived Stress Scale), self-regulatory self-efficacy (Self-regulatory Self-Efficacy Scale), and sleep quality (Pittsburgh Sleep Quality Index).

**Results:** Increases in total mindfulness scores occurred only in the *taijiquan* group, not in the control group. All well-being variables showed a pattern of improvement in the *taijiquan* group, with either stability or decline over time in the control group. Increases in mindfulness were significantly correlated with improvements on all well-being measures and with sleep quality.

**Conclusions:** Relative to a recreation control group, *taijiquan* classes for college students are associated with increased mindfulness and improved sleep quality, mood, and perceived stress, but not self-regulatory self-efficacy. Randomized control design studies are needed to substantiate the causal role of *taijiquan* exercise in the development of mindfulness and associated improvements in well-being.

Introduction

Mindfulness refers to the ability to attend to present-moment experience with a nonjudgmental quality.¹,² A rapidly growing body of research supports the connection between mindfulness and well-being,³ with both dispositional mindfulness and mindfulness interventions being associated with better outcomes on a number of measures of emotional well-being.⁴,⁵ A number of recent studies have investigated mindfulness with samples of young adults.⁴–¹⁴ Although mindfulness is often taught through meditation, very little research has focused on increasing mindfulness through participation in somatic modalities. Meditative movement, or mindful physical exercise, is proposed by several groups as a special category of exercise.¹⁵,¹⁶ and may be particularly effective at increasing mindfulness in participants. For example, Mindfulness-Based Stress Reduction (MBSR) programs typically include a yoga component, and one recent study found that yoga practice was associated with changes in more mindfulness facets than other practices taught in MBSR such as body scan or sitting meditation.¹⁷ Yoga practice has also been associated with higher scores on a mindful eating questionnaire,¹⁸ and recent studies by Caldwell and colleagues¹⁹ found increases in mindfulness reported by college students engaged in *taijiquan* practice.

*Taijiquan*, also referred to as *t’ai chi*, *taiji*, or *t’ai chi chuan*, is a mind–body exercise that originated in China as a martial

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art based on Daoist philosophical principles and breathing techniques. Depending on practitioners’ preferences, different aspects of the art can be practiced, but the “mind” component of taijiquan is an essential aspect of the practice and includes training in concentration or focus. The beneficial effects of taijiquan have been recognized for centuries in China, and a growing body of clinical research has begun to evaluate the efficacy and safety of taijiquan as a therapeutic modality for a variety of health issues including balance, aerobic fitness, immune function, strength, flexibility, and general stress management.20,21

A major limitation of current research into the health benefits of taijiquan available in the English language is that few studies have included young adult samples. Indeed, 80% of the studies use older adults.22 A recent review of scientific literature reported a total of 27 randomized controlled trials (RCTs) of taijiquan and qigong effects on psychologic symptoms, and only 2 of these studies included young adult participants (<30 years of age).21 In addition to these RCTs, there are several quasi-experimental studies of the effects of taijiquan on psychologic functioning of young adults. Jin found improvements in mood after a single practice session of taijiquan,23 and Wang and colleagues24 found that a 3-month intervention of taijiquan had positive effects on the mental health of college students. Caldwell and colleagues25 also found improvements in self-reported mood and stress scores in college students engaged in taijiquan practice.

Poor sleep quality has been related closely to mood disturbance and a number of risk factors for poor health outcomes.26 In a recent study of a large population of college students, poor-quality sleepers reported significantly more problems with physical and psychologic health than did good-quality sleepers.27 Students in this study overwhelmingly stated that emotional and academic stress negatively impacted sleep. Tension and stress accounted for 24% of the variance in self-reported sleep quality scores, while exercise, alcohol, and caffeine consumption, as well as consistency of sleep schedule, were not significant predictors of sleep quality.

One behavioral intervention often recommended as an important sleep aid is exercise. Epidemiologic studies have consistently shown an association between self-reports of exercise and better sleep.28 However, experimental studies reviewed by Youngstedt found only modest effects of exercise on sleep.29 Many of these experimental studies were limited to good sleepers with little room for improvement. The research on individuals with insomnia or depression yielded more promising results for the effect of exercise on sleep. Additional promising behavioral interventions for treating poor sleep quality are those focusing on alleviating stress and reducing worry. Taijiquan has the potential to combine the benefits of both physical exercise and reductions in stress related to increases in mindfulness and reductions in worry. Li et al.30 found that older adults with moderate sleep complaints improved self-rated sleep quality through participation in a taijiquan program, and similar findings in college students were recently reported by Caldwell et al.25

Given the potential link between current clinical research into the health benefits of mindfulness and the paucity of research on taijiquan with young adults, the purpose of the current study was to determine whether young adults participating in taijiquan classes would report increases in mindfulness greater than that of a comparison group and whether changes in mindfulness were associated with improvements in mood, perceived stress, self-regulatory self-efficacy, and sleep quality.

Methods

Study design

Participants for the study were recruited in the fall and spring semesters of the 2007–2008 and 2008–2009 academic year from two undergraduate classes: taijiquan, the experimental group; and special recreation, the control group. The taijiquan group included 76 participants, and the special recreation group included 132 participants.

The taijiquan class was an academic elective that fulfilled the Physical Activity/Wellness General Education requirement, while the special recreation class was required for students majoring in Recreation Management. Chen-style taijiquan classes met twice a week for 50 minutes each session for 15 weeks following principles outlined by Yang.31 Thus, students who participated in the taijiquan classes received 25 hours of total in-class instruction. The 2 instructors had completed extensive training in taijiquan (>15 years each). One (1) was certified to teach by the St. Louis Chinese Internal Arts Center and 1 was certified to teach Evidence-Based Traditional Taiji by the Center for Taiji Studies.74

For the control group, subjects participated in one of two sections of special recreation: one section met once per week for 2½ hours, and the other section met twice per week for 1 hour and 15 minutes. Thus, students in the special recreation classes received 37.5 hours of total in-class instruction. For both sections, the class format was a mixture of lecture, discussion, and service learning experiences. The special recreation class was chosen as a comparison condition because it was comparable to the taijiquan class in that students were engaged in social interaction and similar levels of exercise, but without the training in mind–body awareness provided by taijiquan.

Procedures

Students in both conditions completed a survey instrument in class at the beginning, midpoint, and end of the semester. Study procedures were approved by the Institutional Review Board of the university prior to collection of data. All students who participated in the survey study provided informed consent.

Mindfulness. The Five Facet Mindfulness Questionnaire32 is a 39-item instrument that uses a 5-point Likert-type scale. Items were developed from a factor analytic study of five previously developed mindfulness questionnaires. The five factors representing elements of mindfulness are (1) observing or attending to sensations, perceptions, thoughts, and feelings, (2) describing or labeling these internal experiences with words, (3) acting with awareness rather than on “automatic pilot,” (4) nonjudging of inner experiences, and (5) nonreactivity to inner experience. A Total Mindfulness score was calculated by adding scores on each of the five scales. Higher scores indicate greater levels of mindfulness. For the present sample,
TAIJUQIAN AND MINDFULNESS

Table 1. Baseline Group Differences in Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Taijiquan M</th>
<th>Taijiquan SD</th>
<th>Special recreation M</th>
<th>Special recreation SD</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>132.51</td>
<td>17.23</td>
<td>129.10</td>
<td>14.34</td>
<td>p = 0.15</td>
</tr>
<tr>
<td>Sleep Quality</td>
<td>11.46</td>
<td>3.79</td>
<td>10.81</td>
<td>3.90</td>
<td>p = 0.27</td>
</tr>
<tr>
<td>Positive Energy</td>
<td>13.04</td>
<td>3.35</td>
<td>14.14</td>
<td>2.23</td>
<td>p = 0.007</td>
</tr>
<tr>
<td>Tiredness</td>
<td>13.50</td>
<td>4.22</td>
<td>12.10</td>
<td>3.32</td>
<td>p = 0.012</td>
</tr>
<tr>
<td>Negative Arousal</td>
<td>12.71</td>
<td>4.13</td>
<td>11.24</td>
<td>3.44</td>
<td>p = 0.009</td>
</tr>
<tr>
<td>Relaxation</td>
<td>16.74</td>
<td>3.84</td>
<td>16.95</td>
<td>3.26</td>
<td>p = 0.678</td>
</tr>
<tr>
<td>Perceived Stress</td>
<td>6.39</td>
<td>2.64</td>
<td>5.85</td>
<td>2.64</td>
<td>p = 0.250</td>
</tr>
<tr>
<td>Self-regulatory Efficacy</td>
<td>20.76</td>
<td>3.39</td>
<td>19.56</td>
<td>2.96</td>
<td>p = 0.011</td>
</tr>
</tbody>
</table>

Significant effects are in boldface. SD, standard deviation.

Cronbach α for the five scales plus Total Mindfulness ranged from .740 to .908.

Mood. The Four Dimensional Mood Scale is based on a circumplex model of dispositional mood measuring Positive Energy, Tiredness, Negative Arousal, and Relaxation. This 20-item adjective checklist uses a 5-point Likert format (1 = not at all, 5 = extremely), and scores on each scale are the mean response to items on the scale. Examples of adjectives used in the scales are (1) Lively and Vigorous for Positive Energy, (2) Exhausted and Weary for Tiredness, (3) Aggravated and Irritable for Negative Arousal, and (4) Calm and Peaceful for Relaxation. There is evidence for generally good internal consistency of the scales as well as construct and discriminant validity.

Stress. The Perceived Stress Scale is a 4-item Likert format scale designed to measure the degree to which situations in one’s life are appraised as stressful. For the present sample, Cronbach α for the four scales ranged from .744 to .898 across the semester.

Self-efficacy. The Self-Regulatory Self-Efficacy Scale is a 4-item, Likert format instrument designed to measure self-regulatory self-efficacy (i.e., motivating oneself to keep trying difficult tasks). Scores range from 4 to 28, and the measure has been correlated with perceived performance and activity-specific self-efficacy.

Table 2. Results of Multilevel Analysis Examining Change Over Time in Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Time Coefficient</th>
<th>Time p</th>
<th>Exercise group Coefficient</th>
<th>Exercise group p</th>
<th>Exercise group x time Coefficient</th>
<th>Exercise group x time p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>-0.24</td>
<td>0.69</td>
<td>4.31</td>
<td>0.04</td>
<td>5.56</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>0.15</td>
<td>0.48</td>
<td>0.25</td>
<td>0.58</td>
<td>-0.50</td>
<td>0.02</td>
</tr>
<tr>
<td>Positive Energy</td>
<td>-0.13</td>
<td>0.11</td>
<td>-1.19</td>
<td>&lt;0.01</td>
<td>0.37</td>
<td>0.04</td>
</tr>
<tr>
<td>Tiredness</td>
<td>0.72</td>
<td>&lt;0.001</td>
<td>1.19</td>
<td>0.03</td>
<td>-1.55</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Negative Arousal</td>
<td>0.70</td>
<td>&lt;0.001</td>
<td>0.26</td>
<td>0.61</td>
<td>0.84</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Relaxation</td>
<td>-0.25</td>
<td>0.11</td>
<td>0.45</td>
<td>0.28</td>
<td>-0.73</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Perceived Stress</td>
<td>0.38</td>
<td>0.15</td>
<td>1.26</td>
<td>&lt;0.01</td>
<td>0.08</td>
<td>0.72</td>
</tr>
<tr>
<td>Self-regulatory Efficacy</td>
<td>0.01</td>
<td>0.92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For group, Special Recreation = 0, taijiquan = 1. Significant effects are in boldface.

Sleep quality. The Pittsburgh Sleep Quality Index (PSQI) consists of 19 self-rated questions related to normal sleep habits. Scores range from 0 to 21, and the instrument has strong temporal stability (Pearson r = .85 over 28 days). Higher numbers on the PSQI indicate greater sleep disturbance, or poorer sleep quality. A PSQI global score > 5 has served as a marker to distinguish sleep disturbances in patients with insomnia versus controls. For the present sample, the seven component scores of the PSQI had overall reliability coefficients (Cronbach α) of .687 at the beginning, .727 at the midpoint, and .748 at the end of the semester.

Data analysis

A series of hierarchical linear models was used to analyze the data, using SAS 9.1.3 “PROC MIXED.” In hierarchical linear modeling (HLM) of longitudinal data, a series of nested linear equations is used to estimate effects by occasion (time point) and person. In the first (Level 1) equation, the dependent variable is estimated using occasion-based independent variables. In the remaining (Level 2) equation(s), the intercept and the coefficient of each occasion-level variable become(s) the dependent variable(s), and various person-level independent variables can be used to predict these coefficients. Finally, HLMs allow the researcher to examine interactions between Level 1 and Level 2 variables (cross-level interactions).

For the current study, the order of HLM analysis was as follows. First, mindfulness and each well-being variable were analyzed using a “null” or unconditional model, in which only the intercept for each variable was estimated. The purpose of conducting null models was to determine whether there was significant variability in each variable both at level 1 (between occasions) and Level 2 (between people) to warrant conducting further models. Next, the authors examined whether changes over time in each variable differed between groups using an Intercepts and Slopes as Outcomes model to test for cross-level interactions. Finally, the
authors examined whether changes in mindfulness were related to changes in each of the well-being measures by first using a one-way analysis of covariance with Random Effects Model with Mindfulness as a Level 1 variable and each well-being variable as a dependent variable, and then testing whether these relationships varied across groups by conducting another Intercepts and Slopes as Outcomes analysis, substituting Mindfulness for Time as the Level 1 variable. In each of the models, the slopes were constrained to be equal across participants, as initial analyses indicated that constraining the slopes provided a better fit than allowing the slopes to vary. All continuous variables were grand-mean centered before analysis so that the zero point of the independent variable (IV) can be interpreted as the grand mean of the variable across occasions and people, and the intercept of the dependent variable (DV) can be interpreted as the expected score of the DV when the IV is at the grand mean.

**Results**

**Demographics and baseline characteristics**

The taijiquan group consisted of 76 participants, ages 18–48 years old ($M = 21.56$, standard deviation [SD] = 3.65), with 32 women and 44 men. The special recreation group consisted of 132 participants, ages 19–39 years old ($M = 21.11$, SD = 2.47), with 44 women and 88 men. There were no significant differences between the taijiquan and special recreation groups in age: $t(184) = 0.32$, $p = 0.32$, gender composition, $\chi^2(1) = 1.6$, $p = 0.21$, or hours of weekly exercise, $t(172) = -1.002$, $p = 0.32$.

Because there was no random assignment to treatment groups, possible baseline differences were first checked for between the two exercise groups on each outcome variable. As may be seen in Table 1, there were no baseline group differences for sleep quality, mindfulness, or the relaxation scale for the mood instrument. There were, however, baseline differences found for three of the four components of the mood instrument (Positive Energy, Negative Arousal, and Tiredness), with the Special Recreation group showing more positive energy, less negative arousal, and less tiredness than the taijiquan group. There was also a significant baseline difference in self-regulatory self-efficacy, with the taijiquan group reporting higher levels of self-regulatory self-efficacy than the Special Recreation group.

**Preliminary analyses: Null models**

The initial Null models indicated that each study variable showed both significant between-person variability (ranging from 43% for Perceived Stress, to 65% for total Mindfulness and Sleep Quality) and within-person variability (ranging from 35% for Mindfulness and Sleep Quality to 57% for Perceived Stress) to warrant conducting further models (all $p < 0.001$).

**Change over Time**

As may be seen in Table 2, all variables except self-regulatory self-efficacy showed different patterns of change over time in the two exercise groups. Figures 1 and 2 plot the interactions for the seven variables showing significant Time $\times$ Exercise group interactions. These plots were made
using estimates from the HLM equations, substituting the appropriate time point (0, 1, or 2) and group value (0 or 1) for the IVs. All variables showed a similar pattern of improvements in the \textit{taijiquan} group, with either stability or decline over time in the Special Recreation group. Of particular note, Mindfulness showed the expected improvements in the \textit{taijiquan} group, but no change in the Special Recreation group. In addition, the significant baseline differences in negative energy and tiredness were actually reversed by the end of the semester.

Because there were baseline group differences in positive energy, tiredness, negative arousal, and self-regulatory efficacy, the analysis was repeated for these four variables with the baseline score included as a covariate. The only qualitative change in the results was that the Time $\times$ Exercise group interactions for positive energy dropped just below significance ($\gamma_{11} = .39, t = 1.74, p = 0.08$).

\textbf{Association between changes in mindfulness and changes in well-being}

Next, it was examined how changes in mindfulness may be linked to changes in well-being. As may be seen in Table 3, increases in mindfulness were significantly associated with improvements on all well-being measures. That is, on occasions that people reported higher mindfulness scores, they also reported decreases in perceived stress, tiredness, negative energy, and sleep disturbance, and increases in positive energy, relaxation, and self-regulatory efficacy. For two of the dependent variables (positive energy and relaxation), there were in addition differences in the relationship between changes in mindfulness and changes in well-being across the two groups. As may be seen in Figure 3, in both cases, the relationship between mindfulness and well-being were slightly stronger in the \textit{taijiquan} group than in the Special Recreation group, with increases in mindfulness related to larger increases in positive energy and relaxation in the \textit{taijiquan} group than in the special-recreation group. The plots were again made with estimates from the HLM equations, using the mean mindfulness value and $\pm 1$ SD for the high/low mindfulness values. Repeating these analyses with

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Coefficient</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Disturbance</td>
<td>$-0.06$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Positive Energy</td>
<td>$0.04$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Tiredness</td>
<td>$-0.07$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Negative Arousal</td>
<td>$-0.10$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Relaxation</td>
<td>$0.08$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Perceived Stress</td>
<td>$-0.07$</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Self-regulatory Efficacy</td>
<td>$0.06$</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
the baseline measures included as covariates did not change the outcome.

Conclusions

The main findings of this study supported the hypothesis that taiji classes are associated with increases in mindfulness, well-being, and sleep quality among college students. Moreover, results indicated that these improvements are limited to students participating in taiji, and are not found in a demographically similar group of students participating in a different type of recreation class that does not include training in mind–body awareness. This finding is important because it helps fill a current gap in the empirical support for taijiquan training as an effective mind–body discipline for young adults. The current results are also important because they add to a nascent literature on the specific effect of taiji, versus the possible role of other “nonspecific” factors that may also contribute to beneficial changes in mindfulness and associated improvements in well-being and sleep quality. The use of a comparison group allowed us to control for a number of potentially confounding factors, including passage of time, attention from class instructors, and expected time and effort associated with both in-class and outside-of-class exercise. Nevertheless, because this study was limited by the lack of random assignment to the two groups, alternative explanations of the findings are possible. For example, although the groups were demographically similar, there were initial psychologic differences between the groups in terms of positive energy, negative arousal, tiredness, and self-efficacy. This finding suggests that there may have been a selection bias, such that students with lower mood and self-efficacy deliberately enrolled in the taiji classes. As a result, the specific benefits in mindfulness, well-being, and sleep quality may not generalize to other groups of students with better mood and psychosocial functioning at baseline. Additional studies are therefore needed to replicate these findings in more psychosocially and demographically diverse groups of students. An alternative interpretation of the observed baseline differences is that the differences were statistically significant, but perhaps not clinically meaningful. The initial differences in baseline mood scores between groups were only 7%–11%. Relatively large group sizes can make even nonmeaningful differences statistically significant, which is plausible in the present study. Finally, the baseline differences in negative energy and tiredness among the taijiquan group were reversed by the end of the semester. While this could be interpreted as reflecting a regression to the mean, if anything, stress, negative mood, and sleep disturbance should actually increase during the course of the semester without any intervention.

This study extends previous research on general trait mindfulness, showing that when students report being more mindful, they also report better sleep and less stress, regardless of what class they are enrolled in. Taking taijiquan may actually strengthen the relationship between mindfulness and good mood, as demonstrated by the cross-level interactions for predicting positive energy and relaxation. These findings suggest that the high levels of reported stress and sleep disturbance found in college student populations may be ameliorated by the inclusion of mindful-movement classes like taiji as part of the general education curriculum. Future research using random assignment is needed to control for expectancy bias, selection bias, and other possible explanatory factors in order to establish a specific, causal relationship between taiji, increased mindfulness, well-being, and sleep, as observed here.

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Disclosure Statement

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References


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