

# Review of: "Evaluation of the Mindfulness-Based Wellbeing Enhancement Program: Effects on Wellbeing Outcomes"

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**Potential competing interests:** No potential competing interests to declare.

Congratulations to the authors. The article addresses an important topic and contributes to the field of mindfulness.

## Introduction

Please include at least one citation for this affirmation: *"Many current healthcare models, particularly in mental health, tend to focus on symptom reduction, such as alleviating anxiety, depression, or other disorders. This approach often emphasizes treating pathology rather than promoting positive wellbeing and human flourishing. While this is essential for managing acute mental health concerns, it can overlook the broader goal of enhancing an individual's overall quality of life, resilience, and capacity to thrive."*

The authors mentioned, *"Despite the compelling evidence supporting mindfulness, its application remains predominantly confined to clinical contexts, with its broader potential to promote human flourishing largely underexplored."* Perhaps it might be important to temper this strong statement because there is a large body of research on the efficacy of mindfulness-based programs in nonclinical populations. For example, one such population is college students. See some comprehensive reviews and meta-analyses: Alrashdi et al., 2023 (<https://doi.org/10.1007/s41347-023-00321-6>); Dawson et al., 2020 (<https://doi.org/10.1111/aphw.12188>).

The authors mentioned that *"Each of MBWE's eight sessions is structured around a specific theme, such as "holistic wellbeing" or "focusing on what works," providing participants with a clear framework to understand and engage with the program's objectives."* I think this might be contradictory to the mindfulness paradigm, which focuses on accepting experience without judgment and understanding that life includes both positive and negative experiences and feelings. Perhaps, if people are encouraged to "focus on what works," this is frustrating if they fail to identify something positive.

I suggest that the authors include previous evidence on the use of mindfulness-based interventions with nonclinical populations and include the main characteristics of the interventions. MBSR and MBCT have been adapted and modified to deliver mindfulness-based interventions with nonclinical samples. Some interventions have even been adapted to online settings and include interactive activities and themes such as those used by MBWE. See Greeson et al., 2014 (<http://dx.doi.org/10.1080/07448481.2014.887571>)

## Study 1

## Methods

I suggest eliminating the subheading “Experimental design” to avoid any confusion for readers. Also, I think the authors could include another type of design (e.g., quasi-experimental).

I suggest including a specific recruitment strategy (e.g., convenience recruitment).

## Results

The authors mentioned that “*The data demonstrate a significant increase in mindfulness across all five categories, suggesting that the MBWE program effectively enhances mental wellbeing.*” Please rephrase this statement to represent the specific outcome, i.e., the results suggest an improvement in mindfulness skills and not in mental well-being.

## Study 2

### Methods

Same commentary about the “Experimental design” subtitle.

Also, the authors mentioned that “*Since this study focused exclusively on post-MBWE data, there were no explicit dependent variables, although certain survey questions may have functioned as such.*” I suggest clarifying this point. The dependent variables exist independently of focusing on the post-intervention data. The survey questions are the dependent variables of the study.

### Participants and recruitment

Same commentary about the recruitment strategy from study 1.

Please include the date of the data collection as in Study 1.

### Measurements

The authors mentioned that the use of qualitative measures captured the full range of outcomes, but they only included two open-ended qualitative questions and the rest remained a quantitative approach (i.e., Likert scales). I believe that improvements in mental health (i.e., stress, anxiety, depression) can be assessed using validated scales rather than a single question. Mental health problems are complex and need multidimensional items to adequately assess them.

### Analytical method

The authors mention: “Advanced analytical techniques were not employed in this study”. I think it is better to present a general idea about the analytical strategy. For example, “We plan to describe the variables using graphs and descriptive statistics”.

I suggest that the authors mention how the qualitative data were processed and the generation of the categories presented in Figures 2 and 3.

## Discussion

The authors mentioned “*While this approach ensures consistency in findings, it may introduce methodological issues such as small sample sizes and selection biases, which can limit the statistical significance of the outcomes*” I suggest that the authors include some limitation about the sample size employed in study 1.