


Effect of Meditation on Social/Emotional Well-Being in a High-Performing High School

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Jane E. Bleasdale¹, Margaret C. Peterson¹ , and Sanford Nidich²

Abstract

This study explored the impact of a meditation program on stress, anxiety, and depression in a high-performing high school. Using a randomized controlled design with 52 students, the study took place over 4 months. Students participated in Transcendental Meditation (treatment) or silent reading (active control) twice daily. We observed significant reductions in perceived stress ($p = .040$), anxiety ($p = .028$), anger ($p = .047$), depression ($p = .024$), and fatigue ($p = .075$), and improvement in self-esteem ($p = .054$). The program has important implications for school counselors because of the impact on social/emotional well-being.

Keywords

anxiety, depression, meditation, social/emotional learning, stress

Our research team explored the impact of the Quiet Time (QT) stress management program in one high-performing public high school in a large West Coast city. The school is known for its rigorous academic program and high academic standards. Students routinely take four or five, and sometimes as many as seven, Advanced Placement courses in any given year. The top-weighted grade point average (GPA) was 4.59, and 42% of a recent senior class earned a 4.0 or higher weighted GPA. The graduation rate is 98%, with 88% of those graduating going on to a 4-year university and 10% going to community college, most with the intent to transfer to the University of California or California State University upon completion of an associate's degree.

Internalized pressure and stress at home and at school take a toll on students' mental and physical health (Denizet-Lewis, 2017). This school's administration, counselors, and wellness staff could not ignore a spike in school refusal, anxiety-related Section 504 plans, and even suicidal ideation. Knowing that a comprehensive school counseling program is at the core of helping students integrate their academic and career achievement with their social/emotional well-being (American School Counselor Association [ASCA], 2012), the school leadership engaged the school counseling department in discussions to prepare a school-wide, holistic approach to stress management. The assistant principal of Student Support Services, in collaboration with the counseling department and the wellness center, pursued opportunities for students and faculty to practice meditation as one tool to reduce stress and to complement the array of wraparound support services for students. With buy-in

from the school staff, leadership, and parents, the school implemented a QT pilot program in the spring of 2018.

QT is a stress reduction and readiness-to-learn program designed to counteract the stress-related challenges experienced by students, teachers, administrators, and school staff (Wendt et al., 2015). The Center for Wellness and Achievement in Education (CWAE) first partnered with this large, urban, West Coast school district in spring 2007 to implement the QT program at a low-performing middle school with the intent to reduce psychological distress and improve mental health and well-being of students, faculty, and staff (Rosenthal, 2012). The QT program's objective is to improve social/emotional development and academic achievement and to promote a positive school climate (Valosek et al., 2019). QT allows students two 15-min sessions at the beginning and ending of the school day to meditate using the Transcendental Meditation (TM) technique or to read silently for pleasure (i.e., not homework or schoolwork).

Within the first year of implementation of the QT program at a middle school in a high-violence neighborhood, the students experienced a statistically significant reduction in stress

¹ University of San Francisco, CA, USA

² Center for Wellness and Achievement in Education, San Francisco, CA, USA

Corresponding Author:

Margaret C. Peterson, MA, EdD candidate, University of San Francisco, San Francisco, CA 94117, USA.

Email: mpeterson3@stanford.edu

and anxiety, a dramatic drop in suspensions and bullying, and an increase in self-esteem (Nidich et al., 2011). Students' GPAs increased and absences decreased for both teachers and students. One of the most profound results was that the school went from having the lowest score on the school climate survey to having the highest score for happiness in the entire district (Nidich et al., 2011). As a result of this success and with the support of the superintendent, central office administrators, school site administrators, teachers, counselors, parents, and community members, the district implemented QT in several other low-performing middle and high schools.

Although TM has been used in low-performing schools in this school district with dramatic, positive results for more than a decade, this is the first study to investigate the effects of TM in a high-performing school. This study builds on the district's experience with the QT program by exploring its efficacy in mitigating stress and anxiety among high-performing, academically accelerated high school students.

Although TM has been used in low-performing schools in this school district with dramatic, positive results for more than a decade . . . the current study builds on the district's experience with the QT program by exploring its efficacy in mitigating stress and anxiety among high-performing, academically accelerated high school students.

Literature Review

The role of school counselors has shifted from providing academic and vocational guidance for individual students to being agents of change in comprehensive school counseling programs addressing the academic, career, and social/emotional needs of all students (ASCA, 2012). School counselors have taken on the challenge of integrating wellness and social/emotional learning into school-wide programs to meet the needs of all students (Taylor et al., 2019), and they are grappling with how best to support students with anxiety, depression, trauma, and even suicidal ideation (Jones, 2020). Loretta Whitson, executive director of the California Association of School Counselors, pointed to the important role counselors play in the lives of students: "School counselors do triage. Without adequate counseling, we can lose kids" (Jones, 2020). School counselors, because of the long-term relationships they have with students, are uniquely positioned to support students' social/emotional well-being.

A limited number of studies on stress and anxiety have been presented in counseling research on cognitive-behavioral programs (Hains, 1994; Sanders et al., 2019), relaxation techniques (Hiebert & Eby, 1985; Laselle & Russell, 1993), meditation and mindfulness (Laselle & Russell, 1993; Su & Swank, 2019), and yoga (Taylor et al., 2019). Although many of the studies have focused on elementary students, the research with high school

students demonstrated that effective stress management programs have positive mental, physical, and academic benefits for students in that age range (Hains, 1994; Taylor et al., 2019). Despite meditation being recognized as an effective tool to reduce stress and anxiety in the field of counseling (Laselle & Russell, 1993), the aforementioned researchers found that meditation is not widely used by school counselors to support students. One plausible reason for this contradiction in theory versus praxis could be the demanding caseload that school counselors handle on a daily basis. More research is needed to support the use of meditation by school counselors.

Meditation directly addresses the domain of social/emotional development in *ASCA Mindsets & Behaviors for Student Success: K-12 College- and Career-Readiness for Every Student* (ASCA, 2014). In numerous peer-reviewed journals, studies have shown that meditation is an effective intervention for social/emotional distress and behavior issues among youth (Black et al., 2009; Elder et al., 2011; Nidich et al., 2009; Valosek et al., 2019; Wendt et al., 2015). In particular, researchers found that TM decreased psychological distress and increased coping strategies in teenagers (Nidich et al., 2009); increased student capacity for self-reflection, self-control, flexibility, and academic performance (Rosaen & Benn, 2006); and decreased anger, anxiety, depression, and fatigue while simultaneously increasing resilience, self-esteem, and happiness (Wendt et al., 2015).

Comprehensive, data-driven school counseling programs benefit from the research-based results of meditation programs such as the widely implemented QT program (Valosek et al., 2019). Research has shown that QT improves students' social/emotional learning, stress management, resilience, emotional coping skills, and self-actualization (Nidich et al., 2009; So & Orme-Johnson, 2001; Valosek et al., 2019; Wendt et al., 2015). By contributing to the improvement of students' social/emotional well-being and their academic performance, the implementation of a QT program allows school counselors to deliver their services to a wide range of students. When students are calm, have the ability to focus, and possess enhanced self-actualizing abilities (Alexander et al., 1991), school counselors can focus on designing and delivering effective programs to groups of students rather than dealing with a constant stream of one crisis after another. The findings of studies conducted at schools with QT programs demonstrated significant improvement in self-esteem and reduction in anxiety, depression, and stress (Valosek et al., 2019; Wendt et al., 2015). Furthermore, the research indicated a reduction in anger and fatigue, and improved quality of sleep (Nidich et al., 2011; Valosek et al., 2019; Wendt et al., 2015).

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The QT program utilizes the technique of TM, as distinct from other forms of meditation, based on research over the past 40 years demonstrating improved neurophysiological functioning (Travis & Shear, 2010). Studies on TM have demonstrated subjects' improved physiological functioning with wide-ranging benefits such as decreased psychological distress (Eppley et al., 1989; Nidich et al. 2009; Orme-Johnson & Barnes, 2014); increased social and emotional learning competencies (Alexander et al., 1991; Valosek et al., 2019); increased student capacity for self-reflection, self-control, flexibility, and academic performance (Rosaen & Benn, 2006); and decreased anger, anxiety, depression, and fatigue with increased resilience, self-esteem, and happiness (Wendt et al., 2015).

The QT program utilizes the technique of Transcendental Meditation (TM) based on research over the past 40 years demonstrating improved neurophysiological functioning as distinct from other forms of meditation (Travis & Shear, 2010).

TM differs from mindfulness practice, which involves staying focused on the present (Roth, 2018). Practiced twice daily, TM is a simple technique that employs the use of a mantra (i.e., sound with no meaning) that allows the mind to experience restful alertness, also known as transcending (Roth, 2018; Travis et al., 2009; Travis & Shear, 2010). TM is not based on religion or affiliated with religious beliefs and does not require any change to one's lifestyle (Roth, 2018). In practicing TM, individuals experience an automatic transition into restful alertness, which has been shown to produce integrated and balanced brain functioning (Travis and Shear, 2010). Research has also shown that TM reduces overactivation of the sympathetic nervous system, allowing for a decrease in psychological distress (Elder et al., 2014; Travis et al., 2009). Thus, TM is an evidence-based practice for promoting healthy human development and reducing stress (Valosek et al., 2019).

The available literature on student stress and anxiety reveals several salient points supporting the use of QT with students. First, anxiety and depression negatively impact students' ability to learn and their physical and mental health. Second, the role of school counselors has shifted to implementing comprehensive school counseling programs that support students' academic, career, and social/emotional learning. Third, although meditation has been shown to be effective in achieving results in schools, it is not widely used as a tool in school counseling programs. Finally, QT is an effective program that is available to counselors who seek to support students' ability to manage stress and anxiety. Much of the research on QT and meditation has centered on low-performing students. The goal of this study was to explore the effectiveness of meditation in improving high-performing students' self-esteem, which in turn could mitigate the impacts of stress and anxiety in their lives.

The research team consisted of the lead author, who at the time was the assistant principal of Student Support Services at the high school in the study, a professor in the lead author's

doctoral program, and a team of four from CWAE. The executive director of CWAE, the lead author, and the university professor conceptualized the study and obtained institutional review board (IRB) approval from both the university and the school district. The lead author worked closely with the CWAE director of programs and a TM teacher to manage the program, including introducing the study to teachers and students, obtaining parental permission from students who opted into the study, administering pretests, coordinating students' schedules for TM training, hosting meditation retreats at the school on weekends, and administering posttests. The CWAE researcher and statistician randomized the students into treatment and active control groups and supported the project with statistical analysis.

The lead researcher, who is a school administrator and long-time practitioner of TM, believed that offering QT would have a significant positive impact on the crisis in student experiences. This study explored the possibility that meditation is positively associated with psychological outcomes such as reduction in stress, anxiety, and depression and increase in self-esteem. Our research team focused on the following questions:

1. To what extent will the anxiety of students who practice meditation decrease as compared to students in the control group?
2. To what extent will the perceived stress levels of students in the meditation group decrease as compared to students in the control group?
3. To what extent will the self-esteem of the students in the meditation group increase as compared to students in the control group?

Method

Overview

This QT pilot study utilized a two-group, randomized controlled design with 59 students in Grades 9–12 randomly assigned to either the meditation group or the sustained silent reading group. The randomized controlled design allowed for comparison of the effects of meditation compared to an active control group of silent reading. The silent reading modality controls for time and attention factors. Following IRB approval from the school district and the university, the study took place over 4 months, February through May 2018, and employed psychological assessments prior to and after 4 months of treatment. Students in the study practiced meditation or engaged in sustained silent reading twice daily, once at the beginning of the day in homeroom and for a second time in the first 15 min of their last class.

Participants

A total of 59 students opted into this study and were randomly assigned to treatment ($n = 30$) or active control ($n = 29$)

Table 1. Demographic and Baseline Data by Group.

Variable	TM Mean (SD)	Control Mean (SD)
Gender: % female	20 (67%)	18 (69%)
Ethnicity		
Asian	14	10
Latinx	6	1
White (non-Latinx)	7	6
Other/two or more	3	9
Perceived stress	44.83 (6.75)	45.85 (6.37)
Self-esteem	26.07 (6.94)	26.58 (4.27)
Resilience	69.43 (15.66)	69.38 (14.90)
Daily hassles	67.59 (15.67)	66.30 (17.82)
POMS total mood disturbance	77.70 (18.26)	71.08 (17.54)

Note. Transcendental Meditation (TM): $n = 30$; control: $n = 26$; SD = standard deviation; Profile of Mood States (POMS) total mood disturbance = total of negative affect variables (anxiety, depression, anger, fatigue, confusion). All p values $> .10$.

groups. Three students from the control condition were absent on the day the pretests were administered, and three additional students in the active control condition did not complete baseline testing. One student from the treatment group dropped the class. Thus, the final sample size was 52, with 29 in the treatment group and 23 in the active control group.

Students were in Grades 9–12, ages 14–18, with gender being predominantly female in each group. Students tended to have an Asian (Chinese, Vietnamese, Filipino), Latinx, or White (non-Latinx) background. Students accurately represented the school's demographics. No significant differences existed between the treatment and control groups on gender, ethnicity, or any baseline outcome measures (p values $> .10$; see Table 1). The students in the treatment group received training in TM and meditated for 15 min during homeroom in the morning or prior to coming to school and for 15 min at the beginning of their last class in the afternoon. Students in the active control group read silently during class-time meditation.

Instruments

We used six instruments pre- and postintervention, all well-documented for reliability and validity (Abiola & Udofia, 2011; Andreou et al., 2011; Greenberger et al., 2003; Schalet et al., 2014; Wendt et al., 2015; Yuen & Shin-Park, 2006). The instruments used were Cohen et al.'s (1983) Perceived Stress Scale, McNair et al.'s (2003) Profile of Mood States (POMS), Wagnild and Young's (1993) Resilience Scale, the Patient-Reported Outcomes Measurement Information System (PROMIS; Cella et al., 2007), the Daily Hassles Scale (Seidman et al., 1995), and Rosenberg's Self-Esteem Scale (Greenberger et al., 2003).

Perceived Stress Scale. The Perceived Stress Scale (Cohen et al., 1983) is a 14-item instrument that measures the ability to handle stressful situations in a positive manner. Participants rate their reactions on a 5-point scale from *never* to *very often*. Items

include questions such as "How often have you felt confident about your ability to handle your problems?" and "How often have you dealt successfully with irritating life hassles?" Reverse code questions include "How often have you been upset because something happened unexpectedly?" and "How often have you felt you were unable to control the important things in your life?"

POMS. The POMS (Heuchert & McNair, 2012; McNair et al., 2003) is a 30-item instrument with six categories. Five of the subscales measure negative moods (total mood disturbance, anxiety, depression, anger/hostility, confusion) and one subscale measures positive mood (vigor). Examples of negative moods that indicate anxiety include tense, shaky, uneasy, nervous, and anxious. Positive moods include lively, active, energetic, full of pep, and vigorous. Participants rated the extent to which they felt each mood during the previous week using a 5-point scale ranging from *not at all* to *extremely*. A lower score for negative moods indicates an improvement in mood disturbance. A higher score for the category of vigor indicates an increased positive mood.

Resilience Scale. A 15-item instrument, the Resilience Scale (Wagnild, 2009; Wagnild & Young, 1993), measures the capacity to cope with stress and adversity. Participants rate the degree to which they agree or disagree with each statement, ranging from *disagree strongly* to *agree strongly*. Example statements include "I feel I can handle many things at a time" and "My belief in myself gets me through hard times."

PROMIS. The PROMIS (Cella et al., 2007) is a 7-item instrument that measures anxiety. Participants report the degree to which they felt an emotion over the past week on a 5-point scale ranging from *never* to *almost always*. Examples include items such as "I felt nervous," "I felt worried," and "I was afraid that I would make mistakes." The higher the score, the higher the anxiety level.

Daily Hassles Scale. The 29-item Daily Hassles Scale (Seidman et al., 1995; Serido et al., 2004) measures perceived stress in relation to family, school, and peers. Participants indicate the degree to which a hassle has occurred for them on a scale from *has not happened at all* to *a very big hassle*. Items include statements such as "difficulty with friends," "trying to make good grades," and "increased number of arguments between parents."

The Self-Esteem Scale. The Self-Esteem Scale (Greenberger et al., 2003; Rosenberg, 1979) is a 10-item measure of self-esteem and personal worth. Participants report the degree to which they agree or disagree with statements about themselves. Half of the items are positive and half are negative. Examples of positive self-esteem prompts include "I feel that I have a number of good qualities" and "I am able to do things as well as most other people." Examples of reverse-coded negative

Table 2. Adjusted Mean Change Scores by Group.

Variables	TM Adjusted Mean Change (SE)	Control Adjusted Mean Change (SE)	Effect Size (<i>d</i>)	<i>p</i> Value
Perceived stress	−6.01 (1.07)	−2.59 (1.21)	.52	.040
Self-esteem	3.11 (0.98)	0.18 (1.11)	.50	.054
POMS total mood disturbance	−15.10 (3.30)	−3.09 (3.71)	.66	.020
Anxiety	−3.00 (0.78)	−0.34 (0.87)	.58	.028
Depression	−3.13 (0.80)	−0.28 (0.90)	.58	.024
Anger	−2.94 (0.74)	−0.64 (0.83)	.51	.047
Fatigue	−4.09 (0.90)	−1.63 (1.01)	.59	.075
Confusion	−1.83 (0.59)	−0.34 (0.67)	.39	.104
Vigor	1.54 (0.58)	1.32 (0.65)	.06	.806
Resilience	4.98 (1.82)	4.90 (2.04)	.01	.977
Daily hassles	−5.14 (2.91)	0.78 (3.27)	.36	.183

Note. Transcendental Meditation (TM): $n = 29$; control: $n = 23$; adjusted mean change, covarying for dependent baseline score; SE = standard error; p value two-tailed; effect size Cohen's d = difference in adjusted mean change between groups divided by pooled baseline standard deviation; POMS = Profile of Mood States inventory; POMS total mood disturbance = total of negative affect variables (anxiety, depression, anger, fatigue, confusion).

prompts include “I feel I do not have much to be proud of” and “At times, I think I am no good at all.”

Procedures

In the fall of 2017, the school's faculty were introduced to the pilot study at a staff meeting. Essential for the study's success were faculty who had been trained in TM to support students in meditation practices and dedicate curriculum time to the process. In previous research on teacher stress and burnout (Elder et al., 2014), approximately 40 faculty volunteered to be trained in TM. For this study, 12 faculty expressed a desire to implement the QT program in their classes, but due to scheduling and logistical restrictions, we were able to offer this pilot study to only four teachers and their students.

We selected teachers to participate based on their commitment to the fidelity of the study and their willingness to implement meditation during class. The lead researcher, who was also the assistant principal of Student Support Services, invited four teachers to participate in the study. All students in the four classes were introduced to the study and offered the opportunity to opt in or opt out. Students were informed that participating would have no impact on their grades for the class in either a positive or negative way. Fifty-nine students opted in and received parental consent forms in the language spoken at home. Among the classes, one had only a 50% opt-in rate, while the other classes had 75%, 80%, and 100% rates. The reason for the low interest in one class was unclear; however, this did raise concerns about the commitment of the students and the teacher to follow through with and adhere to the requirements of the study. Therefore, the researchers decided to exclude the class with the low opt-in rate.

Students who volunteered to take part in the study and who returned parental permission forms were administered the six baseline psychological tests described above in the Instruments subsection. Once the baseline tests were completed, the students were randomly assigned to the TM group or the active control group by the study statistician. Next, the students in the

TM group were trained to meditate by a certified TM instructor. The TM training consisted of the standard seven-step course, which included an introductory class, a preparatory class, a brief personal interview with a certified TM teacher, personal instruction on the TM technique, and three 1-hr group classes to provide additional information about the practice and allow students to discuss their experiences with meditation and ask questions (Nidich et al., 2011; Roth, 2018; Valosek et al., 2019). This initial course sequence was followed with weekly group meditations and classes to enhance the understanding of the technique. For the next 4 months, the students in the treatment group meditated twice daily, while the students in the active control group read silently during the class-time meditation. After 4 months, all participants completed the six posttest instruments.

Results

Fifty-two students (29 in the meditation group and 23 in the silent reading group) completed both baseline and 4-month posttests. We used analysis of covariance, covarying for baseline-dependent variable, for all analyses with students completing both baseline tests and posttests. Findings showed significant reductions in the main outcomes of the study for the TM group compared to the silent reading control group, as detailed in Table 2. Results indicated a significant reduction in perceived stress ($p = .040$) with an adjusted mean range of $-6.01 (1.07)$ compared to the silent reading active control group, $-2.59 (1.21)$. The effect size ($d = .52$) for perceived stress was in the medium range. Anxiety ($p = .028$) and depression ($p = .024$) were significantly lower in the treatment group as compared to the control, with an adjusted mean range of $-3.00 (0.78)$ and $-3.13 (0.80)$, respectively, for treatment and $-0.34 (0.87)$ and $-0.28 (0.90)$ for control. The effect size ($d = .58$) was medium for both anxiety and depression. Likewise, anger ($p = .047$) and fatigue ($p = .075$) showed a significant reduction for the treatment group compared to the control, with an adjusted mean range of $-2.94 (0.74)$ and $-4.09 (0.90)$,

respectively, for treatment and -0.64 (0.83) and -1.63 (1.01) for control. The effect size was medium for anger ($d = .51$) and fatigue ($d = .59$).

Several variables did not show statistically significant reductions. As shown in the adjusted mean change, confusion decreased more for the treatment group, -1.83 (0.59), than the control, -0.34 (0.67), but not at a statistically significant level ($p = .104$). Both vigor and resilience showed similar results. An adjusted mean change of increase in vigor for the treatment group, 1.54 (0.58), compared to the control, 1.32 (0.65), did not prove to be statistically significant ($p = .806$). Likewise, the adjusted mean change of increase in resilience for the treatment group, 4.98 (1.82), compared to the control, 4.90 (2.04), was not significant ($p = .977$). Finally, the daily hassles scores went down for the treatment group, -5.14 (2.91), more than the control group, 0.78 (3.27), but not at a statistically significant level ($p = .183$).

Discussion

The students who participated in the TM experience within the QT program reported a greater reduction in stress and anxiety than their peers. The findings of this research are significant on multiple levels. This was the first time the school district had engaged in practices with this type of population—high performing and high stress. The study outcomes show students found that the practice of TM positively affected their mental well-being in multiple areas. Students practicing meditation reported significant reductions in perceived stress, overall mood disturbance, anxiety, depression, anger, and fatigue and improved self-esteem compared to the control students.

This was the first time the school district had engaged in practices with this type of population—high performing and high stress. . . . Students practicing meditation reported significant reductions in perceived stress, overall mood disturbance, anxiety, depression, anger, and fatigue and improved self-esteem compared to the control students.

This study findings also are consistent with previous research on TM in lower performing students. With middle school students, Wendt and colleagues (2015) showed reduced anxiety and improved resilience due to meditation practice, and Nidich et al. (2011) found reduced anxiety and improved academic achievement. In a multisite high school study, Elder et al. (2011) observed decreases in general psychological distress and anxiety. Both this study and prior research suggest that practice of TM may be beneficial for both academically low-performing and academically high-performing students suffering from stress-related issues.

We believe these findings are significant for school counselors in high-performing high schools because previous studies have not included this demographic. This is a population that

remains largely underresearched because the majority of students in such environments are extremely “successful” by traditional metrics of success in high schools. An immediate and significant reduction in stress and anxiety can have significant implications for a student’s mental and physical health over a long period of time, if not their lifetime.

Strengths of the study included a randomized controlled design, the use of an active control condition that controlled for time and attention, and the use of a range of outcomes related to social/emotional health. This was the first randomized controlled study with TM on social/emotional health factors with academically high-performing public school students.

Limitations of the study include a relatively small sample size that precluded subgroup analysis due to lack of statistical power. Having a longer follow-up period would have been useful to observe the maintenance of treatment effects. We did not find the effect of treatment on resilience to be significant between groups. In the Wendt et al. (2015) study, which did find a meditation effect on resilience, students practiced meditation for a longer period of time prior to posttest, which may have contributed to the two studies’ difference in findings. We encourage future researchers to include larger samples of students with a longer follow-up period. As seen in the data (Table 2), using a shared room with students meditating and students reading silently could have influenced the results, creating a positive contamination effect. The study was conducted in this way due to consideration of classroom space limitations and to limit the loss of instructional time. In the future, a more advantageous approach would be to have the active control condition in a separate space from the students practicing meditation.

Implications for School Counselors

In response to the impact of the QT program and the use of TM in particular, we believe this program has significant implications for school counselors. Recent news shows that school counselors are under tremendous stress in their work (Jones, 2020), and the additional support provided by a QT program is desperately needed. The counselors in this study worked closely with the students and had experienced firsthand their increased levels of psychological distress, including anxiety and depression; therefore, they were instrumental in understanding the need for the QT pilot study. School counselors know that students who feel better about themselves do better both academically and in social/emotional aspects. The data from this study suggest that QT is an effective stress management program that can be implemented in a high-performing school. Our hope is that schools will adopt QT programs and specifically offer TM for students.

Conclusion

This study explored the impact of a QT meditation program on stress, anxiety, and depression in high-performing students, an

underresearched demographic in counseling literature. The results showed significant reductions in perceived stress, depression, and anxiety and improvement in self-esteem. The findings of this study are important for school counselors because now, more than ever before, they are held to high standards to support the whole child—the social/emotional and the academic parts of their students' lives. This study provides a foundation for future research on the implementation of meditation as a valuable tool in comprehensive school counseling programs.


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ORCID iD

Margaret C. Peterson  <https://orcid.org/0000-0001-9939-3892>

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Author Biographies

Jane E. Bleasdale, PhD, is an assistant professor and chair of the Department of Leadership Studies at the University of San Francisco in San Francisco, CA. Email: jbleasdale@usfca.edu

Margaret C. Peterson is an executive director in the Graduate School of Education at Stanford University in Stanford, CA, and a doctoral student in the organization and leadership program at the School of Education, University of San Francisco.

Sanford Nidich, EdD, is a research consultant with the Center for Wellness and Achievement in Education in San Francisco, CA.