
Development and Preliminary Evaluation of Mindfulness-Based Anxiety Reduction (MBAR) for Chinese Professionals

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Abstract

This study developed and preliminarily evaluated Mindfulness-Based Anxiety Reduction (MBAR), a brief online intervention for Chinese professionals experiencing overlapping work, family, and intrapersonal stress. The study aimed to identify participants' psychological needs, iteratively refine MBAR by integrating Buddhist-informed principles with selected psychological techniques, and examine the program's feasibility, acceptability, and immediate participant-reported outcomes.

Using a mixed-methods action research design, the research first involved 13 multidisciplinary key informants (4 Buddhist scholars, 3 meditation masters, 3 psychotherapists, and 3 professionals) in a needs assessment. A total of 22 workplace participants then took part across four iterative Plan-Act-Observe-Reflect (PAOR) cycles. The 22 participants were divided into four independent groups of 6, 5, 6, and 5 participants, respectively, with each participant attending only one cycle. The core structure of MBAR remained consistent, while safety prompts, alternative visualization instructions, and grounding procedures were progressively refined in response to participant feedback. Data were collected through semi-structured interviews, focus-group discussions, open-ended feedback, and standardized self-report measures. The four cycles progressively refined a brief, single-session online MBAR workshop centered on Heart-Amber Awareness and Heart-Amber Mellowing, which translated Buddhist-informed reflections on impermanence (Anicca), non-self (Anattā), and loving-kindness (Mettā) into accessible experiential practices.

Immediate post-session assessments showed within-group score changes across several outcomes, accompanied by qualitative reports of reduced bodily tension, greater distance from distress, and a less self-critical stance. These findings should be interpreted cautiously because the study used a small, uncontrolled sample; intervention refinements varied across PAOR rounds;

reassessments were immediate; and measures had standard recall periods that exceeded the workshop duration. Accordingly, the results provide preliminary evidence of feasibility and acceptability rather than clinical effectiveness. Further evaluation should use a standardized intervention protocol, control or comparison conditions, validated timing of outcome assessment, adverse-event monitoring, and longer follow-up.

Keywords: Mindfulness-Based Anxiety Reduction (MBAR); Mindfulness; Chinese professionals; Anxiety; Multi-scenario stress.

Introduction

Anxiety and overlapping work-family pressures are important concerns among contemporary Chinese professionals. National evidence has linked long working hours with elevated detection rates for anxiety and depression (Sun & Jiang, 2024). Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have established evidence bases, but their conventional multi-week formats may present adherence challenges for time-constrained professionals (Khouri et al., 2015; Segal et al., 2013). Critical scholarship has also described a form of “thin mindfulness” in which mindfulness is reduced to an attentional or productivity technique and detached from ethical and philosophical contexts (Purser, 2019; Van Dam et al., 2018). This critique represents one scholarly perspective; secular adaptation has also increased mindfulness accessibility in clinical and educational settings. The specific gap addressed here is the limited evidence on brief, online, culturally responsive, Buddhist-informed interventions designed for overlapping work, family, and intrapersonal stress.

The target population for this research was Chinese working professionals across diverse sectors who experienced overlapping pressures from workplace demands, family responsibilities, financial uncertainty, and self-imposed expectations. Participants described distress through emotional, cognitive, relational, and bodily experiences, including insomnia, chest tightness, and fatigue. MBAR was therefore designed as an accessible, short-duration program that could address distress across life domains rather than treating workplace or family stress in isolation. The research does not assume that one brief workshop can change participants' objective circumstances; instead, it examines whether an integrated experiential program is feasible, acceptable, and associated with immediate changes in how distress is perceived and approached.

To address these practical and theoretical gaps, this research used Lewin's Plan-Act-Observe-Reflect (PAOR) cycle (Adelman, 1993) to develop and iteratively refine Mindfulness-Based Anxiety Reduction (MBAR), a single-session 2- to 2.5-hour online small-group program. The Heart-Amber framework operationalized selected Buddhist-informed principles and psychological resources through two core practices: Heart-Amber Awareness and Heart-Amber Mellowing. This article reports the development process and conducts a preliminary evaluation of feasibility, acceptability, and exploratory short-term participant-reported outcomes; it does not present MBAR as a validated clinical treatment.

Research objectives

1. To examine the psychological challenges and intervention needs of Chinese professionals to inform the development of MBAR.
2. To develop and iteratively refine Mindfulness-Based Anxiety Reduction (MBAR) by integrating Buddhist-informed principles with selected psychological techniques through four PAOR cycles.
3. To conduct a preliminary evaluation of the feasibility, acceptability, and exploratory short-term participant-reported outcomes of MBAR.

Literature review

The theoretical foundation of this study is built upon a critical synthesis of Western psychological stress theories and Eastern Buddhist mental cultivation. To address the multi-scenario stress faced by Chinese professionals, the literature review is structured into three main themes:

1. Western Psychological Concepts and Interventions

Chinese professionals may encounter overlapping pressures arising from work, family obligations, and personal expectations. Self-Efficacy Theory suggests that perceived coping capability shapes how people appraise demanding situations (Bandura, 1997), while Work/Family Border Theory explains how permeable boundaries allow strain to transfer between occupational and family domains (Clark, 2000). Mindfulness-based programs have shown benefits for stress and related outcomes (Kabat-Zinn, 1990; Khoury et al., 2015), and brief mindfulness research suggests that shorter formats may influence negative affect (Schumer et al., 2018). However, evidence from established multi-session

programs cannot be assumed to apply directly to a single 2- to 2.5-hour online workshop. The practical question for MBAR is therefore how a brief program can remain accessible while preserving sufficient theoretical coherence, participant choice, and psychological safeguarding.

2. Buddhist Foundations of Mental Cultivation

MBAR draws on Buddhist teachings as philosophical and ethical resources rather than treating them as interchangeable with modern psychological constructs. Satipaṭṭhāna, as presented in the Satipaṭṭhāna Sutta (MN 10), provides a canonical foundation for attending to the body, feelings, mind, and mental phenomena (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). However, “non-judgmental observation” is primarily modern psychological terminology and does not exhaust the fuller Buddhist context of mindfulness, clear comprehension, ethical cultivation, and insight (Anālayo Bhikkhu, 2006; Bodhi Bhikkhu, 2011). The Anattālakkaṇa Sutta (SN 22.59) relates impermanence and change to the non-self character of the five aggregates; accordingly, anicca and anattā inform MBAR’s emphasis on the changing and non-fixed character of experience (Bodhi Bhikkhu, 2000). The Karaṇīyamettā Sutta (Sn 1.8) presents mettā as an unbounded orientation of goodwill toward living beings, thereby informing MBAR’s stance of goodwill and non-harming toward distress (Bodhi Bhikkhu, 2017; Gunaratana, 2017). In this intervention, self-directed loving-kindness is used as a specific pedagogical and therapeutic application; it should not be presented as a universal sequence or complete definition of Buddhist practice.

3. Knowledge Gaps and Conceptual Framework

Existing research supports mindfulness-based and brief mindfulness approaches, but important uncertainties remain regarding single-session delivery, online small-group formats, cultural adaptation for Chinese professionals, and the explicit integration of Buddhist-informed principles with psychological techniques. Concerns about “thin mindfulness” further suggest the value of examining whether ethical and philosophical context can be retained without making a brief program inaccessible (Purser, 2019; Van Dam et al., 2018). Action research offers an appropriate development strategy because intervention content can be revised in response to participant observations and feedback (Stringer, 2014).

The conceptual framework therefore treats Buddhist foundations (Satipatthana, Anicca, Anattā, and Mettā) and selected psychological resources (somatic awareness, self-efficacy, work-family theory, and parts-oriented dialogue) as inputs that inform MBAR design. These foundations are not manipulated independent variables. Through the PAOR process, needs-assessment findings and participant feedback informed successive versions of MBAR. The preliminary evaluation then examined feasibility, acceptability, and exploratory participant-reported outcomes, including anxiety, depression, perceived stress, self-efficacy, and work-family conflict.

Conceptual framework

Figure 1 presents MBAR as a development pathway. Buddhist foundations and selected psychological resources informed a needs-responsive preliminary design. The design was then implemented, observed, and refined through four PAOR cycles, producing a revised MBAR program for preliminary evaluation. The framework distinguishes theoretical inputs, the action-research development process, intervention components, and evaluation domains rather than treating the theoretical foundation itself as an independent variable.

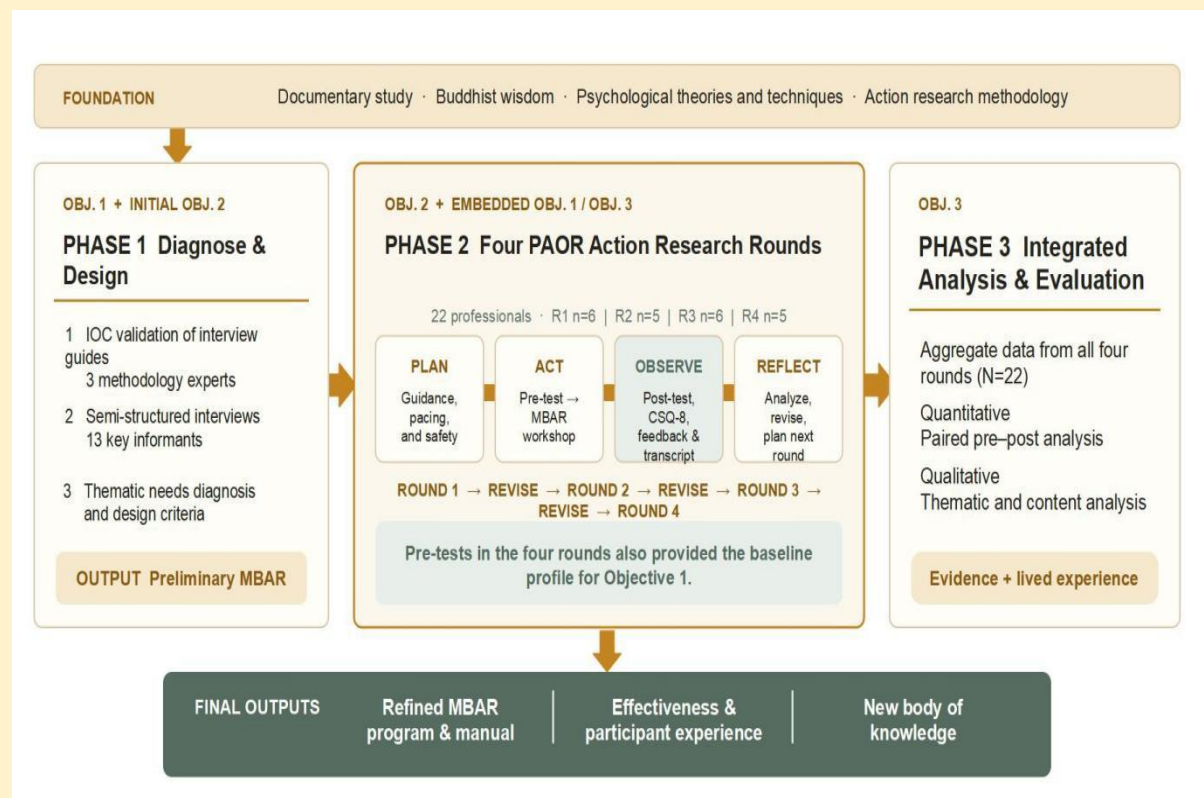


Figure 1. MBAR Development and Preliminary Evaluation Pathway

Foundational Inputs: Buddhist-informed principles and selected psychological resources used to guide intervention design.

Development Process and Intervention:

1. Mixed-Methods Action Research based on the Plan-Act-Observe-Reflect (PAOR) cycle.

2. The Mindfulness-Based Anxiety Reduction (MBAR) Program (A single-session online workshop utilizing “Heart-Amber Awareness” and “Heart-Amber Mellowing” practices).

3. Target Audience: Chinese working professionals experiencing multi-scenario stress.

Preliminary Evaluation Domains:

Feasibility, acceptability, and exploratory participant-reported outcomes measured through GAD-7 (He et al., 2010), PHQ-9 (Wang et al., 2014), PSS-10 (Lu et al., 2017), GSES (Zhang & Schwarzer, 1995), WFCS (Breyer & Bluemke, 2016), CSQ-8 (Mak et al., 2017), and qualitative feedback.

Research Methodology

This research used a multiphase mixed-methods action research design conducted online with Chinese working professionals experiencing multi-scenario stress. Phase 1: Qualitative data from 13 key informants were first used to identify participant needs and inform the initial development of MBAR. Phase 2 used four PAOR cycles to implement, observe, and refine successive versions of MBAR. Phase 3 combined standardized self-report measures with focus-group and open-ended feedback for a preliminary evaluation.

During the four PAOR cycles, we collected quantitative pre- and post-session measures alongside qualitative observations and participant feedback. The qualitative component was given priority because the primary purpose was to develop and iteratively refine the intervention, while the quantitative data provided supplementary exploratory evidence. The two data types were integrated during reflection after each cycle to guide subsequent modifications and again during the final interpretation of the findings.

Step 1: Qualitative Study and Needs Diagnosis

The needs assessment involved 13 multidisciplinary key informants: 4 Buddhist scholars, 3 Vipassanā meditation masters, 3 psychotherapists, and 3

professionals. Semi-structured interview protocols were tailored to each category and reviewed by three methodology experts using Item-Objective Congruence (IOC). We examined interview transcripts through familiarization, initial coding, category development, and theme refinement to identify stress-related needs and inform the preliminary MBAR design. IOC results and qualitative procedures are reported descriptively rather than being characterized as “robust” without further evidence. The informant sample was purposively structured to represent four relevant perspectives rather than determined through a formal saturation procedure.

Key Informants and Instrument Validation

The key informants included four Buddhist scholars with master’s degrees or above who taught or conducted research in Buddhist or religious institutions, three experienced psychologists or psychological counselors with master’s degrees or above, three senior Vipassanā meditation teachers, and three working professionals who met the participant eligibility criteria. Each Mandarin-language interview lasted approximately one hour and was recorded and transcribed. Three senior MCU faculty members reviewed the interview guide, and all items received an IOC score of 1.00 ($M = 1.00$, range = 1.00–1.00).

Participants and Data Collection

Participants were Mandarin-speaking employed adults aged 18–50, regardless of gender or occupation. Pre-test screening excluded individuals with severe psychological or physical health conditions that could affect safe participation. The online workshops were conducted in Mandarin, lasted approximately 2–2.5 hours, and were recorded with consent and subsequently transcribed. The researcher served as the facilitator and was solely responsible for recording management, transcription, and qualitative coding.

Step 2: Action Research and Intervention Implementation

A total of 22 Chinese workplace participants took part across four PAOR cycles. Workshops were delivered through Tencent Meeting in small groups of approximately 5 to 6 participants and lasted 2 to 2.5 hours. The small-group format was intended to support interaction and individualized guidance; psychological safety must be evaluated through documented procedures rather than inferred from group size alone.

Following the eligibility screening described above, 22 participants took part in four sequential PAOR rounds, with 6, 5, 6, and 5 participants, respectively. Each participant attended only one round, and no participant was included more than once across cycles. The facilitator was the MBAR developer and a doctoral candidate in Innovative Mindfulness and Peace Studies, with a master's degree in applied psychology, professional psychological-counseling qualifications, mindfulness-teaching training, and extensive meditation-practice experience. All four workshops were delivered using the MBAR manual. No independent facilitator supervision or formal fidelity checklist was used because the program developer delivered all sessions using the MBAR manual.

Table 1. Participant Distribution and Key Modifications Across the Four PAOR Cycles

PAOR cycle	N	Principal observation or feedback	Modification for the subsequent cycle
Round 1	6	Some participants required greater choice and preparation before visualization.	Added an eyes-open option and pre-workshop reflection questions.
Round 2	5	Some participants had difficulty forming or engaging with visual imagery.	Added the prompt, "If this feeling could speak, what would it say?"
Round 3	6	Additional grounding and clearer interpersonal boundaries were needed.	Added gentle shoulder tapping and the instruction "approach but do not touch."
Round 4	5	The refined version was implemented and reviewed.	Consolidated the revised instructions into the MBAR manual.

As summarized in Table 1, participant feedback and facilitator reflection informed the progressive refinement of MBAR. Because the four groups received progressively modified versions, the pooled pre-post analysis was treated as exploratory rather than as an evaluation of one fixed intervention.

Step 3: Data Collection and Effect Evaluation

The preliminary evaluation involved the same 22 workplace participants. Measures included GAD-7, PHQ-9, PSS-10, GSES, WFCS, and CSQ-8, together with focus-group discussion and open-ended feedback. Self-report measures were administered before the workshop and immediately afterward. Because GAD-7 and PHQ-9 use a two-week recall period and PSS-10 uses a longer retrospective frame, immediate post-session scores cannot be interpreted

as standard symptom change over those periods; they are retained only as exploratory response patterns. Quantitative analysis used descriptive statistics and paired comparisons, while qualitative material was examined thematically. The two forms of evidence were integrated during interpretation rather than treated as independent proof of effectiveness.

Ethical Considerations

Formal institutional ethical approval was not required for this non-clinical educational action research under the applicable program requirements. Before entering the online MBAR program, all participants reviewed an electronic informed-consent form and were enrolled only after selecting “Agree.” They were informed of the study procedures, online audio/video recording, confidentiality arrangements, potential psychological discomfort, and their right to withdraw at any time without penalty. Questionnaire, interview, recording, and transcript data were encrypted and kept confidential, and pseudonyms were used in all publications. Consent also covered the academic use of anonymized excerpts from participant feedback and transcripts. During the online workshop, participants could turn off their cameras or pause any practice, and free professional psychological support was available if intense emotional distress occurred.

Anxiety, depressive symptoms, perceived stress, and general self-efficacy were assessed using the validated Chinese versions of the GAD-7, PHQ-9, PSS-10, and GSES, respectively. Higher scores indicated higher levels of anxiety, depressive symptoms, and perceived stress, whereas higher GSES scores indicated stronger perceived self-efficacy. The CSQ-8 was administered after the workshop to assess participant satisfaction.

Quantitative data were analyzed using paired-samples *t* tests to examine immediate within-group pre–post score changes. Effect sizes were calculated using Cohen’s *d* for paired observations. Given the small, uncontrolled sample and the immediate timing of the post-test, the findings were treated as exploratory rather than as evidence of clinical effectiveness.

Research results

Objective 1. Baseline findings described the psychological characteristics and intervention needs of the 22 participating Chinese professionals; they should not be generalized to Chinese professionals as a whole.

At baseline, the 22 participants had mean scores of 13.6 on the GAD-7, 12.9 on the PHQ-9, 24.0 on the PSS-10, 26.7 on the GSES, and 11.8 on the WFCS.

Pre-intervention open-ended responses and interviews indicated four recurring sources of pressure: workload and career development, family and intimate relationships, financial and life uncertainty, and internal expectations or perfectionism. Participants also described bodily experiences such as insomnia, chest tightness, sweating, and numbness, together with self-critical thought patterns. These findings informed the decision to combine bodily awareness, compassionate dialogue, and cross-domain coping within MBAR; they do not establish that these patterns characterize all Chinese professionals.

Objective 2. The action-research process developed and iteratively refined MBAR by combining Buddhist-informed principles with selected psychological techniques in response to participant needs and feedback.

Across four PAOR cycles, MBAR was refined into a brief 2- to 2.5-hour online small-group workshop. The sequence of modifications is central to the development result and should be interpreted alongside the fact that the four groups may have received different versions.

The integration principles of MBAR are actualized through two core practices:

1. Heart-Amber Awareness (approximately 30 minutes): This practice combines attention to bodily and affective experience with somatic description. Participants locate an anxiety-related sensation and observe its size, shape, texture, temperature, and boundaries. Observing changes in these qualities is presented as an experiential illustration of change consistent with the Buddhist teaching of impermanence (Anicca), not as evidence that participants attained Buddhist insight. The practice is intended to support a shift from identification with distress toward observation of experience, while maintaining choice through options such as keeping the eyes open or pausing.

2. Heart-Amber Mellowing (approximately 30 minutes): Building on bodily awareness, this practice uses compassionate internal dialogue with a past or vulnerable self. Loving-kindness (Mettā) contributes an orientation of goodwill and non-harming, self-compassion supports a less self-critical response to suffering, and parts-oriented dialogue provides an operational structure for

engaging with differentiated inner experience. These traditions are treated as complementary rather than conceptually identical. The changing image of the Heart-Amber is offered as an accessible reflection inspired by Anattā and the non-fixed character of experience; it is not presented as a comprehensive definition or attainment of the Buddhist doctrine of non-self.

Within MBAR, Mettā, self-compassion, and parts-oriented dialogue serve different but complementary functions: ethical-affective orientation, reduction of self-criticism, and structured engagement with vulnerable experience. The present research describes this integration as a preliminary intervention design and does not establish the equivalence of these traditions or the mechanisms through which they may operate.

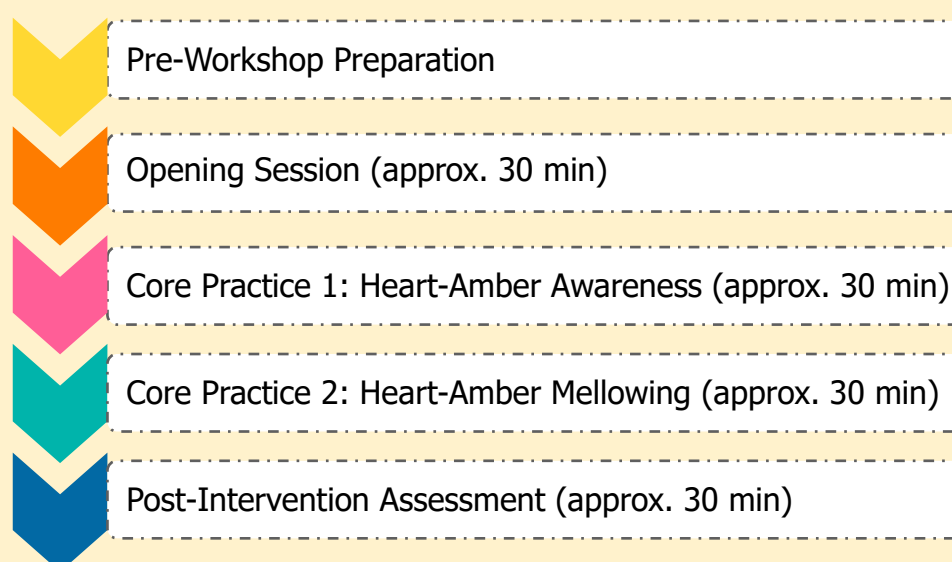


Figure 2. The MBAR Workshop Procedure

Objective 3. The research explored immediate participant-reported outcomes together with feasibility and acceptability; the uncontrolled immediate pre-post design does not establish effectiveness or causation.

Quantitative score patterns and qualitative feedback were considered together to identify areas of convergence, divergence, and uncertainty.

Integration of the quantitative and qualitative findings showed general convergence. The exploratory immediate changes in anxiety, stress, and self-efficacy scores were broadly consistent with participants' reports of feeling calmer, gaining distance from distress, and experiencing greater confidence in coping. However, these findings were not uniform across all participants and should not be interpreted as evidence of sustained clinical effectiveness.

As shown in Table 2, immediate within-group score changes were observed across the five measures. These results indicate short-term response patterns within this sample, not clinical improvement or causal effects of MBAR. The mean GAD-7 and PHQ-9 changes were small. Interpretation must also account for multiple testing, the lack of a control group, and the mismatch between immediate reassessment and the standard recall periods of GAD-7, PHQ-9, and PSS-10.

The quantitative findings showed exploratory immediate score changes across several outcomes. Given the small sample size, the absence of a control group, and the primarily qualitative action-research design, these results should be interpreted as supportive rather than confirmatory evidence.

Table 2. Pre- and Post-Test Results for All Participants (N = 22)

Measure	Pre-test mean	Post-test mean	Mean change	p value	Cohen's d
GAD-7	13.6	12.6	-1.0	0.043	0.48
PHQ-9	12.9	11.5	-1.4	0.014	0.57
PSS-10	24.0	22.2	-1.8	0.008	0.62
GSES	26.7	28.3	+1.6	0.024	0.51
WFCS	11.8	10.8	-1.0	0.020	0.53

Qualitative analysis generated four themes concerning participants' experiences, perceived changes, and program acceptability. The themes complement but do not independently validate the quantitative findings.

Nature-based pseudonyms were assigned to protect participant identities. All quotations were originally expressed in Chinese and translated into English by the researcher. The English versions were checked against the original transcripts to preserve the intended meaning, with only minor linguistic adjustments made for readability.

Participant responses were not uniformly positive. Some participants reported they were aware of nasal discomfort and distraction when breathing,

while others experienced little immediate change. These accounts indicate variation in acceptability and response and were considered during the subsequent refinement of MBAR. No serious adverse events were spontaneously reported or documented during the four cycles; however, no independent adverse-event monitoring procedure was used.

Theme 1. Changes in Bodily Experience and Metaphor

Before the workshop, several participants described anxiety through heavy or solid bodily metaphors. Thyme described her chest as heavy “as if pressed by a large stone”; Fern described an iron-sheet-like Heart-Amber that changed in texture; and Clover described “black smoke” becoming lighter. Some participants also cried, trembled, or sighed during practice and described these reactions as relieving. These observations are reported as participant experiences and interpretations; they should not be assumed to represent therapeutic release without information on persistence of distress, safety assessment, or adverse-event monitoring.

Theme 2. A Less Self-Critical Stance: Permission

A notable qualitative observation concerned a less self-critical stance toward distress. Some participants described rigid internal “shoulds” before the workshop and greater willingness afterward to let difficult experience remain without immediately changing it. Within MBAR, “permission” was introduced as a less demanding initial stance for participants who interpreted acceptance as another obligation. This finding supports a preliminary practice-based distinction, not a confirmed paradigm shift or evidence that established acceptance approaches require approval or liking of experience.

Theme 3: Novel Awareness Experiences and Safe Group Atmosphere

Participants described novel awareness experiences and greater recognition of the perceived boundaries of anxiety. Furthermore, participants emphasized experiencing a safe, warm, and non-judgmental group atmosphere throughout the sessions.

Theme 4: Safety Mechanisms and Program Acceptability

Participants described the eyes-open option and other safety choices as helpful when practice felt difficult, and many expressed willingness to continue practicing.

Participant satisfaction was assessed using the Chinese-language version of the eight-item Client Satisfaction Questionnaire (CSQ-8). A Chinese-language version has previously been used with Chinese college students and working adults (Mak et al., 2017). All 22 participants completed the CSQ-8 immediately after their respective MBAR workshop. The mean CSQ-8 score was 27.9 out of 32, which provides information about satisfaction and acceptability rather than effectiveness.

Overall, qualitative feedback suggested perceived changes in participants' relationship with bodily distress and self-criticism, together with generally favorable views of the workshop. These reports are subject to facilitator influence, group conformity, expectancy, and social-desirability bias.

Discussion

This study yielded three main findings. First, the participating Chinese professionals reported anxiety, perceived stress, reduced self-efficacy, and work-family conflict, frequently accompanied by somatic symptoms and self-critical patterns. Second, four iterative Plan-Act-Observe-Reflect cycles produced a brief online MBAR program that participants regarded as acceptable and accessible. Third, immediate post-intervention assessments showed immediate within-group score changes across the measured outcomes, accompanied by qualitative reports of somatic relief and reduced internal resistance. These findings provide preliminary evidence for the feasibility of MBAR and its association with exploratory immediate participant-reported changes, but they do not establish causal efficacy.

The baseline findings suggest that participants' distress extended across work, family, financial, and intrapersonal domains rather than originating from a single source. This pattern is compatible with Work/Family Border Theory, which explains how weakened boundaries allow strain to transfer between life domains (Clark, 2000), and with Chinese evidence linking excessive workload to anxiety and depression (Sun & Jiang, 2024) and parenting stress to poorer mental health and well-being among working mothers (He et al., 2025). Participants' reports of insomnia, chest tightness, sweating, and muscular tension further indicate that multi-scenario stress was experienced as an interconnected cognitive, emotional, relational, and somatic condition. Given the small purposive sample, however, these findings characterize the participants rather than Chinese professionals generally.

The action research process clarified how a brief intervention could remain both accessible and psychologically responsive. MBAR was progressively modified by adding pre-workshop reflection, an eyes-open option, alternative prompts for participants who had difficulty visualizing, and grounding instructions. These changes gave participants greater choice over their level of engagement. The high satisfaction score and willingness to continue practicing support the program's acceptability, although satisfaction does not demonstrate effectiveness. MBAR also translated Buddhist principles into experiential processes: Heart-Amber Awareness applied observation of changing bodily sensations, while Heart-Amber Mellowing used loving-kindness and parts-oriented dialogue to loosen identification with painful experiences. In this respect, MBAR offers one possible response to concerns that mindfulness may lose its ethical and philosophical foundations when reduced to an attentional technique (Purser, 2019; Van Dam et al., 2018).

The direction of the quantitative changes is broadly comparable with evidence that mindfulness-based and brief mindfulness interventions may reduce stress and negative affect (Khoury et al., 2015; Schumer et al., 2018). Nevertheless, MBAR involved only one 2- to 2.5-hour session, whereas much of the existing evidence concerns multi-session programs. The immediate decrease in work-family conflict is therefore unlikely to reflect changes in participants' objective circumstances; it may instead indicate a short-term shift in emotional reactivity or perceived manageability. Likewise, increased self-efficacy may reflect an immediate sense of coping capacity rather than durable behavioral change.

Several mechanisms may plausibly account for the observed changes. Localizing diffuse distress in the body may have helped participants shift from identification with anxiety toward observation of it. Compassionate dialogue with vulnerable parts may also have reduced self-criticism and the urge to suppress or immediately eliminate distress. Participants' descriptions of the Heart-Amber becoming lighter, softer, or less rigid support this interpretation phenomenologically. The non-judgmental group atmosphere, facilitator attention, and safety options may also have contributed. Because mediators were not tested, these explanations remain provisional. Expectancy effects, group support, repeated measurement, regression to the mean, and participants' desire to report improvement are alternative explanations for the pre-post changes.

A particularly important qualitative observation concerned the distinction between permission and acceptance. Some highly self-critical participants appeared to turn the instruction to accept anxiety into another demand, regarding difficulty in doing so as a personal failure. MBAR introduced permission as a less demanding initial stance: an experience could be allowed to remain without being approved, welcomed, or immediately transformed. This distinction may help explain participants' reduced internal opposition. At this stage, "Permission $\neq$ Acceptance" should be regarded as a practice-based conceptual proposition rather than an established paradigm. Future studies should operationalize both constructs and test whether permission offers particular benefits for individuals with high perfectionism or self-criticism.

Taken together, the research demonstrates a feasible development process for integrating Buddhist-informed principles, somatic awareness, compassionate dialogue, and explicit safety choices into a brief online program. MBAR should currently be regarded as a promising preliminary or adjunctive intervention rather than a replacement for treatment or established multi-session mindfulness programs. Future research should evaluate a standardized version through adequately powered controlled studies, longer follow-up, and direct tests of mechanisms, including the proposed distinction between permission and acceptance.

Knowledge from the research

This research generated two preliminary practice-based concepts for further examination: the pedagogical metaphor of Heart-Amber Clusters and Life Amber, and the distinction between permission and acceptance. Both concepts emerged from the MBAR development process and participant feedback; neither should be regarded as a validated model or established clinical paradigm.

1. A Preliminary Therapeutic and Pedagogical Metaphor: Heart-Amber Clusters and Life Amber

Heart-Amber Clusters and Life Amber are proposed as a preliminary therapeutic and pedagogical metaphor, not as a validated model of personality or emotional trauma. The metaphor represents difficult experiences as temporarily rigid or disconnected "Heart-Ambers" and uses changes in texture, boundaries, and relationship as accessible ways to discuss non-fixed experience. The image of Life Amber represents greater fluidity, inclusiveness, and connection. This metaphor is inspired by Anattā but does not define the Buddhist doctrine of non-

self. Future research should examine whether the metaphor is understandable, acceptable, and useful across different participants and settings.

2. A Preliminary Practice-Based Distinction: “Permission ≠ Acceptance”

Some highly self-critical participants appeared to interpret acceptance as another demand: “I should accept my anxiety; if I cannot, I am failing.” MBAR used permission as a less demanding initial stance, allowing an experience to remain without requiring approval, welcome, or immediate transformation. Established psychological and contemplative approaches generally do not define acceptance as liking or approving an experience; the contribution proposed here is therefore a practice-based response to how acceptance may be misunderstood or enacted by particular participants. The distinction requires operational definition and direct testing before claims can be made about reducing secondary distress.

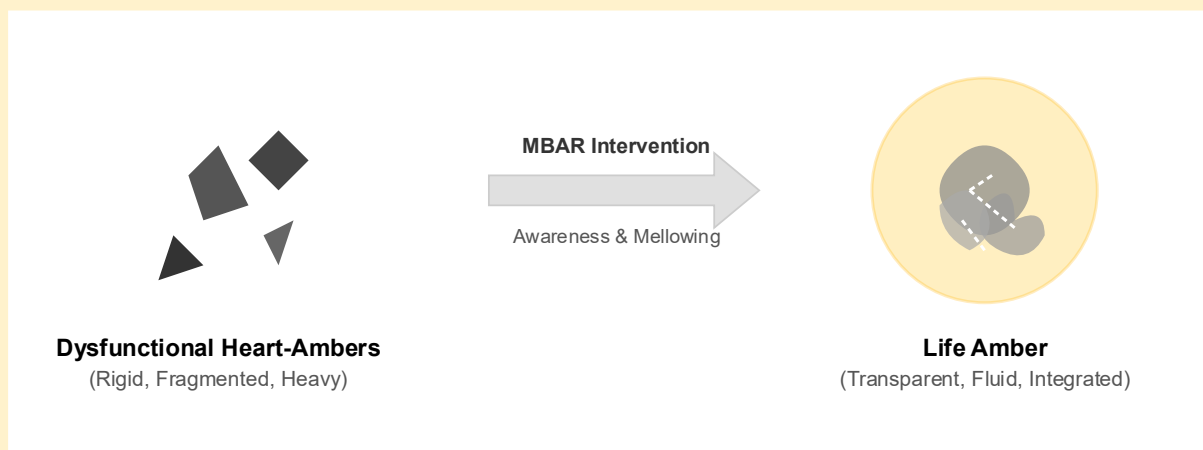


Figure 3. Preliminary Metaphorical Model of Heart-Amber Clusters and Life Amber

Potential applications for future piloting

Corporate, online, and stepped-care contexts may be considered settings for further supervised piloting of MBAR, but this small, uncontrolled study does not establish readiness for routine deployment. Any future pilot should use trained facilitators, participant screening, explicit safeguarding, adverse-event monitoring, data protection, and referral pathways. Automated self-help delivery should not be recommended until separately evaluated for safety, acceptability, and effectiveness.

Limitations

The findings are constrained by a small purposive sample, absence of a control group and randomization, immediate post-session assessment, and lack of follow-up. The standard recall periods of GAD-7, PHQ-9, and PSS-10 are not compatible with interpreting immediate scores as symptom change over those periods. Five outcome tests increase the risk of chance findings, and the four PAOR groups may have received non-equivalent versions of the intervention. Reliance on self-report and facilitator-embedded qualitative feedback introduces expectancy, social-desirability, group-conformity, and researcher-influence risks. These limitations restrict causal inference, durability claims, and generalization beyond the participating sample.

Conclusion

This study developed and preliminarily evaluated Mindfulness-Based Anxiety Reduction (MBAR), a brief Buddhist-informed online program for Chinese professionals experiencing overlapping work, family, and intrapersonal pressures. Needs-assessment findings and feedback across four PAOR cycles informed the progressive refinement of a single-session intervention centered on Heart-Amber Awareness and Heart-Amber Mellowing. Participants generally regarded the program as acceptable and reported immediate changes in several self-report outcomes and qualitative experiences, including reduced bodily tension, greater distance from distress, and a less self-critical stance. These findings are encouraging but remain preliminary. The small, uncontrolled sample; non-equivalent refinements across PAOR rounds; immediate reassessment; mismatch between post-test timing and standard symptom-scale recall periods; lack of follow-up; and absence of independent fidelity and adverse-event monitoring substantially limit causal interpretation and generalizability. The Heart-Amber metaphor and the distinction between “permission” and “acceptance” should therefore be treated as practice-based propositions requiring further conceptual clarification and empirical testing. MBAR warrants continued development through a standardized protocol, controlled evaluation, longer follow-up, and explicit safety monitoring before claims of clinical effectiveness or broader implementation can be justified.

Recommendations

Recommendations for Practice

At this stage, MBAR may be used only in carefully supervised pilot contexts. Delivery should involve trained facilitators, screening, informed consent, participant choice, confidentiality, distress monitoring, debriefing, data protection, and referral pathways. Satisfaction and immediate self-reported response should not be interpreted as evidence of established effectiveness.

Recommendations for Future Research

Future research should evaluate one standardized MBAR version with a larger sample, an appropriate control or comparison condition, preregistered primary and secondary outcomes, assessment times consistent with scale recall periods, and longer follow-up. Research should also examine adverse events, facilitator fidelity, mechanisms of change, the Heart-Amber metaphor, and the distinction between permission and acceptance.

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