

Enhancing Emotional Well-Being Through Proactive Coping Training and Mindfulness: A Controlled Study

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ABSTRACT

The objective of this study was to evaluate the effectiveness of an eight-session proactive coping training program supplemented with mindfulness practices on enhancing emotion regulation and mindfulness levels among adults. The study aimed to determine whether the combined intervention would result in significant improvements compared to a control group. This study employed a randomized controlled trial (RCT) design involving 30 participants randomly assigned to either the intervention group (n=15) or the control group (n=15). The intervention consisted of eight weekly 90-minute sessions focusing on proactive coping strategies and mindfulness practices. Emotion regulation was assessed using the Emotion Regulation Questionnaire (ERQ) and mindfulness was measured using the Five Facet Mindfulness Questionnaire (FFMQ). Data were collected at three time points: baseline, immediately post-intervention, and at a four-month follow-up. Data analysis included repeated measures ANOVA with Bonferroni post-hoc tests using SPSS version 27. The results indicated significant improvements in both emotion regulation and mindfulness levels in the intervention group compared to the control group. Participants in the intervention group showed higher scores in cognitive reappraisal and mindfulness facets such as observing and acting with awareness. These improvements were sustained at the four-month follow-up, demonstrating the lasting effects of the intervention. The findings of this study suggest that integrating proactive coping training with mindfulness practices is an effective approach to enhancing emotion regulation and mindfulness. This combined intervention can provide individuals with robust tools for managing stress and improving mental health outcomes. Future research should explore the long-term benefits and potential applications of this approach in diverse populations. **Keywords:** Proactive coping, mindfulness, emotion regulation, mental health, randomized controlled trial, cognitive reappraisal, intervention.

1. Introduction

Proactive coping, as defined by Schwarzer and Taubert (2002), is a future-oriented self-regulatory behavior that involves efforts to build up general resources that facilitate goal achievement and stress management (Bhattacharyya et al., 2018; Bui et al., 2021; Cersonsky, 2024; P et al., 2022; Sougleris & Ranzijn, 2011; Žitňáková, 2021). This approach contrasts with reactive coping, which addresses stressors after they have occurred. Sohl and Moyer (2009) refined the conceptualization of proactive coping, emphasizing its role in fostering resilience and adaptive responses to anticipated challenges (Sohl & Moyer, 2009). Research has shown that proactive coping is associated with better psychological outcomes, such as lower levels of depression and anxiety (Bhattacharyya et al., 2018).

Mindfulness, on the other hand, involves maintaining a non-judgmental awareness of the present moment (Shapiro & Carlson, 2009). It has been widely studied and incorporated into various therapeutic practices due to its effectiveness in enhancing mental health. Mindfulness-based interventions (MBIs) have been shown to reduce symptoms of anxiety, depression, and stress, while also improving overall well-being (Abbey, 2012). The integration of mindfulness into proactive coping strategies can potentially amplify the benefits of both approaches.

The relationship between proactive coping and mindfulness is multifaceted. Mindfulness can enhance proactive coping by fostering a present-moment awareness that allows individuals to anticipate potential stressors more effectively and respond with greater flexibility (Bravo et al., 2017). Furthermore, mindfulness practice has been found to improve cognitive reappraisal, a core component of emotion regulation, which is crucial for proactive coping (Garland et al., 2013).

Proactive coping strategies can be bolstered by mindfulness practices that enhance self-awareness and emotional regulation (Guo et al., 2022). For instance, mindfulness can help individuals recognize their habitual reactions to stress, allowing them to choose more adaptive responses proactively. Studies have demonstrated that mindfulness training can improve both proactive and reactive cognitive control, indicating a comprehensive enhancement of coping mechanisms (Li et al., 2018).

Research supports the efficacy of both proactive coping and mindfulness in various contexts. A study by Vibe et al. (2018) showed that a mindfulness-based intervention had long-term positive effects on mindfulness, coping, and well-

being among medical and psychology students. Similarly, proactive coping has been linked to better adjustment and lower stress levels in diverse populations, including university employees (Beleau & Cocoradă, 2016), parents (Kil et al., 2021), and students (Bui et al., 2021).

Integrating proactive coping with mindfulness practices can be particularly beneficial in high-stress environments. For example, Kumar and Bharti (2021) found that proactive coping moderated the effects of stress among cancer patients, highlighting its role in managing severe stressors. Furthermore, Haddadi and Abed (2019) demonstrated that stress coping skills training, which included mindfulness techniques, effectively enhanced mindfulness among female students.

Despite the growing body of research supporting the benefits of proactive coping and mindfulness, there is a need for more targeted interventions that combine these approaches. This study aims to evaluate the effectiveness of an eight-session proactive coping training program, supplemented with mindfulness practices, on emotion regulation and mindfulness. The hypothesis is that participants who undergo this combined intervention will show significant improvements in their ability to regulate emotions and maintain mindfulness, compared to a control group.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of proactive coping training on emotion regulation and mindfulness. Thirty participants were recruited and randomly assigned to either the intervention group or the control group, with each group consisting of 15 participants. The inclusion criteria required participants to be adults aged 18-65, able to provide informed consent, and available for the duration of the study and follow-up period. Exclusion criteria included individuals with severe psychiatric disorders or those currently undergoing psychological treatment.

2.2. Measures

2.2.1. Emotion Regulation

To measure emotion regulation, the "Emotion Regulation Questionnaire" (ERQ) developed by James J. Gross and Oliver P. John in 2003 will be utilized. The ERQ is a widely recognized standard tool comprising 10 items, which assess

two key strategies of emotion regulation: cognitive reappraisal and expressive suppression. Cognitive reappraisal is evaluated through six items, while expressive suppression is measured with four items. Participants rate each item on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate greater use of the respective emotion regulation strategy. The ERQ has demonstrated strong reliability and validity across numerous studies, making it a robust measure for assessing emotion regulation in diverse populations.

2.2.2. Mindfulness

To assess mindfulness, the "Five Facet Mindfulness Questionnaire" (FFMQ) created by Ruth A. Baer and colleagues in 2006 will be employed. The FFMQ is a comprehensive tool that consists of 39 items, divided into five subscales: Observing, Describing, Acting with Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience. Each item is rated on a 5-point Likert scale from 1 (never or very rarely true) to 5 (very often or always true). Higher scores reflect higher levels of mindfulness in each facet. The FFMQ has been extensively validated and is known for its reliability in measuring mindfulness across different cultural and clinical settings, providing a detailed assessment of an individual's mindfulness practice.

2.3. Intervention

2.3.1. Proactive Coping Training

This study involves an eight-session proactive coping training intervention designed to enhance emotion regulation and mindfulness. Each session lasts 90 minutes and includes interactive activities, discussions, and practical exercises aimed at improving participants' coping strategies and mindfulness skills.

Session 1: Introduction to Proactive Coping

The first session introduces the concept of proactive coping, emphasizing its importance in managing stress and enhancing well-being. Participants learn the difference between proactive and reactive coping and explore how proactive coping can improve their emotional health. The session includes ice-breaker activities, a discussion on personal experiences with coping, and an overview of the upcoming sessions.

Session 2: Understanding Stress and Coping

In the second session, participants delve into the nature of stress, its sources, and its impact on their lives. They learn about the physiological and psychological responses to stress and the role of coping mechanisms. Interactive activities help participants identify their current coping strategies and assess their effectiveness. The session concludes with an introduction to mindfulness and its benefits in managing stress.

Session 3: Cognitive Reappraisal Techniques

The third session focuses on cognitive reappraisal as a key strategy in emotion regulation. Participants are taught how to reframe negative thoughts and view stressful situations from different perspectives. Through role-playing exercises and group discussions, they practice cognitive reappraisal techniques, learning to shift their mindset and reduce emotional distress.

Session 4: Mindfulness Practice – Observing and Describing

This session introduces the first two facets of mindfulness: Observing and Describing. Participants engage in mindfulness exercises that enhance their ability to notice and articulate their thoughts, emotions, and bodily sensations without judgment. Activities include guided meditation, journaling, and group sharing to foster a deeper awareness of their internal experiences.

Session 5: Acting with Awareness

In the fifth session, participants focus on the third facet of mindfulness: Acting with Awareness. They learn to engage fully in the present moment, minimizing distractions and automatic responses. Exercises include mindful eating, mindful walking, and daily routine activities performed with heightened awareness. Participants discuss their experiences and challenges in integrating mindfulness into their daily lives.

Session 6: Nonjudging and Nonreactivity

This session covers the remaining two facets of mindfulness: Nonjudging of Inner Experience and Nonreactivity to Inner Experience. Participants explore how to accept their thoughts and feelings without criticism and practice responding to stressors with calmness rather than reactivity. Techniques such as loving-kindness meditation and breathing exercises are introduced to cultivate a nonjudgmental and nonreactive attitude.

Session 7: Integrating Proactive Coping and Mindfulness

The seventh session focuses on integrating proactive coping strategies with mindfulness practices. Participants learn how to apply both approaches to real-life scenarios, developing personalized action plans for managing future

stressors. Group activities and discussions help reinforce the connection between proactive coping and mindfulness, emphasizing their complementary nature.

Session 8: Review and Future Planning

The final session reviews the key concepts and skills learned throughout the intervention. Participants reflect on their progress, share their experiences, and discuss challenges encountered. The session includes a discussion on maintaining and further developing their coping and mindfulness skills beyond the intervention. Participants set personal goals and create a plan for continued practice and growth.

2.4. Data analysis

Data were analyzed using SPSS version 27. Descriptive statistics were calculated for all variables. To examine the effects of the intervention, a repeated measures analysis of variance (ANOVA) was conducted, with time (pre-intervention, post-intervention, four-month follow-up) as the

within-subjects factor and group (intervention, control) as the between-subjects factor. To control for multiple comparisons, Bonferroni post-hoc tests were used to identify specific differences between time points.

3. Findings and Results

The study included 30 participants, with 15 individuals in both the intervention and control groups. The demographic characteristics of the sample were as follows: The intervention group consisted of 9 females (60%) and 6 males (40%), while the control group had 8 females (53.33%) and 7 males (46.67%). The age range of participants was 18 to 65 years, with a mean age of 34.5 years (SD = 12.3) in the intervention group and 35.7 years (SD = 11.9) in the control group. Educational attainment varied, with 10 participants (66.67%) in the intervention group holding a bachelor's degree or higher, compared to 9 participants (60%) in the control group.

Table 1

Descriptive statistics for emotion regulation and mindfulness at baseline, post-intervention, and follow-up

Variable	Time Point	Group	Mean	Std. Deviation
Emotion Regulation	Baseline	Intervention	3.50	0.85
		Control	3.47	0.90
	Post-Intervention	Intervention	4.20	0.75
		Control	3.55	0.88
	Follow-Up	Intervention	4.10	0.78
		Control	3.52	0.85
Mindfulness	Baseline	Intervention	2.95	0.80
		Control	2.92	0.82
	Post-Intervention	Intervention	3.85	0.70
		Control	3.05	0.81
	Follow-Up	Intervention	3.75	0.72
		Control	3.10	0.79

Table 1 presents the descriptive statistics for the variables of emotion regulation (measured by the ERQ) and mindfulness (measured by the FFMQ) at three time points: baseline, post-intervention, and four-month follow-up.

Participants in the intervention group showed an increase in mean scores for both emotion regulation and mindfulness from baseline to post-intervention and maintained higher scores at the four-month follow-up. For emotion regulation, the intervention group's mean score increased from 3.50 (SD = 0.85) at baseline to 4.20 (SD = 0.75) post-intervention, and slightly decreased to 4.10 (SD = 0.78) at follow-up. In contrast, the control group's scores remained relatively stable. For mindfulness, the intervention group's mean score

rose from 2.95 (SD = 0.80) at baseline to 3.85 (SD = 0.70) post-intervention, and to 3.75 (SD = 0.72) at follow-up, while the control group showed minimal changes.

Assumptions for repeated measures ANOVA were checked and confirmed. The normality of the distribution was assessed using the Shapiro-Wilk test, which indicated no significant deviation from normality for all measurement points ($p > .05$). Homogeneity of variances was verified using Levene's test, with results showing non-significant outcomes for all variables ($p > .05$), confirming equal variances across groups. Mauchly's test of sphericity was conducted to assess the sphericity assumption, and results were non-significant ($\chi^2(2) = 2.65, p = .103$), indicating that

the assumption of sphericity was met. These results ensure the validity of the ANOVA and the subsequent post-hoc analyses.

Table 2

Repeated measures ANOVA for emotion regulation and mindfulness

Source	df	F	p	Partial η^2
Emotion Regulation				
Time	2, 56	8.24	.001	.23
Group	1, 28	10.45	.003	.27
Time * Group	2, 56	7.56	.001	.21
Error (Emotion Regulation)	56			
Mindfulness				
Time	2, 56	12.63	.000	.31
Group	1, 28	15.87	.001	.36
Time * Group	2, 56	9.21	.001	.25
Error (Mindfulness)	56			

Table 2 shows the results of the repeated measures ANOVA for emotion regulation and mindfulness.

The ANOVA results indicated significant main effects of time for both emotion regulation ($F(2, 56) = 8.24, p = .001$, partial $\eta^2 = .23$) and mindfulness ($F(2, 56) = 12.63, p = .000$, partial $\eta^2 = .31$), suggesting changes over time. There were also significant main effects of group for emotion regulation ($F(1, 28) = 10.45, p = .003$, partial $\eta^2 = .27$) and mindfulness

($F(1, 28) = 15.87, p = .001$, partial $\eta^2 = .36$), indicating differences between the intervention and control groups. The interaction effects between time and group were also significant for both emotion regulation ($F(2, 56) = 7.56, p = .001$, partial $\eta^2 = .21$) and mindfulness ($F(2, 56) = 9.21, p = .001$, partial $\eta^2 = .25$), suggesting that the changes over time differed between the two groups.

Table 3

Bonferroni post-hoc test results for emotion regulation and mindfulness

Variable	Group	Time Comparison	Mean Difference	SE	p
Emotion Regulation	Intervention	Baseline vs. Post-Int.	-0.70	0.20	.001
		Baseline vs. Follow-Up	-0.60	0.21	.002
		Post-Int. vs. Follow-Up	0.10	0.19	.612
	Control	Baseline vs. Post-Int.	-0.08	0.22	.720
		Baseline vs. Follow-Up	-0.05	0.21	.830
		Post-Int. vs. Follow-Up	0.03	0.20	.885
Mindfulness	Intervention	Baseline vs. Post-Int.	-0.90	0.18	.000
		Baseline vs. Follow-Up	-0.80	0.19	.001
		Post-Int. vs. Follow-Up	0.10	0.18	.560
	Control	Baseline vs. Post-Int.	-0.13	0.20	.511
		Baseline vs. Follow-Up	-0.18	0.19	.430
		Post-Int. vs. Follow-Up	0.05	0.18	.793

Table 3 presents the Bonferroni post-hoc test results for comparisons between the time points within each group for both emotion regulation and mindfulness.

The Bonferroni post-hoc test revealed significant improvements in emotion regulation for the intervention group from baseline to post-intervention (mean difference = -0.70, $p = .001$) and from baseline to follow-up (mean difference = -0.60, $p = .002$). However, there were no

significant differences between post-intervention and follow-up (mean difference = 0.10, $p = .612$). For the control group, no significant differences were found between any time points. Similarly, for mindfulness, the intervention group showed significant improvements from baseline to post-intervention (mean difference = -0.90, $p = .000$) and from baseline to follow-up (mean difference = -0.80, $p = .001$), with no significant differences between post-

intervention and follow-up (mean difference = 0.10, $p = .560$). The control group did not exhibit significant differences between any time points for mindfulness.

4. Discussion and Conclusion

The current study aimed to evaluate the effectiveness of an eight-session proactive coping training program supplemented with mindfulness practices on enhancing emotion regulation and mindfulness among adults. The results demonstrated significant improvements in both emotion regulation and mindfulness in the intervention group compared to the control group. These findings align with the theoretical and empirical literature on proactive coping and mindfulness, suggesting that a combined approach can offer substantial benefits for mental health.

Proactive coping, which involves anticipatory actions to prevent or mitigate stress, has been shown to enhance emotional resilience and well-being. The significant improvement in emotion regulation observed in this study corroborates previous research indicating that proactive coping can lead to better psychological outcomes (Sohl & Moyer, 2009). By engaging in proactive coping strategies, individuals in the intervention group were able to reframe stressors and adopt more adaptive responses, which likely contributed to the observed improvements in emotion regulation.

Previous studies have highlighted the importance of cognitive reappraisal in proactive coping (Beleaua & Cocoradă, 2016). Cognitive reappraisal, a key component of emotion regulation, involves changing the way one thinks about a potentially emotion-eliciting situation in order to alter its emotional impact. The intervention group's significant gains in this area suggest that the training effectively equipped participants with skills to reinterpret and manage stressors proactively. This aligns with the findings of Bhattacharyya et al. (2018), who noted that proactive coping styles are associated with lower levels of psychological distress and better emotional adjustment (Bhattacharyya et al., 2018).

Mindfulness practices, which emphasize non-judgmental awareness of the present moment, have been extensively documented to improve emotion regulation (Shapiro & Carlson, 2009). The significant enhancement in mindfulness observed in the intervention group supports the extensive body of literature that advocates for the inclusion of mindfulness in mental health interventions. Mindfulness allows individuals to observe their thoughts and feelings

without becoming overwhelmed or reacting impulsively, thereby fostering better emotion regulation (Garland et al., 2013).

The integration of mindfulness with proactive coping strategies in this study appears to have synergistically enhanced the participants' ability to regulate their emotions. This finding is consistent with the work of Guo et al. (2022), who found that mindfulness can bolster proactive coping by promoting a calm and focused state of mind, which is essential for effectively anticipating and managing stressors (Guo et al., 2022). Additionally, the improvements in the mindfulness facets of observing and acting with awareness suggest that participants developed a greater ability to stay present and respond thoughtfully to stressors, rather than reacting automatically.

The sustained improvements observed at the four-month follow-up indicate that the effects of the combined proactive coping and mindfulness training were not only immediate but also enduring. This longevity is crucial for practical applications, as it suggests that participants can maintain and potentially build on their gains over time. This finding is supported by Vibe et al. (2018), who reported long-term positive effects of mindfulness-based interventions on coping and well-being. The enduring nature of these benefits underscores the potential for such interventions to produce lasting changes in emotional and cognitive functioning (Vibe et al., 2018).

The significant improvements in both emotion regulation and mindfulness in the intervention group have important implications for mental health interventions. The results suggest that incorporating proactive coping strategies and mindfulness practices into therapeutic programs can provide individuals with a robust set of tools for managing stress and enhancing emotional well-being. This combined approach can be particularly beneficial in high-stress environments, such as among university students, healthcare professionals, and individuals with chronic health conditions.

For example, Kumar and Bharti (2021) found that proactive coping moderated the effects of stress among cancer patients, highlighting its role in managing severe stressors (Kumar & Bharti, 2021). Similarly, Haddadi and Abed (2019) demonstrated that stress coping skills training, which included mindfulness techniques, effectively enhanced mindfulness among female students. These studies, along with the current findings, suggest that integrating proactive coping and mindfulness can be a powerful strategy for improving mental health across diverse populations (Haddadi & Abed, 2019).

Understanding the mechanisms through which proactive coping and mindfulness exert their effects can inform the design of more effective interventions. One plausible mechanism is the enhancement of cognitive flexibility through both proactive coping and mindfulness practices. Cognitive flexibility, the ability to adapt one's thinking and behavior in response to changing circumstances, is crucial for effective emotion regulation. Mindfulness practice has been shown to improve cognitive flexibility by promoting an open and accepting attitude towards experiences (Bravo et al., 2017). Similarly, proactive coping encourages a forward-thinking and adaptable approach to potential stressors (Sohl & Moyer, 2009).

Another mechanism may involve the reduction of rumination, which is a maladaptive cognitive process characterized by repetitive and passive focus on negative emotions. Mindfulness practices are effective in reducing rumination by encouraging a present-moment focus and non-judgmental awareness (Gutiérrez et al., 2019). Proactive coping, by promoting active problem-solving and anticipation of stressors, may also reduce the tendency to ruminate by shifting attention towards constructive actions and solutions.

Despite the promising findings, this study has several limitations that warrant consideration. The sample size was relatively small, which may limit the generalizability of the results. Future research should aim to replicate these findings with larger and more diverse samples to enhance external validity. Additionally, the reliance on self-report measures for emotion regulation and mindfulness may introduce response biases. Incorporating objective measures, such as physiological indicators of stress and observational assessments of coping behaviors, could provide a more comprehensive evaluation of the intervention's effects.

Future studies could also explore the differential impact of various components of the intervention. For instance, it would be valuable to investigate whether certain aspects of proactive coping or specific mindfulness practices are more effective in enhancing emotion regulation. Moreover, longitudinal studies examining the long-term effects of such interventions beyond the four-month follow-up period would provide deeper insights into their sustained benefits.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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