



Enhancing Prison Adjustment And Reducing Aggressive Behaviour Through MBCT: An Intervention-Based Study Among Women At The Aligarh Correctional Facility

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Background: Incarcerated women encounter considerable psychological discomfort, characterized by increased hostility and challenges in acclimating to prison life. Correctional facilities very rarely provide therapeutic programs designed for emotional control and behavioral modification. Mindfulness-Based Cognitive Therapy (MBCT), a third-wave intervention, has demonstrated efficacy in promoting self-awareness, diminishing impulsivity, and improving psychological well-being. **Objectives:** This study is to evaluate the efficacy of MBCT in enhancing Prison adjustment and diminishing aggressive conduct among female convicts at the Aligarh Correctional Facility. The intervention aims to implement mindfulness-based techniques that reduce aggression and foster healthy coping methods within a correctional setting.

Results and Discussion: A single-group pre-post design was used with participants completing the intervention and being assessed both before and after the eight-week MBCT program. Quantitative study demonstrated significant improvements in mindfulness (assessed by the Five Facet Mindfulness Questionnaire), alongside notable decreases in physical and verbal aggressiveness (evaluated by the Buss-Perry aggressiveness Questionnaire). Enhancements were also noted in psychological adaptation to the jail environment, as assessed by a standardized jail Adjustment Questionnaire. The data indicate that MBCT can significantly diminish maladaptive behavior and improve the aggression level in imprisoned women.

Conclusion: MBCT is a viable and effective psychological intervention for enhancing behavioral and emotional adjustment in inmates. Although the results are encouraging, more research employing randomized controlled trials and bigger sample numbers is advisable to validate these findings and investigate long-term outcomes.

Keywords: Mindfulness-based cognitive therapy, Female inmates, Aggression reduction, Prison adjustment, Five Facet Mindfulness Questionnaire (FFMQ)

1.Introduction

Incarceration is a significantly disruptive experience that frequently aggravates psychological discomfort, hinders emotional control, and amplifies behavioral problems—especially among female inmates. Women in correctional facilities often disclose backgrounds of trauma, substance abuse, and unaddressed mental health issues, resulting in increased aggression and challenges in acclimating to prison settings (Bloom, Owen, & Covington, ²⁰⁰³⁽¹⁾; Tripodi & Pettus-Davis, 2013)⁽²⁾. The obstacles are exacerbated by the emotional impact of institutionalization, such as isolation, diminished autonomy, and familial separation, which can provoke maladaptive behaviors and impede rehabilitation.

Conventional correctional systems have predominantly emphasized discipline and security at the expense of emotional well-being and psychological development. Recent frameworks in correctional psychology, notably the Risk Need Responsivity (RNR) model, underscore the necessity of customizing psychological therapies to target fluctuating risk variables such as aggression, impulsivity, and emotional dysregulation (Andrews & Bonta, 2017)⁽³⁾. In this environment, evidence-based mental health therapies have become significant for fostering enduring behavioral change among inmates.

Cognitive-behavioral methods and mindfulness exercises are combined in Mindfulness-Based Cognitive Therapy (MBCT) to increase psychological flexibility, reduce emotional reactivity, and improve metacognitive awareness (Segal, Williams, & Teasdale, 2013)⁽⁴⁾. By encouraging nonjudgmental observation of thoughts and feelings, MBCT improves emotional regulation, which is particularly advantageous in high-stress environments like prisons.

Research indicates the effectiveness of mindfulness-based therapies within correctional environments. Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have been linked to decreased aggression, anxiety, depression, and substance use among jailed populations (Shonin, Van Gordon, & Griffiths, ²⁰¹³⁽⁵⁾; Samuelson et al., 2007)⁽⁶⁾. These approaches foster psychological resilience, improve interpersonal functioning, and diminish institutional transgressions.

Notwithstanding favorable results in global studies, there exists a significant deficiency of research regarding mindfulness-based therapies for incarcerated women in India. The majority of existing research has concentrated on Western male populations, neglecting the distinct psychological and socio-cultural requirements of Indian female prisoners. This study seeks to address the gap by assessing the impact of an eight-week Mindfulness-Based Cognitive Therapy intervention on aggressiveness levels and jail adjustment among women at the Aligarh Correctional Facility.

This research employs a pre-post intervention design and standardized psychological instruments, including the Five Facet Mindfulness Questionnaire (FFMQ), to examine the efficacy of Mindfulness-Based Cognitive Therapy (MBCT) in enhancing psychological well-being and diminishing maladaptive behaviors in this marginalized population.

2. Review of Literature

The combination of mindfulness meditation and cognitive behavioral approaches, known as Mindfulness-Based Cognitive Therapy (MBCT), has been shown to be a successful intervention for behavioral modification, stress reduction, and emotional regulation. Its application has expanded to include a variety of clinical and non-clinical populations, including prison settings, since it was first created to prevent depression relapse. (Segal, Williams, & Teasdale, 2013)⁽⁷⁾. Incarcerated individuals frequently display increased emotional reactivity, impulsivity, and violence, rendering MBCT a promising method for mitigating behavioral concerns in correctional facilities. A pioneering application of MBCT in correctional settings was documented in a randomized experiment with teenage offenders, where eight sessions resulted in notable decreases in physical violence, hostility, and anger (Tan & Martin, 2013)⁽⁸⁾. This indicates that MBCT's focus on metacognitive awareness and nonjudgmental observation of thoughts may assist in interrupting maladaptive cognitive-emotional cycles prevalent in high-stress institutional environments.

While research on MBCT involving adult female offenders is scarce, initial findings from wider mindfulness-based treatments (MBIs) offer encouraging insights. Ferszt et al. (2015)⁽⁹⁾ conducted a 12-week mindfulness program for jailed women, resulting in decreased anxiety, stress, and sadness, along with enhanced sleep quality. A mindfulness and acceptance-based group intervention including 59 female convicts demonstrated enhancements in mindfulness and self-acceptance, and reductions in depressed and anxiety symptoms (Shorey et al., 2019)⁽¹⁰⁾. Although these studies were not exclusively MBCT, their conceptual similarities endorse the viability of mindfulness-based therapies for incarcerated women, a demographic frequently characterized by unresolved trauma, emotional dysregulation, and histories of abuse.

Studies in China and the UK have further demonstrated the applicability of MBCT in correctional settings by piloting modified MBCT therapies in male prisons. In a particular study, convicts engaged in a modified MBCT program shown substantial decreases in stress and anxiety relative to those on a waiting (Li et al., 2021)⁽¹¹⁾. Audit-based research inside the UK jail system indicated that participation in MBCT correlated with enhancements in mindfulness and decreases in depression and emotional distress (Simpson et al., 2018)⁽¹²⁾. The data suggest that MBCT, when suitably modified, is an effective therapy approach in high-security settings.

A comprehensive understanding of MBIs in correctional environments is derived from meta-analytic evidence. Auty, Cope, and Liebling (2017)⁽¹³⁾ performed a systematic review and meta-analysis of 13 research on mindfulness-based interventions (MBIs), including mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR), among incarcerated populations. Their findings indicated that mindfulness programs resulted in moderate decreases in psychological distress and minor yet substantial reductions in aggression and rule-violating conduct. This underscores the cumulative advantages of mindfulness training in enhancing institutional adaptation and emotional well-being among convicts. Mechanistically, MBCT functions by augmenting metacognitive awareness and decentering, allowing individuals to engage differently with uncomfortable ideas and emotions. It additionally cultivates self-compassion and emotional resilience, essential for convicts grappling with guilt, shame, and interpersonal problems (Kuyken et al., 2010)⁽¹⁴⁾.

Despite the expanding research on MBCT and analogous interventions in correctional facilities, a significant deficiency persists in studies concentrating on jailed women, especially in the Indian setting. Although Indian prisons have traditionally employed contemplative practices like Vipassana meditation, these methods have neither undergone thorough evaluation through clinical research methodologies, nor do they systematically integrate cognitive-behavioral components like Mindfulness-Based Cognitive Therapy (MBCT) does (Kumar,

2002)⁽¹⁵⁾. This study seeks to fill the existing gap by investigating the impact of a modified MBCT program on aggression and jail adjustment in female convicts at the Aligarh Correctional Facility. The research expands upon international findings while situating them within the context of an underprivileged and under-explored demographic.

METHODOLOGY

Study Design, Period, and Setting

A pre-test-post-test single-group design was used in this investigation to evaluate effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in reducing aggression and enhancing prison adjustment among female inmates. The intervention occurred over eight weeks, from March to May 2025, at the hospital unit of Aligarh District Jail, Uttar Pradesh, India. The hospital offered a secluded, secure, and tranquil setting that facilitated psychological sessions while ensuring the participants' privacy and comfort during the intervention.

Inclusion and Exclusion Criteria

Female convicts were chosen according to defined inclusion and exclusion criteria to guarantee the suitability of the intervention.

Criteria for Inclusion

Participants were female detainees aged 20 to 55 years, accused with a criminal offense, and devoid of psychiatric disorders, intellectual disabilities, or sensory impairments (visual or auditory). Women, regardless of literacy status, from both rural and urban locales were eligible. Informed consent was acquired either directly from the subject or via the jail administrator. A GHQ-12⁽¹⁶⁾ score exceeding 3 was necessary, signifying mild to moderate psychological discomfort warranting intervention.

Criteria for Exclusion

The exclusion criteria comprised the absence of criminal history, age under 20 or over 55, a familial history of psychiatric disorders or criminal conduct, a GHQ-12 score of 3 or below, and the incapacity or refusal to furnish informed permission. Individuals with intellectual disabilities or significant mental health disorders were likewise excluded.

Sampling Procedure

Participants were chosen through a purposeful sampling method in collaboration with jail officials and mental health practitioners. Inmates who met the inclusion criteria were solicited to partake in the program. Thirty participants who fulfilled the requirements for inclusion and provided consent were enrolled in the study.

Tools used for Data Collection

Three standardized questionnaires were implemented to assess mindfulness, aggression, and jail adjustment in order to evaluate the impact of the MBCT intervention. All tools were chosen based on their relevance, reliability, and suitability for application in correctional environments.

1. Five Facet Mindfulness Questionnaire – Shortened Version (FFMQ-24)

The FFMQ-24 is a concise, validated adaptation of the original 39-item The purpose of the Five Facet Mindfulness Questionnaire was to evaluate the following five aspects of dispositional mindfulness: describing, acting with awareness, observing, nonjudging of inner experience, and nonreactivity to inner experience. The shortened scale comprises 24 items, with 4 to 5 items each facet, evaluated on a 5-point Likert scale from 1 ("Never or very rarely true") to 5 ("Very often or always true"). The FFMQ-24

exhibits satisfactory internal consistency and factorial validity in both clinical and non-clinical populations, proving especially beneficial in time-restricted settings like prisons.⁽¹⁷⁾

2. Buss–Perry Aggression Questionnaire (BPAQ)

The Buss-Perry Aggression Questionnaire (BPAQ), developed by Buss and Perry in 1992, is a 29-item tool that evaluates four dimensions of aggression: Physical Aggression, Verbal Aggression, Anger, and Hostility. Each item is evaluated using a 5-point Likert scale, ranging from 1 (“Extremely uncharacteristic of me”) to 5 (“Extremely characteristic of me”). The BPAQ is extensively utilized in correctional and clinical research, exhibiting strong internal consistency ($\alpha = .85-.89$). It was used to measure the degree of aggression prior to and following the intervention in this study.⁽¹⁸⁾

3. Prison Adjustment Scale (PAS)

A 21-item self-report tool was created for this study to assess convicts' emotional, behavioral, and social adaptation to prison life. Each item was evaluated on a 5-point Likert scale ranging from 0 (“Never”) to 4 (“Always”), with greater ratings that indicate poorer adjustment. The scale was developed according to the theoretical framework established by Zamble and Porporino (1988)⁽¹⁹⁾, which delineates essential characteristics of jail coping and institutional adaptation. The instrument underwent evaluation by psychologists for face validity and shown satisfactory internal reliability (Cronbach's $\alpha = .81$) in the present investigation.⁽²⁰⁾

Procedure

This research was carried out after obtaining ethical approval from the Institutional Ethics Committee of Jawaharlal Nehru Medical College, Aligarh Muslim University (Reference No. IECJNMC/1837). Collaboration with jail officials was initiated to get logistical support, and participants were chosen according to specified inclusion and exclusion criteria.

During the initial week of the study, eligible convicts were approached, and the research's goal was articulated in comprehensible language. Informed consent in written was acquired from those who consented to participate the pre-assessment was administered within the same week, utilizing standardized instruments: the Five Facet Mindfulness Questionnaire (FFMQ), Buss-Perry Aggression Questionnaire (BPAQ), and the Prison Adjustment Questionnaire (PAQ).

Subsequent to the preliminary evaluation, an 8-week Mindfulness-Based Cognitive Therapy session was executed. The sessions occurred weekly, each lasting 30 to 40 minutes, administered in a group style within the hospital unit of Aligarh District Jail. A licensed clinical psychologist skilled in group therapy techniques and mindfulness-based cognitive therapy led the intervention.

The MBCT program was modified from the standardized clinical handbook created by Segal, Williams, and Teasdale (2013). The content was adapted to conform to the cultural context, literacy levels, and environmental limitations of the jail environment. Fundamental practices encompassed body scan meditation, mindful breathing, the three-minute breathing gap, and cognitive activities that promoted emotional regulation and decentering. Informal mindfulness exercises and concise daily reflection assignments were designated as homework to enhance learning.

The lessons aimed to improve emotional awareness, diminish automatic negative responses, foster interpersonal efficacy, and bolster coping strategies pertinent to incarceration. Attendance was assessed weekly, and the group setting prioritized psychological safety, respect, and reciprocal support.

Upon concluding the eight sessions, the post-assessment was administered in the ninth week, either on the final session day or immediately thereafter. The identical measures employed in the pre-assessment were utilized to examine alterations in mindfulness, aggression, and jail adjustment.

The MBCT handbook was utilized exclusively for non-commercial, educational, and research objectives, with all modifications conducted with complete recognition and scholarly citation of the original source (Segal, Williams, & Teasdale, 2013)⁽²¹⁾.

Session-wise MBCT Intervention Plan for Inmates

		Practice During Sessions	Practice in prison cell
1.	Rapport Building & Pre-Assessment	Establishing rapport, Pre Assessments of Research Variable	Identify and note down one recurring negative thought each day and the situation that triggered it
2.	Automatic Pilot & Awareness	Cognitive Restructuring Mindful breathing, breaking automatic habits	Practice daily mindful breathing for 5–10 minutes 2 times a day
3.	Recognizing Thoughts & Emotions	Cognitive exercises to identify negative thought patterns	Write thoughts/emotions and reactions
4.	Being Present & Non-Judgmental	Three-minute breathing space	Apply the 3-minute pause during stressful moments
5.	Acceptance & Emotional Regulation	Techniques for accepting difficult thoughts and feelings	Mindfulness walk; journaling about emotional shifts
6.	Interpersonal Awareness	Group reflection on interpersonal triggers	Practice mindful communication with peers
7.	Consolidation of Mindfulness Skills	Body scan and reflection on progress	Continue mindfulness practices; mindfull walking,eating,mindfull talking.
8.	Post-Assessment & Closure	Review of all techniques; feedback from participants	Develop personal mindfulness continuation plan.

Data Analysis

The data obtained from pre- and post-intervention assessments were analyzed utilizing IBM SPSS Statistics (Version 26)⁽²²⁾. Descriptive statistics, comprising mean, standard deviation, minimum, and maximum values, were calculated for representing the participants' baseline and post-intervention scores across all three psychological assessments: the Five Facet Mindfulness Questionnaire (FFMQ-24), Buss-Perry Aggression Questionnaire (BPAQ), and Prison Adjustment Scale (PAS).

Paired sample t-tests were utilized to assess the effectiveness of the MBCT intervention by analyzing statistically significant differences between pre- and post-intervention scores on each measure. This approach was suitable considering the within-subjects design of the study.

The normality assumptions were evaluated using Shapiro-Wilk tests and the examination of Q-Q plots. All variables satisfy the normality criterion for parametric analysis. Cohen's d effect sizes were computed to assess the magnitude of change, assuming standard benchmarks: 0.2 (small), 0.5 (medium), and 0.8 or greater (big effect).

Pearson correlation coefficients were calculated to assess the associations between post-intervention mindfulness levels and the outcomes of aggression and jail adjustment. Statistical significance was established at $p < .05$ for all analyses.

Results

A total of 65 female prisoners were evaluated for study eligibility. 13 convicts were rejected for other reasons (e.g., age range, presence of psychiatric disease), 10 refused to participate, and 12 of the 35 inmates were excluded because they did not fit the inclusion requirements. The remaining 30 participants completed the MBCT intervention after providing their informed consent and being added to the final study sample.(Figure.1)

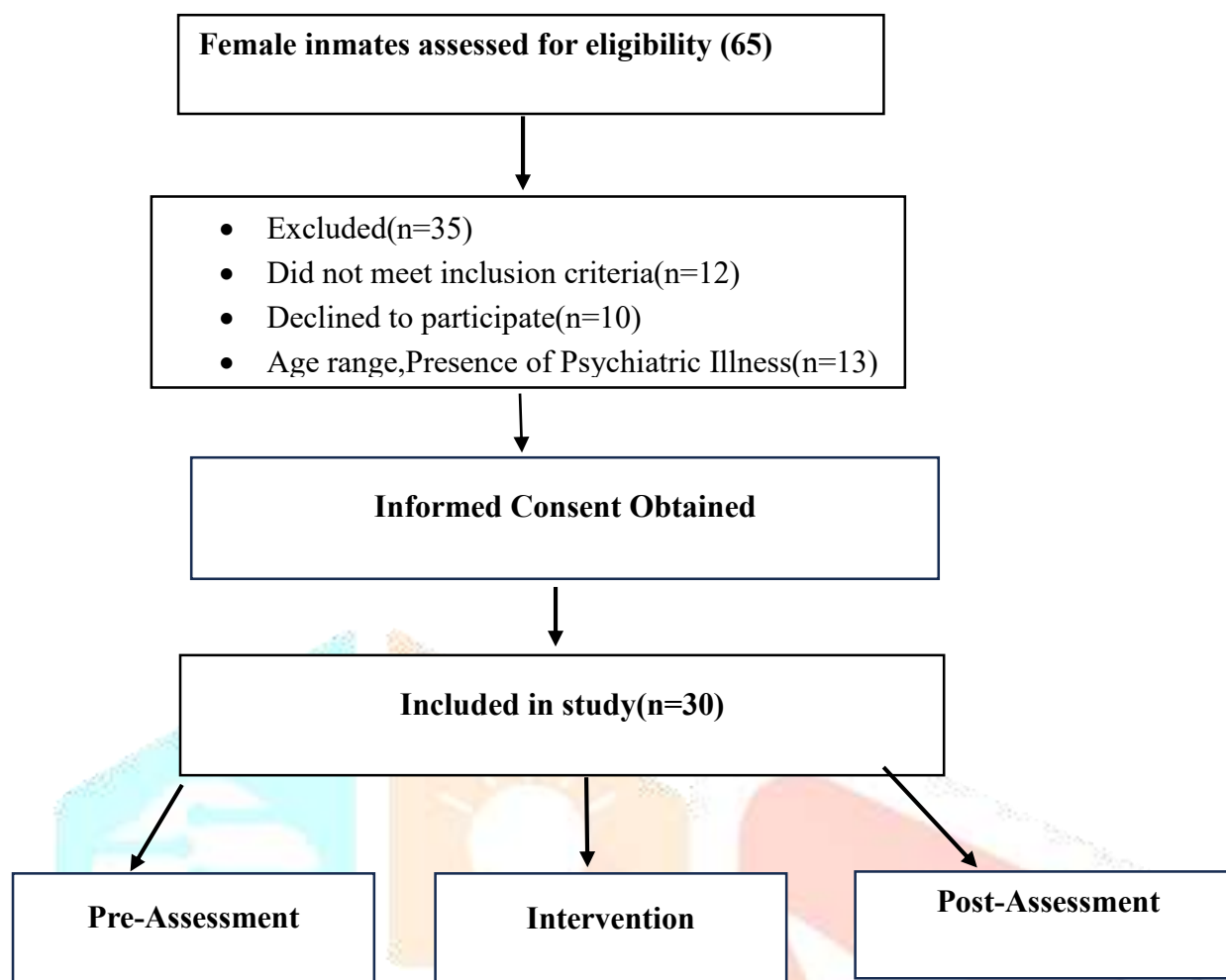


Figure 1: Flowchart describing the selection of participants

Table1: Socio-Demographic Profile of Participants

Table 1 highlights the socio-demographic attributes of the 30 female participants who participated in the study. The sample encompassed a varied age demographic, with the predominant segment (36.7%) aged 26–30 years, succeeded by 26.7% in the 20–25 age range. A lesser segment of participants belonged to the 31–35 years (20.0%) and 36–45 years (16.6%) age categories. This distribution reveals a significant proportion of young to early middle-aged adult women among the sample.

Regarding academic accomplishment, 40% of the participants had completed secondary education (6th–10th grade), whereas 26.7% had pursued studies after secondary school. Significantly, 33.3% of the sample possessed low or no formal education, with 13.3% indicating no schooling altogether and 20% having completed only primary education (1st–5th grade). This indicates a comparatively low degree of educational achievement within the inmate demographic.

The majority of participants (63.3%) were married, 30.0% were single, and 6.7% identified as widowed or divorced. This indicates a socially diversified background, with a significant number of individuals likely encountering familial or relational difficulties prior to or during incarceration.

The predominant category of offense was assault or homicide, accounting for 40.0% of incarcerations, followed by theft/burglary at 33.3% and drug-related offenses at 16.7%. A minor proportion (10.0%) indicated participation in other criminal activities. This distribution underscores the existence of both violent and non-violent offenders within the sample.

Regarding their duration of incarceration, 40% of the participants had been detained for over one year, and 36.7% had served between six and twelve months. A minority (23.3%) had been imprisoned for under six months. The balanced distribution of jail terms offers a diverse framework for analyzing the impact of the MBCT intervention.

The socio-demographic statistics reveal that the sample consisted of women from varied backgrounds regarding age, education, offense type, and incarceration history. These characteristics are crucial for contextualizing the psychological outcomes of the MBCT program and comprehending how demographic factors may affect responsiveness to mindfulness-based therapies.

Table1: Socio-Demographic Profile of Participants (N = 30)

Variable	Category	Frequency (n)	Percentage (%)
Age	20–25 years	8	26.7%
	26–30 years	11	36.7%
	31–35 years	6	20.0%
	36–45 years	5	16.6%
Educational Level	No formal education	4	13.3%
	Primary (1st–5th)	6	20.0%
	Secondary (6th–10th)	12	40.0%
	Senior Secondary/Above	8	26.7%
Marital Status	Married	19	63.3%
	Unmarried	9	30.0%
	Widowed/Divorced	2	6.7%
Type of Offense	Theft/Burglary	10	33.3%

	Drug-related	5	16.7%
	Assault/Homicide	12	40.0%
	Other	3	10.0%
Duration of Incarceration	< 6 months	7	23.3%
	6–12 months	11	36.7%
	> 1 year	12	40.0%

The descriptive statistics summarize the mean scores and standard deviations (SD) for the three psychological variables assessed before and following the intervention.

Table 2: Mean & SD Scores on Mindfulness, Aggression, and Prison Adjustment (N = 30)

Variable	Pre-Test Mean	Post-Test Mean	Pre-Test (SD)	Post-Test (SD)	Note. FFMQ = Five Facet
Mindfulness (FFMQ)	105.2	123.6	(12.4)	(10.8)	
Aggression (BPAQ Total)	88.7	70.1	(11.3)	(9.5)	
Prison Adjustment (PAQ)	62.9	75.3	(8.6)	(7.4)	

Mindfulness Questionnaire; BPAQ = Buss-Perry Aggression Questionnaire; PAQ = Prison Adjustment Questionnaire. Higher scores on FFMQ and PAQ reflect better outcomes, while higher BPAQ scores indicate greater aggression.

Table 3: Paired Sample *t*-Test Results Comparing Pre- and Post-Intervention Scores on Key Psychological Variables

Variable	<i>t</i>	<i>df</i>	<i>p</i>	Cohen's <i>d</i>	Significance
Mindfulness (FFMQ)	6.72	29	< .001	1.23	Significant
Aggression (BPAQ)	-7.85	29	< .001	1.43	Significant
Prison Adjustment (PAQ)	5.93	29	< .001	1.08	Significant

Note. Cohen's *d* indicates effect size magnitude: 0.2 = small, 0.5 = medium, 0.8+ = large.

Using post-test results, **Pearson correlation coefficients** were computed to investigate the association between mindfulness, aggression, and jail adjustment after the intervention (Table 3). Aggression and mindfulness were shown to be significantly **correlated negatively** ($r = -0.61$, $p < .01$), indicating that prisoners who were more adept at mindfulness were less likely to be aggressive.

Mindfulness and jail adjustment were found to be **positively correlated** ($r = +0.54$, $p < .01$), suggesting that improved emotional clarity, acceptance, and awareness may promote healthier adjustment in the prison setting. Furthermore, aggression and prison adjustment were negatively correlated ($r = -0.46$, $p < .01$), suggesting that reducing aggression may improve psychological well-being and institutional adaptation during incarceration.

When taken as a whole, the statistical findings show that MBCT was a successful intervention for the participating prisoners. With substantial effect sizes, the training resulted in notable increases in mindfulness and jail adjustment as well as a notable decrease in hostility. Further, correlation analysis showed significant relationships between the variables, supporting the MBCT theory that increased mindfulness improves psychosocial functioning, self-regulation, and emotional reactivity in high-stress settings like prisons. The inclusion of mindfulness-based therapies in correctional rehabilitation programs, especially to enhance the emotional and behavioral outcomes of convicts, is strongly supported empirically by these findings.

Discussion

The current study explored how well an eight-week Mindfulness-Based Cognitive Therapy (MBCT) intervention improved prison adjustment, decreased aggression, and increased mindfulness in women who were incarcerated. For psychological rehabilitation in custodial settings, MBCT is a clinically successful and culturally flexible intervention, as evidenced by the statistically significant improvement observed in all three areas.

The findings are in line with studies that advocate for the use of MBCT and other mindfulness-based therapies with female prisoners. For example, Riley, Smith, and Baigent (2019)⁽²³⁾ found that a 10-session mindfulness and acceptance-based group program significantly reduced emotional distress, anxiety, and depression while also improving psychological flexibility and mindfulness in 59 Australian women who were incarcerated. Similarly, after a 12-week mindfulness training, Ferszt et al. (2015)⁽²⁴⁾ found that female prisoners' emotional coping, anxiety, and sleep quality significantly improved. Hojjat et al. (2018)⁽²⁵⁾ showed how MBCT can help jailed women with a history of substance use improve their emotional regulation in a correctional environment in Iran. These studies offer strong support for the effectiveness and acceptability of mindfulness-based therapies for female inmates, as well as validating the findings of the current study.

The observed rise in mindfulness aligns with the theoretical framework of Mindfulness-Based Cognitive Therapy (MBCT), which mindfulness principles with cognitive-behavioral strategies to promote present-moment awareness, emotional regulation, and metacognitive awareness (Segal, Williams, & Teasdale, 2013)⁽²⁶⁾. Participants' capacity to notice their thoughts and feelings without passing judgment demonstrated improved psychological flexibility, which is known to foster better stress management and emotional stability (Keng, Smoski, & Robins, 2011)⁽²⁷⁾.

The concepts behind these results are further clarified by neuroscientific discoveries. According to Hölzel et al. (2011) and Tang, Hölzel, and Posner (2015)⁽²⁸⁾, mindfulness improves the functional connection between the amygdala and the prefrontal cortex, supporting increased emotional regulation and decreased impulsivity. These processes most likely played a part in the individuals' notable decrease in hostility. The significance of mindfulness in lowering reactive tendencies was further supported by Heppner et al. (2008)⁽²⁹⁾, who discovered a negative connection between dispositional mindfulness and violent conduct.

Other research conducted in penitentiary settings supports these conclusions. According to Milani, Nikmanesh, and Farnam (2012)⁽³⁰⁾, MBCT dramatically decreased hostility, rage, and physical aggressiveness among young male prisoners in Iran, with results that persisted during follow-up. Furthermore, a large-scale MBSR program conducted by Samuelson et al. (2007)⁽³¹⁾ in Massachusetts correctional facilities shown decreases in hostility and aggressiveness, especially among female offenders, while not being strictly MBCT. All of these findings lend credence to the current study's findings that MBCT and other mindfulness-based treatments can promote emotional resilience and behavioral control in correctional settings.

Similar results have also been found in international research on male penitentiary populations. According to Xu et al. (2016)⁽³²⁾, Chinese male inmates who took part in a mindfulness-based intervention showed improvements in their emotional well-being and decreased psychological discomfort. Bouw et al. (2019) showed that Dutch prisoners receiving mindfulness-based stress reduction had better interpersonal functioning, impulsive control, and coping skills. The relevance of mindfulness in correctional rehabilitation across demographic groups is further supported by Himelstein et al. (2012)⁽³³⁾, who found improvements in institutional behavior and emotional regulation among teenagers.

These results are supported by research from India. One of the first organized mindfulness programs in Indian jails, the Tihar Jail Vipassana meditation program, has shown improvements in depressive, hostile, and anxiety symptoms (Vipassana Research Institute, 2025)⁽³⁴⁾. According to Sharma, Sharma, and Marimuthu (2016)⁽³⁵⁾, mindfulness training helped Indian teenagers become less aggressive over time. Further supporting the wider efficacy of such interventions in Indian correctional settings, Madiha and Akhouri (2021)⁽³⁶⁾ showed that mindfulness-based therapy enhanced emotional intelligence and aggressive regulation among juveniles in confrontation with the law in Uttar Pradesh.

Finally, the theoretical underpinnings of MBCT are supported by the correlation analyses conducted in this study. Given the substantial negative correlation between mindfulness and aggression and the positive correlation between mindfulness and jail adjustment, it is plausible that mindfulness serves as a mediation mechanism that enhances emotional resilience and adaptability. In contrast to mindfulness, which may mitigate these consequences through enhanced self-awareness and control, the inverse relationship between aggression and jail adjustment emphasizes the disruptive role of dysregulated emotion in institutional functioning.

To summarize up, MBCT seems to be a workable, efficient, and contextually appropriate intervention for women who are incarcerated, tackling important psychological issues such maladaptive adjustment, aggression, emotional dysregulation, and violence. Its integration into mental health programs for prisoners may be essential to lowering recidivism, enhancing the wellbeing of inmates, and creating a more restorative prison environment.

Conclusion

The empirical evidence from this study clearly supports the usefulness of an eight-week Mindfulness-Based Cognitive Therapy (MBCT) intervention in enhancing mental health and prison adjustment among women who are incarcerated. Along with a notable decrease in hostility, the intervention produced statistically significant gains in mindfulness and prison adaptation. These findings not only support the therapeutic benefits of MBCT in correctional settings, but they also fill a significant study vacuum concerning female inmates, a population that is frequently underrepresented in prison-based mental health programs.

The results highlight MBCT's clinical relevance and cultural adaptability as a modality that can be included into institutional rehabilitation frameworks. MBCT provides an organized, research-based route to emotional

resilience, behavioral stability, and institutional compliance by addressing fundamental psychological weaknesses such as emotional dysregulation, impulsivity, and poor interpersonal functioning. Such treatments have the potential to significantly impact inmate reform and reintegration in settings such as the Indian jail system, where mental health support is frequently scarce.

The wider ramifications of these findings go beyond individual results, indicating that mindfulness-based practices could help create a more compassionate and psychologically encouraging prison environment, which could lower recidivism and enhance correctional outcomes. MBCT should be taken into consideration by legislators, mental health specialists, and prison officials as a component of an all-encompassing, gender-sensitive rehabilitation plan.

However, this study also highlights the need for more investigation into the long-term effectiveness and scalability of MBCT in other correctional settings, including follow-up evaluations, longitudinal designs, and randomized controlled trials. Future studies ought to look into how it affects other psychosocial outcomes like substance abuse, interpersonal conflict resolution, and trauma symptoms in prisoner populations.

All things considered, MBCT shows up as a rehabilitative bridge as well as a therapeutic tool, assisting in the control of emotions, promoting psychological development, and allowing women who are incarcerated to regain their agency both inside and outside of prison.

Limitations

The lack of a control group and pre-post design in this study restricts the ability to draw inferences about causality. The use of self-report measures and the limited sample size may compromise impartiality and generalizability. Furthermore, no long-term monitoring was done to evaluate long-term impacts. Notwithstanding these drawbacks, the results provide insightful information about the function of MBCT in jail rehabilitation.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Acknowledgment

We thank the Aligarh District Jail authorities and participants for their cooperation.

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