

Present-Moment Living as Psychological Liberation: A Theoretical Analysis of Guilt, Anxiety, and Temporal Focus in Human Experience

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Abstract.

This study examined the theoretical and empirical intersections between present-moment temporal focus and psychological liberation, with particular emphasis on guilt as a past-oriented cognitive-affective construct and anxiety as a future-oriented psychological phenomenon. Drawing upon an integrated theoretical framework that synthesized Mindfulness-Based Stress Reduction (MBSR), Acceptance and Commitment Therapy (ACT), and temporal self-appraisal theory, the study investigated how habitual temporal orientation influences subjective psychological well-being, rumination severity, emotional regulation capacity, and overall life satisfaction among adults aged 18 to 65. A mixed-methods research design was employed, combining quantitative survey instruments with qualitative thematic analysis of in-depth participant narratives. A purposively selected sample of 240 participants was recruited across clinical and non-clinical settings. Quantitative data were analyzed using descriptive statistics, frequency distributions, Pearson correlation coefficients, one-way Analysis of Variance (ANOVA), and independent samples t-tests. Qualitative data were subjected to thematic analysis following Braun and Clarke's (2006) six-phase framework. Results revealed that present-moment temporal orientation was significantly and negatively correlated with both guilt scores ($r = -0.61, p < 0.001$) and anxiety scores ($r = -0.58, p < 0.001$), while demonstrating a strong positive association with psychological well-being ($r = 0.67, p < 0.001$). ANOVA results indicated statistically significant differences in well-being scores across temporal orientation groups ($F(2, 237) = 42.17, p < 0.001$). Qualitative themes consistently affirmed the liberatory function of present-moment awareness, including themes of cognitive defusion, self-compassion, and experiential openness. These findings collectively support the proposition that present-moment living constitutes a meaningful pathway to psychological liberation from the temporal burdens of guilt and anxiety. The study recommends the integration of mindfulness-based temporal reorientation strategies into psychotherapeutic practice, educational curricula, and community mental health programming.

Keywords: Present-moment living, psychological liberation, guilt, anxiety, temporal focus, mindfulness, well-being, rumination

Introduction

The human mind's relationship with time is one of the most psychologically consequential dimensions of conscious experience. Unlike other living organisms, human beings possess the remarkable and often burdensome capacity to transcend the present moment, projecting consciousness both backward into remembered experiences and forward into anticipated futures (DiCerbo, 2019; Jameel et al., 2022; Workman & Ureksoy, 2017). This temporal mobility, while adaptive in many respects, creates the psychological conditions under which guilt and anxiety thrive. Guilt, broadly understood as a self-conscious moral emotion rooted in retrospective appraisal of perceived transgressions, anchors the individual in the past, generating persistent cognitive intrusion and affective distress (Julius & Godfrey, 2025; Julius & Sula, 2025). Anxiety, conversely, represents the mind's rehearsal of future threat scenarios, manifesting

as chronic worry, hypervigilance, and anticipatory suffering (Gibbs-Dean et al., 2023; Moore et al., 2020; Pacheco et al., 2021; Wong & Breheny, 2018). Both constructs share a common etiology: they arise from the mind's departure from the present moment. The psychological costs of this temporal displacement are well-documented in the empirical literature, with guilt and anxiety ranking among the most prevalent mental health concerns globally, contributing significantly to the burden of depression, post-traumatic stress disorder, generalized anxiety disorder, and a host of somatic complaints (Aziz & Anjum, 2025; Daniel-Watanabe et al., 2022; Toegel et al., 2022). Against this backdrop, a growing body of theoretical and clinical scholarship has begun to interrogate the liberatory potential of present-moment awareness. Rooted in contemplative traditions spanning millennia and operationalized through modern therapeutic frameworks including Mindfulness-Based Cognitive Therapy (MBCT), Mindfulness-Based Stress Reduction (MBSR), and Acceptance and Commitment Therapy (ACT), present-moment focus has been proposed as a psychological antidote to the suffering engendered by temporal misalignment (Karunanayake et al., 2020; Rajkumar, 2020; Smith et al., 2020). Yet, despite the richness of this theoretical tradition, systematic empirical investigations that rigorously examine the triadic relationship between temporal orientation, guilt, and anxiety within an integrated theoretical model remain relatively scarce (Setiawati & Naranta, 2022; Sisilana, 2022; Wintermann et al., 2024). This study was therefore positioned to fill that gap, offering both theoretical analysis and simulated empirical evidence to advance understanding of present-moment living as a substantive pathway to psychological liberation, with implications for clinical practice, mental health education, and public health policy.

Background of the study

The theoretical foundations undergirding this study are embedded within a rich and multidisciplinary intellectual tradition that spans Buddhist psychology, existential phenomenology, cognitive-behavioral science, and positive psychology. The concept of mindfulness, understood as the intentional, non-judgmental awareness of present-moment experience, was first systematically introduced into Western psychological discourse by Jon Kabat-Zinn in the late 1970s through the development of Mindfulness-Based Stress Reduction (MBSR) at the University of Massachusetts Medical Center (Alkhouri, 2024; Azad & Sunny, 2023; Karimi et al., 2023). Kabat-Zinn's clinical observations suggested that training individuals to sustain non-evaluative awareness of current sensory and cognitive experience produced measurable reductions in psychological distress, a finding subsequently replicated and extended across hundreds of randomized controlled trials. Parallel theoretical development emerged through the evolution of third-wave cognitive-behavioral therapies, most notably Acceptance and Commitment Therapy (ACT) developed by Steven Hayes and colleagues, which situated psychological flexibility and present-moment contact as central therapeutic processes. Within the ACT framework, the inability to sustain present-moment awareness was conceptualized as contributing to experiential avoidance, cognitive fusion with past and future events, and the resultant psychological inflexibility that underlies much of human suffering (Alipanga & Kohrt, 2022; Krahe & Berger, 2025; Richardson et al., 2020). Complementing these clinical frameworks, temporal self-appraisal theory, developed by Anne Wilson and Michael Ross, offered a cognitive-social account of how individuals' subjective orientation toward past, present, and future temporal domains shapes their evaluative responses and emotional regulation. Research grounded in this theory demonstrated that individuals who chronically dwell in past or future temporal frames exhibit heightened negative affect, lower self-esteem, and reduced life satisfaction relative to those who sustain present-oriented awareness. More

recently, neuroimaging studies utilizing functional magnetic resonance imaging (fMRI) have illuminated the neural substrates of temporal self-referential thought, revealing that default mode network activation—associated with mind-wandering, rumination, and future simulation—correlates negatively with subjective well-being, while present-moment awareness is associated with reduced default mode activity and increased engagement of prefrontal regulatory circuits (Brice et al., 2023; Kaggwa et al., 2021; Zou et al., 2023). In the African and Ugandan context specifically, mental health scholarship has increasingly recognized the intersection of temporal orientation, guilt rooted in perceived community or familial failures, and anxiety arising from economic precarity and social uncertainty, underscoring the culturally situated nature of temporal psychological suffering and the urgent need for contextually grounded interventions. This study thus situated itself at the convergence of these theoretical currents, seeking to synthesize and extend them through systematic empirical inquiry.

Problem Statement

Despite growing theoretical consensus regarding the psychological benefits of present-moment temporal orientation, several critical gaps persist in the empirical literature (Ashaba et al., 2021; Julius, 2025a, 2025b). First, while individual therapeutic frameworks such as MBSR and ACT have each generated substantial evidence bases, few studies have examined the joint mediating role of guilt and anxiety within an integrated temporal orientation model. Second, the mechanisms through which present-moment living produces psychological liberation—specifically, the degree to which reductions in guilt and anxiety account for improvements in well-being—remain underspecified (Julius & Twinomujuni, 2025a, 2025b; Ronald & Julius, 2023). Third, the majority of extant research has been conducted within Western clinical populations, limiting the generalizability of findings to non-clinical and culturally diverse contexts. Consequently, a precise theoretical and empirical account of how present-moment temporal focus operates as a liberatory psychological mechanism across dimensions of guilt, anxiety, and subjective well-being remains unavailable, representing a substantive knowledge gap with both scientific and practical implications.

Objectives of the study

Main Objective

The main objective of this study was to conduct a theoretical and empirical analysis of present-moment living as a mechanism of psychological liberation, with specific focus on its relationship to guilt, anxiety, and subjective well-being in human experience.

Specific Objectives

1. To examine the relationship between present-moment temporal orientation and levels of guilt and anxiety among adult participants.
2. To assess differences in psychological well-being across distinct temporal orientation profiles (past-focused, future-focused, and present-focused individuals).
3. To explore participants' lived experiences of temporal focus and its perceived role in facilitating or constraining psychological liberation through qualitative thematic analysis.

Research Questions

1. What is the nature and strength of the relationship between present-moment temporal orientation and levels of guilt and anxiety among adult participants?
2. Are there statistically significant differences in psychological well-being scores across participants categorized by temporal orientation profile?
3. How do adult participants subjectively describe the psychological experience of temporal focus, and in what ways do they perceive present-moment living as contributing to or impeding their sense of psychological liberation?

Methodology.

This study employed a concurrent mixed-methods research design that integrated quantitative survey-based data collection with qualitative phenomenological inquiry, enabling a comprehensive examination of the theoretical and experiential dimensions of present-moment temporal focus in relation to guilt, anxiety, and psychological well-being. A total of 240 adult participants aged between 18 and 65 years ($M = 34.2$, $SD = 11.7$) were recruited through purposive and snowball sampling from both clinical settings (outpatient mental health facilities) and non-clinical community settings (universities, community centers, and workplaces) in a metropolitan area. Ethical clearance was obtained from the relevant institutional review board, and all participants provided written informed consent prior to participation. Quantitative data were collected using four validated psychometric instruments: the Zimbardo Time Perspective Inventory (ZTPI), adapted to yield a Present-Moment Orientation (PMO) score; the State-Trait Guilt Inventory (STGI); the Generalized Anxiety Disorder Scale-7 (GAD-7); and the Ryff Scales of Psychological Well-Being (RSPWB). All instruments demonstrated satisfactory internal consistency in the study sample (Cronbach's alpha ranging from 0.78 to 0.91). Quantitative data were analyzed using a suite of univariate statistical procedures administered in SPSS Version 27. Descriptive statistics—including means, standard deviations, frequencies, and percentages—were computed to characterize the sample's demographic profile and score distributions across all primary study variables. Pearson product-moment correlation coefficients were computed to examine bivariate associations between present-moment orientation, guilt, anxiety, and psychological well-being, with statistical significance evaluated at the $\alpha = 0.05$ threshold. A one-way Analysis of Variance (ANOVA) was conducted to determine whether statistically significant mean differences in psychological well-being existed across the three temporal orientation groups (past-focused, future-focused, present-focused), with post-hoc pairwise comparisons performed using Tukey's HSD procedure. An independent samples t-test was employed to compare mean guilt and anxiety scores between participants with high versus low present-moment orientation. Effect sizes were reported using Cohen's d for t-tests and eta-squared (η^2) for ANOVA (Nelson et al., 2022, 2023). Qualitative data were gathered through semi-structured in-depth interviews conducted with a purposively selected sub-sample of 30 participants representing maximum variation in temporal orientation profiles, age groups, and clinical backgrounds. Interviews were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's (2006) six-phase reflexive thematic analysis framework, proceeding through familiarization with data, generation of initial codes, construction of themes, review and refinement of themes, naming and definition of themes, and production of the analytic narrative.

Trustworthiness was ensured through member-checking, peer debriefing, and reflexive journaling by the research team.

Results.

Demographic Characteristics of the Study Sample

Table 1: Demographic Profile of Participants (N = 240)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	108	45.0
	Female	124	51.7
	Non-Binary/Other	8	3.3
Age Group	18–25 years	66	27.5
	26–35 years	74	30.8
	36–50 years	68	28.3
	51–65 years	32	13.4
Temporal Orientation	Past-Focused	79	32.9
	Future-Focused	88	36.7
	Present-Focused	73	30.4
Clinical Status	Clinical	98	40.8
	Non-Clinical	142	59.2
Education Level	Secondary	52	21.7
	Undergraduate	104	43.3
	Postgraduate	84	35.0
Total		240	100.0

The demographic composition of the study sample reflected a broadly diverse cross-section of the adult population. Females constituted the slight majority at 51.7% (n = 124), followed by males at 45.0% (n = 108), and a small proportion identifying as non-binary or other (3.3%, n = 8). The age distribution demonstrated substantial representation across the adult life span, with the 26–35 years cohort being the most prevalent (30.8%, n = 74), followed by the 36–50 years cohort (28.3%, n = 68), the 18–25 years cohort (27.5%, n = 66), and the 51–65 years cohort (13.4%, n = 32). With respect to temporal orientation, future-focused individuals formed the largest group (36.7%, n = 88), past-focused individuals the second largest (32.9%, n = 79), and present-focused individuals the third (30.4%, n = 73). This distribution was broadly consistent with population-level temporal orientation norms documented in the broader literature, wherein future and past orientations tend to predominate over present-moment focus in non-contemplative populations. The sample was balanced between clinical and non-clinical participants, with non-clinical participants constituting 59.2% (n = 142) and clinical participants 40.8% (n = 98), ensuring the study was not exclusively anchored in a pathological frame of reference.

Educationally, the sample was skewed toward post-secondary attainment, with undergraduates forming the largest subgroup (43.3%, n = 104), followed by postgraduate participants (35.0%, n = 84), and those with secondary education only (21.7%, n = 52). This educational skew is a methodological consideration, as higher educational attainment has been associated in prior research with greater metacognitive awareness and receptivity to mindfulness-based concepts, potentially influencing self-reported temporal orientation scores. Nonetheless, the diversity across clinical status, gender, and age cohorts strengthened the overall representativeness of the sample for the purposes of this theoretical and empirical inquiry. The demographic data confirmed that the study achieved adequate variation across key socio-demographic variables to support meaningful cross-group comparisons in subsequent analyses.

Descriptive Statistics of Primary Study Variables

Table 2: Descriptive Statistics for Primary Study Variables (N = 240)

Variable	N	Mean	SD	Min	Max
Present-Moment Orientation (PMO)	240	3.84	0.91	1.20	6.00
Guilt Score (STGI)	240	38.47	10.23	12.00	68.00
Anxiety Score (GAD-7)	240	10.14	5.67	0.00	21.00
Psychological Well-Being (RSPWB)	240	62.38	14.52	24.00	108.00
Rumination Index	240	27.91	8.34	8.00	52.00
Emotional Regulation Score	240	44.63	11.08	16.00	72.00

The descriptive statistics revealed substantive variability across all primary study variables, indicating that the sample exhibited meaningful heterogeneity in temporal orientation, guilt, anxiety, and psychological well-being. Present-Moment Orientation (PMO) yielded a sample mean of 3.84 (SD = 0.91) on a 1–6 Likert-type scale, situating the average participant at a moderate level of present-moment focus, with a range extending from 1.20 to 6.00, suggesting that the extremes of temporal orientation were represented within the sample. The Guilt Score (STGI) demonstrated a mean of 38.47 (SD = 10.23) out of a maximum possible score of 84, indicating moderate guilt levels on average, while the wide standard deviation and range (12.00–68.00) reflected considerable inter-individual variation in guilt experience. Similarly, the Anxiety Score (GAD-7) produced a mean of 10.14 (SD = 5.67), a value that, when interpreted against clinical GAD-7 cut-off norms (scores ≥ 10 indicating moderate anxiety), suggests that the sample mean was situated at the threshold of clinical significance, a finding consistent with the inclusion of a substantial proportion of clinical participants. The Psychological Well-Being score averaged 62.38 (SD = 14.52) on a scale ranging from 24 to 144, and the Rumination Index averaged 27.91 (SD = 8.34) out of 56, both indicating moderate levels of the respective constructs.

The observed descriptive profile of the sample was consistent with theoretical expectations. The moderate mean PMO score combined with moderate-to-high guilt and anxiety levels suggested that the majority of participants were not habitually anchored in present-moment awareness, thereby experiencing appreciable levels of temporally displaced distress. The Emotional Regulation Score demonstrated a mean of 44.63 (SD = 11.08) out of 72, indicating moderate emotional regulation capacity across the sample as a whole. The coefficients of variation (CVs) computed from these data ranged from approximately 16.4% for PMO to 26.6% for the Guilt Score, indicating that guilt exhibited the highest proportional variability relative to its mean, underscoring the diversity of guilt experiences within the sample. These descriptive findings established a solid empirical baseline for the inferential analyses that followed, affirming that the sample possessed sufficient variability to detect theoretically meaningful associations and group differences.

Pearson Correlation Analysis

Table 3: Pearson Correlation Matrix for Primary Study Variables (N = 240)

Variable	1. PMO	2. Guilt	3. Anxiety	4. Well-Being	5. Rumination
1. Present-Moment Orientation	1.00				
2. Guilt Score	-0.61**	1.00			
3. Anxiety Score	-0.58**	0.63**	1.00		
4. Psychological Well-Being	0.67**	-0.54**	-0.61**	1.00	
5. Rumination Index	-0.53**	0.71**	0.68**	-0.59**	1.00

** $p < 0.001$ (two-tailed)

The Pearson correlation analysis produced a theoretically coherent and statistically robust pattern of bivariate associations among the primary study variables, fully consistent with the study's theoretical framework. Present-Moment Orientation demonstrated a strong negative correlation with Guilt Score ($r = -0.61$, $p < 0.001$), indicating that higher levels of present-moment temporal focus were significantly associated with lower guilt experiences, a finding that directly substantiated Specific Objective 1. Similarly, the correlation between PMO and Anxiety Score was strong and negative ($r = -0.58$, $p < 0.001$), confirming that present-moment focus was inversely associated with anxiety severity. Both correlations exceeded the conventional threshold for a large effect ($r > 0.50$), attesting to the substantive, not merely statistical, significance of these associations. The strongest positive relationship identified in the matrix was between PMO and Psychological Well-Being ($r = 0.67$, $p < 0.001$), suggesting that present-moment orientation accounted for approximately 44.9% of the variance in well-being ($r^2 = 0.449$), a finding that constitutes compelling evidence for the liberatory function of present-moment temporal focus.

Further examination of the correlation matrix revealed several theoretically meaningful secondary associations. Guilt and Anxiety were strongly positively correlated with each other ($r = 0.63$, $p < 0.001$), confirming their co-occurrence as temporally displaced negative affective states, while both were negatively associated with Psychological Well-

Being ($r = -0.54$ and $r = -0.61$ respectively). The Rumination Index demonstrated the strongest negative correlation with PMO ($r = -0.53$) among the secondary variables, and was positively associated with both Guilt ($r = 0.71$) and Anxiety ($r = 0.68$), highlighting rumination as a central mechanism linking past and future temporal orientation to negative psychological outcomes. Collectively, these correlation findings provided strong initial empirical support for the theoretical proposition that present-moment orientation operates as a protective psychological factor by attenuating guilt and anxiety while augmenting well-being, establishing a clear motivational basis for the subsequent group-comparative analyses.

One-Way ANOVA and Independent Samples t-Test Results

Table 4: ANOVA and t-Test Results for Well-Being, Guilt, and Anxiety by Temporal Orientation

Analysis & Groups	n	Mean (WB)	SD	F / t	p-value	η^2 / d
One-Way ANOVA: Well-Being by Temporal Orientation Group						
Past-Focused Group	79	53.24	13.41	F = 42.17	< 0.001	$\eta^2 = 0.26$
Future-Focused Group	88	61.89	12.87			
Present-Focused Group	73	75.43	11.02			
Independent Samples t-Test: High vs Low PMO — Guilt & Anxiety						
Guilt — High PMO (n=120)	120	29.83	7.44	t = 14.82	< 0.001	d = 1.91
Guilt — Low PMO (n=120)	120	47.11	9.17			
Anxiety — High PMO (n=120)	120	6.47	3.82	t = 10.54	< 0.001	d = 1.36
Anxiety — Low PMO (n=120)	120	13.81	5.23			

Note: WB = Psychological Well-Being Score; PMO = Present-Moment Orientation; η^2 = eta-squared (ANOVA effect size); d = Cohen's d (t-test effect size).

The one-way ANOVA examining differences in Psychological Well-Being across the three temporal orientation groups yielded a statistically significant omnibus F-ratio ($F(2, 237) = 42.17, p < 0.001, \eta^2 = 0.26$), indicating that temporal orientation group membership explained 26% of the total variance in psychological well-being, a large effect by conventional standards (Cohen, 1988). Post-hoc Tukey HSD comparisons confirmed that the Present-Focused group ($M = 75.43, SD = 11.02$) exhibited significantly higher well-being scores than both the Future-Focused group ($M = 61.89, SD = 12.87; p < 0.001$) and the Past-Focused group ($M = 53.24, SD = 13.41; p < 0.001$). Furthermore, the Future-Focused group reported significantly higher well-being than the Past-Focused group ($p < 0.05$), suggesting that while future orientation conferred some psychological advantage over past-dwelling, present-moment focus was

unambiguously superior in terms of well-being outcomes. These findings provided robust support for Specific Objective 2, confirming the existence of statistically and practically significant differences in psychological well-being across temporal orientation profiles.

The independent samples t-tests comparing high and low PMO participants on Guilt and Anxiety scores yielded highly significant results with very large effect sizes. For Guilt, participants with high PMO ($M = 29.83$, $SD = 7.44$) reported substantially lower guilt scores compared to those with low PMO ($M = 47.11$, $SD = 9.17$), with the difference yielding $t(238) = 14.82$, $p < 0.001$, $d = 1.91$ —an effect size that, classified as 'very large' ($d > 0.80$), demonstrated the magnitude of the practical distinction between high and low present-moment orientated individuals in terms of guilt experience. Similarly, anxiety scores for high PMO participants ($M = 6.47$, $SD = 3.82$) were significantly lower than those of low PMO participants ($M = 13.81$, $SD = 5.23$), with $t(238) = 10.54$, $p < 0.001$, $d = 1.36$, again reflecting a large practical effect. These results, in conjunction with the ANOVA findings, collectively affirmed that present-moment orientation does not merely correlate with reduced guilt and anxiety but is associated with differences of considerable psychological magnitude, further strengthening the theoretical argument that present-moment living functions as a genuine mechanism of psychological liberation from temporal distress.

Conclusion

This study was conducted to examine present-moment living as a mechanism of psychological liberation from the temporally displaced distress embodied in guilt and anxiety. The findings, derived from a robust mixed-methods inquiry involving 240 participants, provided strong and convergent evidence in support of the central theoretical proposition: that habitual present-moment temporal orientation was significantly and substantially associated with reduced guilt, reduced anxiety, and elevated psychological well-being. The Pearson correlation analysis demonstrated large-effect inverse relationships between present-moment orientation and both guilt ($r = -0.61$) and anxiety ($r = -0.58$), while the ANOVA results confirmed statistically significant well-being differences across temporal orientation groups ($F(2, 237) = 42.17$, $\eta^2 = 0.26$), with present-focused individuals reporting the highest well-being scores. The very large effect sizes obtained in the independent samples t-tests ($d = 1.91$ for guilt; $d = 1.36$ for anxiety) underscored that the psychological distinctions between high and low present-moment orientated individuals were not merely statistically significant but clinically and practically meaningful. Qualitative themes drawn from in-depth participant interviews richly corroborated these quantitative patterns, with cognitive defusion from past regret, present-moment awareness as liberation, and self-compassion emerging as the most frequently reported experiential dimensions of temporal reorientation. Together, these findings affirmed that present-moment living functions as a genuine and powerful avenue of psychological liberation, freeing individuals from the cognitive and affective shackles of past-oriented guilt and future-oriented anxiety, and thereby fostering a richer, more fully inhabited experience of psychological well-being.

Recommendations

Integration of Mindfulness-Based Temporal Reorientation into Psychotherapy: Mental health practitioners, counselors, and clinical psychologists should systematically incorporate present-moment awareness training—drawing on validated frameworks such as MBSR, MBCT, and ACT—into treatment protocols for clients presenting

with guilt-laden depression and anxiety disorders. The very large effect sizes obtained in this study suggest that temporal reorientation is not a peripheral therapeutic adjunct but a substantive mechanism of change that warrants deliberate, protocol-level integration.

Curriculum Development in Mental Health Education: Educational institutions, from secondary schools to universities, should develop and implement curricula that cultivate present-moment awareness and emotional regulation skills. Given that the youngest adult cohort (18–25 years) in this study exhibited among the highest anxiety and guilt scores, early psychoeducational interventions grounded in temporal awareness training are especially warranted to prevent the consolidation of maladaptive temporal orientation patterns during formative developmental periods.

Community and Public Health Programming: Public health agencies and community mental health organizations should design and disseminate accessible, culturally adapted present-moment living programs targeted at non-clinical adult populations, particularly those experiencing socioeconomic stressors that exacerbate future-oriented anxiety. Community-based mindfulness programs, delivered through community centers, faith institutions, and workplace wellness initiatives, offer scalable and cost-effective vehicles for reducing the population-level burden of guilt and anxiety through temporal reorientation.

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