



A mindfulness model of affect regulation and depressive symptoms: Positive emotions, mood regulation expectancies, and self-acceptance as regulatory mechanisms

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ABSTRACT

Mindfulness is increasingly conceptualized in terms of its regulatory function with research suggesting that mindfulness may have a salutary effect on psychological well-being. The present cross-sectional study of 514 college students (84% Caucasian and 62% females), using self-report questionnaires, tested a proposed model for understanding the relationship between dispositional mindfulness and depressive symptoms through three types of affect regulation: emotion regulation, mood regulation and self-regulation, as measured by positive emotions, mood regulation expectancies (i.e., perceived mood repair ability), and self-acceptance, respectively. Structural equation modeling revealed that the model fit the data well, with the relationship between mindfulness, as measured by the Freiburg Mindfulness Inventory, and depressive symptoms, as measured by the Center for Epidemiological Studies-Depression Scale, fully mediated by the proposed regulatory processes. Higher levels of dispositional mindfulness were associated with higher levels of positive emotions, mood regulation expectancies, and self-acceptance, which in turn, were all inversely related to depressive symptoms. Self-acceptance emerged as the strongest mediator of mindfulness and depressive symptoms. Our findings suggest that mindfulness might serve a regulatory function by targeting low positive emotionality, poor mood regulation, and negative self-concept, risk factors implicated in the onset, development, and maintenance of depressive symptoms.

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1. Introduction

Depression is associated with a marked personal, social and economic burden (Kessler et al., 2003), necessitating continuing research on promising interventions. Over the last decade, evidence on the beneficial effects of mindfulness-based interventions on psychological health has been accruing, with research suggesting an association between increased levels of mindfulness and improvement in psychological functioning (Grossman, Niemann, Schmidt, & Walach, 2004; Nyklíček & Kuijpers, 2008). As Brown, Ryan, and Creswell (2007b) observed in their review of mindfulness theory and evidence, mindfulness may be considered an inherent trait which can be enhanced through training. In their review, they cited that both dispositional mindfulness and increased mindfulness following training were related to positive psychological outcomes. Notably, they proposed that mindfulness may enhance regulatory processes which may help buffer against mood

disorders (Brown, Ryan, & Creswell, 2007a; Brown et al., 2007b). In the current study, we tested a proposed model of affect regulation involving dispositional mindfulness and depressive symptoms. Implicit in our model is the assumption that dispositional mindfulness and depressive symptoms are present in varying degrees within individuals and that examining their relationship across a continuum helps to broaden our conceptualization of their relationship. Specifically, we proposed that the association between dispositional mindfulness and depressive symptoms is explained in part by emotion regulation, mood regulation, and self-regulation processes as measured by positive emotions, mood regulation expectancies (i.e., perceived mood repair ability), and self-acceptance respectively.

1.1. Mindfulness

Mindfulness is increasingly being conceptualized in terms of its regulatory capacity (Baer, 2003; Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007; Shapiro, Carlson, Astin, & Freedman, 2006), with a recent finding that emotion regulation, along with nonattachment and rumination, mediated the effects of mindfulness on psychological distress (Coffey & Hartman, 2008). In this study,

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we consider not only emotion regulation but also mood regulation and self-regulation under the broader term affect regulation. Although these terms have sometimes been used interchangeably, for the present study, we define them as follows: emotion regulation refers to efforts to alter *short-lived* emotions as they arise while mood regulation refers to efforts to alter emotional experience of *longer duration* and more diffused quality (Gross, 1998). Self-regulation refers to efforts to reduce discrepancies between one's current state or self-schema and a desired state by relying on feedback to alter thoughts, feelings and behavior (Baumeister & Heatherton, 1996; Carver & Scheier, 1996).

2. Mindfulness Model of Affect Regulation and Depressive Symptoms

We propose that dispositional mindfulness is associated with adaptive affect regulation buttressed by nonreactivity and acceptance – foundational aspects of mindfulness training (see Fig. 1). First, mindfulness promotes emotion regulation by fostering awareness of emotions as they arise, leading to accurate labeling of emotions, flexible responding to emotions through emotional acceptance and generation and/or maintenance of positive emotions (Creswell, Way, Eisenberger, & Lieberman, 2007; Davidson et al., 2003; Nielsen & Kaszniak, 2006). Second, mindfulness promotes mood regulation by fostering experiential acceptance of internal and external states (e.g., thoughts, moods) and consequently, a sense of efficacy in mood repair (Feldman et al., 2007). Finally, mindfulness promotes self-regulation by fostering self-acceptance (Cohen-Katz et al., 2005).

2.1. Emotion regulation and mindfulness

Depression is distinguished by reduced positive affect, marked by diminished response to pleasant stimuli and difficulty activating or sustaining positive emotions (Clark & Watson, 1991). Further, depression may arise from a lack of emotional awareness and understanding (Mayer & Salovey, 1995) and a lack of emotional acceptance (Campbell-Sills, Barlow, Brown, & Hofmann, 2006). Mindfulness can aid emotion regulation by promoting generation of positive emotions and positive affect (Davidson et al.,

2003). In turn, positive emotions may lead to faster recovery from negative emotional states, attenuation of negative responses, and improved ability to repair and undo lingering adverse physiological effects (Fredrickson & Joiner, 2002). Increased levels of mindfulness have also been linked with enhanced emotional awareness and affect labeling (Creswell et al., 2007; Nielsen & Kaszniak, 2006).

2.2. Mood regulation and mindfulness

Depression may also be influenced by belief or expectation of efficacy in mood repair (Catanzaro & Mearns, 1990; Catanzaro, Wasch, Kirsch, & Mearns, 2000). Also associated with increased depressive symptoms is a lack of experiential acceptance, leading to a habitual response of experiential avoidance and rumination (Hayes & Feldman, 2004). Experiential acceptance may help regulate mood by acting as a form of exposure, allowing for a nonevaluative appraisal toward experiences without attempts to alter, suppress, avoid, or prolong them (Mennin, 2005). Along with an associated decrease in emotional and physiological reactivity and heightened abilities to modulate the intensity of arousal, mindfulness may bring about a paradoxical sense of mastery and increased belief in one's ability to repair mood, resulting in increased engagement in active repair efforts (Aftanas & Golosheykin, 2005; Brown et al., 2007b).

2.3. Self-regulation and mindfulness

According to Beck (1974), negative beliefs about the self are central to depressive disorders. Markus and Wurf (1987) asserted that self-concept – or the dynamic representations of what individuals think, feel, or believe about themselves – is one of the most significant and powerful regulators of behavior and affect. Since most affective states necessarily implicate the self, a threatened self-concept could disturb the affective state. Mindful self-acceptance, which involves a nonjudgmental regard for past, present and future aspects of the self, whether good or bad (Ryff & Singer, 1996), may counteract this threat to the self. Increased levels of self-acceptance have been found following mindfulness interventions (Cohen-Katz et al., 2005), possibly by facilitating a shift from critical self-focus toward a nonlaborative experience (Watkins &

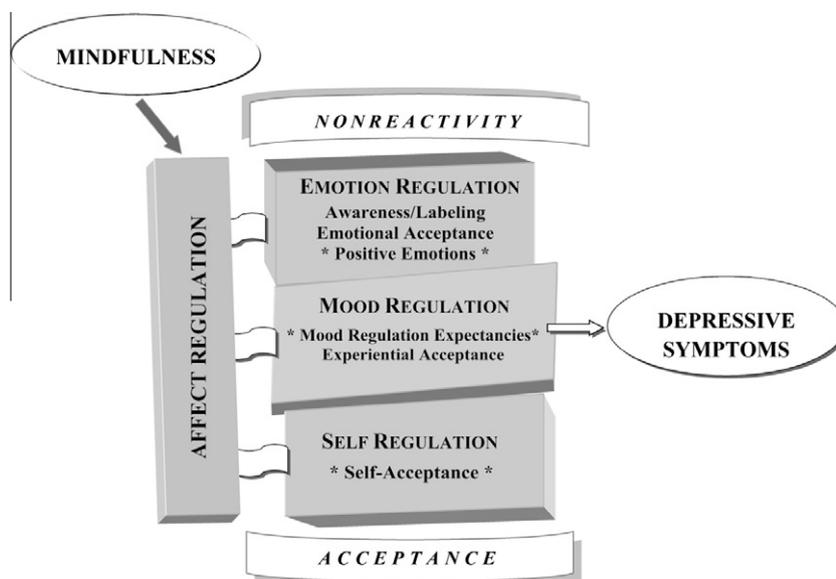


Fig. 1. Mindfulness Model of Affect Regulation and Depressive Symptoms with the variables tested in the present study (positive emotions, mood regulation expectancies, and self-acceptance) marked by asterisks.

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