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Meditation and happiness: Mindfulness and self-compassion may mediate the meditation–happiness relationship

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ABSTRACT

Mindfulness and self-compassion are emerging as crucial constructs in mental health research. Recent studies have shown that both mindfulness and self-compassion skills may play important roles in well-being and positive emotions associated with mindfulness training. Studies are needed to explain this relationship and to determine what facets may be correlating and mediating the meditation–happiness relationship. The aim of this study was to explore the meditation–happiness relationship and examine which mindfulness and self-compassion facets are better predictors of happiness. A total of 365 participants completed an assessment protocol composed of: the Five Facets of Mindfulness Questionnaire (FFMQ), the Self-Compassion Scale-short form (SCS–SF), and the Pemberton Happiness Index (PHI). Hierarchical regression analysis showed that two FFMQ facets (*Observing* and *Awareness*) and two SCS components (*Self-kindness* and *Common humanity*) were significant predictors of happiness. Mediation results revealed a significant total indirect effect of *Observing*, *Awareness*, *Self-kindness* and *Common humanity* in the meditation frequency–happiness relationship. Significant indirect effects were found for *observing, self-kindness* and *common humanity*. The results supported the model of mindfulness and self-compassion facets as partial mediators of the meditation–happiness relationship. Findings are in line with other studies and provide evidence about the influence of mindfulness and self-compassion on happiness.

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1. Introduction

Mindfulness refers to the self-regulation of attention to one's experiences in the present moment with curiosity, openness and acceptance (Bishop et al., 2004). It can also be understood as a disposition, trait or stable tendency to be mindful in everyday life (Brown & Ryan, 2003). Dispositional mindfulness has been shown to be related to less perceived stress (Tran et al., 2014), fewer depressive and anxiety symptoms (Tejedor et al., 2014) or acceptance of pain (Cebolla, Luciano, Demarzo, Navarro-Gil & García-Campayo, 2013). Moreover,

the tendency to be mindful can be increased through different methods, such as the practice of meditation and clinical treatments using mindfulness-based interventions (MBI), which have been shown to be efficient in the treatment of many psychological disorders (Khoury et al., 2013).

Although numerous studies have analyzed the relationship between mindfulness and psychological symptoms in several mental disorders, the relationship between mindfulness and positive psychological variables has been researched less. So far, mindfulness has been related to positive emotions (Fredrickson, Cohn, Coffey, Pek & Finkel, 2008), positive reappraisal (Hanley & Garland, 2014), life satisfaction (Kong, Wang & Zhao, 2014), psychological health (Keng, Smoski & Robins, 2011), and psychological well-being (Baer et al., 2008; Brown & Ryan, 2003). Mindfulness has been associated with self-compassion, which has been defined as "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003a, p. 87).

Neff (2003a,b), suggests a reciprocal relationship between mindfulness and self-compassion where they facilitate and enhance each other. According to this author, self-compassion entails three main components that overlap and mutually interact: self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification. Other authors also point out that self-compassion is an essential skill in order to be mindful (Kabat-Zinn, 2003; Shapiro, Astin, Bishop & Cordova, 2005). Compassion could arise naturally with mindfulness; understanding the ubiquity of suffering and the deep connection shared with other living beings makes us inclined to feel others' pain and wish them well, just as we wish to be well (Hollis-Walker & Colosimo, 2011). These attitudes of gentleness in one's private and public behaviors are commonly promoted in various MBI. Evidence suggests that self-compassion may be an especially important component of the positive mental states associated with MBIs. Along these lines, Kuyken et al. (2010) report that increases in mindfulness and self-compassion across treatment mediate the effect of MBI on depressive symptoms.

Research shows that each of these two constructs seems to be independently related to well-being (e.g., Baer et al., 2008; Chang, Huang & Lin, 2014; Neff, 2011). The self-compassion trait has been related to fewer symptoms of depression (Krieger, Altenstein, Baettig, Grosse & Holtforth, 2013), anxiety (Neff, Kirkpatrick & Rude, 2007), burn-out (Woo Kyeong, 2013), psychological distress and perceived stress (Shapiro et al., 2005), severity of quality of life and worry (Van Dam, Sheppard, Forsyth & Earleywine, 2011). Van Dam et al. (2011) found that self-compassion is a better predictor than mindfulness of symptoms and quality of life in mixed anxiety and depression. However, few studies have included measures of both mindfulness and self-compassion and their relationship with well-being or happiness (Baer, Lykins & Peters, 2012; Hollis-Walker & Colosimo, 2011).

Happiness has been conceptualized based on two general approaches: hedonic and eudaimonic. Hedonism refers to the importance of life satisfaction and affective components like positive emotions, whereas eudaimonic well-being is focused on optimal psychological functioning, which depends on self-fulfillment and includes the concepts of personal growth, purpose in life, and a sense of autonomy, among others (Hervás & Vázquez, 2013, Ryff & Keyes, 1995; Ryan & Deci, 2001). Recent western literature and Buddhist philosophy further emphasize the role of mindfulness and self-compassion in happiness (Germer, 2009; Gilbert, 2010; Rahula, Rahula & Demieville, 2007). Hollis-Walker and Colosimo (2011) found that mindfulness is related to psychologically adaptive variables, and that self-compassion is a crucial attitudinal factor in the mindfulness–happiness relationship. However, there is no literature about the way these two concepts are related to happiness and how the practice of meditation interacts with them.

Baer et al. (2012) found that both mindfulness and self-compassion skills improved well-being associated with mindfulness training in a sample of meditators, and both are important in predicting psychological well-being. Mindfulness and self-compassion total scores mediated the relationship between meditation experience and well-being. When mindfulness and self-compassion facets were included, results showed a final model composed of "Common humanity/mindfulness" from the Self-Compassion Scale (SCS) and "Describing and nonjudging/nonreactivity" from the Five Facets Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) as significant independent predictors of well-being. However, in their study, Baer et al. (2012) did not include the influence of the frequency of mindfulness practice, a relevant concept because the tendency to be mindful in daily life is affected by how often one practices it (Soler, Cebolla et al., 2014). In fact, according to Schoormans and Nyklíček (2011), the frequency of meditation practice is a better predictor of well-being than the type of meditation.

Therefore, the purpose of this study is to examine whether meditation frequency is related to happiness, and whether dispositional mindfulness and self-compassion could be mediating this relationship. The specific hypotheses are: a) both mindfulness and self-compassion facets are significantly correlated with meditation frequency and happiness; b) participants with high meditation practice frequency have higher levels of mindfulness, self-compassion and happiness, versus non-meditators; and c) mindfulness and self-compassion facets mediate the association between the frequency of meditation practice and happiness scores.

2. Method

2.1. Participants and procedure

Participants completed an assessment protocol via a commercial online survey system (www.surveymonkey.com). A link to this protocol was posted on several Spanish websites about mindfulness, meditation and psychology (scientific associations, mindfulness associations, monasteries, etc.), as well as on non-professional social networks (i.e., Facebook). A total of 599 subjects accessed the website, 487 voluntarily agreed to participate, and 365 completed the survey and made up the final sample (183 meditators vs 182 non-meditators).

2.2. Measures

2.2.1. Socio-demographic and meditation frequency information

Socio-demographic data were obtained regarding age, sex and education. Meditation frequency was assessed with a brief questionnaire specifically designed for this study. Participants reported whether they meditated every day, 3 or 4 times a week, once a week or less, or never.

2.2.2. Dispositional mindfulness

The mindfulness trait was evaluated with the *Five Facets of Mindfulness Questionnaire* (FFMQ; Baer et al., 2006; Cebolla et al., 2012). The FFMQ is a questionnaire for measuring dispositional mindfulness. It consists of 39 items rated on a Likert scale ranging from 1 (never or very rarely true) to 5 (very often or always true). These items measure a personal disposition to being mindful in daily life, focusing on five factors of mindfulness: *Observe*, refers to the subject's capacity to pay attention to internal and external experiences such as sensations, thoughts, or emotions; *Describe*, measures the ability to describe events and personal responses in words; *Acting with awareness*, includes focusing on the activity being carried out, as opposed to behaving automatically; *Non-judging* of inner experience, refers to the ability to take a non-evaluative stance toward thoughts and feelings; and *Non-reactivity* to inner experience, allowing thoughts and feelings to come and go, without getting caught up in them or carried away by them (Baer et al., 2008). The five scales show good internal consistency. In the present sample, the alpha was .93 for the total score and ranged from .85 to .93 for the subscales (*observe*, $\alpha = .85$; describe, $\alpha = .90$; awareness, $\alpha = .91$; non-judging, $\alpha = .93$; non-reactivity, $\alpha = .85$).

2.2.3. Self-compassion

Self-compassion was measured using the short form of the Self-Compassion Scale (SCS) (Neff, 2003a,b; García-Campayo et al., 2014). Items are rated on a Likert scale ranging from 1 (almost never) to 5 (almost always). The Self-Compassion Scale-short form (SCS-SF) is a 12-item questionnaire designed to assess overall self-compassion (total score) and three self-compassion facets: self-kindness (SCS-SK), common humanity (SCS-CH) and mindfulness (SCS-M). The Spanish version of the SCS-SF has shown high internal consistency and high test-retest reliability. In the present sample, the alpha was .79 for SCS-SK, $\alpha = .60$ for SCS-CH and $\alpha = .74$ for SCS-M.

2.2.4. Happiness

Happiness was assessed with the *Pemberton Happiness Index* (PHI; Hervás & Vázquez, 2013). PHI is a measure of well-being. The scale