



Emotion regulation and mindfulness in adolescents: Conceptual and empirical connection and associations with social anxiety symptoms

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ABSTRACT

Dysregulation of emotions is a risk for social anxiety symptoms, whereas dispositional mindfulness has been proposed as assisting with emotion regulation. The aim of the current study was to examine the unique associations of dysregulation and mindfulness with adolescents' social anxiety, while focusing on the conceptual overlap and the empirical connection between dysregulation and mindfulness. Participants were 336 Australian adolescents (53% girls; 12–15 years) who completed questionnaires. Dysregulation and mindfulness were moderately correlated. Factor analysis revealed two factors accounting for 59% of the variance. The first factor, active dysregulation, had high positive loadings for five dysregulation and high negative loadings for two mindfulness subscales. The second factor, passive regulation, had a high negative loading for one dysregulation and high positive loadings for three mindfulness subscales. Both active and passive composite scores had unique associations with heightened anxiety symptoms. Regression analyses of the original subscales indicated that the dysregulation subscale limited strategies, and the mindfulness subscales observing and describing were uniquely associated with anxiety; strategies and observing were associated with more symptoms, whereas describing was associated with fewer. Interventions that address dysregulation and low capacity for mindfulness may be beneficial for adolescents with heightened social anxiety symptoms.

1. Introduction

Social anxiety is characterized by worries and distress in familiar and new social settings (La Greca & Lopez, 1998). Thus, individuals with social anxiety symptoms seem to have difficulty managing emotions. Previous research has supported this, with individuals with more social anxiety symptoms reporting or exhibiting greater emotion dysregulation (Southam-Gerow & Kendall, 2000). As defined by Gross (1998), emotion dysregulation involves the inability to influence personal emotional experiences including which emotions are experienced and when, and how those emotions are experienced and expressed. Emotion dysregulation includes impulse control difficulties, limited access to regulation strategies, and difficulties engaging in goal-directed behaviour, as well as difficulties such as lack of emotional awareness, lack of clarity, and nonacceptance of responses (Gratz & Roemer, 2004).

Similar to the description of emotion dysregulation, mindfulness has been described as involving the non-judgmental recognition and interpretation of one's moment-to-moment experience, including emotional experience (Roemer, Williston, & Rollins, 2015). While mindfulness is traditionally described as a state achieved through practice (Kabat-Zinn, 1990), dispositional mindfulness has also been

conceptualized as a personality trait-like feature (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Brown, Ryan, & Creswell, 2007). One of the most commonly used measures of dispositional mindfulness assesses inner emotional and cognitive processes, with subscales that tap acting with awareness, observing and describing experience, not judging experience, and not reacting to inner experience (Baer et al., 2006).

Interventions that address mindfulness and emotion dysregulation have been utilised effectively in adult populations to reduce symptoms of social anxiety (Aldao, Jazaieri, Goldin, & Gross, 2014; Norton, Abbott, Norberg, & Hunt, 2015), suggesting each plays a role in symptoms. Additionally, mindfulness-based programs for youth are increasingly popular (Burke, 2010; Huppert & Johnson, 2010; Meiklejohn et al., 2012). Yet, almost all research on associations between emotion dysregulation, mindfulness, and symptoms of emotional problems has concentrated on adults. Adolescents differ from adults in ways that could make emotion regulation more challenging and make mindfulness difficult to enact or less effective in symptom reduction (Davidson & Kaszniak, 2015); executive control is still developing during adolescents, and they seem to have a more amygdala reactivity to stressful events compared to adults (Hare et al., 2008; Skinner & Zimmer-Gembeck, 2016). Given these normative challenges facing

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adolescents, our aim in this study was to identify how emotion dysregulation is related to dispositional mindfulness, and to consider whether emotion dysregulation and dispositional mindfulness have unique contributions to symptoms of social anxiety in this younger age group.

1.1. Adolescent social anxiety: associations with emotion dysregulation and mindfulness

The unique roles of emotion dysregulation and mindfulness in social anxiety symptoms in adolescents have rarely been considered, but the dysregulation-anxiety and mindfulness-anxiety associations have been examined separately. In one study (Suveg & Zeman, 2004), youth's emotion dysregulation difficulty was associated with more social anxiety symptoms. Dysregulation was assessed using three measures, however the six components of emotion dysregulation described above were not considered. Furthermore, three studies were located supporting the associations between dispositional mindfulness and adolescents' internalizing symptoms or emotional responding. First, one study of Australian high school students found that dispositional mindfulness attenuated the relationship between life hassles and symptoms of depression, general anxiety, and stress (Marks, Sobanski, & Hine, 2010). This study utilised a unidimensional measure to assess mindfulness only. Second, a study of American adolescents studied three factors of dispositional mindfulness only and found it buffered the effect of life stress on psychological symptoms (Ciesla, Reilly, Dickson, Emanuel, & Updegraff, 2012).

Third, in another study that focused on only a subset of mindfulness facets, Australian adolescents being at acting with awareness reported less sadness and more positive affect (Ciarrochi, Kashdan, Leeson, Heaven, & Jordan, 2011). Thus, in summary, previous research has focused only on either dysregulation or mindfulness and there appears to be no previous research focusing on adolescents' social anxiety as a correlate of the full range of emotion dysregulation and dispositional mindfulness subscales described by Gratz and Roemer (2004) and Baer et al. (2006), respectively.

In general, the findings of previous studies suggest that emotion dysregulation could be a risk factor linked to greater social anxiety symptoms, whereas dispositional mindfulness would play the opposite role in social anxiety symptoms. There is evidence, however, that one subscale of dispositional mindfulness, referred to as *observing*, might not follow the same pattern. Observing is defined as a tendency to consciously notice experiences and sensations. Observing might be expected to be positively, rather than negatively, associated with anxiety symptoms, given the tendency in social situations for those with anxiety to be hypervigilant to negative cues, and to their reactions and emotions, more than others (Bögels & Mansell, 2004). Observing, therefore, may be associated with heightened social anxiety symptoms; the reverse of what would be expected for the other facets of mindfulness.

1.2. Conceptual overlap between emotion dysregulation and dispositional mindfulness

Given that there seems to be potential conceptual overlap between emotion dysregulation and dispositional mindfulness, this was also considered in the current study. There has not yet been an empirical examination of the covariance among the measures of emotion dysregulation and dispositional mindfulness. However, the definitions would suggest that, at least conceptually, they could share some common features or yield a smaller number of factors (Goodall, Trejnowska, & Darling, 2012). In particular, the dysregulation components of lack of emotional awareness, impulse control difficulties, nonacceptance of emotional responses, and lack of emotional clarity appear to have inverse conceptual overlap with the dispositional mindfulness features of observing, not reacting, not judging, and describing, respectively (Baer et al., 2006; Gratz & Roemer, 2004). While potential conceptual overlap has yet to be empirically tested, dysregulation has been shown to

correlate moderately negatively with mindfulness in adults (Baer, Smith, & Allen, 2004; Brown, Goodman, & Inzlicht, 2013; Pepping, O'Donovan, Zimmer-Gembeck, & Hanisch, 2014), which suggests that they are at least correlated, as would be anticipated based on definitions and subscale content.

1.3. The current study

Past theory (Baer et al., 2006; Gratz & Roemer, 2004) and research (Brown & Ryan, 2003) on emotion dysregulation and dispositional mindfulness highlight their potential associations with social anxiety symptoms. Yet, given the limited research to date, it is unclear which aspects/subscales of each would have unique associations with social anxiety symptoms, particularly in adolescents. Thus, the primary aim of this study was to investigate the unique associations of six emotion dysregulation and five dispositional mindfulness subscales with social anxiety symptoms in adolescents. In doing this, age and gender were controlled for as emotion dysregulation has been shown to vary according to both (Zimmermann & Iwanski, 2014). In addition, we explored the factor structure of the 11 subscales of emotion dysregulation and dispositional mindfulness to determine whether a smaller number of factors might describe the shared conceptual space and examined the associations of these emergent factors with social anxiety symptoms in adolescents.

2. Method

2.1. Participants and procedure

Participants were 336 students (53% girls) aged between 12 and 15 years ($M = 13.9$, $SD = 0.9$), drawn from three urban Australian high schools. Students were in grade 7 (26%), 8 (33%), and 9 (41%), closely representing the actual proportions of students in each grade for the schools. Overall, 79% described themselves as white/Caucasian, 16% Asian, and 5% other ethnic backgrounds (< 1% Aboriginal, Torres Strait Islander or Pasif Islander). Based on school level data, students ranged from low- to high-middle socioeconomic status. Nineteen were missing one or more mindfulness item, so were not included in the factor analyses ($n = 317$). Participants with missing data did not differ on demographic or main study variables from other participants.

The university Human Research Ethics Committee approved the study. School principals gave approval, parent/guardian consent was provided, and student assent was obtained. Students received a small gift. Survey administration occurred in regular classrooms.

2.2. Measures

Validity and reliability of all scales have been supported (Baer et al., 2006; Baer et al., 2008; Gratz & Roemer, 2004; La Greca & Lopez, 1998). Composite scores were formed by averaging items (with items reversed, when necessary). All responses ranged from 1 (*Not true*) to 5 (*Very true*).

2.2.1. Social anxiety

The 18-item Social Anxiety Scale for Adolescents (SAS-A; La Greca & Lopez, 1998) measured social anxiety (e.g. "I get nervous when I meet new people."). Cronbach's $\alpha = 0.94$.

2.2.2. Emotion dysregulation

The 36-item Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) measured emotion dysregulation. Nonacceptance of emotional responses (*nonaccept*) reflects the extent of negative secondary reactions to primary negative emotions (e.g. "When I'm upset, I feel like I am weak"). Impulse control difficulties (*impulse*) reflects ability to control behaviours when in a negative emotional state (e.g. "When I'm upset, I feel out of control"). Limited access to strategies

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