



# Adolescent mindfulness and psychopathology: The role of emotion regulation



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## ARTICLE INFO

### Article history:

Received 2 March 2016

Received in revised form 26 April 2016

Accepted 28 April 2016

Available online 21 May 2016

### Keywords:

Mindfulness  
Emotion regulation  
Mental health  
Psychopathology  
Adolescence

## ABSTRACT

A large and coherent body of evidence reveals that individuals higher in dispositional mindfulness fare better than their less mindful counterparts on a range of psychosocial outcomes. However, few studies have examined the effects of dispositional mindfulness on adolescent mental health, and potential mechanisms underlying its salutary effects. The aim of the present research was to examine whether low dispositional mindfulness was associated with heightened depression, anxiety, stress, internalizing symptoms, and externalizing symptoms in a sample of adolescents ( $N = 113$ ,  $M_{\text{age}} = 14.9$  years), and whether two emotion regulation strategies, namely cognitive reappraisal and expressive suppression, mediated any association. Results revealed that low mindfulness was associated with poor functioning across all indices of psychopathology. Further, expressive suppression, a maladaptive emotion regulation strategy, mediated associations between low mindfulness and depression, anxiety, and stress. In brief, dispositional mindfulness appears to be a protective individual difference characteristic during adolescence, and capacity for emotion regulation may be implicated in its effects on specific symptoms of psychopathology.

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## 1. Introduction

### 1.1. Adolescent psychopathology

Adolescence is a high risk time for the development of psychopathology (e.g. Andersen & Teicher, 2008; Twenge & Nolen-Hoeksema, 2002), and poor mental health during adolescence predicts ongoing difficulties in adulthood (Fombonne, Wostear, Cooper, Harrington, & Rutter, 2001; Harrington, Fudge, Rutter, Pickles, & Hill, 1990). Adolescent psychopathology can be broadly categorized into two categories: internalizing disorders, and externalizing disorders. Internalizing disorders are characterized by symptoms such as sadness, anxiety, fear, and withdrawal (Pynoos, Steinberg, & Piacentini, 1999; Sourander & Helstela, 2005), and occur at high rates. For instance, the lifetime prevalence rate of anxiety disorders in adolescence is 31.9% (Merikangas et al., 2010), and 19% and 35% of adolescent males and females, respectively, will likely experience a depressive episode before age 19 (Lewinsohn, Rohde, & Seeley, 1998). Externalizing disorders, on the other hand, are characterized by violations of age-appropriate rules and expectations, as well as conflict with others. Symptoms typically include rule violations, oppositional behaviour, aggression, hyperactivity,

and impulsivity (Sourander & Helstela, 2005), and nationally representative studies have estimated lifetime prevalence rates for externalizing disorders to be as high as 19.1% (Merikangas et al., 2010). Externalizing disorders are more prevalent amongst males (Keenan & Shaw, 1997) whereas internalizing disorders occur more frequently in females (Lewinsohn et al., 1998). However, both male and female adolescents can experience internalizing and externalizing disorders and have similar levels of functional impairment in schooling, interpersonal relationships, and recreational activities (McCabe, Lansing, Garland, & Hough, 2002).

Given the high rates of both internalizing and externalizing difficulties in adolescence (Merikangas et al., 2010), and the functional impairment associated with such difficulties (McCabe et al., 2002), it is critically important to investigate factors that may influence risk of pathology during adolescence. A large body of evidence reveals that adults higher in dispositional mindfulness fare better than their less mindful counterparts on a wide range of psychosocial outcomes, including less psychopathology (e.g. Brown & Ryan, 2003; Keng, Smoski, & Robins, 2011). However, few studies have examined the influence of dispositional mindfulness on adolescent psychopathology, and potential mechanisms underlying these associations.

### 1.2. Mindfulness and psychopathology

Mindfulness refers to the process of “paying attention in a particular way: on purpose, in the present moment, non-judgementally” (Kabat-

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Zinn, 1994, p. 4). The term mindfulness can be used to refer to the practice of cultivating and enhancing mindfulness through meditation, to a state or quality of awareness, or to individual differences in dispositional mindfulness (Brown & Ryan, 2003; Germer, Siegel, & Fulton, 2005). Dispositional mindfulness is a psychological trait that reflects an individual's capacity and "tendency to abide in mindful states over time" (Brown, Ryan, & Creswell, 2007a, p. 218). Thus, an individual who is dispositionally higher in mindfulness experiences mindful states relatively frequently, with greater intensity, and for a longer period of time. Individuals higher in dispositional mindfulness are better able to focus attention to the present moment, and attend to a constantly changing stream of thoughts, feelings and sensations, whilst also maintaining a non-judgemental and accepting stance toward whatever arises (Bishop et al., 2004; Keng et al., 2011). This enhanced capacity to attend to the present moment provides cognitive and behavioural flexibility, which allows for more adaptive responses to situations, as opposed to responding in a habitual, impulsive, or otherwise maladaptive manner (Baer, 2003; Bishop et al., 2004; Brown et al., 2007a; Brown, Ryan, & Creswell, 2007b).

Consistent with this proposition, adults higher in dispositional mindfulness fare better than their less mindful counterparts on a range of psychosocial outcomes (Brown & Ryan, 2003; Keng et al., 2011). For instance, mindfulness has been associated with greater life-satisfaction and self-esteem (Pepping, O'Donovan & Davis, 2013), and more satisfying romantic relationships (Karremans, Schellekens, & Kappen, 2015; Pepping & Halford, 2016). In contrast, low dispositional mindfulness is associated with depression and anxiety, neuroticism, dissociation, insecure attachment, negative affect, and difficulties in emotion regulation (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Brown & Ryan, 2003; Pepping, O'Donovan, & Davis, 2014).

The available empirical evidence suggests mindfulness is also a positive personal resource during adolescence. For instance, mindfulness has been associated with fewer internalizing and externalizing symptoms, and increased quality of life (Greco, Baer, & Smith, 2011), and with lower depression, anxiety, and stress (Tan & Martin, 2012). Further, mindfulness buffers the association between life stressors and psychological distress during adolescence, such that those higher in dispositional mindfulness are less affected by life stressors (Marks, Sobanski, & Hine, 2010), indicating that mindfulness may provide adolescents with resources to cope with difficult life circumstances. In brief, there is emerging evidence that mindfulness is associated with positive outcomes during adolescence. However, to our knowledge, no research has examined the potential mechanisms underlying the salutary effects of dispositional mindfulness during adolescence. Several studies examining dispositional mindfulness in adult populations have focussed on emotion regulation as a potential mechanism (e.g. Coffey & Hartman, 2008; Coffey, Hartman, & Fredrickson, 2010; Pepping, O'Donovan, Zimmer-Gembeck, & Hanish, 2014), and thus in the present study we examine whether emotion regulation is a potential mediator of the beneficial effects of high dispositional mindfulness during adolescence.

### 1.3. Mindfulness, psychopathology, and emotion regulation

Emotion regulation "refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (Gross, 1998, p.275). Gross (2007) operationalized two emotion regulation strategies. Cognitive reappraisal is a change strategy involving modification and redefinition of thoughts about an emotion-eliciting event or situation, which alters the emotional impact. It is associated with active efforts to repair negative affect, and is generally associated with positive psychological functioning (Gross, 2007). Expressive suppression is a response-focused strategy, whereby individuals attempt to inhibit external cues of emotional states, though the internal experience of the emotion remains. Suppression is generally associated with less positive affect, and impaired functioning (Gross, 2007).

Mindfulness facilitates a more accepting, and less judgemental, stance toward emotions (Chambers, Gullone, & Allen, 2009) rather than engaging in efforts to suppress or avoid emotion, or becoming overwhelmed or ruminating over these experiences. Much evidence attests to a relationship between high dispositional mindfulness and emotion regulation in adults (Baer, Smith, & Allen, 2004; Brown & Ryan, 2003; Creswell, Way, Eisenberger, & Lieberman, 2007; Modinos, Ormel, & Aleman, 2010; Pepping, Davis, & O'Donovan, 2013), with emerging evidence of this relationship in adolescents (de Bruin, Zijlstra, & Bogels, 2014). Internalizing disorders are characterized by heightened negative emotion, such as sadness, anxiety, and fear, and difficulties in the regulation of such emotion (Pynoos et al., 1999; Sourander & Helstela, 2005). Emotion dysregulation is also implicated in externalizing disorders, with common features of such disorders including heightened aggression and poor impulse control in response to negative affect (Sourander & Helstela, 2005). Importantly, emotion regulation capacity prospectively predicts adolescent psychopathology over time (McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011).

If dispositional mindfulness provides greater capacity for emotion regulation in adolescence (de Bruin et al., 2014) which, in turn, influences psychological functioning (McLaughlin et al., 2011), it seems likely that one mechanism underlying the salutary effects of dispositional mindfulness during adolescence is capacity for emotion regulation. Several studies have demonstrated such associations in adult samples of university students (Coffey & Hartman, 2008; Coffey et al., 2010) and adult clinical populations (e.g. Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013; Pepping, O'Donovan, Zimmer-Gembeck, & Hanish, 2014). We therefore proposed a theoretically derived mediation model, and hypothesized that adolescents low in dispositional mindfulness would display reduced capacity for emotion regulation (low cognitive reappraisal and high expressive suppression), and this capacity for emotion regulation would mediate the association between low mindfulness and psychopathology (depression, anxiety, stress, externalizing symptoms, and internalizing symptoms).

## 2. Method

### 2.1. Participants

Participants were 113 high school students attending an Anglican high school. The sample consisted of 63 females and 50 males, ranging in age from 12 to 18 ( $M = 14.90$ ,  $SD = 1.60$ ). Participants were required not to have prior experience with mindfulness meditation as the aim of the study was to examine associations between individual differences in dispositional mindfulness and psychological outcomes, rather than potential effects of meditation training which has been shown to enhance mindfulness (e.g., Sahdra et al., 2011) and reduce psychopathology (Keng et al., 2011). Participants entered a draw to win one of five \$50 gift vouchers for their participation.

### 2.2. Measures

#### 2.2.1. Mindfulness

The Child and Adolescent Mindfulness Measure (CAMM) assesses dispositional mindfulness in adolescence (de Bruin et al., 2014; Greco et al., 2011). Example items include "At school, I walk from class to class without noticing what I'm doing" and "I think about things that have happened in the past instead of thinking about things that are happening right now". Cronbach's  $\alpha = .85$  in the present sample.

#### 2.2.2. Emotion regulation

The Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) consists of two subscales; Cognitive Reappraisal (e.g., "I control my feelings about things by changing the way I think about them") and Expressive Suppression (e.g., "I control my feelings by not

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