



How do the facets of mindfulness predict the constructs of depression and anxiety as seen through the lens of the tripartite theory?



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ABSTRACT

Despite the well-established benefits of mindfulness in clinical settings, little is known about the unique relationships between specific mindfulness facets and unique and shared symptoms of anxiety and depression. The present study sought to examine how the five facets of mindfulness predict the three tripartite components of depression and anxiety in two studies. An on-line survey was completed once in a cross-sectional study (Study 1), and twice with a four-week interval in a longitudinal study (Study 2). Although Study 1 illustrated associations between the variables that generally supported the hypotheses, Study 2 revealed that acting with awareness was the only mindfulness facet that significantly predicted lower levels of psychological symptoms over time, namely, anhedonia. The model also explored bidirectional relationships between the variables over time. For example, negative affect was found to predict lower levels of non-judging and non-reacting one month later. Taken together these findings highlight the utility of teaching specific aspects of mindfulness therapies aimed at treating depression and anxiety.

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1. Introduction

Mindfulness has been defined as the act of objectively observing one's current and ongoing experiences without evaluations, elaborations or judgments (Kabat-Zinn, 1994). Baer, Hopkins, Krietemeyer, Smith, and Toney (2006) proposed that mindfulness is comprised of five different facets or components: 1) observing, defined as the process of noticing or attending to mental or physical experiences; 2) describing, which refers to the use of language to label one's internal experiences; 3) acting with awareness, defined as the ability to attend to one's present activities; 4) non-judging of inner experience, which refers to the use of a non-evaluative point of view towards one's thoughts and feelings; and 5) non-reactivity to inner experience, defined in terms of having the ability to let thoughts and feelings come and go without becoming absorbed or entangled in them.

Despite its origin in Eastern traditional practices, Western theorists and researchers have taken a great interest in mindfulness due to its potential for alleviating mental health symptoms. Indeed, mindfulness interventions utilized in clinical settings have been found to be fruitful with a number of studies illustrating the effectiveness of such interventions in reducing symptoms of mood disorders, particularly, depression and anxiety (e.g., Evans et al., 2008; Kabat-Zinn et al., 1992; Teasdale et al., 2000). However, mindfulness is most usually studied as a unitary construct in the literature, as exemplified by the above-cited studies. Thus, the unique relationships between different facets of mindfulness

and the particular symptoms associated with depression and anxiety are under-explored. By taking a more detailed perspective, the present study aimed to address this gap in the literature by examining how facets of mindfulness would predict the constructs of depression and anxiety as seen through the lens of the tripartite theory of depression and anxiety.

The tripartite theory, proposed by Clark and Watson (1991), sought to explain the nature of the comorbidity of depression and anxiety, among other goals. The theory suggests that depression and anxiety can be differentiated on the basis of factors specific to each syndrome, while at the same time identifying the component of general distress, termed 'negative affect', which is shared by both constructs. The absence of positive mood and pleasurable experiences (termed 'anhedonia') is considered to be a unique source of variance within depression that is not represented in anxiety, while physiological arousal (termed 'hyperarousal') is theorized to be a unique component of anxiety. This tripartite division is demonstrated in Fig. 1.

Relevant to the present goal, a recent study conducted by Desrosiers, Klemanski, and Nolen-Hoeksema (2013) is one of the very few studies that has examined the unique associations between the five facets of mindfulness and the tripartite components of depression and anxiety. In their study, the Mood and Anxiety Symptom Questionnaire (MASQ; Clark & Watson, 1991) was administered to clinically depressed and anxious patients. The MASQ is divided into four subscales: Anxious Arousal, Anhedonic Depression, and General Distress which is further differentiated into General Distress-Depression and General Distress-Anxiety. It is notable in this study that the symptom clusters of depression and anxiety were not neatly categorized into the three typical components (i.e., hyperarousal, negative affect, and anhedonia) proposed by

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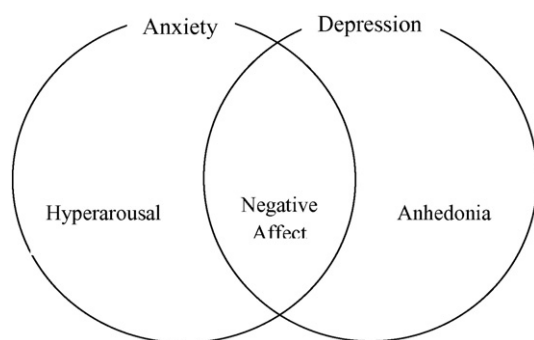


Fig. 1. The tripartite theory: Negative affect is shared between depression and anxiety, whereas hyperarousal is unique to anxiety and anhedonia is unique to depression.

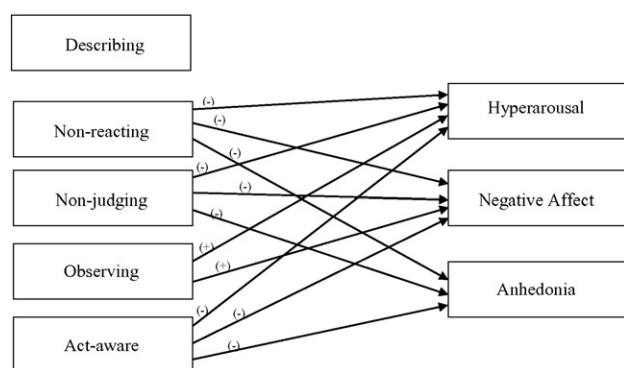


Fig. 2. Predicted relationships: The valence of the arrows depicts the nature of the hypothesized associations between the five facets of mindfulness and the three tripartite components of depression and anxiety.

the tripartite theory, and this decision limits its relevance for exploring the tripartite model.

They conducted a path analysis and it revealed that the non-reacting facet was inversely related to 'General Distress Anxiety', 'General Distress Depression' and 'Anhedonic Depression'. Similarly, non-judging was negatively associated with 'General Distress Depression' and 'Anhedonic Depression'. However, while describing was negatively associated with 'Anxious Arousal', observing was positively associated with it. Surprisingly, the acting with awareness facet yielded no significant associations with any of the dimensions of anxiety and depression. Although these findings were interesting, they are limited to clinical settings and may not be applicable to the general population or to individuals functioning at a subclinical level as the study employed a clinical sample. In addition, the study is correlational in nature due to their use of cross-sectional data, thus their results may not inform us about the presence and direction of relationships that occur over time.

Given these limitations, the present study was designed to improve Desrosiers, Klemanski, et al's. (2013) study by conducting a cross-sectional study (Study 1) and a longitudinal study (Study 2) in order to explicitly contrast and compare concurrent with longitudinal relationships. In both of our studies the three distinct tripartite components described by Clark and Watson were used. Additionally, non-clinical samples were employed so that the results could be generalized to the general population. Based on the previous literature, hypotheses regarding the different mindfulness facets' relationships with the three tripartite constructs were proposed (Fig. 2):

1.1. Main hypotheses

1. Non-judging has consistently been shown to be associated with lower levels of depression (Alleva, Roelofs, Voncken, Meevisen, & Alberts, 2014; Barnhofer, Duggan, & Griffith, 2011; Christopher,

Neuser, Michael, & Baitmangalkar, 2012). More specifically, non-judging was found to be negatively associated with anhedonia in one study (Desrosiers, Klemanski, et al., 2013). Theoretically, the concept of non-judging seems to be the opposite of self-criticism and negative self-cognitions, which are characteristics of depressive mood (Abramson et al., 2002). In addition the facet was also found to be inversely associated with anxiety (Bohlmeijer, ten Klooster, Fledderus, Veehof, & Baer, 2011; Cash & Whittingham, 2010). On this basis, it was hypothesized that the non-judging facet would be negatively associated with all of the tripartite components, i.e., anhedonia, negative affect and hyperarousal.

2. Likewise, acting with awareness has been found to associate with lower levels of depression (Bohlmeijer et al., 2011; Christopher et al., 2012), and anxiety (Bohlmeijer et al., 2011). It has also been found to be inversely related with worry (de Bruin, Topper, Muskens, Bogels, & Kamphuis, 2012; Fisak & von Lehe, 2012) and rumination (de Bruin et al., 2012) which are associated with both anxiety and depression. Thus, it was hypothesized that acting with awareness would be negatively associated with all of the tripartite components.
3. In contrast with other facets, observing has been shown to associate with higher levels of anxiety and psychological distress (Baer et al., 2008; Coffey, Hartman, & Fredrickson, 2010). More specifically, observing has been found to be positively associated with hyperarousal (Desrosiers, Klemanski, et al., 2013). Baer et al. (2006) suggested that observing's function may differ following meditation experience. Supporting this hypothesis, Baer and colleagues found that observing was positively associated to psychological symptoms in the non-meditation group, while the meditating group yielded a negative correlation between the two constructs (Baer et al., 2008). As the present study did not specifically recruit for a meditating sample, it was predicted that observing would be associated with higher levels of psychological constructs. Since observing has been shown to positively relate to hyperarousal and anxiety in general, it was hypothesized that observing would be positively associated with hyperarousal and perhaps with negative affect as well.
4. Non-reacting has been found to be negatively associated with general psychological distress (Baer et al., 2006), as well as the general symptoms of anxiety and depression, i.e., rumination and worry (de Bruin et al., 2012). In addition, Desrosiers, Klemanski, et al. (2013) found that non-reacting was specifically inversely related to anhedonia. Since non-reacting was found to be associated with both depression and anxiety, it was hypothesized that non-reacting would be negatively associated with all of the tripartite components.
5. Describing has been found to be mostly unrelated to mood disorders and their related constructs (Alleva et al., 2014; Cash & Whittingham, 2010). Furthermore, Carmody and Baer (2008) found that engagement in mindfulness practice did not lead to an increased ability to describe internal states. Therefore, it was hypothesized that describing would not be significantly related to any of the symptom clusters of depression and anxiety.

2. Methods of Study 1

2.1. Sample and procedure

Two hundred and eighty-four undergraduate students (195 women) aged between 17 and 31 years from a New Zealand university anonymously completed an on-line survey during one of their lab sessions, as part of their Research Methods course. The comprehensive survey included measures of mindfulness, anxiety, and depression, which are described in detail below.

2.1.1. Measures

- (1) *The five facets of mindfulness:* This study utilized a revision of the 32-item version of the Five Factor Mindfulness Questionnaire

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