

Psychological Distress and Emotion Regulation in Thai Adolescents: The Moderating Role of
Mindfulness



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Abstract

The current study aims to investigate how Mindfulness moderates the relationship between Psychological Distress (depression, anxiety, stress) and Emotion Regulation. Previous studies have found that Emotion Regulation was negatively correlated to Psychological Distress. Furthermore, Mindfulness was also found to negatively correlate with Psychological Distress and positively correlate with Emotion Regulation. Such that, higher self-reported ratings of Mindfulness and Emotion Regulation led to lower scores on self-reported of Psychological Distress. This suggests that Mindfulness may have the potential to affect the relationship between Emotion regulation and Psychological distress. Therefore, the current study hypothesized that those who score high on Emotion Regulation and Mindfulness would have lower score on Psychological Distress. In addition, it was hypothesized that Mindfulness would strengthen the relationship between Emotion Regulation and Psychological Distress. Specifically, individuals with high Emotion Regulation and Mindfulness would have lower levels of Psychological Distress than those with high Emotion Regulation and low Mindfulness. One hundred and one undergraduate students completed a set of questionnaires measuring Mindfulness, Emotion Regulation, and Psychological Distress. The findings showed that Mindfulness and Emotion Regulation were negatively correlated with

Psychological Distress. However, the moderation effect of Mindfulness on Emotion Regulation and Psychological Distress was not found.

Field of Study: Psychological Science Student's Signature

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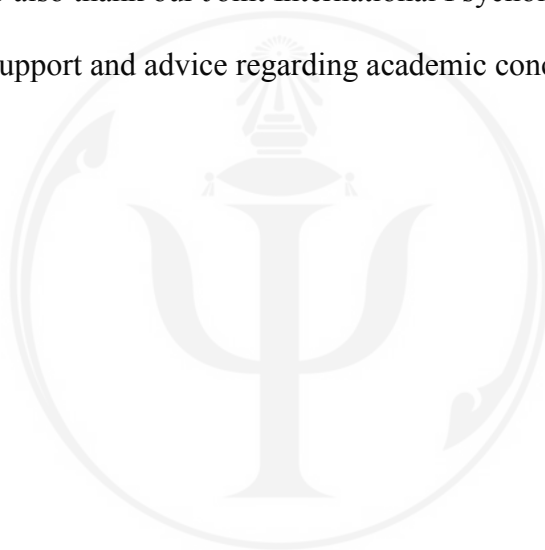


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Psychological Distress and Emotion Regulation in Thai Adolescents: The Moderating Role of Mindfulness

Psychological Distress is becoming more prevalent and has become an increasing public health concern throughout the world. So far, the World Mental Health (WMH) surveys, which had been completed, clearly demonstrate that Psychological Distress is relatively common in all the countries they have studied (Kessler et al., 2009). Murray and Lopez (1998) posited that in the year 1990, the proportion of neuropsychiatric conditions only contributed 9 percent to the overall disability; however, by the year 2020, this number will rise to around 20 percent. Moreover, in each year almost 30 percent of the population, which are adults, will be suffering from recognized psychological disorders (Kessler et al., 1994).

The most prevalent classes of Psychological Distress in the general population consist of mood disorders and anxiety disorders (Baxter et al., 2009). Davies (1997) stated that one-tenth of the population in any week, whom are adults, will suffer from depression at some time during their lifetime. Interestingly, Harris (2006) mentioned that despite the current high standard of living, psychological suffering is still prevalent. Therefore, we see the severity of psychological suffering, which are currently affecting the population, and the urge in reducing these problems. However, in positive light, the emerging popularity of mindfulness treatment and emotion regulation strategies could be employed in reducing the negative effects that are associated with this Psychological Distress.

Psychological Distress

In both normal and healthcare related literature, distress as a psychological phenomenon is discussed extensively (Ridner, 2004). The concept of Psychological Distress is commonly utilized in psychological, medical, nursing and social science literature in the context of emotional, physical, and spiritual conditions (Bruch, Rivet, & Laurenti, 2000;

Ridner, 2004). However, 'distress' does not have a clear definition and has not been described as having a distinct concept; nonetheless, it is widely used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and in the International Classification of Diseases (ICD) (Phillips, 2009). Conceptualization of distress often includes depression, anxiety and co-morbidity among them (Clark & Watson, 1991). Moreover distress is frequently paired with functional impairment, which includes the DSM-IV criteria for the majority of depressive disorders, anxiety disorders, somatoform disorders, personality disorders, and other disorders that demands the existence of either functional impairment or distress which is clinically significant (Phillips, 2009).

Mirowsky and Ross (2003) define Psychological Distress as the subjective states of depression and anxiety, which could have both emotional and physiological manifestations. In regards to psychology and nursing literature, distress is defined as 'the general concept of maladaptive psychological functioning when facing stressful life events' (Ridner, 2004). Furthermore, McCorkle and Young (1978) describe distress as a symptom where it is a report made by the patients of their degree of discomfort in relative to the perceptions of their experienced symptoms. Moreover, Rhodes and Watson (1987) added on to that and described distress as a symptom in terms of the patient needs to change, which is either to reproduce or to restrain their actions in response to their subjective signs and indication of an illness or a disease.

Interestingly, consequences of Psychological Distress can occur on a continuum ranging from positive to negative. A study conducted by Miles, Holditch-Davis, Burchinal and Nelson (1999) on 67 mothers who were severely ill and required technology for survival found that in the same time they experiences significant distress, they also experience personal developmental growth that was influenced by stress and worrying about their child's health (Ridner, 2004).

In order to measure Psychological Distress, aside from using physiological measurements, questionnaires can be used in accessing people's psychological states. However, the most common mental disorder that people usually suffers from include depression, anxiety and stress, and all of these are pretty much accessible from self-administer questionnaires (Baxter et al., 2009). Therefore, because depression, anxiety, and stress were found to be the most common psychological distress that people in the population suffers from, the current study will be focusing extensively on these three aspects of psychological distress. Most importantly, understanding the underlying concept of depression, anxiety and stress, what predicts it and the theories that underlie the concept is very crucial.

Depression. Various models explain the development and maintenance of depression; these include the cognitive, social and interpersonal models of depression (Sacco & Vaughan, 2006). However, to date one of the most well-known theories of depression is the Beck's Cognitive Theory of Depression (Tanaka-Matsumi & Kameoka, 1986). Beck's cognitive theory argued that depression is established by negative thoughts and dysfunctional beliefs about the self (Beck, 2002). Therefore, the more negative thought a person possess, the more depress they will become. Moreover, Beck also proposed the model of negative cognitive triad, which pointed out the three main dysfunctional beliefs that a person possess, these includes negative thoughts about the self, the world, and the future. When any of these beliefs develop in a person's cognition, the result is likely to be the development or the perpetuating factor of depression. Furthermore, Beck's theory of depression had formed the Beck's Depression Inventory, which could be used to measure depression in an individual (Abela & Allessandro, 2002). Additionally, according to Abramson, Metalsky, and Alloy (1989), hopelessness theory of depression posit that individuals can have cognitive vulnerability that

interacts with negative life events and increases the likelihood of depression (Haefffel et al., 2007).

A large body of empirical research has been conducted on Beck's cognitive theory of depression and one of those is studied by Molianen (1993), where she validated Beck's model of depression and found good validity of Beck's scale. It was found that the participants' depressive states were associated with their negative and dysfunctional thoughts regarding personal information and negative future attitudes, which was basically how Beck outline his model of depression (Molianen, 1993).

Anxiety. One of the most prevalent mental disorders and a construct that has numerous models and underlying mechanism is anxiety (Kessler et al., 1994). Nonetheless, Amstadter (2008) pointed out the three main components of anxiety: somatic arousal, avoidance behavior, and threat perception. It posits that the state of anxiety is arousal that follows the perception of imagined or real threat (Amstadter, 2008). Anxiety is more of an experiential, future-oriented, and self-focusing emotion that could be both adaptive and maladaptive for an individual. Moreover, Ouimet, Gawronski, and Dozois (2009) discuss how cognitive vulnerability leads to anxiety. Anxiety is perceived in terms of the role of attentional biases, interpretative biases such as interpretation of ambiguous information and how those result in the perception of threat and avoidant behavior.

A large body of empirical evidence has been found to support the model of anxiety, which is a result of cognitive vulnerability. A meta-analysis done by Bar-Haim, Lamy, Pergamin, Bakermans-Kranenburg, and IJzendoorn (2007) found that compared to participants in the non-anxious condition, individuals with anxiety tends to pay more attention to threatening stimuli. Moreover, it was also found in non-clinical samples that showed high trait and/or state anxiety that threat related stimuli also elicited attentional biases among them (Mogg et al., 2000).

Stress. Various models of stress try to define and describe its component; however, there are diverse perspectives and dimensions regarding to the construct stress (Karademas & Kalantizi-Azizi, 2004). Sarafino (1990) defines stress in terms of the condition in which an individual perceive the discrepancy between the environmental demands and their resources. On the other hand, Folkman and Lazarus (1980) focuses more on the role of cognitive appraisal such that cognitive appraisal becomes the mediator between stimuli and stress reactions. The two types of cognitive reappraisal comprised of primary and secondary appraisal (Karademas & Kalantizi-Azizi 2004). Primary appraisal is when the situation is judged as positive, irrelevant or stressful (threat, harm, challenge), and secondary appraisal where the individual evaluates their options in how to react to the situation and the coping resources they may have.

A large body of research focuses on appraisal and coping processes of stress. For example, a study done by Zeidner (1995), found that coping process in test situations included both problem and emotion focused strategies where it was found that emotion focused strategies lead to significant stress and anxiety, while problem focused strategies were found to facilitated test performance. In addition, Raffety, Smith, and Ptacek (1997) found a facilitating and adaptive form of anxiety, which is challenge appraisals, whereas the negative effects of anxiety comes from threat and harm appraisal which can result in lowering performance and avoidant behavior.

In order to measure these three variables, a scale that could be used to measure all of these three constructs and has shown good reliability and validity is the Depression, Anxiety, Stress Scale (DASS); therefore, for the current study DASS was used to assess depression, anxiety and stress. Lovibond and Lovibond (1995) reported that psychometric analyses of the DASS, which was primarily, conducted with samples of the normal population provided strong support for internal consistency and convergent discriminative validity of the three

scales; depression, anxiety and stress. DASS was also reported to be comparatively consistent with Clark and Watson's Tripartite Model Framework (1991), the model of depression and anxiety, and their Low Positive Affect and Physiological Hyperarousal scale.

Specifically, the DASS depression scale is characterized by low positive affect where there is an absence of positive affect such as loss of self-esteem, incentive and a sense of hopelessness, while it can also include dysphoric mood states such as lack of interest and involvement, self-depreciation and anhedonia (Lovibond & Lovibond, 1995). As it can be seen, the depressive symptoms are more based on the cognitive model, which for this specific purpose it can be linked very well with the two other variables of interest, emotion regulation and mindfulness.

Additionally, the DASS anxiety scale is characterized by physiological hyperarousal, which are automatic arousal. The scale assesses fearfulness, a person's arousal states such as automatic arousal, anxious affect and muscular tension (Lovibond & Lovibond, 1995). These future oriented anxiety which may include physical, behavioral and cognitive symptoms, may constitute to an individual's avoidant behavior which could be very well associated with emotion regulation and mindfulness.

Lastly, the DASS stress scale is characterized by negative affect, where there is a presence of persistent irritability, tension and a lower threshold for becoming frustrated or upset (Lovibond & Lovibond, 1995). The stress scale of DASS is reported to evaluate the individual's negative emotional liability to general tensions and stressors (Lovibond & Lovibond, 1995).

Emotion Regulation

Emotion Regulation is an emerging concept in psychology that may potentially help us understand the connection between maladaptive behaviors and various mental health issues (Gross & Munoz, 1995). Knowing the concept of emotion is essential to understanding Emotion Regulation; however, emotion itself is extremely complicated and has not yet been fully understood or explained (Gross & Thompson, 2007). Hence, there has been several proposed definition of Emotion Regulation throughout the years. According to Dodge (1989), Emotion Regulation is a process that when a response domain is activated, it serves to alter, titrate, or modulate another response domain's activation. Later, Thompson (1994) suggested that Emotion Regulation is composed of "extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features to accomplish one's goals". Emotion Regulation was also defined as changes in emotion or in different psychological processes when emotion has been activated (Cole, Martin, & Dennis, 2004). The most widely recognized definition however, is proposed by Gross (1998b), which stated that 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". Specific to this study, we have chosen to select a revised and well-recognized definition by Gross and Thompson (2007), which unlike previous definitions, agreed on the importance of both internal and external Emotion Regulation factors. They explained that Emotion Regulation is a process in which individuals acknowledge their emotions and may choose to dampen, intensify, or maintain their emotions to suit their goals. The process of Emotion Regulation may be automatic or controlled, conscious or unconscious, or may be intrinsic, extrinsic, or both.

There are two major categories of Emotion Regulation processes including antecedent-focused and response-focused (Gross, 1998a). Antecedent-focused Emotion

Regulation refers to the things that others or we do before the complete activation of emotion response tendencies that influence whether the given emotion occurs (Gross & Munoz, 1995; Gross & John, 2003). This type of emotion regulation usually involves altering the inputs to the emotional system that may be achieved by changing the internal environment such as modifying thoughts or by changing the external environment such as choosing to be in a situation that would best fit one's goal. In contrast, response-focused Emotion Regulation occurs after emotion responses have already been generated and modulated by the individual. For example, one may choose to mask their feelings by pretending to smile despite feeling sad (Gross & Munoz, 1995). There are five main Emotion Regulation strategies that can either be categorized as antecedent-focused or response-focused. Antecedent-focused Emotion Regulation strategies include situation selection, situation modification, attentional deployment, and cognitive change. The only response-focused Emotion Regulation is response modulation (Gross & Thompson, 2007).

Situation selection is the approach to emotion regulation that involve choosing to act a certain way in order to increase or decrease the chance of ending up in a situation that we expect to activate undesirable or desirable emotions (Gross & Thompson, 2007). For example, one may choose to avoid talking to an offensive classmate so that they won't feel undesirable emotions. In addition, situations may be directly altered to change its emotional impact through situation modification. For instance, an adult may assist a child in completing a problem-solving task by verbal prompts. However, at times when situations already took place and could not be modified, attentional deployment is a strategy that regulates emotions without having to change the environment. In attentional deployment individuals influence their emotions by directing their attention within a specific situation either through distraction or concentration techniques. Individuals may use distraction by shifting attention away from the situation or by changing their internal focus. However, some may also use concentration

to focus on a situation's specific emotional characteristic. Once a situation has been chosen, altered, and attended to, cognitive steps are required to translate perception into emotion. Cognitive change is when we change our thoughts about a situation or think about ways to cope with its posing demands in order to adjust its emotional impact. For example, an athlete may interpret stress as a physiological enhancer rather than a weakening occurrence to manage their emotions. After response tendencies have already been initiated, emotions may still be regulated through response modulation by influencing physiological, experiential, or behavioral responding. For example, drugs may affect physiological responses or one may hide their fear when approaching a bully behaviorally. Altogether these five Emotion Regulation strategies occur at different stages as emotion responses unfold over time (Gross & John, 2003).

In formulating the Emotion Regulation Questionnaire (ERQ), Gross and John (2003) selected two specific strategies that are most commonly used, could both be controlled in a laboratory setting, could be defined in terms of individual differences, and covers aspects of antecedent-focused and response-focused strategies. Cognitive reappraisal and expressive suppression were chosen as it fits the presenting criteria. Cognitive reappraisal is a form of cognitive change that is antecedent-focused and refers to when individuals construct situations that are likely to elicit emotion in a way that alters its emotional impact (Lazarus & Alfert, 1964). Since cognitive reappraisal occurs prior to the full activation of emotion, it can change the subsequent course of the emotion and its expression entirely (Gross & John, 2003; Gross & Thompson, 2007). In contrast, expressive suppression is a form of response modulation that is response-focused and refers to how individuals inhibit emotion-expressive behavior that is in progress (Gross, 1998a). Because expressive suppression occurs after the full emotional experience that had already been generated, it cannot change the current emotional experience and has a minor influence on the emotion (Gross & Thompson, 2007).

In addition, it mainly changes the behavioral feature of emotion response and may require effortful management of emotion response tendencies as they continuously occur (Gross & John, 2003).

According to Gross (2002), there are three main consequences of Emotion Regulation including affective, cognitive, and social consequences. Based on empirical data, the different outcomes of these consequences depend on whether cognitive reappraisal or expressive suppression strategies were used in Emotion Regulation. Studies in affective consequences revealed that reappraisal result in a more positive outcome than suppression. Specifically, Gross (1998a) found that suppression decreased behavioral expression of negative emotion but increased the sympathetic activation of the electrodermal and cardiovascular systems. Reappraisal also decreased negative behavioral consequences, but did not result in the sympathetic activation of the electrodermal and cardiovascular systems. In addition, a study conducted by Gross and John (2003), revealed that reappraisal was related to greater experience and expression of positive emotion, but suppression was related to less positive emotion experience and expression, and also related to experiencing negative emotions. Research in the area of cognitive consequences also found that suppression has a negative impact on cognition while reappraisal does not. In a study conducted by Richards and Gross (2002), it was shown that those who suppressed their emotions had a decline in memory abilities while the reappraisal method did not have any negative effect of memory on those who used it. Furthermore, reappraisal was also found to result in better social consequences than suppression. In support, Butler et al., (2003) revealed that interacting with individuals who suppress their emotions by showing few positive emotions and not responding to emotional cues is more physiologically activating than those who appraise their emotions by showing more positive emotion and being responsive. This indicated that suppression disrupts communication, heighten stress level, and impede relationship formation.

Overall, reappraisal is mainly found to be a more effective Emotion Regulation strategy than suppression as it results in positive outcomes without any negative consequences. Such that when reappraisal is used to decrease negative emotion, it can reduce both experiential and behavioral elements of it. However, although suppression can reduce behavioral expression of negative emotion, it does not necessarily lower the experience of having it and may lead to the accumulation and persistence of unresolved negative emotions (Gross & John, 2003). In support, meta-analysis conducted by Hu and colleagues (2014) found that cognitive reappraisal was significantly and negatively correlated with negative indicators of mental health and was positively correlated with positive indicators of mental health. Expressive suppression was shown to be positively correlated with negative indicators of mental health and was negatively correlated with positive indicators of mental health. However, they also found that expressive suppression was negatively correlated with positive indicators of mental health only within samples from the category that hold Western cultural values, but was not significant in the samples that hold Eastern cultural values. Furthermore, samples in the category of Western cultural values showed stronger correlation of expressive suppression and negative indicators than those in the category of Eastern cultural values. Altogether, these studies show how reappraisal results in a more positive outcome than suppression, but those results may vary when different cultural values are taken into account.

Specific to this study, the Cognitive Reappraisal Subscale (CRS; Pisitsungkagarn, 2014), a subscale of the ERQ (Gross & John, 2003) was chosen. It is a subscale that specifically measures cognitive reappraisal and not expressive suppression. This subscale was chosen because it provides a direct identification of an effective and positive Emotion Regulation strategy. In addition, the scale was specifically designed for the Thai population.

Mindfulness

In the past decades, Mindfulness has dramatically gained its popularity and became one of the most intensely researched topics in psychology. The concept of Mindfulness has been used as a base for the various clinical interventions' developments to improve individuals' well-being. The term 'Mindfulness' was originally derived from Buddhism meditation traditions, in which cultivating Mindfulness is highly prioritized to develop adaptive characteristics (e.g. compassion, awareness and wisdom) and an insight of human suffering through meditation practices (Baer, 2014). It is an English term that was translated from Pali language; Sati combined with Sampajana, which resulted in a direct translation as awareness, circumspection, discernment, and retention (Shapiro, 2009). The term 'sati' together with 'Sampajana' seems to cause difficulties to many scholars to define because it covers multiple dimensions and is very difficult to explain with a single statement. To explain further, sati means to be aware of the present experience and also to remember to be aware of the current events or to do a planned task in the future. Bhikku Bodhi, the Theravadan Scholar and monk, provided a sole definition integrating multiple definitions of Mindfulness and it means, "to remember to pay attention to what is occurring in one's immediate experience with care and discernment" (Shapiro, 2009). To present, philosophers and researchers have constantly revised and come up with many definitions. However, it has not yet agreed on a sole definition. Mindfulness has been conceptualized as a state, a dispositional quality, and a set of skills.

Bishop et al. (2004) provided a theoretical definition of Mindfulness as a state-like quality consisting of two main components. First component is self-regulation of attention, so focus is maintained on the present experiences allowing recognition of cognition processes at the moment. Second component involves having particular attitudes (e.g. openness, curiosity and acceptance) towards the immediate experience. According to Bishop et al. (2004),

Mindfulness is an outcome of a training that includes meditative practices. It began by bringing awareness to the present experiences (e.g. observing and attending the changings in the thoughts), which relied heavily on the ability to regulate the shift of attention. During training, individuals would have to anchor their attention to their current experience (e.g. breathing), while acknowledging that the appearance and disappearance of emotions and thoughts within their minds. This serial of action requires the ability to sustain and be flexible to control the attention. Interestingly, Bishop et al. (2004) further explained that Mindfulness could lead to less ruminative thoughts, as it encourages non-elaborative awareness of thoughts, sensations and feelings as they emerge. Not to be misunderstand, practicing Mindfulness will not induce ones to have better thought suppression; however, it would allow individuals to directly experience the events in the mind and body without going through further elaborative thoughts. In other words, Mindfulness improves the inhibition of secondary elaborative processing of thoughts, not thought suppression. Bishop et al. (2004) further suggested that Mindfulness is considered a metacognition skill, which comprised of two processes: controlling of the cognitive process (self-regulation of attention) and monitoring the flow of the consciousness. In this case, monitoring the flow of the consciousness involves openly orientation to experience, which is the second component. It first begins with a commitment to maintain an attitude of curiosity to the current experience; preventing the attention from drifting away and allowing it to shift back to initial place. Then, current experiences must be observed open-heartedly and experientially as a part of the reality. Having attitude of “acceptance” allows individuals to consciously abandon one’s own favor to a particular event and actively allowing present thoughts, feelings and sensations to enter into the awareness. Consequently, with the adoption of the attitudes (curiosity and acceptance), Mindfulness practices would lead to the reduction of psychological distress. For instance, by adopting these attitudes, unpleasant feelings and thoughts would be revised with

different mindset. Current subjective experience would then replace with the previous one making painful thoughts to be less unpleasant. As stated, Mindfulness is seen as a state-like quality rather than a dispositional quality and can be acquired through practices.

Despite being defined as a state of a cognitive process, Mindfulness is also conceptualized as a dispositional quality. Mindfulness should be considered as a trait-like and not a state, and it is unchanged and consistent over times and across situation (Brown & Ryan, 2003). Contrasting to Bishop et al. (2004), Brown & Ryan (2003) suggested that mindfulness must not be considered a metacognitive because consciousness and cognitive processes are fallen into different distinct modalities. They then continued to define Mindfulness as “open or receptive attention to and awareness of ongoing events and experience” and further included intentional and non judgmental as aspects of Mindfulness. To explain further, Mindfulness should be considered as a dispositional and not a state in their perspective. This is because even though humans have the quality of being awareness and able to direct attention to present experiences, they deploy attention and awareness at different frequencies and also have different level of clarity and sensitivity when perceiving the present moment. Therefore, this suggests that it is an inheritable quality. However, both Bishop et al. (2004) and Brown and Ryan (2003) agreed that it could be enhanced by trainings and would result in a reduction of negative cognitive processes; such as rumination and negativity. In addition, it was agreed among researchers that attention and awareness are essences of mindfulness.

Not to overlook one of the most recognized Western definition of Mindfulness, Kabat-Zinn (2003), a pioneer of the Mindfulness research movement, also proposed an operational definition that is widely used in the field of clinical psychology; that is “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment.” Unlike other

definitions, this definition was developed based initially on Buddhist teachings (Kabat-Zinn, 1991). Moreover, it was used for the construction of an effective intervention; Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 2003). It also includes the dimension of intention, which is often excluded when trying to extract Mindfulness from Buddhism (Shapiro, 2006). For instance, as mentioned, Bishop et al.'s definition (2004) covers partial aspects of Mindfulness excluding intention as part of it.

With the definition, Shapiro (2006) proposed concept of how Mindfulness works. According to Shapiro (2006), mechanism of Mindfulness composed of three core components; intention, attention and attitude. These three axioms are not separate stages; however, they are interwoven aspects of a single cyclic process and occur simultaneously. First and central component of the mechanism is an intention. Kabat-Zinn (1994) stated, “your intentions set the stage for what is possible. They remind one from moment to moment of why one is practicing in the first place”. Shapiro (2006) also stated that her previous study showed intention to practice can explain the relationship of self-regulation, self-exploration and self-liberation; and the outcome. A second basic component is attention; this core of Mindfulness involves in attending moment-to-moment, internal and external experiences. A Third component, attitudes, is also essential. These qualities one has in bring attention can be, for example, kind, warm or even cold. The difference in attitudes that one holds during bringing attention can lead to getting different outcome. Through training or practice Mindfulness, individual learns to attend to their current experience without evaluation or interpretation and also acquire acceptance, openness, and kindness to the occurring experience even if it held expectations or wishes.

Shapiro (2004) further suggested that these three components make complete mindfulness process and lead to re-perceiving. The term ‘re-perceiving’ refers to a shift in one’s perspective and can also be described as “a rotation in consciousness in which what

was previously “subject” becomes “object” (Shapiro, 2004). This developmental process occurs naturally as one grows. As Shapiro (2004) stated, Mindfulness can accelerate and improve the process. Reperceiving allows one to dis-identify from emotions, body sensations or thoughts even if they are painful or unpleasant. Through the process, psychological distress can be avoided and prevented. It interrupts automatic maladaptive habits allowing one to react thoughtfully. For instance, in the case of anxiety, individuals that lack of Mindfulness would identify strongly as anxiety arises. Because of the strong identification to it, they become less controlled and react to it unskillfully. But with the skill of reperceiving, we take a stand out and observe the current emotional state; this gives us greater degree of freedom to react to the emotion. To summarize, reperceiving facilitates more adaptive, flexible responding to the environment and also the capacity to observe one’s mental commentary about the experiences.

Even though we acknowledge various definitions of Mindfulness, we select the definition given by Kabat-Zinn (2003) because it has been widely used in the field of psychology, especially clinical psychology and, more importantly, it was used in many researches that found Mindfulness to be associated with our interested variables (psychological distress and emotion regulation). In other words, Mindfulness was defined in such a way that is suitable and workable with psychopathological area. In the perspective of skills training approach, Mindfulness can be improved over time through trainings and through different kind of meditative practices (Tanner et al., 2009). Researches showed evidence constant practicing of Mindfulness could lead to positive outcomes to well-being to both psychological and non-psychological individuals. For example, Sears and Kraus (2009) conducted a study investigating if Mindfulness-Based interventions, including bare attention Mindfulness practice and loving-kindness practice, would have an effect to anxiety, negative affect, and hope. The results showed that after underwent through Mindfulness-Based

interventions, participants showed less anxiety, negative affect and more hope; and also decrease cognitive distortions, which mediated the listed variables. Because of such benefits, it has been increasingly used as a clinical intervention to deal with various problematic conditions. Brown and Ryan (2003) stated that Mindfulness is one of the attributes of consciousness and associated with high self-awareness, self-regulation, positive emotion states self-esteem and life satisfaction, as well as low levels of neuroticism, anxiety and depressive symptoms. Furthermore, it also helps patients with cancers to have a low mood disturbances and stress. Walach and colleagues (2006) also conducted a validation study showing that FMI is a reliable and valid for measuring mindfulness. Hence, FMI would be an appropriate measurement for the current study.

Psychological Distress, Emotion Regulation, and Mindfulness

The relationship between Emotion Regulation and Mindfulness as found by Jimenez, Niles & Park (2010) showed that higher levels of Mindfulness were related with higher levels of Emotion Regulation expectancies and positive emotion. Mindfulness promotes Emotion Regulation by increasing the awareness of the emotion as they emerge, making non-biased labeling emotion and also allowing emotion to emerge and goes without being non-judgemental or reactive to it. As a result, it generates positive emotions and also better Emotion Regulation. In addition, Goodall, Trejnowske and Darling (2012) supported this further and found that the association between Emotion Regulation and Mindfulness is because of an overlapping conceptualization of the constructs. Specifically, both concepts are characterized by awareness and acceptance of emotion as essential components. Moreover, in a study conducted by Hill and Updegraff (2012), it was found that self-report levels of Mindfulness are associated with higher levels of differentiation of one's discrete emotion experiences, which is representative of having an effective Emotion Regulation. Additionally, Feldman, Hayes, Kumar, Greeson, and Laurenceau (2007) found significant correlations

between adaptive Emotion Regulation strategies and Mindfulness. Furthermore Chambers, Gullone, and Allen (2009) even suggested an integration of Mindfulness and Emotion Regulation where emotions may be experienced with nonjudgmental awareness and mindful attention. Clearly, evidence supported a robust association between Emotion Regulation and Mindfulness.

The relationship between Emotion Regulation and Psychological Distress as suggested by empirical evidence is also vigorous. According to Gross and Munoz (1995), the dysregulation of emotions is at the foundation of depression in which the intensity, persistence, and length of negative emotions are increased and those of positive emotions are decreased. In addition, across various literatures on Emotion Regulation and anxiety disorders, the majority has shown Emotion Regulation to have an important role in the causation and maintenance of anxiety disorders (Amstader, 2008). Specifically, Amstader (2008) suggested that suppression strategies are maladaptive and that reappraisal strategies are beneficial for those with anxiety disorders. Furthermore, Wang & Saudino (2011) described that Emotion Regulation help individuals evaluate the emotional influence of stressful event and help choose appropriate emotional reactions and how to express them. Additionally, Emotion Regulation and stress also share common neural structures, which explain its connected relationship.

The relationship between Mindfulness and Psychological Distress is also found in various literatures. Bockstaele and Bogels (2014) stated that Mindfulness based therapy was found to be relatively effective in treating anxiety disorders. In a pilot study where participants suffered from Social Anxiety Disorder (SAD), and underwent a nine-week intervention of mindfulness meditation and concentration training, they reported lower levels of social anxiety, less self-focused attention and fear of negative evaluation and these effects were also maintained at 2-months follow-up. In addition, the study done by Ossman, Wilson,

Storaasli, and McNeill (2006) with SAD patients who received Mindfulness techniques that were incorporated in the Acceptance and Commitment-based Therapy (ACT), showed that from the participants self-report, they had reduced social anxiety and more interestingly they found the effect to be even stronger after three-month follow up. Moreover, Vøllestad, Sivertsen, Nielsen (2011) found that when compared to the control condition, patients with heterogeneous anxiety disorder gained more benefits from mindfulness training such that the decrease in their Spielberger State Trait Anxiety Inventory scores. In addition, relative to the control group, the MBSR condition also showed significant reduction in their scores from the PennState Worry Questionnaire.

Beside the relationship with anxiety, Mindfulness was also found to be beneficial towards depression. Walach et al. (2006) found that increasing Mindfulness can result in decreasing psychological symptoms, which seems to negatively correlate with the level of Mindfulness. Individuals with high psychological distress usually score low on Mindfulness scale. Moreover, Kiken & Shook (2014) investigated whether Mindfulness is differentially associated with thought that emphasizes positive or negative thinking. The result showed that Mindfulness was inversely associated with negative rumination, but unassociated with positive rumination. They also found that after going through a mindful breathing meditation, participants reported fewer negative thoughts when viewing negative image and more of neural thoughts. Similarly, Kiken and Shook (2012) found that when the level of Mindfulness increases, negatively biased cognition contributing to lower emotional distress. They further suggested that this may explain how Mindfulness can protect against the maintenance of anxiety and depression symptoms. Additionally, Lo, Ng, Chan, Lam, Lau (2013) found that participants who received Compassion-Mindfulness therapy, as compared to the control group had significant decline in depression, anxiety, and stress. Lastly, Song & Lindquist

(2015) showed that MBSR could reduce depression, anxiety and stress as well as improve Mindfulness.

Regardless of all of the relationships mentioned, to date there has been no research conducted on the relationship between Emotion Regulation, Mindfulness, and Psychological Distress. Specifically, in the direction where Mindfulness could act as a moderator for Emotion Regulation and Psychological Distress. The reasons are that (a), similarly to Emotion Regulation, Mindfulness was also found to decrease Psychological Distress, and (b) Mindfulness may also potentially have a strengthening effect on the relationship between Emotion Regulation and Psychological Distress.

Current study

The purpose of the current study is to examine the effect of Emotion Regulation and Mindfulness on Psychological Distress. We are interested in these three variables because research has found that Emotion Regulation and Mindfulness are related to Psychological Distress. Such that, having high Emotion Regulation or Mindfulness could lead to low Psychological Distress, where Emotion Regulation was also found to be associated with Mindfulness. Thus, with previous findings, we aim to investigate whether Mindfulness could moderate the relationship of Emotion Regulation and Psychological Distress. Specifically, that the negative association between Emotion Regulation and Psychological Distress would be strengthened with high Mindfulness, and less strong with low Mindfulness. Therefore, the first hypothesis is that those who score high on Emotion Regulation, regardless of the influence from Mindfulness would have lower score on Psychological Distress. Second, the current study also predicted that those who score high on Mindfulness, regardless of the influence from Emotion Regulation would have lower score on Psychological Distress. Lastly, we also hypothesized that Mindfulness would strengthen the Relationship between Emotion Regulation and Psychological Distress. Specifically, individuals with high Emotion

Regulation and Mindfulness would have lower level of Psychological Distress than those with high Emotion Regulation and low Mindfulness.

This study could contribute to previous researches by providing additional empirical evidence regarding Mindfulness, Emotion Regulation and Psychological Distress from Eastern culture, specifically the Thai culture.

Conceptual Framework

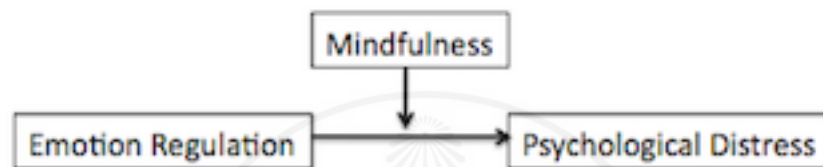


Figure 1. *Mindfulness as a moderator in the relationship between Emotion Regulation and Psychological Distress.*

Methodology

Participants

Participants were 101 undergraduate students from Chulalongkorn University in Bangkok, Thailand, which consisted of 63 female participants and 37 male participants. Participants were also asked to complete demographic information (including sex, age, faculty, and year of study) before completing the questionnaires. Participants' ages range from 18 to 26 years, with a mean age of 20.15 years ($SD = 1.44$).

Materials

The Depression, Anxiety, and Stress scale (DASS). Psychological Distress was measured using DASS (Lovibond & Lovibond, 1995). DASS is a 21 item self-report measure of distress. It has three subscales that measure depression, anxiety and stress, and include seven items each. Participants are required to rate their experience of symptoms in the past two weeks on a four-point rating scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). Example questions are "I find it hard to wind

down” and translated into Thai as “ข้าพเจ้ารู้สึกว่ายากที่จะผ่อนคลายอารมณ์” (Lovibond & Lovibond, 1995) and “I was worried about situations in which I might panic and make a fool of myself” which was translated into Thai as “ข้าพเจ้ารู้สึกกังวลกับเหตุการณ์ที่อาจทำให้ข้าพเจ้ารู้สึกตื่นกลัวและกระทำสิ่งใดโดยมิได้คิด” (Lovibond & Lovibond, 1995). Higher scores indicated higher levels of depression, anxiety and stress. Reliability of the DASS-42 Thai version ranges between depression ($\alpha = .91$), anxiety ($\alpha = .84$) and stress ($\alpha = .90$) (Jarukasemthawee, 2015).

Emotion Regulation. The Cognitive Reappraisal Subscale (CRS; Pisitsungkagarn, 2014). is a 6-item self-report scale assessing Emotion Regulation. The scale is used to measure one’s tendency to regulate their emotions via cognitive reappraisal. Sample items include “I control my emotions by changing the way I think about the situation I’m in” that was translated as “ฉันควบคุมอารมณ์ที่มีโดยเปลี่ยนวิธีคิด ถึงเหตุการณ์ที่เจอ” and “when I want to feel more positive emotion (such as joy or amusement), I change what I’m thinking about” which was translated into “เวลาที่ฉันต้องการปรับอารมณ์ให้ดีขึ้น (เช่นอยากรู้สึกแจ่มใสหรือสนุกมากขึ้น) ฉันจะเปลี่ยนเรื่องที่ฉันนึกถึง”. A 5-point Likert scale was used with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). High score indicates high emotion regulation. The scale has demonstrated good internal consistency ($\alpha = .88$).

The Freiburg Mindfulness Inventory. The Freiburg Mindfulness Inventory (FMI) (Walach, Buchheld, Buttenmuller, Kleinknecht, & Schmidt, 2006) is a 14 item self-report scale assessing Mindfulness across four constructs: present-moment, non-judgmental towards self and others, openness to negative mind states, and process oriented insight understanding. The scale provides a total Mindfulness score, which was used in the current study. Examples of the items are “I am open to the experience of the present moment” was translated to “ฉันเปิดรับกับประสบการณ์ต่าง ๆ ด้วยใจที่อยู่กับปัจจุบัน” and “in difficult situations, I can pause without immediately reacting” was translated to “ในสถานการณ์ที่ยุ่งยากฉันหยุดนิ่งโดยไม่

โต้ตอบ อย่างทันทีทันใด”. The scale was 4-point Likert Scale, ranging from 1 (rarely) to 4 (almost always). High score indicates high mindfulness. The scale has demonstrated good internal consistency ($\alpha = .88$).

Procedure

A set of the questionnaires consisted of three scales; DASS, FMI and CRS were given to participants. The questionnaires were distributed randomly and participants voluntarily completed the questionnaires with confidentiality.

Data Analysis

Descriptive analysis was first computed by SPSS to find the distribution mean, and standard deviation of scores for the variables that were examined. The hypotheses were tested by moderation regression analysis using SPSS version 21.

Results

All variables were tested for the assumptions of normality. The score of mindfulness and emotional regulation met the assumptions of normality. However, descriptive statistics suggested slight positive skewness for Psychological Distress. Analysis was run on transformed and raw data and the pattern of findings was identical, and so results for the raw data are presented.

A moderated multiple regression analysis was conducted as shown in Table 1, the result showed a significant correlation between Mindfulness and Psychological Distress, $r = -.38, p < .001$. Such that, those who scored high on Mindfulness ($M = 37.24, SD = 5.58$) scored low on Psychological Distress ($M = 18.16, SD = 10.33$). In addition, a significant correlation between Emotion Regulation and Psychological Distress was also found, $r = -.29, p = .003$. Individuals who scored high on Emotion Regulation ($M = 22.26, SD = 4.38$) scored low Psychological Distress. This indicated that the independent variables have high validities. Mindfulness was found to have stronger correlation with Psychological distress than Emotion

Regulation. Furthermore, the result also revealed a significant correlation between two independent variables, $r = .34, p = .001$. In other words, Mindfulness and Emotion Regulation are not independent from each other.

A regression analysis was also conducted. As shown in Table 2, a total of 18% of the variance of the dependent variable was predicted by both Mindfulness and Emotion Regulation, $F_{ch.}(1, 97) = .17, p = .677$. When interaction is excluded, the predictors predicted 17% of the dependent variable's variance; indicating that the interaction predicted only 0.1% of the dependent variable's dependent variance. Mindfulness significantly and uniquely explained 9% of the variance in the criterion, whereby higher value of mindfulness predicted low psychological, $\beta = -.32, p = .002$. Moreover, 3% of the dependent variable's variance was uniquely, but non-significantly, explained by Emotion Regulation; such that, higher value of Emotion Regulation predicted low Psychological Distress, $\beta = -.19, p = .059$. Thus, the shared variability in the model was 5% of the dependent variable's variance. The analysis also showed no significant interaction between Mindfulness and Emotion Regulation on Psychological Distress; therefore, no further analysis was conducted.

Table 1.

Descriptive Statistics and Intercorrelations between Mindfulness, Emotion Regulation and Psychological Distress.

Variable	<i>M (SD)</i>	1	2	3
1. Mindfulness	37.24 (5.58)	1.00		
2. Emotion Regulation	22.26 (4.38)	.34***	1.00	
3. Psychological Distress	18.16 (10.33)	-.38***	-.29**	1.00

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2.

Variables predicting Psychological Distress.

IV	B	SE	β	Squared part of correlation
Constant	18.158	.943		
Mindfulness	-.584	.180	-.315	.096
Emotion Regulation	-.439	.230	-.186	.035
Mindfulness* Emotion Regulation	.015	.036	.039	.002

Discussion

The current study aimed to investigate the moderating effect of Mindfulness on the relationship between Emotion Regulation and Psychological Distress (depression, anxiety and stress). This study was the first research to investigate the effect among Thai samples. The findings of this study revealed that Mindfulness was related to Psychological Distress. Such that, individuals who were more mindful showed lower Psychological Distress. Moreover, Emotion Regulation was also associated with Psychological Distress where individuals who were better at regulating their emotion showed lower Psychological Distress. Additionally, Mindfulness was a stronger predictor of Psychological Distress than Emotion Regulation; whilst Mindfulness and Emotion Regulation were associated and dependent on each other. However, no moderating effect was found.

Previous research studies had found a positive relationship between Mindfulness and Emotion Regulation (Jimenez, Niles & Park, 2010; Goodall, Trejnowske & Darling, 2012; Hill & Updegraff, 2012; Feldman et al., 2007; Chambers, Gullone, & Allen, 2009). Since a negative relationship between Emotion Regulation and Psychological Distress (Gross & Munoz, 1995; Amstader, 2008; Wang & Saudino, 2011) and a negative relationship between Mindfulness and Psychological Distress were also found (Bockstaele & Bogels, 2014; Ossman et al., 2006; Vøllestad, Sivertsen, Nielsen, 2011; Walach et al., 2006; Kiken & Shook, 2014; Lo et al., 2003; Song & Lindquist, 2015), this provokes a question whether

Mindfulness could be a moderator in the relationship between Emotion Regulation and Psychological Distress.

The findings of this study were consistent with the first hypothesis, which stated that those who have high Emotion Regulation would have low Psychological Distress. It supported the study conducted by Gross and Munoz (1995), which suggested that the main cause of depression is the inability to efficiently regulate emotions. They further implied that dysregulation of emotions lengthens negative emotion and lower positive emotions; as a result, this led to symptoms of depression. Moreover, consistent to Amstader's findings (2008), Emotion Regulation plays an important role in initiating and precipitating symptoms of anxiety disorder. Additionally, current findings may also underlie the fact that Emotion Regulation influences the evaluation of stressful events and that Emotion Regulation and stress share common neural structures (Wang & Saudino, 2011).

Moreover, consistent with the study's second hypothesis, individuals who were more mindful showed lower Psychological Distress. This supported various studies, which found that utilizing mindfulness interventions was effective in treating anxiety disorders (Bockstaele & Bogels, 2014; Ossman et al., 2006; Vøllestad, Sivertsen & Nielsen, 2011). Not only that it was beneficial towards reduction of anxiety symptoms, but also it was beneficial towards depression reduction. In congruent to Walach et al.'s study (2006), high Mindfulness could result in reduction of depressive symptoms and individuals who had high Psychological Distress tend to be less mindful. Kiken and Shook (2014) suggested that Mindfulness reduced depression through the process of decreasing negative rumination, which is one of the fundamental components of Psychological Distress. Likewise, Kiken and Shook (2012) also found that increasing level of Mindfulness lowers negative biased cognition which leads to prevention of emotional distress. As a result, Mindfulness could possibly prevent anxiety and depression from persistent occurrence. Furthermore, the current study supported previous

findings (Lo et al., 2013; Song & Lindquist, 2015) that Mindfulness therapy could reduce overall Psychological Distress, including depression, anxiety and stress.

In contradiction to the study's third hypothesis, which posits that Mindfulness could have a moderating effect on the relationship between Emotion Regulation and Psychological Distress, the study's result showed no interaction among these three variables. Therefore, no moderating effect was found. In other words, regardless of the level of Mindfulness or Emotion Regulation, individuals high in either variable (Emotion Regulation and Mindfulness) would show lower level of Psychological Distress. Inversely, individuals low in either variable would show higher level of Psychological Distress. In the current study, Mindfulness was highly correlated with Emotion Regulation. From the results, speculations to this pattern of findings may come from the overlapping concepts between Emotion Regulation and Mindfulness. That is, according to Lazarus and Alfert (1964), one of the ways to regulate emotion is through cognitive reappraisal where individuals reconstruct situations and thought processes in order to alter the subsequent course of emotion and its expression (Gross & John, 2003; Gross & Thompson, 2007). Similarly, according to Shapiro's conceptualization (2004), a component of Mindfulness includes 'reperceiving' event, which refers to shift in one's perspective to other person's perspective. It allows an individual to step out and observe their present emotional state; hence, it gives the individual a greater degree of freedom to react to emotion. Thus, the process of reperceiving could be considered as a way of the cognitive reappraisal that aims to modify one's cognitive process. In addition, effective Emotion Regulation strategies and Mindfulness both require awareness as a key component. Specifically, having an awareness of the situation can help individuals change the way things are perceived. In the process of Emotion Regulation, individuals must first become aware of their emotions and acknowledge it before they can regulate their emotions (Gross and Thompson, 2007). Similar to Gross and Thompson (2007), Kabat-Zinn posited

that an essence of being mindful is being aware of the present moment. Therefore, it is plausible to assume that Mindfulness and Emotion Regulation may involve similar processes.

In this study, even though Mindfulness was not found to be a moderator in the relationship between Emotion Regulation and Psychological Distress, Mindfulness was found to be a more important predictor of Psychological Distress than Emotion Regulation. This may be because Mindfulness is a much more complex concept that encompasses several components including: present-moment, non-judgmental towards self and others, openness to negative mind states, and process oriented insight understanding (Walach et al., 2006), that could affect psychological distress. Mindfulness can be regarded as having more elements that influences Psychological Distress than Emotion Regulation. According to Walach et al. (2006), psychological symptoms were found to be negatively correlated to the level of Mindfulness. For instance, Beck's cognitive triad model posits that depression arises from the three main dysfunctional beliefs that an individual possess (negative thought about the self, the world, and the future). Mindfulness addresses these dysfunctional beliefs through being non-judgmental and staying in the present moment. Particularly, that being non-judgmental allows individuals to gain more control over the dysfunctional beliefs regarding the self and the world. Furthermore, being in the present moment acts as a protective factor towards the negative thought towards the future. Moreover, Mindfulness also prevents anxiety by allowing individuals to 'reperceive' the ambiguous situations as non-threatening. Lastly, it also protects against stress through the process of being non-judgemental towards the self when environmental demands are inconsistent with the individual's resources. However, Emotion Regulation may target the consequence of the problem; which is through regulating negative emotion.

Strengths and limitation

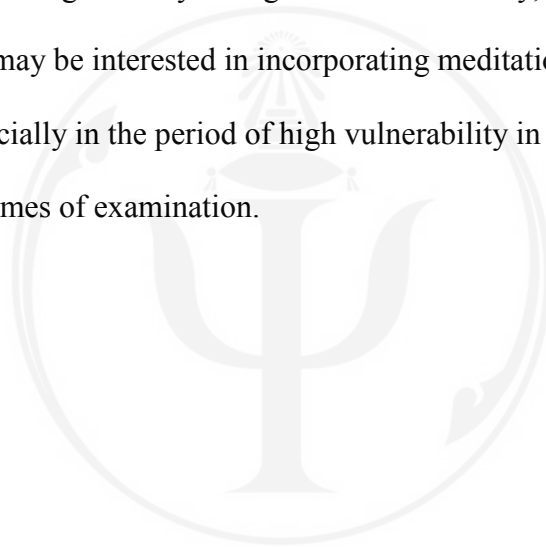
It was acknowledged that this study has several strengths and limitations. The first strength is that the questionnaires that were used to administer are psychometrically well established. All questionnaires were high in reliability and validity. Therefore, the data collected is credible. For instance, questions in the Emotion Regulation scale were specifically designed for the Thai population. Another strength was that it was a cautious decision that the questionnaires were chosen at an appropriate length. On the other hand, several limitations were also recognized, which were not uncommon to other pioneer studies. First limitation is that the generalizability of the results may be restricted because the sample in this study were only comprised of undergraduate students from one university. Moreover, the sample size was too small. Another limitation is that Mindfulness and Emotion Regulation difficulties are both complex constructs that may not be fully captured by self-report instruments. Such that participants may not be fully aware of their degree of Mindfulness and Emotion Regulation which may cause response bias and inaccuracy in the process of data collection.

Future research

Given the present findings, the most important direction for future research is to increase the sample size and widen the sample group, so that the finding could be generalized to the wider population. In addition, an experimental design could be implemented instead of self-report measurements. For instance, participants could be introduced with Mindfulness training program as a part of the experimental design and are measured for the outcome after completion. Future studies could also investigate the mediating effect of Emotion Regulation on the relationship between Mindfulness and Psychological Distress.

Implications

The study's findings can be applied to real world context in several ways. First, the findings provide further knowledge to the field of Mindfulness, Emotion Regulation and Psychological Distress. Specifically, it implied that Emotion Regulation and Mindfulness are potentially associated with Psychological Distress. Second, the current findings may also strengthen existing knowledge that both Emotion Regulation and Mindfulness may potentially reduce depression, anxiety and stress. Mindfulness and Emotion Regulation could also act as protective factors against Psychological Distress. Lastly, with this knowledge, schools and universities may be interested in incorporating meditation exercises into the educational setting. Especially in the period of high vulnerability in developing psychological distress, such as during times of examination.



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Appendix A: Syntax

```
DATASET ACTIVATE DataSet1.
COMPUTE ER=ER1 + ER2 + ER3 + ER4 + ER5 + ER6.
EXECUTE.
```

```
COMPUTE DASS=DASS1 + DASS2 + DASS3 + DASS4 + DASS5 + DASS6 + DASS7 +
DASS8 + DASS9 + DASS10 +
  DASS11 + DASS12 + DASS13 + DASS14 + DASS15 + DASS16 + DASS17 + DASS18
+ DASS19 + DASS20 + DASS21.
EXECUTE.
```

```
COMPUTE MF=M1 + M2 + M3 + M4 + M5 + M6 + M7 + M8 + M9 + M10 + M11 + M12
+ M13 + M14.
EXECUTE.
```

```
DESCRIPTIVES VARIABLES=Sex Age Year MediPrac ER DASS MF
  /STATISTICS=MEAN SUM STDDEV MIN MAX SKEWNESS.
```

```
COMPUTE cMF=MF - 37.2376.
EXECUTE.
```

```
COMPUTE cER=ER - 22.2574.
EXECUTE.
```

```
COMPUTE InterMFER=cMF * cER.
EXECUTE.
```

```
CORRELATIONS
/VARIABLES=DASS cMF cER
/PRINT=TWOTAIL NOSIG
/STATISTICS DESCRIPTIVES
/MISSING=LISTWISE.
```

```
REGRESSION
/DESCRIPTIVES MEAN STDDEV CORR SIG N
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA CHANGE ZPP
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT DASS
/METHOD=ENTER cMF cER
/METHOD=ENTER InterMFER.
```

Appendix B: Questionnaires



แบบสอบถาม

คำชี้แจง

แบบสอบถามชุดนี้ มีวัตถุประสงค์เพื่อสำรวจความรู้สึกนึกคิดที่นิสิตนักศึกษาที่มีต่อชีวิตของตนเอง

ขอให้ท่านอ่านข้อคำถามที่ละเอียด และเลือกคำตอบที่ท่านพิจารณาแล้วเห็นว่าตรงกับความเป็นจริงของท่านมากที่สุด คำตอบที่ท่านเลือกตอบในแต่ละข้อไม่มีถูกหรือผิด ขอท่านโปรดเลือกตอบเพียงคำตอบเดียว และขอความกรุณาให้ท่านตอบให้ครบทุกข้อ

ผู้วิจัยขอขอบคุณท่านเป็นอย่างยิ่ง มา ณ โอกาสนี้ ที่ได้กรุณาสละเวลาอันมีค่าเพื่อตอบแบบสอบถามฉบับนี้ ความร่วมมือที่ท่านให้ในครั้งนี้จะเป็นประโยชน์และมีคุณค่าอย่างยิ่งต่อการพัฒนาองค์ความรู้ทางวิชาการสำหรับบุคคลที่ต้องการพัฒนาตนเอง

คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย

Faculty of Psychology, Chulalongkorn University

ขอขอบพระคุณทุกท่านที่ตอบแบบสอบถามมา ณ โอกาสนี้

ชื่อนิสิต

ตอนที่ 1: ข้อมูลส่วนบุคคล

1. เพศ (1) ชาย (2) หญิง
2. อายุ ปี
3. คณะที่ท่านศึกษาอยู่.....ชั้นปีที่.....
4. ในช่วง 1 เดือนที่ผ่านมา ท่านได้ฝึกสมาธิอย่างน้อยวันละ
 ไม่ได้ฝึก 0-15 นาที 16-30 นาที 31-45 นาที 46 นาทีขึ้นไป

ตอนที่ 2: แบบสอบถาม

แบบสอบถามที่ 1

ขอให้ท่านอ่านข้อคำถามด้านล่างต่อไปนี้ และพิจารณา ประสบการณ์ของตัวเองท่าน ในช่วง 2 สัปดาห์ที่ผ่านมาจนถึง ณ ปัจจุบัน ซึ่งคำตอบของท่าน ไม่มีผิด และ ไม่มีถูก ท่านสามารถใช้ข้อความด้านล่างนี้ ประกอบการตอบข้อคำถามแต่ละข้อ

- 1 = นาน ๆ ครั้ง หมายถึง ข้อความนั้นตรงกับประสบการณ์ของตัวเองท่าน นานครั้ง ๆ
- 2 = เป็นบางครั้ง หมายถึง ข้อความนั้นตรงกับประสบการณ์ของตัวเองท่าน เป็นบางครั้ง
- 3 = ค่อนข้างบ่อย หมายถึง ข้อความนั้นตรงกับประสบการณ์ของตัวเองท่าน ค่อนข้างบ่อย
- 4 = เสมอ หมายถึง ข้อความนั้นตรงกับประสบการณ์ของตัวเองท่าน เสมอ

เติมเครื่องหมาย ๐ ในช่องที่ตรงกับตัวท่านมากที่สุด

ข้อที่	ข้อความ	นาน ๆ ครั้ง	เป็น บางครั้ง	ค่อนข้าง บ่อย	เสมอ
1	ฉันเปิดรับกับประสบการณ์ต่าง ๆ ด้วยใจที่อยู่กับปัจจุบัน	1	2	3	4
2	ฉันรับรู้ตัวเองทุกขณะ ไม่ว่าจะป็นตอนรับประทานอาหาร ทำอาหาร ทำความสะอาด หรือขณะพูด	1	2	3	4
3	เมื่อฉันรู้สึกตัวว่าฉันใจลอย ฉันจะตั้งใจเพื่อให้ฉันคืนกลับสู่ปัจจุบันขณะอย่างนุ่มนวล	1	2	3	4
4	ฉันเห็นคุณค่าในตนเอง	1	2	3	4
5	ฉันใส่ใจว่าจะอะไรเป็นสาเหตุของการกระทำต่าง ๆ ของฉัน	1	2	3	4
6	ฉันเห็นข้อผิดพลาด และปัญหาของตนเอง โดยไม่มีอคติ	1	2	3	4
7	ฉันเข้าถึงประสบการณ์ของฉันที่เป็นปัจจุบันขณะ	1	2	3	4
8	ฉันยอมรับกับประสบการณ์ที่ไม่เป็นสุขได้	1	2	3	4
9	ฉันไม่โกรธตัวเอง เมื่อมีสิ่งต่าง ๆ ผิดพลาด	1	2	3	4
10	ฉันเฝ้ามองความรู้สึกต่าง ๆ ของตนเอง โดยไม่จมดิ่งไปกับมัน	1	2	3	4

11	ในสถานการณ์ที่ยังยาก ฉันหยุดนิ่ง โดยไม่ได้ตอบ อย่างทันทีทันใด	1	2	3	4
12	ฉันมีประสบการณ์กับความสงบภายในจิตใจและ ความปลอดโปร่ง ถึงแม้สิ่งต่าง ๆ จะวุ่นวาย และตึง เครียด	1	2	3	4
13	ฉัน ไม่อดทนกับตนเอง และผู้อื่น	1	2	3	4
14	ฉันยอมรับได้ เมื่อพบว่าบางครั้งตัวเองทำให้ชีวิต ยุ่งยากไปอย่างไร	1	2	3	4

แบบสอบถามที่ 2

โปรดอ่านข้อความแต่ละข้อและวงกลมหมายเลข 0, 1, 2 หรือ 3 ที่ระบุข้อความได้ตรงกับ
ท่านมากสุดในช่วงสัปดาห์ที่ผ่านมา ทั้งนี้
ไม่มีคำตอบที่ถูกหรือคำตอบที่ผิด ท่านไม่ควรใช้เวลามากนักในแต่ละข้อความ
เกณฑ์การประเมินมีดังนี้:

- 0 = ไม่ตรงกับข้าพเจ้าเลย
1 = ตรงกับข้าพเจ้าบ้าง หรือเกิดขึ้นเป็นบางครั้ง
2 = ตรงกับข้าพเจ้า หรือเกิดขึ้นบ่อย
3 = ตรงกับข้าพเจ้ามาก หรือเกิดขึ้นบ่อยมากที่สุด

ข้อ ที่	ข้อความ	ไม่ ตรง	เป็น บางครั้ง	ค่อนข้าง บ่อย	สม่ำเสมอ
1	ข้าพเจ้ารู้สึกว่ายากที่จะผ่อนคลายอารมณ์	0	1	2	3
2	ข้าพเจ้าทราบที่ข้าพเจ้ามีอาการปากแห้ง	0	1	2	3
3	ข้าพเจ้ารู้สึก ไม่ดีขึ้นเลย	0	1	2	3
4	ข้าพเจ้ามีอาการหายใจลำบาก (เช่นมีอาการหายใจ เร็วขึ้นผิดปกติมีอาการหายใจไม่ออกแม้ว่าจะไม่ได้ ออกแรง)	0	1	2	3
5	ข้าพเจ้ารู้สึกทำกิจกรรมด้วยตนเองได้ค่อนข้าง ลำบาก	0	1	2	3
6	ข้าพเจ้าเริ่มมีปฏิกิริยาตอบสนองต่อสิ่งต่าง ๆ มาก เกินไป	0	1	2	3
7	ข้าพเจ้ามีอาการสั่น (เช่น ที่มือทั้งสองข้าง)	0	1	2	3
8	ข้าพเจ้ารู้สึกว่าข้าพเจ้าวิตกกังวลมาก	0	1	2	3
9	ข้าพเจ้ารู้สึกกังวลกับเหตุการณ์ที่อาจทำให้ข้าพเจ้า รู้สึกตื่นกลัวและกระทำสิ่งใดโดยมิได้คิด	0	1	2	3
10	ข้าพเจ้ารู้สึกว่าข้าพเจ้าไม่มีเป้าหมาย	0	1	2	3

11	ข้าพเจ้าเริ่มรู้สึกว่าข้าพเจ้ามีอาการกระวนกระวายใจ	0	1	2	3
12	ข้าพเจ้ารู้สึกไม่ผ่อนคลาย	0	1	2	3
13	ข้าพเจ้ารู้สึกจิตใจหงายหงอยและเศร้าซึม	0	1	2	3
14	ข้าพเจ้าทนไม่ได้กับภาวะใดก็ตามที่ทำให้ข้าพเจ้าไม่สามารถทำอะไรต่อจากที่ข้าพเจ้ากำลังกระทำอยู่	0	1	2	3
15	ข้าพเจ้ารู้สึกว่าข้าพเจ้ามีอาการคล้ายกับอาการหัววิตก	0	1	2	3
16	ข้าพเจ้าไม่รู้สึกกระตือรือร้นต่อสิ่งใด	0	1	2	3
17	ข้าพเจ้ารู้สึกเป็นคนไม่มีคุณค่า	0	1	2	3
18	ข้าพเจ้ารู้สึกว่าข้าพเจ้าค่อนข้างมีอาการฉุนเฉียวง่าย	0	1	2	3
19	ข้าพเจ้ารับรู้ถึงการทำงานของหัวใจของข้าพเจ้าในตอนที่ข้าพเจ้าไม่ได้ออกกำลังกาย (เช่น รู้สึกถึงการเต้นของหัวใจเพิ่มขึ้น การหยุดเต้นของหัวใจ)	0	1	2	3
20	ข้าพเจ้ารู้สึกกลัวโดยไม่มีเหตุผลใดๆ	0	1	2	3
21	ข้าพเจ้ารู้สึกว่าชีวิตไม่มีความหมาย	0	1	2	3

แบบสอบถามที่ 3

คำชี้แจง: โปรดอ่านและพิจารณาข้อความแต่ละข้อ และเขียนเครื่องหมาย O ลงในช่องที่ตรงกับความคิดเห็นของท่านมากที่สุดเพียงช่องเดียวในแต่ละข้อ และโปรดตอบคำถามให้ครบทุกข้อ

ข้อความ	ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	เห็นด้วยและไม่เห็นด้วยพอๆกัน	เห็นด้วย	เห็นด้วยอย่างยิ่ง
1. เวลาที่ฉันต้องการปรับอารมณ์ให้ดีขึ้น (เช่น อยากรู้สึกแจ่มใสหรือสนุกมากขึ้น) ฉันจะเปลี่ยนเรื่องที่ฉันกำลังนึกถึง	1	2	3	4	5
2. เวลาที่ฉันต้องการลดอารมณ์ทางลบ (เช่น ความเศร้าเสียใจ หรือความโกรธ) ฉันจะเปลี่ยนเรื่องที่ฉันกำลังนึกถึง	1	2	3	4	5
3. เวลาที่ฉันต้องเผชิญกับเหตุการณ์ตึงเครียด ฉันจะบอกให้ตัวเองเปลี่ยนไปคิดถึงเหตุการณ์นั้นในมุมที่ทำให้ฉันสงบลง	1	2	3	4	5
4. เวลาที่ฉันต้องการปรับอารมณ์ให้ดีขึ้น ฉันจะ	1	2	3	4	5

เปลี่ยนวิธีคิดถึงเหตุการณ์ที่เจอ					
5. ฉันควบคุมอารมณ์ที่มี โดยเปลี่ยนวิธีคิดถึงเหตุการณ์ที่เจอ	1	2	3	4	5
6. เวลานั้นอยากลดอารมณ์ทางลบที่มี ฉันจะเปลี่ยนวิธีคิดถึงเหตุการณ์ที่เจอ	1	2	3	4	5



คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย
Faculty of Psychology, Chulalongkorn University

Biography

Phongchat Pattananarongkorn

Phongchat Pattananarongkorn is a diligent fourth-year student who has recently graduated from the University of Queensland, Australia with a Bachelor of Arts with Extended Major in Psychology in the year of 2014. Currently, he is studying in the Joint International Psychology Program (JIPP) at Chulalongkorn University, Thailand. He was honored and appreciated for having the opportunity to study in two world-class universities. Not only it gave him the experience of studying abroad, but it also gave him the knowledge of Psychology in western perspective.

Nutnaree Padungsatayawong

Nutnaree Padungsatayawong is one of the students in the second cohort of the Joint International Psychology Program (JIPP) at Chulalongkorn University, Thailand. The program she is studying in is a joint program with the University of Queensland, Australia which Nutnaree had successfully completed a Bachelor of Arts with Extended Major in Psychology in December, 2014 and will be receiving a Bachelor of Science Chulalongkorn University in 2015. She had gained great opportunities and experience from studying at these two prestigious universities, which differs in its culture and educational perspectives.

Chitchanok Cherdchoochart

Chitchanok Cherdchoochart is an undergraduate student in the Joint International Psychology Program at Chulalongkorn University, Thailand. She has received a Bachelor of Arts in Psychology from the University of Queensland, Australia in 2014 and will also be graduating with a Bachelor of Science in Psychology. She has gained valuable experiences from Australia and Thailand. As part of the program, she was given the opportunity to conduct a research study on the moderating role of mindfulness on psychological distress and emotion regulation in Thai adolescents.