The Role of Dispositional Mindfulness and Self-Compassion as Buffers in the Relationship between Negative Life Events and Symptoms of Depression.

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Declarations

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the conditions of the Copyright Act 1968.

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I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of this thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices.

Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis contains a scholarly work of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint scholarly work.

Signed:

____________________________________                ____________
Alexandra Arentz                                    Date
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Abstract

Scope

Previous research has shown that significant relationships exist between the constructs of mindfulness, self-compassion, negative life events and psychological distress, specifically depression. It is well established that both mindfulness and self-compassion are positively associated with psychological health (Baer, 2003; Keng, Smoski & Robins, 2011; MacBeth & Gumley, 2012), and that each helps individuals to cope with negative life events, resulting in lower levels of depression (e.g. Bergomi, Ströhle, Michalak, Funke & Berking, 2013; Bohlmeijer, Prenger, Taal & Cuijpers, 2010; Hall et al., 2013; Johnson & O’Brien, 2013). Mindfulness and self-compassion have also been shown to be related constructs, but their respective roles in the relationship between negative life events and depression remain unclear (e.g. Bluth & Blanton, 2014; Hollis-Walker & Colosimo, 2011).

Purpose

The present study sought to examine the individual and combined contributions of trait mindfulness and self-compassion in the prediction of depressive symptoms in the presence of negative life events. Specifically, the study aimed to consider the following; (1) the relationship between mindfulness and self-compassion; (2) the independent relationships that mindfulness, self-compassion and negative life events each have with symptoms of depression, and; (3) the independent and combined moderation effects of mindfulness and self-compassion in the relationship between negative life events and symptoms of depression.

Methodology

A total of 654 participants were recruited from the general public and psychology undergraduates at the University of Newcastle. After deleting multivariate outliers, this left 649 participants, mean age 30.6 years (range=17-82 years), with 510 females (79%) and 139 males (21%). An online questionnaire, which was part of a larger study, was administered using LimeSurvey software. The questionnaire took approximately 40-50 minutes to complete and included a number of different measures, some of which were not relevant for the current study. Within this study, the following questionnaires were analysed; The Five Facet Mindfulness
Questionnaire (FFMQ: Baer et al., 2006); the Self-Compassion Scale (SCS; Neff, 2003b); the Unpleasant Event Schedule (UES)- Mood Related Short Form (MacPhillamy & Lewinsohn, 1976); and the Depression Anxiety and Stress Scale – 21 (DASS-21; Lovibond, & Lovibond, 1993, 1995) as a measure of depressive symptomatology.

Results

The hypotheses were tested using correlations and hierarchical linear regression. Mindfulness and self-compassion were found to be strongly and positively correlated with each other. Both were also significantly and negatively correlated with depressive symptomatology, to a moderate extent. Similarly, negative life events were also significantly and positively correlated with depressive symptomatology. When considered independently, mindfulness and self-compassion were each shown to act as protective factors in the relationship between negative life events and depressive symptomatology, although the effect was relatively small for both ($R^2\Delta=.027$ & $R^2\Delta=.024$, respectively). In each case, the buffering effect was stronger at higher levels of the dispositional construct (i.e. mindfulness or self-compassion), and for more frequent negative life events. However, when simultaneously considering the moderating effects of self-compassion and mindfulness, only self-compassion was effective as a moderator in the relationship between negative life events and depressive symptoms (again this effect was relatively small, $R^2\Delta=.084$), although a significant main effect was still evident for mindfulness. Removing the mindfulness component of the SCS did not significantly alter the results.

Conclusions

These results suggest that individuals with higher levels of either mindfulness or self-compassion are less likely to report depressive symptoms in general, and that both groups are less likely report such symptoms as a result of negative life events. However, the current findings also suggest that the moderating effects of mindfulness occur via self-compassion. It appears that having high levels of both self-compassion and mindfulness is no more effective as a buffer against negative life events than being high in self-compassion alone. Furthermore, it seems that the more frequent the incidence of negative life events and the more aversive the events experienced, the more important it is to be self-compassionate, in order to avoid
becoming depressed. These findings suggest that self-compassion may be particularly useful as a resilience-building strategy because it creates a buffer against negative life events.

**Limitations and Recommendations**

Several limitations were identified within the current study which have implications for future research. Specifically, the present study did not distinguish between individuals who have previously been depressed and those who never get depressed, and only asked about relatively minor negative life events. In addition, the measures utilized only assessed dispositional mindfulness and self-compassion, and the study relied entirely on self-report for all constructs assessed. Furthermore, the cross-sectional nature of the study meant that it was impossible to infer causal relationships between variables. Future studies should aim to address these gaps, in order to allow for results which can be better applied to inform the direction and focus of therapeutic intervention and prevention programs.