

Predicting Psychological Wellbeing from Mindfulness and Resiliency among Adolescents

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Abstract

Mental health is one of the aspects of health. Students of each community are considered the upcoming generation of the community. The aim of this research was to predicting psychological wellbeing from mindfulness and resiliency among adolescents. Research method was descriptive in the form of correlation and research population consisted of all students in Kohgiluyeh province. Using randomized cluster sampling method, a total of 366 students were selected. Participants completed the Baer et al Five Facet Mindfulness Questionnaire (FFMQ), Connor–Davidson Resilience Scale (CD-RISC), and Ryff Psychological Wellbeing Scale (PWB). Research data were analyzed using descriptive and inferential statistics indices including Pearson correlation coefficient, and multiple linear regression. Finding showed that there was no significant difference between girls and boys in Mindfulness, resiliency and psychological wellbeing variables. Total score of Mindfulness and psychological wellbeing showed positive significant correlation. Resiliency and psychological wellbeing had a positive significant correlation. Mindfulness Dimensions predicted 69% and resiliency predicted 64% of variance of psychological wellbeing. With regard to these findings, we can conclude that mindfulness and resiliency are the factors contributing to the prediction of psychological wellbeing in students. Based on the results of this study, psychologists and school counselors can have psychological well-being to improve their psychological well-being on the basis of their resiliency and mindfulness to provide educational and therapeutic interventions.

Keywords: mindfulness, resiliency, psychological wellbeing

Introduction

Positive psychology is the scientific study of optimal and desirable human functions (Batthyany, & Russo-Netzer, 2014) and seeks to define positive experiences, attitudes, and emotions that can make us more prosperous. Although some positive psychologists, such as Seligman, speak of "authentic happiness" as a goal, most of the issue centers on subjective well-being or life satisfaction (Filep, 2014). In recent years, the idea of mental health and psychology has been reviewed and scrutinized; thus, one of the constructs under study in positive psychology is psychological well-being, the scope of which has shifted from individual life to social interactions. Recently, the subject of psychological well-being and happiness has been used in a bulk of studies (Diener, Lucas, & Oishi, 2002). Subjective well-being is a broad concept and refers to how people feel and think about their lives, and usually includes two components: emotional well-being and cognitive well-being or human prosperity (Busseri, & Sadava, 2011). Well-being can be divided into two parts: Subjective well-being and psychological well-being (Wood, & Joseph, 2010).

Subjective well-being has two emotional and cognitive components. The emotional component is the balance between positive and negative emotions, and the cognitive component is judging one's satisfaction with one's life. Psychological well-being is a conflict with the ontological challenge and the struggle for personal growth that has six components, namely: 1. *Autonomy*, which shows self-determination and independence, and the ability to resist social pressures to think and act in a certain way. 2. *Environmental mastery*, which indicates a sense of mastery and competence in environmental management, control of the order of complex external activities, effective use of environmental opportunities and the ability to select or create contexts proportionate to individual needs and values. 3. *Personal growth*, which includes the feeling of continuous growth and openness to experiences and a sense of fulfillment of abilities and improvement in self and behavior. 4. *Positive relations with others*, which include warm, satisfying and trusting relationships with others. 5. *Purpose in life* which means having a purpose and a sense of direction, and the feeling that there is meaning in the past and the present. 6. *Self-acceptance* that includes having a positive attitude about oneself and acknowledging and acceptance of its multiple dimensions (Musson, & Rousselière, 2020; Ryff, 2014).

Although adolescents in different cultures are considered as moody, emotional, and difficult, some adolescents have more severe psychological and emotional problems that go beyond the image of our stereotypes about them. A significant number of adolescents suffer from anxiety disorders, depression, and other mood-related disorders, behavioral problems as well as drug and alcohol addiction. Others suffer from low self-esteem, difficulty in coping, and feelings of insecurity which affect their well-being (Rose, 2010; Zaff, Calkins, Bridges, & Margie, 2002). Research has shown that various factors affect psychological well-being, including spiritual experiences and religious participation (Greenfield, Vaillant, & Marks, 2007), and depression (Franko et al., 2004). Research findings show that spiritual well-being determines psychological, physical and emotional

well-being, as well as predicting the next level of happiness and psychological well-being (Rowold, 2011) and the strongest predictor of mental health, psychological pressure, sleeping disorder, and psychosomatic problems (Martinez, & Custodio, 2014).

Resiliency is one of the most important factors that can predict psychological well-being (Pidgeon, & Coast, 2014). In recent years, psychology has been influenced by positive currents such as the concepts of resiliency. One of the concepts that has been proposed in the field of stress and adaptability is the concept of resiliency. The Department of Education in Western Australia also defines resiliency as "the ability of an individual to recover from or successfully adapt to adversity, and the development of social/emotional and educational competence despite facing life problems" (Williams, 2011). In one study, there was a significant negative relationship between resiliency and psychological distress and a significant correlation between resiliency and mindfulness was observed (McGillivray, & Pidgeon, 2015). Mindfulness also has a positive relationship with positive emotions and promotes resiliency (Davidson et al., 2003). Along with the growing research in the field of positive psychology, resiliency and is considered as a framework for examining differences between students who have coping difficulties (Pidgeon, & Keye, 2014). Resiliency has been positively associated with positive coping styles whereas it negatively associated with psychological distress (Swanson et al., 2011).

Mindfulness i.e. a kind of ability to focus on the experience of the present moment, to release worries about the future, and to release regrets about the past, has been shown to contribute to both physical and mental health (Keng, Smoski, & Robins, 2011). Over the past three decades, we have seen popular and increased academic interest in the benefits of mindfulness. In recent years, research has focused on the positive effect of mindfulness on psychological well-being suggesting that mindfulness is vital to mental health (Davidson et al., 2003). One of the best proverbs in this respect is: "*The mind is a wonderful servant but a terrible master.*" When our thoughts are at our service, they can skillfully create an answer to a math problem, or when driving at sixty miles per hour, process visual information from dozens of sources, or to dribble in basketball, among the thousands of movements of our muscles, we train the required muscles. However, when our brains are sparking badly, it can send us the wrong message - that's when we feel scared; the feeling that something terrible is happening to us or our loved ones - and that's when things seem really scary in our minds (Willard, 2014). Mindfulness helps people accept that although there are negative emotions in the lives of all human beings, they are not a constant part of the personality and life process. Acceptance enables a person to react voluntarily in lieu of involuntarily. Their motivating emotions and events are consciously responsive and more efficiently related to life (Pollak, Pollak, Pedulla, & Siegel, 2014). Studies show that mindfulness-based therapies are effective in reducing stress, chronic pain, anxiety, preventing depression recurrence, generalized anxiety disorder, post-traumatic stress disorder, and other disorders (Witkiewitz, Bowen, Douglas, & Hsu, 2013).

While psychological well-being is one of the contributing factors that have received a lot of attention in recent years and has a great impact on a person's overall health, it is also a factor in high school students in our society due to various issues such as entrance

exams and family pressures which can be very important. Accordingly, in view of all the above, the present study set out to explore predicting psychological wellbeing from mindfulness and resiliency among adolescents.

Methods

The research method was correlation. Research population consisted of all students in Kohgiluyeh province, Iran. Using randomized cluster sampling method, a total of 366 students (183 girls and 183 boys) were selected. In the way that first, 4 districts were randomly selected from Kohgiluyeh education districts, and 4 schools were randomly selected from each district, and then data collection tools were distributed among the students. The statistical analyses were conducted using the SPSS 25.0 statistical package for Windows, with the significance .05 in all cases. In order to analyze the correlation between research variables using the Pearson correlation coefficient. Finally, multiple linear regression analysis was conducted to identify the predictor variables of *psychological wellbeing*. In the present study, ethical considerations, including the observance of scientific honesty and trustworthiness, conscious consent to participate in the research, respect for the anonymity of the questionnaires and the anonymity of the participants and keeping their information confidential have been observed.

The following questionnaire was used to collect information:

Five Facet Mindfulness Questionnaire. The FFMQ is a 39-item questionnaire that measures five facets of mindfulness (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006): observing (8 items, e.g., I notice the smells and aromas of things), describing (8 items, e.g., I'm good at finding the words to describe my feelings), acting with awareness (8 items; e.g., I am easily distracted), nonjudging (8 items, e.g., I criticize myself for having irrational or inappropriate emotions), and nonreactivity (7 items; e.g., I watch my feelings without getting lost in them). Participants were asked to rate the degree to which each statement is true for them. Items were scored on a 5-point Likert-type scale ranging from 1 (*never or very rarely true*) to 5 (*very often or always true*). Facet scores were computed by summing the scores on the individual items. Facet scores range from 8 to 40 (except for the nonreactivity facet, which ranges from 7 to 35), with higher scores indicating more mindfulness. The Dutch FFMQ was developed by translation and back-translation of the original FFMQ and has shown adequate construct validity and test-retest reliability in patients with fibromyalgia (Veehof, Peter, Taal, Westerhof, & Bohlmeijer, 2011). In the present study, the reliability of the test was obtained using Cronbach's alpha coefficient equivalent to 0.79.

Connor-Davidson resilience scale (CD-RISC): The scale consists of 25 items, each of which is rated by respondents on a 5-point scale (0='not true at all' to 4='true nearly all of the time') according to the extent to which they agree with each item as it applied to them over the previous month. The total score is achieved by summing all responses, and ranges from 0 to 100, with higher scores reflecting greater resilience. The preliminary validation study of the CD-RISC demonstrated high internal consistency, test-retest reliability, and convergent validity in a general population and clinical sample (Connor, & Davidson, 2003). The mean score of the general population was 80 (SD=12.8); lower

scores have been reported in patients with depression and anxiety disorders, with the lowest scores in individuals with PTSD. These studies demonstrated that the CD-RISC is a promising assessment tool for clinical practice and research (Connor, 2006). The original CD-RISC has a five-factor structure. Factor 1 represents personal competence, high standards, and tenacity, and implies that one is "not easily frustrated when facing an adverse situation". Factor 2 represents trust in one's instincts, tolerance to negative affect, and strengthening effects of stress. This factor focused on circumspect thinking and decision-making when coping with stress. Factor 3 represents positive acceptance of change and secure relationships with others. This factor relates to adaptability to change. Factor 4 represents control. This factor demonstrates the ability to control the attainment of goals and seek help from others. Factor 5 represents spiritual influences and assessed one's belief in a god (Campbell-Sills, & Stein, 2007). In the present study, the validity of the resilience scale was calculated by Cronbach's alpha method equivalent to 0.93.

Ryff's Psychological Well-Being Scales (PWB): The original form had 120 items, but in subsequent reviews, shorter forms of 84 items, 54 items, and 18 items were also suggested. In this study the 84-item scale was used that included six factors: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Each factor had 14 items. Ryff reported the Cronbach's Alpha coefficient for all the factors i.e. autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance as 0.83, 0.86, 0.85, 0.88, 0.88 and 0.91, respectively (Ryff, 1995). In the present study, the reliability of the test was obtained using Cronbach's alpha coefficient as 0.81.

Results

The correlation matrix reveals a significant interrelations between all the variables at the $p < .01$ or $p < .05$ level (table1).

Table 1. Means, standard deviations, alphas and bivariate correlations between mindfulness and psychological wellbeing

Variables	1	2	3	4	5	6	7
1. O	1						
2. D	.60**	1					
3. AA	.51**	.40**	1				
4. NJ	.40**	.39**	.09	1			
5. NR	.62**	.58**	.41**	.39**	1		
6. TM	.86**	.76**	.68**	.61**	.78**	1	
7. PWB	.69**	.58**	.71**	.33**	.58**	.79**	1
<i>M</i>	26.03	20.08	25.07	23.22	19.50	22.78	51.69
<i>SD</i>	5.96	3.66	5.74	5.16	3.87	3.62	7.85

Note. * $p < .05$; ** $p < .01$. O: observing. D: describing. AA: acting with awareness.

NJ: nonjudging. NR: nonreactivity. TM: total mindfulness. PWB: psychological wellbeing

The correlation matrix reveals a significant interrelation between all the variables at the $p < .01$ or $p < .05$ level (table2)

Table 2. Means, standard deviations, alphas and bivariate correlations between resiliency and psychological wellbeing

Variables	1	2	3	4	5	6	7
1. RPC	1						
2. RTI	.72**	1					
3. RPA	.77**	.73**	1				
4. RC	.76**	.73**	.68	1			
5. RSI	.57**	.55**	.61**	.55**	1		
6. TW	.93**	.88**	.88**	.85**	.69**	1	
7. PWB	.74**	.69**	.71**	.72**	.51**	.79**	1
M	16.78	13.45	11.01	6.36	5.09	10.54	51.69
SD	7.10	5.50	4.31	2.91	2.15	3.85	7.85

Note. * $p < .05$; ** $p < .01$.RPC: represents personal competence. RTI: represents trust in one's instincts.RPA: represents positive acceptance. RC: represents control. RSI: represents spiritual influences.TR: total resiliency. PWB: psychological wellbeing

The results of Table 3 show that the best predictor variables for psychological well-being in terms of mindfulness are acting with awareness, describing, and non-reactivity to inner experience. Based on these results, the observed F is significant and 69% of the variance related to psychological well-being is explained by the dimensions of mindfulness. The regression coefficients of the predictor variables show that describing ($\beta = 0.23$, $t = 3.64$), acting with awareness ($\beta = -0.13$, $t = -2.33$), and non-reactivity to inner experience ($\beta = 0.77$, $t = 5.85$) can significantly explain the psychological well-being variance.

Table 3. Predictive mindfulness for psychological wellbeing

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	78.77	9.30	-	8.47	.000	60.48	97.06
O	-.13	.68	-.01	-.20	.84	-1.48	1.21
D	1.89	.51	.23	3.64	.000	.86	2.91
AA	-1.18	.50	-.13	-2.33	.02	-2.17	-.18
NJ	-.73	.68	-.06	-1.07	.28	-2.07	.60
NR	10.02	1.71	.77	5.85	.000	6.66	13.39

Note. * $p < .05$; ** $p < .01$. $F = 162.55$ * $R^2 = .69$; D: describing. AA: acting with awareness. NJ: nonjudging. NR: nonreactivity

The results of Table 4 show that the best predictor variables for psychological well-being are represents positive acceptance and represents spiritual influences. Based on these results, the observed F is significant and 64% of the variance related to psychological well-being is explained by the dimensions of resiliency. The regression coefficients of the predictor variables show that represents positive acceptance ($\beta = 0.13$,

$t=2.04$), and represents spiritual influences ($\beta=.0.69$, $t=4.39$), can significantly explain the psychological well-being variance.

Table 4. Predictive resiliency for psychological wellbeing

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	209.78	4.45	-	47.07	.000	201.01	218.55
RPC	-.25	.64	-.03	-.39	.69	-1.52	1.01
RTI	.74	.84	.06	.88	.37	-.90	2.39
RPA	2.19	1.07	.13	2.04	.04	.08	4.31
RC	-1.57	1.01	-.07	-1.56	.11	-3.56	.41
RSI	8.50	1.93	.69	4.39	.000	4.70	12.30

Note. * $p < .05$; ** $p < .01$. $F=129.45$ * $R^2=.64$; .RPC: represents personal competence. RTI: represents trust in one's instincts.

RPA: represents positive acceptance. RC: represents control. RSI: represents spiritual influences

Discussion

This study sought to investigate the relationship between mindfulness and resilience and psychological well-being among students. The results indicated that both mindfulness and resilience were able to predict psychosocial well-being. This research has shown that the dimensions of mindfulness can well predict psychological well-being. This finding is consistent with the findings of Pidgeon, & Keye (2014) and Witkiewitz, Bowen, Douglas, & Hsu (2013).

Explaining this finding, it can be said that because mindfulness can reduce a wide range of physical health problems, such as chronic pain, fatigue, cancer, heart disease, and type 2 diabetes in adults and young people and because the health of the body is related to mental health (Shonin, Van Gordon, & Griffiths, 2013), it makes sense that mindfulness could increase psychological well-being. On the other hand, it can be said that focusing only on the problem is an incomplete and negative approach: in recent years, a new and pleasant emphasis on positive psychology has led to a new "science of well-being" or "flourishing" which centers on the strengths and abilities of individuals; it focuses on forces such as resilience to problems, optimism, perfection, meaning, kindness, compassion, and ultimately happiness, which in themselves are somehow related to psychological well-being. It can also be said that in mindfulness, there is a lot of emphasis on emotion and awareness and its regulation, as is the case, for example, in the dimension of observing and non-judging to inner experience. One of the pillars of emotional and social ability is emotion regulation, which includes the ability to control impulses, delay pleasures, focus attention, and make wiser decisions about how to behave. Emotion regulation is a key skill and is the foundation of psychological well-being and acts as a supportive factor in the development of psychosomatic symptoms, especially anxiety (Germer, Siegel, & Fulton, 2013) and is the foundation of successful performance and adaptation throughout life, such as the formation of relationships, leadership, and learning. Therefore, it can be concluded that the factors considered in mindfulness, many

of which are derived from positive psychology, certainly increase psychosocial well-being.

In addition, this study showed that resilience can well predict mental health and well-being. This finding is consistent with the results of studies by Pidgeon, & Keye (2014), McGillivray, & Pidgeon (2015), and Davidson et al (2003) on the positive correlation between resilience and psychological well-being. In explaining this finding, it can be said that resilience itself is a kind of psychological recovery ability against stressful and traumatic events (Rogers, & Maytan, 2019). Resilience is defined more as the ability of an individual to overcome problems and successfully adapt to the environment and is a type of individual capacity that enables a person to grow in the face of problems. It is also a kind of talent for dealing with anxiety, having a positive temperament, and being open to experience, and includes a series of traits that help people succeed and cope effectively with problems (Connor, & Davidson, 2003). On the other hand, the World Health Organization (WHO) defines positive mental health as "a state of well-being in which a person identifies his or her abilities and can cope with the normal stresses of life, work effectively and productively, and play a key role in their community." This definition of psychological well-being is quite consistent with what needs to be considered in resilience. Therefore, it can be concluded that when a person's resilience increases, as such, when his ability to cope with problems increases, he can use problem solving when he/she can be open to different experiences and develop a positive mood. Hoping to benefit from social support, will naturally enjoy psychological well-being. This research has also had its own limitations. The research has been correlational; therefore, it is better to conduct other intervention studies in this direction. In this study, self-reported questionnaires were used only to measure the characteristics. There may also be other variables that affect the psychological well-being mechanism and should be identified and incorporated into the model. This research was funded by personal expense and there is no conflict of interest in this study.

Conclusion

The findings of the present study are useful for future research to expand existing knowledge on the factors affecting psychological resilience and well-being. It is suggested that in future research, experimental methods be used to replicate these findings in order to obtain more accurate information about the relationships between the variables under question. The findings of this study indicate that school-level programs should be designed for students to emphasize mindfulness training as well as increase resilience in order to improve the psychological well-being of students, increase students' ability to manage complex life challenges well and prepare themselves for higher grades.

Disclosure statements

The authors of this study declared no conflicts of interest

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