

RELATIONSHIP BETWEEN MINDFULNESS, EMOTION DYS-REGULATION AND SELF- COMPASSION AMONG COLLEGE STUDENTS



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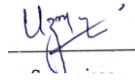
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January, 2024

CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled “Relationship between mindfulness, emotion dys-regulation and self-compassion among college students” carried out by Mutahra Arshad, Reg. No. BSP201006, under the supervision of Ms. Uzma Mushtaq, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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**Relationship between Mindfulness, Self-compassion and Emotion dysregulation among
College Students**

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DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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January, 2024

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ABSTRACT

This study was designed to find out the relationship between mindfulness, emotion dysregulation and self-compassion among college students. Correlational research design and convenient sampling was used to collect data from the three hundred participants (male = 141, female = 157) between age ranging from 14 to 18 years from colleges at twin cities (Rawalpindi and Islamabad). Literature suggested that emotion dysregulation among children and adolescent (herein reference to college students) is associated with life impairment and risk of developing psychopathologies. In order to improve the emotional turbulence of college students (adolescents) it is necessary to look forward to positive aspects of mental health such as self-compassion and mindfulness. Therefore the Self-report measure of Mindfulness Attention Awareness Scale-Adolescent, Self-Compassion Scale and Difficulties in Emotion Regulation scale- short form was used for data collection.

The findings from the present study indicate a significant positive association between mindfulness and self-compassion. Additionally, mindfulness demonstrates an inverse correlation with emotion dysregulation. Similarly, there is an inverse relationship observed between self-compassion and emotion dysregulation. These findings contribute to the broader understanding of emotional well-being in academic settings and offer practical implications for cultivating positive mental health strategies among college students.

Keywords: Mindfulness, Emotion dysregulation, Self-compassion and College students.

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Chapter I

Introduction

College life can be challenging because of growing responsibilities and academic pressure. College students are mostly adolescents, and they are more prone towards emotional challenges, because of the harsh judgments towards the self (Brunner et al., 2014), this would create a negative impact on health-related behaviors (Thomas & Borrayo, 2016), which as a result leads to psychological disorders (Brunner et al., 2014). Therefore, regulation of emotion is essential for adaptive functioning, (Jannis et al., 2020). In order to develop a strategy against emotional distress there is need to cultivate the skills of mindfulness to become self-compassionate. According to Broderick and Zennings (2012) a significant mechanism for promoting psychological well-being is taking into consideration the emotional challenges of college students (adolescents).

Mindfulness

The concept of mindfulness originates from the Buddhist tradition (Mace et al., 2008). According to Kabatt-Zinn (1994), mindfulness is defined as “intentionally paying attention in a particular way: on purpose, in the present moment and nonjudgmentally.” This definition encompasses three key elements of mindfulness: conscious awareness, being in the present moment, and non-judgmental observation (Kabatt-Zinn et al., 1994). The term "conscious awareness" refers to focusing attention on internal experiences such as bodily sensations. The second aspect of mindfulness focuses on paying attention to present moment

activities while disregarding the past and future. The final component, non-judgmental reflection, does not attach any value judgment to experiences, whether they are perceived as good or bad (Thomas & Borrayo, 2016). Essentially, the emphasis on these aspects of mindfulness is designed to protect individuals from undue hardships and burdens of suffering. (Mace et al., 2008).

Additionally, mindful individuals do not perceive their experiences as overwhelming (Crane, 2009) and refrain from making assumptions about their experiences; instead, they accept them as objects (Bishop, 2004). Mindfulness is also considered a mode of emotion regulation (Brown et al., 2003). Research further indicates that mindfulness practices cultivate an attitude of compassion toward oneself (Kuyken et al., 2010), thereby assisting in reducing negative feelings like guilt and self-criticism.

Buddhist psychology underscores the importance of mindfulness elements as a means to alleviate unnecessary suffering by gaining insight into both the mind and the physical world (Brown et al., 2003). Mindfulness-oriented methods and meditation practices highlight that mindfulness is a trainable skill accessible to all individuals (Germer, 2005). Multiple research findings have demonstrated the beneficial impacts of heightened mindfulness, including improvements in life satisfaction, optimism, self-esteem, positive affect, empathy, and integrity (Khoury, 2013). Additionally, mindfulness has been found to play a role in mitigating challenges related to emotional dysregulation, rumination, depression, neuroticism, intrusive thoughts and social anxiety.

Mindfulness involves the deliberate regulation of attention to one's present experiences, approached with openness, acceptance and curiosity as stated by (Bishop, 2004). It can also be seen as stable disposition or trait to be mindful in everyday life, according to Brown and Ryan (2003). Researches have indicated that dispositional mindfulness is related with reduced perceived stress (Tran et al., 2014), fewer symptoms of depression and anxiety (Tejedor et al., 2014), and greater acceptance of pain (Navarro-Gil & García-Campayo, 2013). Additionally, various methods, including meditation and mindfulness-based interventions (MBI) in clinical treatments, have been identified as effective in enhancing the tendency towards mindfulness and treating various psychological disorders (Khoury, 2013). Mindfulness is considered a vital phenomenon in both clinical and empirical domains. Analyzing 39 studies involving 1,140 participants who received mindfulness-based therapy (MBT) for various psychological issues such as generalized anxiety disorder (GAD) and depression, the results highlighted the beneficial effects of MBT in alleviating symptoms of depression and other conditions. Similarly, processing mode of mindfulness helps individuals approach their moment-to-moment experiences (Kabat-Zinn et al., 2005).

While multitude of investigations have explored the connection between mindfulness and psychological symptoms in various mental issues, there has been less research which identify the relation between mindfulness and positive psychological factors (Neff, 2003). To date, mindfulness is associated with favorable outcomes such as positive emotions, life satisfaction, positive reappraisal, psychological health, and overall well-being (Kabat-Zinn et al., 2005).

Additionally, mindfulness has been found to have a connection with self-compassion, which is characterized as embracing and acknowledging one's own suffering without avoidance or disconnection, fostering a compassionate desire to alleviate one's distress and promote self-healing with kindness. (Neff, 2003). The inclination towards mindfulness is recognized as a promoter of well-being and adaptive capabilities for healthcare professionals, including the presence of effective defense mechanisms (Catalano et al., 2019).

Self-Compassion

Increasingly, research suggests that self-compassion plays a crucial role in predicting both well-being and resilience (MacBeth & Gumley, 2012). According to Neff (2003), Self-compassion involves responding to personal inadequacies, failures, mistakes, and challenging life situations with care and consideration. Buddhist philosophy defines the term compassion as an awareness of discomfort and a desire to alleviate suffering. It may be recognized that failures are common human experiences and face suffering open-heartedly (Goldstein & Kornfield, 2001).

Kristin Neff defines self-compassion in a similar manner, such as "treating oneself with kindness, care, and understanding, especially in the face of suffering, failure, or inadequacy." Self-compassion involves three key components: mindfulness, self-kindness, and common humanity. According to Neff (2003), self-kindness indicates treating oneself with warmth and understanding instead of self-criticism. Common humanity recognizes that suffering and imperfection are part of the shared human experience, rather than feeling isolated or alone in one's struggles.

Mindfulness involves being aware of one's thoughts, emotions, and experiences in a non-judgmental and accepting way (Neff et al., 2012).

Neff and Pommier (2013) found that self-compassion was a strong predictor of life satisfaction in a sample of adults, indicating that individuals who displayed higher levels of self-compassion tended to report greater life satisfaction. Additionally, literature indicates a positive correlation between self-compassion and self-esteem. Longitudinal studies, such as the one conducted by Raes et al. (2014) with adolescents, have shown that self-compassion contributes to the development of healthy self-esteem, fostering a positive self-concept and self-worth.

In previous research, Kristin Neff differentiated the concept of self-compassion from other psychological constructs such as self-pity, and self-esteem (Neff, 2003a). Although these constructs are different, they have some similarities, such as "Self-pity frequently involves the trait of getting caught up in one's own troubles and forgetting that others have suffered." Furthermore, true self-compassion includes a wish to "cure oneself gently, with gentle efforts to modify distressing behavior" (Neff, 2003a). Neff (2009) recognized that self-compassion has a stronger negative relation with anger, self-rumination, and social comparison. Additionally, self-compassion is considered to be a significant predictor of happiness, optimism, and positive affect (Neff & Vonk, 2009).

Additionally, trait of self-compassion has been associated with reduced instances of depression (Grosse & Holtforth, 2013), anxiety (Kirkpatrick & Rude, 2007), burnout (Woo, 2013), perceived stress and psychological distress (Shapiro,

2005). Additionally, it has been linked to the intensity of quality of life and levels of worry (Van Dam & Earleywine, 2011). Van Dam et al. (2011) discovered that for anxiety and depression, self-compassion serves as a more reliable predictor than mindfulness for symptoms and overall quality of life.

Many researches have revealed that practicing self-compassion in the face of personal distress is linked to enhanced mental well-being. For example, maintaining higher levels of self-compassion consistently correlates with reduced levels of depression and anxiety. Moreover, students who embraced a self-compassionate mindset exhibited reduced fear of failure and greater confidence in their abilities compared to those lacking such a perspective (Stark & Foster, 2008). Previous studies with undergraduate students have established a connection between self-compassion and lower tendencies for procrastination, decreased academic worry (Stark & Foster, 2008), and elevated levels of self-efficacy (Iskender, 2009).

Further, a study conducted by Breines and Chen (2012), inducing feelings of self-compassion for failures, personal weaknesses and past moral transgressions resulted in increased motivation to improve, a greater willingness to put in effort for learning, and a proactive avoidance of repeating past mistakes, as opposed to conditions involving self-esteem induction or positive mood distraction. Additionally, research indicates that self-compassion acts as a buffer for students facing the challenges of academic life.

Furthermore, several studies have identified connections between self-compassion and positive psychological attributes, including happiness, optimism

(McNulty, & Fitzpatrick, 2011). An experimental study conducted by, Allen and Hancock (2007) instructed undergraduates to recall unpleasant events, envision hypothetical scenarios involving failure, loss, and humiliation, engage in embarrassing tasks, and disclose personal information to someone providing ambivalent feedback. The findings revealed that individuals with high levels of self-compassion exhibited less extreme reactions, fewer negative emotions, more accepting thoughts, and a greater inclination to contextualize their problems. Simultaneously, they acknowledged their own responsibility compared to individuals with low self-compassion.

Emotion Dysregulation

Literature value the concept of emotion regulation because it facilitates the merging of the conventional perspective that sees emotions as disruptive to human functioning with contemporary viewpoints that recognize emotions as adaptive and advantageous (Gratz & Roemer et al., 2015). Emotion dysregulation is described as the maladaptive functioning of emotion regulation processes, resulting in emotional and behavioral issues (Beauchaine et al., 2015). Leahy (2011) defines the term emotion dysregulation as “difficulty or inability in coping with experiences or processing emotions.” Emotion dysregulation can manifest itself in two key factors; the first condition includes excessive emotion intensification, in which person being overwhelmed by frightening sensations of fear or dread and as a result fail to sustain its emotions. The second condition is excessive deactivation of feeling, which is directly associated to dissociative emotional experiences such as numbness (Leahy & Jones, 2011).

Emotions serve as a mechanism through which individuals assess the importance of their surroundings for their well-being. They swiftly coordinate behavior, preparing to take actions essential for achieving and sustaining well-being (Izard, 1977). Additionally, emotions facilitate communication about these goals, offering supplementary information beyond what language conveys (Barrett & Campos, 1987; Izard, 1977; Lazarus, 2006). Roemer characterizes emotion dysregulation as a lack of awareness and acceptance of emotions, restricted access to adaptive emotion regulation (ER) responses, an unwillingness to endure emotional distress, and an inability to engage in goal-directed behavior during distress (Gratz & Roemer et al., 2015). Conversely, Cole and Hall present a somewhat different interpretation, stating that emotion dysregulation involves ineffective regulation attempts, behavioral interference due to emotions, inappropriate expression of emotions (such as humor, excessive silliness, or laughter), and irregular fluctuations in emotions (Moher et al., 2016). Furthermore, Beauchaine offers a comprehensive definition of emotion dysregulation as a pattern of emotional experience or expression that hinders appropriate goal-directed behavior.

Moreover emotion dys-regulation include the group of impairments that influence our emotional control it may include; difficulty in interpreting, and tolerating emotions as well as finding it hard to control goal-directed behavior under diverse conditions (Berking et al., 2012). Lack of emotion regulation skills are associated with negative emotions in general population (Strien & Herman 2009). Therefore emotions are considered to be the key component of

psychological functioning, it is important to understand that how individuals regulate their emotions. The maladaptive strategies of emotion regulation, such as emotion suppression, is significantly associated with negative emotion (Gross et al., 2002). Instead, the impact of emotion on maladaptive functioning is contingent upon the specific context in which the emotion arises and how an individual manages the balance between their well-being goals and the practical constraints of the environment (Michel & Teti, 1994).

Additionally, emotion dysregulation is indicated when an individual's patterns of emotion regulation, known as emotion regulation dynamics, impact developmental objectives within both short- and long-term timeframes (Beauchaine & Zisner, 2017). There are various ways to express such emotional dysfunctioning (Ramsook & Fields-Olivieri, 2018): (a) Impairment may manifest through a consistent pattern of emotion regulation dynamics that hinders the attainment of short- and/or long-term well-being goals. For instance, a repeated tendency to react angrily when required to share toys with a friend (short-term goal) could lead to the loss of a friendship (long-term goal). (b) It goes against the anticipated developmental norms for suitable behavior, such as experiencing fear when separating from a parent and refusing to attend school. (c) It deviates from the sociocultural expectations for emotion-related communication and behavior, such as laughing after causing harm to another child (Ramsook & Fields-Olivieri, 2018).

According to Pamela M. Cole (2019), emotion dysregulation should not be viewed as the direct opposite of emotion regulation; instead, it represents a specific pattern of emotion regulation deemed dys-regulated due to its potential to disrupt

healthy and competent development. Investigating these intricacies in the realm of emotion dysregulation research can yield clinically significant insights, guiding the development of interventions and programs aimed at promoting effective emotion regulation and preventing or addressing emotion dysregulation (Pamela M. Cole et.al., 2019). The concept of emotion dysregulation is a relatively recent development in the field of developmental science, emerging approximately 30 years ago (Berking et al., 2012). Before the 1990s, the understanding of emotional development primarily centered on infant attachment and childhood temperament. In instances where research specifically focused on emotion, the primary emphasis was on children's comprehension of emotions (Jannis and Kraiss, 2020). This resulted in a noticeable scarcity of evidence exploring the role of emotions in the development of psychological dysfunction. Simultaneously, child clinical research was actively working to shift away from the prevailing dominance of adult psychiatric models of psychopathology.

It is crucial to investigate whether and when various emotion patterns are within the normal range, under what circumstances they contribute to well-being goals, and whether they lead to impairments (Atten Disord, 2018). Understanding the transition from emotion patterns to symptoms and their role in the development of psychopathology is essential (Atten Disord et al., 2018). Integrating this approach into our knowledge of developmental psychopathology will improve the early identification of psychopathological risk and enable the customization of preventive and therapeutic interventions that specifically target the emergence of emotion dysregulation (Pamela M. Cole et al., 2019)

Literature Review

The concept of mindfulness is derived from Buddhist tradition, and it could be considered a skill that can be cultivated through meditational practices (Kabatt-Zinn et.al., 1979). Mindfulness based interventions are seeking great importance in research (Chiesa et al., 2017). Numerous studies identified the relation of mindfulness with other psychological variables. As an evidence the study found the relation between mindfulness, fatigue and self-compassion among therapists and identified an indirect relationship which means, those who attain high score on measures of mindfulness experience less fatigue because of self-compassion tendencies (Yip et al., 2016).

Mindfulness and Emotion Dysregulation

Desrosiers (2013) conducted a study to explore the impact of mindfulness and emotional control on depression and anxiety symptoms among clinical young adults and results of this study highlighted that emotional strategies play mediating role between depression, anxiety and mindfulness. Hawley et al. (2018) conducted a study with a sample of college students to examine the impact of mindfulness on loneliness. The results revealed that higher levels of mindfulness were associated with lower levels of loneliness. This suggests that cultivating mindfulness may have a beneficial effect on reducing feelings of social isolation and enhancing social connectedness. Moreover a study by Creswell et al. (2015), a diverse population of adults was examined to investigate the relationship between mindfulness and perceived stress. The findings indicated that individuals who practiced mindfulness techniques reported lower levels of perceived stress. This suggests that mindfulness

training can be an effective approach in managing and reducing stress levels among individuals.

Researches also proves the association between mindfulness and fewer difficulties with emotion regulation as an evidence Vujanovic (2010) conducted study on non-clinical sample of young adult and found that the non-judgmental aspect of mindfulness skill is significantly related with fewer difficulties in emotion regulation. A growing literature also reported a strong positive association between emotion dysregulation and stress. For instance, research conducted by Smith et al. (2015) on a clinical population found that individuals with high levels of emotion dysregulation experienced greater perceived stress. Similarly, a longitudinal study by Johnson et al. (2018) revealed that emotion dysregulation predicted higher levels of chronic stress over time. Moreover the link between emotion dysregulation and anxiety has been extensively explored in the literature. Numerous studies have shown that emotion dysregulation is strongly associated with the development and maintenance of anxiety disorders. For instance, a study by Rodriguez et al. (2017) demonstrated that emotion dysregulation significantly predicted symptoms of generalized anxiety disorder among a community sample.

Furthermore, a meta-analysis by Brown et al. (2021) confirmed a robust positive correlation between emotion dysregulation and anxiety across diverse populations. The studies reviewed encompassed a range of populations, including clinical populations with diagnosed mental health disorders, non-clinical community samples, and specific subgroups (e.g., adolescents). Variations were observed across different populations, suggesting the importance of considering

context-specific factors in understanding the relationship between emotion dysregulation, stress, and anxiety.

A study conducted by Garland and Roberts-Lewis (2013) found that depression is negatively related to dispositional mindfulness while positively related with post-traumatic stress symptoms among people with substance use. Growing literature suggested that mindfulness seek great importance in psychology because of the empirical evidences (Baer et al., 2008). Findings showed that mindfulness- based stress reduction program proved beneficial for perceived stress among non-clinical undergraduates as well as reduces the symptoms of anxiety and depression among clinical sample (Shapiro et al., 2008). From above findings we can assumed that mindfulness is an important factor that contribute towards the well-being. Moreover Thirumaran and Manibalan (2020) investigated the impact of age and gender on mindfulness among medical undergraduate's students, study concluded that females score higher on mindfulness as compared to male as well as there is growing trend that mindfulness increases with age advances.

Similarly another study explore the role of emotion regulation among children and adolescents and findings show that children attain low scores as compared to adolescent in emotional regulation strategies, results also reveals that girls score higher on emotion regulation strategies when experiencing with sadness, anger and anxiety (Alejandro et al., 2020).

Self-compassion and Emotion Dysregulation

In 2015, Neff and Dahm conducted a study focusing on self-compassion and its impact on emotion dysregulation. Their research involved a diverse population of adults from various backgrounds. The study revealed a significant negative correlation between self-compassion and emotion dysregulation. Individuals who displayed higher levels of self-compassion exhibited lower levels of emotion dysregulation. These findings highlight the potential benefits of fostering self-compassion as a means to regulate and manage emotions effectively. Additionally study conducted by Inam-ul-Haq and Mehdi Hassan (2022) examined the relation between psychological distress, role of coping strategies and self-compassion among college students between age range 14- 19 years and findings of this study showed that self-compassion and engagement in coping strategies predict negative relation with psychological distress.

According to Atten Disord, (2018) emotion dysregulation among children and adolescents is associated with significant life impairment as well as increases the risk for psychopathology. Therefore the regulation of emotion is essential for adaptive functioning. For example Jannis and Kraiss (2020) studied the relationship between well-being and emotion regulation among patient with mental disorders and findings of this study highlighted as significantly positive relation between well-being and reappraisal strategies and negative association with avoidant strategies.

Additionally researches highlighted that in order to develop a strategy against emotional distress there is need to cultivate the skills of mindfulness to

become self-compassionate (Cleare et al., 2019). Multiple studies have reported a significant positive relationship between self-compassion and life satisfaction. For instance, a study by Farahani (2011) found greater level of self-compassion were associated with life satisfaction, emotional intelligence, and social connectedness. According to Vattese et al. (2011), self-compassion is considered as one of the major component in determining young people's mental health. Similarly Mosewich (2011) claim that adolescent female athletes suffering from embracement were taught self-compassion. They investigated the function of self-compassion in promoting adolescent mental health.

Research consistently demonstrates that self-compassion acts as a protective factor against stress. Studies, such as the one by Terry et al. (2019) among healthcare professionals, have found that higher levels of self-compassion were associated with lower perceived stress levels and better coping mechanisms. The literature also suggests an inverse relationship between self-compassion and anxiety. Studies conducted among clinical populations, like the one by Krieger et al. (2019) on individuals with generalized anxiety disorder, have reported that higher levels of self-compassion were associated with reduced anxiety symptoms and improved psychological well-being.

From the above discussion it can be assumed that positive associations between self-compassion and variables such as optimism, life satisfaction, self-esteem. Moreover several studies have found a positive association between self-compassion and optimism. For example, research conducted among university students (Smith et al., 2016) demonstrated that individuals with higher levels of

self-compassion tend to exhibit greater optimism and positive expectations for the future.

Mindfulness and Self-compassion

In Western psychology, it has been assumed that idea of self-compassion can be originated due to mindfulness practices (Bishop et al., 2004). Moreover it can be assumed that, in state of suffering people who are mindful, acknowledge their pain without judgment, this would lead to self-warmth and common humanity that arises to make once-self smoother (Neff & Dahm, 2015). Additionally, researchers found that mindfulness bring changes in self-compassion and it mediates decreases the stress (Shapior et al., 2007), and symptoms of depression (Kuyken et al., 2010), along this increase the overall well-being (Lykins, & Peters et al., 2012).

According to the research mindfulness is significantly related with increased well-being and reduced psychopathology. In addition research also showed that mindfulness mediates the relation between well-being and self-compassion (Warren et al., 2015). From the above literature it can assumed that mindfulness have direct relation with psychological well-being and self-compassion while indirect relation with other variables like stress, anxiety and depression. Moreover Hölzel (2011) examined that self-compassion serve as the mode of emotion regulation, because it provides the ways to cope in the face of distress and pain.

Another relevant study was conducted by Chambers, Gullone, and Allen in 2009, investigating the relationship between mindfulness and self-compassion among adolescents. The researchers found a positive association between mindfulness and self-compassion, suggesting that practicing mindfulness may facilitate the development of self-compassion in young individuals. This study provides insights into the potential of mindfulness interventions to promote self-compassion and emotional well-being among adolescents. Literature also revealed use of mindfulness and self-compassion-based programmes for a wide range of clinical and non-clinical groups (Khoury et al., 2013).

Additionally Neda and Sedighimornani, (2019) examined the relation between mindfulness, shame and self-compassion among undergraduate, postgraduate and full-time working individuals and results showed that non-judgmental facet of mindfulness is the significant predictor of shame. Similarly Mosewich and Sedgwick (2011) conducted a cross-sectional study on young athletes and found negative relation between self-compassion and shame proneness. Similarly Wood and Proeve (2014) examine the relation between guilt, self-compassion, shame-proneness and mindfulness among non-clinical sample and results indicates the negative relation between the mindfulness and self-compassion with shame and guilt. Another study found the relation between resilience and mindfulness through mediating role of self-compassion among economically disadvantage Turkish adolescents and findings shows that mindfulness is positively associated with self-compassion and negatively related to difficulties in emotion regulation (Thomas & Borrayo, 2016).

From the above discussion it can be assumed that self-compassion predict negative relation with variety of variables including shame proneness, fatigue and guilt. Moreover Hollis and Colosimo (2011) conducted study on non-mediating sample and results indicate that self-compassion and mindfulness play significant role in psychological wellbeing.

Dr. Sobia Masood, and Mustanir Ahmad (2017) explored the relation between marital adjustment and self-compassion among Pakistani adults. Results showed a positive association between self-compassion and marital adjustment, and this study also reveal that individuals with master's degree or above experienced more isolation than those with less education. Evidences originated from the existing researches showed that age and gender differences exist in relation to self-compassion, and the results showed that when compared with younger females and all age males elder ladies showed lowest self-compassion. Along this self-compassion also demonstrated a larger protective impact on anxiety in older teens for boys than for girls. Existing researches also showed that self-compassion is positively related to psychological well-being and negatively associated to psychopathology (MacBeth et al., 2012).

The studies reviewed encompassed a range of populations, including clinical populations with diagnosed mental health disorders, non-clinical community samples, and specific subgroups (e.g., adolescents). Variations were observed across different populations, suggesting the importance of considering context-specific factors in understanding the relationship between emotion dysregulation, stress, and anxiety.

Brackett (2019) focused on the relationship between mindfulness and emotional intelligence in a sample of working professionals. The findings revealed that individuals who exhibited higher levels of mindfulness also displayed greater emotional intelligence. This suggests that mindfulness training may contribute to the development of emotional intelligence skills, such as self-awareness and emotion regulation. Moreover study conducted by Keng, Smoski, and Robins in 2011 examined the relationship between mindfulness and emotion dysregulation among a sample of college students. The authors found that higher levels of mindfulness were associated with lower levels of emotion dysregulation. This study suggests that cultivating mindfulness may help individuals better regulate their emotions, leading to improved emotional well-being.

Furthermore, a study by Wimberley, Carver, and Laurenceau in 2020 explored the role of mindfulness in self-compassion among individuals with a history of depression. The research demonstrated that mindfulness was positively associated with self-compassion among this population. The findings suggest that mindfulness interventions could be valuable in promoting self-compassion as a potential protective factor against depression recurrence.

Fox and Sinha (2007) conducted a study examining the relation between emotion dysregulation and substance use disorders. They found that greater emotion dysregulation was associated with more severe substance abuse. In a study by Lavender, Wonderlich, Peterson, Crosby, Engel, and Mitchell (2015), emotion dysregulation was examined in relation to eating disorder symptoms. They found a significant positive association between emotion dysregulation and eating disorder

psychopathology. A study by Mennin, Heimberg, and Turk (2005) explored the relationship between emotion dysregulation and anxiety and depression. They found that emotion dysregulation was a significant predictor of anxiety and depression symptoms. Gratz and Roemer (2004) conducted a study on emotion dysregulation in individuals with BPD. They found that emotion dysregulation was significantly associated with BPD symptoms and interpersonal problems.

Numerous studies have investigated the relationship between emotion dysregulation and various psychological factors in children and adolescents. One notable study conducted by Smith and colleagues (2010) examined the association between emotion dysregulation and parent-child attachment in a sample of 200 children aged 8-12 years. The researchers found that children with insecure attachment styles demonstrated higher levels of emotion dysregulation compared to those with secure attachments. These findings suggest that a strong parent-child attachment can contribute to better emotion regulation skills in children.

Another study by Johnson et al. (2015) explored the link between childhood anxiety and emotion dysregulation. The researchers surveyed a large population of 500 children aged 6-10 years and found a significant positive correlation between anxiety symptoms and emotion dysregulation. Children with higher levels of anxiety tended to exhibit greater difficulties in regulating their emotions effectively.

In terms of psychological inflexibility, a study by Brown et al. (2017) investigated its relationship with emotion dysregulation in a sample of 300 adolescents. The results indicated that higher levels of psychological inflexibility

were associated with greater difficulties in emotion regulation. Adolescents who exhibited rigid thinking patterns and struggled with accepting and managing their emotions were more likely to experience emotion dysregulation. Furthermore, a study conducted by Lee and colleagues (2013) explored the role of shame in emotion dysregulation among a sample of 150 young adults. The researchers found that individuals who reported higher levels of shame were more likely to experience difficulties in regulating their emotions effectively. Shame appeared to act as a significant factor contributing to emotion dysregulation in this population.

In another study by Williams, Ciarrochi, and Heaven (2012), the focus was on exploring the relationship between mindfulness, autonomy, and self-regulation in adolescents and their parents. The findings indicated that adolescents who practiced mindfulness demonstrated higher levels of autonomy and self-regulation. Furthermore, parents who engaged in mindfulness practices exhibited improved parenting skills and were more supportive of their children's autonomy, fostering a positive and nurturing parent-child relationship. Moreover Kashdan and Rottenberg (2010) investigated the association between mindfulness and psychological inflexibility in parent-child relationships. Their study involved adults and their children. The results suggested that parents who regularly practiced mindfulness exhibited lower levels of psychological inflexibility. These parents were better equipped to regulate their own emotions and respond adaptively to their children's needs, thereby maintaining a secure attachment with their children.

These studies highlight the beneficial effects of mindfulness on various aspects of the parent-child relationship. Mindfulness interventions have shown to

enhance parent-child attachment, promote autonomy and self-regulation in adolescents, and reduce psychological inflexibility in parents. Another study conducted by Lee et al. (2019) explored the effects of a mindfulness-based stress reduction program on academic stress among high school students. The study found that the program significantly decreased academic stress levels and improved overall well-being among the participants. These findings highlight the potential benefits of mindfulness interventions in mitigating academic stress, not only among college students but also among high school students.

In the light of above literature limited studies identify the relation between mindfulness, emotion dysregulation and self-compassion together in Pakistani context, as an evidence study conducted in Lahore examine the impact of self-compassion and mindfulness on Job opportunities therefore the aim of this study is to fill this gap and conduct a study that examine the relation between emotion dysregulation, mindfulness and self-compassion among college students.

Theoretical Framework

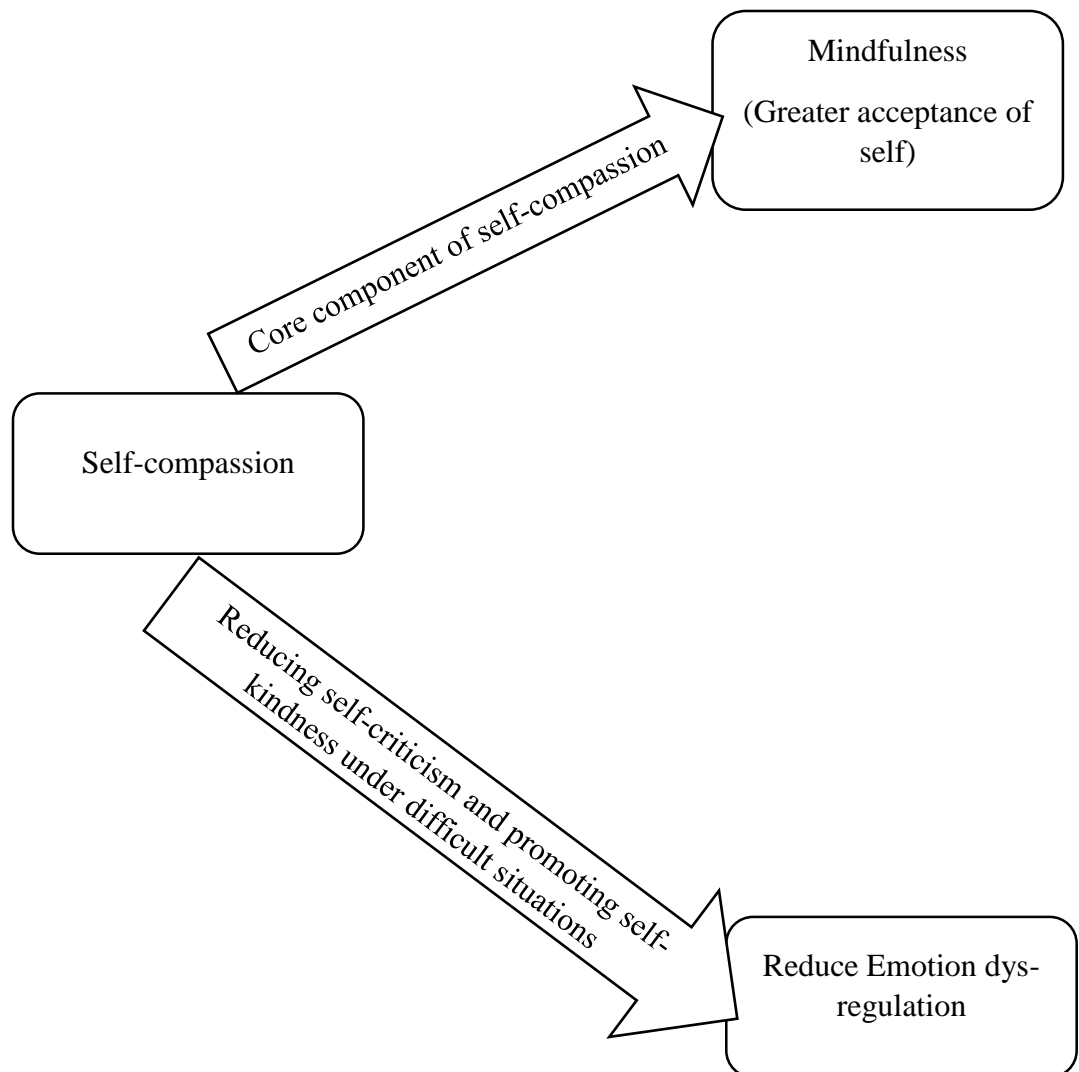
The theory of self-compassion developed by Kristin Neff plays a significant role in the domains of mindfulness and emotion dysregulation (Neff & Germer, 2013). Self-compassion involves treating oneself with kindness, understanding, and acceptance, particularly in times of suffering or personal inadequacies. It consists of three main components: self-kindness, common humanity, and mindfulness.

Mindfulness, a central aspect of self-compassion, involves the non-judgmental awareness of one's present moment experiences (Germer et al., 2005). It cultivates the ability to observe and accept emotions, thoughts, and sensations without clinging to them or getting overwhelmed by them. By incorporating mindfulness into self-compassion practices, individuals can become more attuned to their emotions and develop a compassionate response towards themselves, even in the face of emotional difficulties (Bouvet et. al., 2015).

Moreover, self-compassion provides a nurturing and supportive inner environment that counteracts the harsh self-criticism often present in emotion dysregulation (Gilbert et. al., 2010). Instead of engaging in self-criticism, individuals practicing self-compassion respond to their emotions with self-kindness and understanding. This shift in attitude can promote emotional well-being and resilience, allowing individuals to navigate challenging emotions with greater ease and reduce the likelihood of emotional dysregulation (Neff et al., 2003).

In summary, mindfulness allows individuals to develop a greater understanding of their emotions and the factors that influence them. While self-compassion helps individuals respond to their emotions with empathy and self-care,

rather than self-criticism or avoidance (Neff et al., 2012). This theoretical framework suggests that cultivating self-compassion and mindfulness can lead to improved emotion regulation and reduced emotion dysregulation. By developing a non-judgmental awareness of emotions and responding to them with self-compassion, individuals can enhance their well-being and effectively navigate challenging emotional experiences.



Rationale

Student reflects society's investment in the future. Therefore the well-being and mental health of them are important not only for their right but also because of factor contributing towards the society. Researchers discovered that college students, are thought to be at high risk age group, experience more emotional distress (Deasy et al., 2014). Additionally researches highlighted that in order to develop a strategy against emotional distress there is need to cultivate the skills of mindfulness to become self-compassionate (Cleare et al., 2019). As limited researches were carried out in this area with respect to Pakistan as an evidence study carried out in Lahore found the relation between parenting style and self-compassion in young adults and results reveal a non-significant relation between them (Nimrah et al., 2016). Moreover limited studies examined these three variables together. Therefore the present study would focus on finding the connection between mindfulness, emotion dysregulation and self-compassion, together in college students of twin cities (Rawalpindi and Islamabad). Study would provide the valuable insight to the college students about the relation between these constructs.

Moreover literature suggested that most of the researches were conducted on clinical sample and young and older adults (Ruchika et. al., 2015), whereas present study was concerned with college students (adolescents). Additionally previous researches were conducted on broader sample with age categorizes (18-48) Marti'nez-Broto'ns C, et al. (2023), but the present study focused on 300 participants with age ranges (14-18) because according to Erik Erikson's stages of

development age (12-18) are adolescent period and many physical and emotional changes can be recognized by individual which leads them to emotional instability. This period is called storming stage by Erik Erikson. The aim of this study is to psycho-educate the students and help them to identify the role of self-compassion and mindfulness in their emotional well-being.

Objectives

1. To find out relationship between mindfulness, self-compassion and emotion dysregulation among college students.
2. To study role of demographic variable (age, gender) in mindfulness, self-compassion and emotion dys-regulation among college students.

Hypothesis

H1: There is significant positive relation between mindfulness and self-compassion among college students.

H2: There is significant negative relation between mindfulness and emotion dysregulation among college students.

H3: There is significant negative relation between self-compassion and emotion dysregulation among college students.

H4: There is significant gender difference in mindfulness, self-compassion and emotion dys-regulation among college students.

H5: There is significant age difference in mindfulness, self-compassion and emotion dys-regulation among college students.

Chapter II

Method

Research Design

Correlational research design was used to find out the relation between mindfulness, self-compassion and emotion dysregulation among college students.

Ethical Considerations

Permission for this research was approved by Department of Psychology at Capital University of Science and Technology (CUST). Along this permission was taken from Colleges of Twin cities (Rawalpindi and Islamabad) for data collection. Informed consent was taken from the participant to ensure that their participation is voluntary and they have right to quit the research at any time without any cost. Confidentiality have been guaranteed to the participants that their data would only be used for the research purpose. And each participant was treated fairly and researcher must ensure that any kind of biasness is not involve during the data collection or research.

Sample

A sample of total 300 participants (male=141, and female=157) selected from Colleges of Twin cities (Rawalpindi and Islamabad), age ranging from 14-18 years old.

Sampling Technique

Convenient sampling technique was used in order to attain the targeted sample.

Inclusion Criteria

Participant for this research is being selected on the following basis

- College Students (Adolescents)
- Between age ranging from 14 to 18 years

Exclusion Criteria

- Participant with any physical disability were excluded from the research.

Instruments

Mindful Attention Awareness Scale-Adolescent is a 14 items scale developed by (Brown et al., 2011) used to assess the core characteristics of mindfulness among 14 to 18 year individuals. This scale is rated on 6 point Likert scale indicating (1=Almost always to 6= Almost never). In order to calculate the score of scale simply compute the mean of the 14 items. Higher score indicate the presence of higher dispositional mindfulness. Cronbach alpha was obtained as (0.82-0.84) while test-retest reliability was around 0.79.

Self-Compassion Scale SCS is a 26 item scale developed by (Kristin Neff, 2016) used to measure the self-compassion tendency through six dimensions. It has six subscales which include self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification. Out of these six scales three of them are categories as negative (self-judgment, isolation, and over-identification) and items of these subscale were reverse scored (i.e. 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1)

Items of this scales are rated on 5 point Likert scale (from 1=Almost never) which indicate higher disagreement and (5=Almost always) which indicate strong agreement. In order to calculate the total score for self-compassion first do the reverse scoring of negative subscales. And to calculate the subscale score, at first calculate the means of subscale items. Score on self-compassion was 92% reliable. High score indicating higher level of self-compassion. Cronbach alpha for this scale is about 0.92 and test-retest reliability was around 0.93.

Difficulties in Emotion Regulation Scale - Short Form is 18 items scale developed by (Erin Kaufman et. al., 2016) used to assess difficulties in emotional regulation. It has six subscales which include strategies, non-acceptance, impulse, goals, awareness, and clarity and each subscale composed of three items. Cronbach's alpha is .093 and rated on 5 point likert scale (1= Almost never to 5= Almost always). And higher score indicates more difficulties in emotion regulation.

Procedure

After getting permission for this research from Department of Psychology (Capital University of Science and Technology, Islamabad), and obtaining the approval from the administrators of the Colleges of Twin cities (Rawalpindi and Islamabad). Participants for the data collection were approached and the informed consent was obtained from them to ensure that their participation is voluntary and they have right to withdraw from research at any point without any consequences. The steps of research was briefly explained to the participants. Along confidentiality was guaranteed to the participants that their data would only be used for the research purpose. The information obtained from them would be kept

anonymous. After the informed consent get signed by the participant, was at first presented with demographic sheet and later self-report questionnaire was presented in specific order such as Mindfulness Attention Awareness Scale-Adolescent, Self-Compassion Scale and Difficulties in Emotion Regulation scale was given to the participants for their responses. Results will be analyzed by using SPSS.

Chapter III

Results

The present study aimed to examine the relationship between mindfulness, emotion dysregulation and self-compassion among college students. Data of 300 college students have been collected for this research study. The results of current research study are represented through descriptive statistics and correlation to explore the relation that were hypothesized.

Demographic Characteristics of Sample

A sample of study consisted of 300 college students lies across age range 14-18 years. There were 141 males and 157 females from overall 300 participants. Participants were selected from different colleges of Rawalpindi and Islamabad.

Table 1

Demographic Characteristics of Sample (N=300)

Variable	<i>f</i>	<i>%</i>
Gender		
Male	141	47
Female	157	52
Age		
14-15	14	4.7
16-17	232	77.3
18	54	18
Parental Education		
Secondary education	47	15.7
Higher secondary education	155	51.7
Higher education level	98	32.7

Note: f = frequency, % = percentage

Table 1 indicates that sample is fairly balanced in terms of gender, with approximately 47% males and 52% females. The majority of the sample falls within the 16-17year age group, constituting approximately 77.3% of the total participants. There are fewer participants in the 14-15year and 18year age groups, making up 4.7% and 18% of the sample, respectively. The majority of the participants' parents have completed higher secondary education (51.7%), followed by those with a higher education level (32.7%). A smaller percentage of parents have completed only secondary education (15.7%).

Reliability of Scale

Cronbach's alpha reliability test (α) was applied on each scale to find reliabilities of scales used in this study

Table 2

Reliability of Scales including Mindfulness Attention Awareness Scale (MAAS), Difficulties in Emotion Regulation (DER), and Self-compassion Scale (SCS)

Scales	N	M	SD	α	Range		Skewness
					Potential	Actual	
MAAS	14	48.8	11.86	.723	14-84	14-81	.000
SCS	26	66.4	13.73	.705	26-130	34-130	.841
DER	18	52.3	13.43	.822	18-90	18-90	.323

Note: N= Total number of items, M=mean score, SD = standard deviation, α = Cronbach's alpha reliability.

Table 2 indicates the reliability analysis and reveals that the Mindfulness Attention Awareness Scale (MAAS) and Self-Compassion Scale (SCS) exhibit moderate internal consistency with Cronbach's Alpha values of 0.723 and 0.705, respectively. These scores meet the commonly accepted threshold of 0.70 for research purposes, indicating reasonable reliability in measuring mindfulness attention awareness and self-compassion. The Difficulties in Emotion Regulation Scale (DER) demonstrates good internal consistency, as reflected by its Cronbach's Alpha of 0.822, surpassing the recommended threshold of 0.80 and suggesting reliable measurement of difficulties in emotion regulation.

Descriptive Statistics of Scale

This section showed the descriptive statistics of scales used in this study

Table 3

Mean, median, mode, standard deviation, skewness, kurtosis, Kolmogorov-Smirnov test and its p value for Mindfulness Attention Awareness Scale, Self-compassion Scale, and Difficulties in Emotion Regulation

Scale	M	Mdn	Mode	SD	SK	K	K-S	p
MAAS	48.8	49.0	46.0	11.86	.000	-.014	.634	.817
SCS	66.4	66.5	68.0	13.73	.841	3.076	1.287	.073
DER	52.3	50.5	44.0	13.43	.323	-.216	1.316	.063

Note: MAAS= Regulation, SD = standard deviation, SK = Skewness, K = Kurtosis, and K-S = Kolmogorov-Smirnov. Statistic

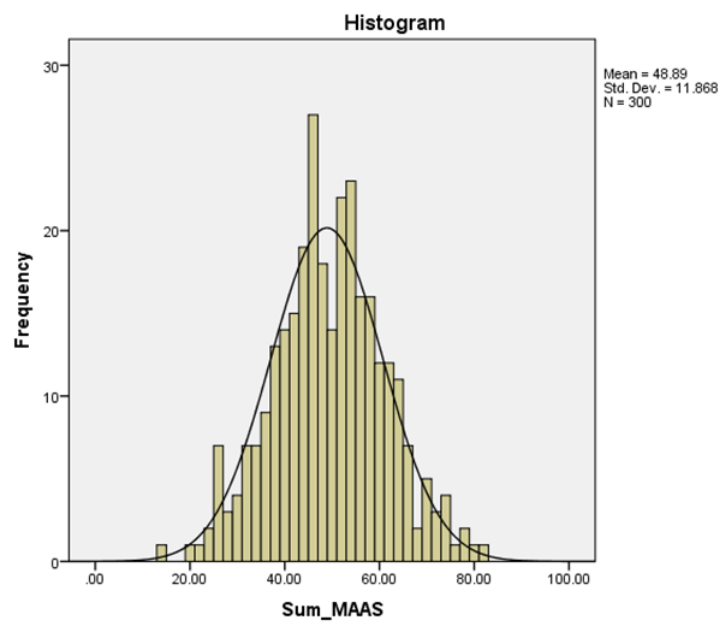
Table 3 presents descriptive statistics by indicating that MAAS, the mean and median are close, suggesting a symmetric distribution around 48.8, with a mode at 46.0. The low skewness (approximately zero) indicates a balanced distribution, and the negative kurtosis (-.014) suggests a slightly flatter distribution than normal. The Kolmogorov-Smirnov test (K-S) yielded a value of .634, and the associated p-value of .817 indicates that the distribution is not significantly different from normal. Moving to the SCS scale, the higher mean (66.4) and positive skewness (.841) suggest a right-skewed distribution, and the positive kurtosis (3.076) indicates a relatively peaked distribution. The K-S test resulted in a value of 1.287 with a p-value of .073, suggesting a potential deviation from normality. Finally, for DER, the mean of 52.3 and median of 50.5 indicate a somewhat positively skewed distribution, while the negative kurtosis (-.216) suggests a flatter distribution. The K-S test yielded a value of 1.316 with a p-value of .063, suggesting a potential deviation from normality. Overall, these statistics provide insights into the distributional characteristics of the emotion regulation scales, highlighting variations in skewness, kurtosis, and normality across the three measures.

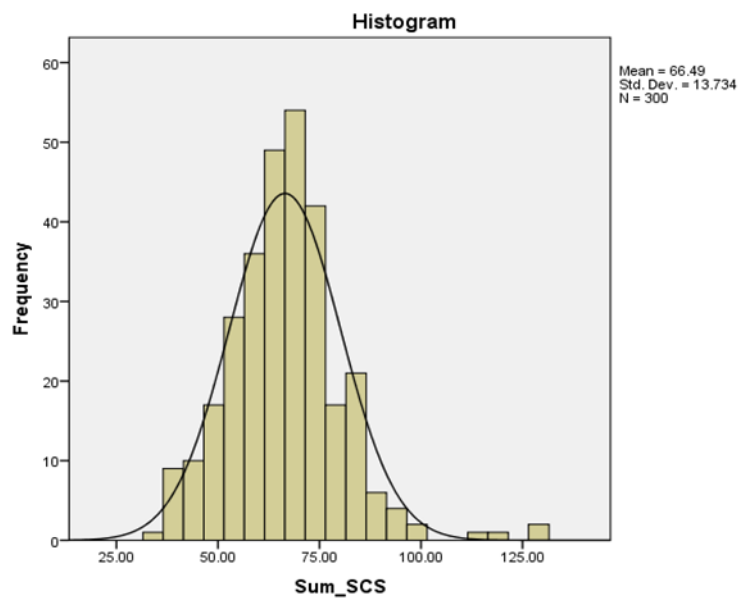
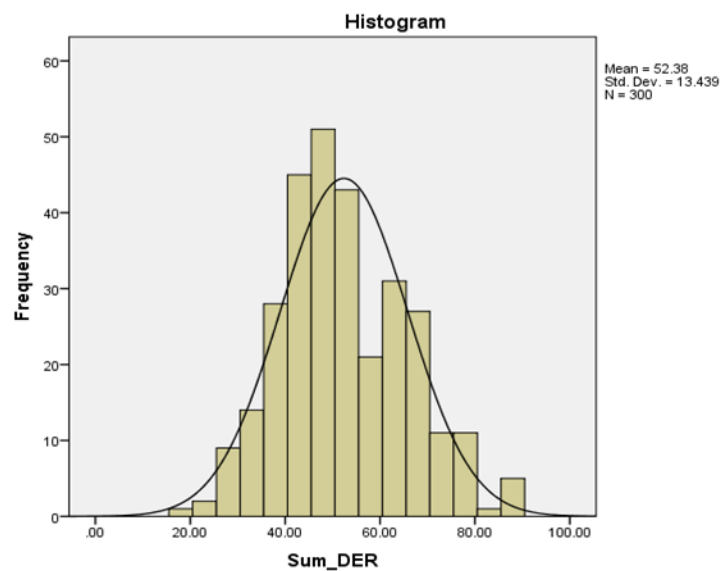
Distribution Curve

Histograms showing the distribution curves for Mindfulness Attention Awareness Scale (MAAS), Self-Compassion Scale (SCS), and Difficulties in Emotion Regulation (DER) for (N=300).

Figure 1

Mindfulness Attention Awareness Scale



*Figure 2***Self-compassion scale***Figure 3***Difficulties in Emotion Regulation Scale**

Correlational Analysis

The following table shows the correlation of three variables used in the present study

Table 4

Correlation between Mindfulness Attention Awareness Scale, Self-compassion Scale, and Difficulties in Emotion Regulation (N=300).

Variable	SCS	MAAS	DER
SCS	—	.254**	-.162**
MAAS	—	—	-.289**
DER	—	—	—

Note: MAAS= Mindfulness Attention Awareness Scale, SCS=Self-compassion Scale, DER= Difficulties in Emotion Regulation.

Table 4 displays the correlation between each and every variable. There is a strong positive association between self-compassion and mindfulness ($r = .254$, $N = 300$, $p < .000$). This means that as mindfulness improves, so will self-compassion. In contrast, there is a strong inverse relationship between mindfulness and emotion dysregulation ($r = -.289$, $N = 300$, $p < .000$). This means that when mindfulness increases, emotion dysregulation will decrease as well. There is a strong inverse relationship between emotion dysregulation and self-compassion ($r = -.162$, $N = 300$, $p < .000$). This suggests that a rise in self-compassion lowers the dysregulation of emotions.

Association of Gender differences with Mindfulness, Self-compassion and Emotion dysregulation

Due to non-normal distribution of data, the Maan Whitney U test was conducted to determine the gender disparities across three variables

Maan Whitney U-Test

Table 5

Maan Whitney U test for gender differences on MAAS, SCS, and DER scales used in study

Variable	N	Male	Female	U	p
		Mean Rank	Mean Rank		
MAAS	300	166.45	134.28	8679.0	.001
SCS	300	164.61	135.93	8938.0	.004
DER	300	125.73	170.85	7716.5	.000

Note: Note: MAAS= Mindfulness Attention Awareness `Scale, SCS=Self-compassion Scale, DER= Difficulties in Emotion Regulation, p = Significance Value, U = Maan Whitney U test

Table 5 indicate that, males demonstrated significantly higher levels of mindfulness attention awareness (MAAS) and self-compassion (SCS) compared to females, as indicated by higher mean ranks and significant Mann-Whitney U test p-values ($p = 0.001$ for MAAS, $p = 0.004$ for SCS). Conversely, females exhibited significantly greater difficulties in emotion regulation (DER) than males, with a higher mean rank and a highly significant p-value ($p = 0.000$). These findings suggest distinct gender-related patterns in mindfulness, emotion regulation, and self-compassion in the study participants.

Association of Age with Mindfulness, Self-compassion and Emotion dysregulation

Table 6

Kruskal Wallis H test showing age differences among MAAS, SCS, and DER (N = 300)

Variable	Age (Mean Rank)			H	p
	14-15year	16-17year	18year		
SCS	166.93	147.61	158.66	1.238	.538
DER	170.50	151.69	140.22	1.547	.461
MAAS	136.86	153.36	141.75	1.149	.563

Note: MAAS= Mindfulness Attention Awareness Scale, SCS=Self-compassion Scale, DER= Difficulties in Emotion Regulation, H = Kruskal Wallis H test, p = Significance Value

The table 6 presents mean ranks for different age groups (14-15 years), (16-17 years, and (18 years) in relation to three variables: Self-Compassion (SCS), Emotion Dysregulation (DER), and Mindful Attention Awareness Scale (MAAS). In examining the mean ranks, there doesn't appear to be a significant difference in self-compassion scores across the age groups (H = 1.238, p = .538). Similarly, emotion dysregulation scores do not seem to differ significantly among age groups (H = 1.547, p = .461). However, for Mindful Attention Awareness Scale scores, there is no substantial difference detected between age groups (H = 1.149, p = .563). Overall, based on the statistical tests, there is no strong evidence to suggest a

significant variation in self-compassion, emotion dysregulation, or mindfulness levels among individuals of different age groups in this sample.

Chapter IV

Discussion

This Chapter is regarding the discussion about reliabilities of scales, demographic characteristics of sample (N=300), and association of demographic variable (age and gender), mindfulness, self-compassion and emotion dysregulation. Convenient sampling is used for the selection of participants in this correlational study.

Reliability of Scales

In this research, the level of mindfulness was assessed using the Mindfulness Attention Awareness Scale (MAAS), and the Cronbach's alpha reliability coefficient for the current study was determined to be 0.723. This score meets the widely accepted research threshold of 0.70, indicating reasonable reliability in gauging mindfulness attention awareness. It's worth noting that the reliability estimate for mindfulness measured by MAAS in this study is somewhat lower than the reliability reported in a study by Tanya S. Watford and Jane Stafford (2015).

The Self-Compassion Scale was employed to measure self-compassion, and the reliability in the present study was found to be 0.705, which is slightly lower than the reliability observed in a study by Angelika Eichholz et al., (2019). Additionally, the reliability value for the Difficulties in Emotion Regulation Scale was determined to be 0.82 in this study, a figure that appears to be lower than the findings reported in a study by Derrecka M. Boykin & Holly K. Orcutt (2019).

The present study was statistically analyzed using the Software Package for Social Sciences-21 (SPSS-21). Using SPSS, research data was cleaned, recoded the reverse items and no missing value was present. Descriptive statistics were employed to assess the variance and distribution of the data. For continuous variables, mean, median, mode, standard deviation, skewness, and kurtosis were calculated, while frequency and percentage were determined for categorical variables. The normal distribution of the data was evaluated using the Kolmogorov-Smirnov (K-S) test. Inferential statistics, including Cronbach's alpha, were utilized to assess the reliability of the emotion dysregulation scale, self-compassion, and mindfulness. Due to the non-normal distribution of the data, the Spearman product-moment correlation was applied to examine the relationships between the variables. The Mann-Whitney U test was conducted to explore gender differences in three variables: emotion dysregulation, self-compassion, and mindfulness.

Normality Distribution of Research Data

Normal distribution for the MAAS scale suggest a symmetric distribution, as the mean and median are close at 48.8 and 49.0, respectively, with a mode at 46.0. The low skewness (approximately zero) indicates a balanced distribution, and the negative kurtosis (- .014) implies a slightly flatter shape than the normal distribution. The Kolmogorov-Smirnov test (K-S) yielded a value of .634, and the associated p-value of .817 suggests that the distribution is not significantly different from normal. Turning to the SCS scale, the higher mean of 66.4 and positive skewness (.841) suggest a right-skewed distribution, while the positive kurtosis (3.076) indicates a relatively peaked shape. The K-S test resulted

in a value of 1.287 with a p-value of .073, suggesting a potential deviation from normality.

Finally, for the DER scale, the mean of 52.3 and median of 50.5 indicate a somewhat positively skewed distribution, and the negative kurtosis (-.216) suggests a flatter shape. The K-S test yielded a value of 1.316 with a p-value of .063, indicating a potential deviation from normality. Overall, these statistics collectively provide insights into the normality of the data, revealing variations in skewness, kurtosis, and potential deviations from normal distribution across the three emotion regulation measures.

Demographics Characteristics

The current study encompasses a sample of 300 participants of which 141 are male and 157 are females. A possible reason for increase in frequency of females may include willingness of female students and schedule flexibility and interest in the research topic.

College students with age range 14-18 years are selected as a sample of present study. The variable Age captures the participants' age range, with three categories: 14-15 year, 16-17 year, and 18year. The data shows that 14 participants (4.7%) fall within the 14-15 age group, 232 participants (77.3%) are in the 16-17 age group, and 54 participants (18%) are 18 years old.

Association of Gender differences with Mindfulness, Self-compassion and Emotion dysregulation

The results of the present study supported the hypothesis, revealing that males exhibited significantly elevated levels of mindfulness in comparison to females. Interestingly, this finding diverges from prior research, such as a study conducted by Sabina Alispahic (2017), which investigated mindfulness concerning gender differences and age in a Bosnian sample. And study findings, in contrast to the current study, indicated that females scored higher than males in mindfulness. Additionally, the prior research suggested that women, in general, excel in observing details and multitasking, whereas men tend to focus on one task at a time and demonstrate heightened awareness during singular tasks. The current study's results thus present a departure from these established patterns (Conner & Laws et.al, 2013).

Moreover, the present research reveals a noteworthy observation that males demonstrate notably elevated levels of self-compassion compared to their female counterparts. This observation aligns with prior research, including a meta-analysis conducted by Kristin D. Neff and Michael Mullarkey (2015) examined the disparities between genders in self-compassion. The meta-analysis findings indicated that males exhibited slightly higher levels of self-compassion than females. Multiple studies have consistently identified substantial gender variations in self-compassion, highlighting that women generally report reduce levels of self-compassion (Yarnell et al., 2015).

Additionally, the present study highlight that females exhibited significantly greater difficulties in emotion regulation than males, this finding is aligned with the past research conducted by P.K. Bender and M.L. Reinhold-Dunne (2012) explored the potential gender variations in the association between anxiety and emotion dysregulation within a sample comprising 544 children and adolescents aged 9–16 years, consisting of 298 girls and 246 boys. The results indicated that girls encounter higher levels of anxiety and face greater challenges in regulating their difficulties in emotions compared to boys.

Association of Age with Mindfulness, Self-compassion and Emotion dysregulation

The present study initially posited that there would be a significant age difference in mindfulness, self-compassion, and emotion dysregulation among college students. However, the study results contradicted this hypothesis, indicating that no significant age difference was observed across the different age ranges for these three variables.

This deviation from the initial hypothesis prompted a closer examination of the data. Interestingly, the study results are in contrast to prior research conducted on older and young adults, where data was collected from 50 participants in each age group. The findings from this previous research highlighted differences in emotion regulation between older and young adults, suggesting that the improved ability to regulate emotions with age may contribute to these distinctions.

Building upon this context, it is noteworthy to mention findings reported in previous papers (Prakash and Schirda et al., 2015). These studies revealed that older

adults demonstrated elevated levels of trait mindfulness compared to younger adults. This implies that as individual's age, there may be an associated increase in trait mindfulness, which could potentially contribute to variation in emotion regulation examined between older and young adults.

Another study involving 1,813 adults aged between 20 and 30, researchers investigated how age influences the connections between self-compassion, self-esteem, and mental health. The study employed hierarchical regression analysis to analyze the data. The findings revealed that as individuals get older within the specified age range, the positive association between self-compassion and subjective well-being becomes more pronounced. In other words, for adults in their late 20s compared to those in their early 20s, self-compassion appears to have a more substantial impact on their overall sense of well-being. This suggests that as people age within the specified range, the relationship between self-compassion and subjective well-being becomes stronger.

Association of Mindfulness and Self-compassion

In the present study, a hypothesis was formulated positing a significant positive relationship between self-compassion and mindfulness, as reflected in a correlation coefficient ($r = .254$), with a sample size ($N = 300$) and a statistically significant p-value ($p < .000$). The results of the current study substantiated this hypothesis, indicating a positive association between self-compassion and mindfulness. This indicates that individuals who exhibit higher levels of mindfulness are likely to also demonstrate elevated levels of self-compassion, suggesting a harmonious relation between these two constructs. The positive sign

of the correlation coefficient indicates that as mindfulness increases, self-compassion tends to increase as well.

The findings of the present study align with existing literature, providing further support to the observed relationship. Zeynep Aydin Sunbul's study in 2019, which involved a sample of 752 adolescents with an age range of 14-19, investigated the connection between mindfulness, resilience, and the mediating roles of self-compassion and emotion regulation. The results of this study demonstrated mindfulness as a positive and significant predictor of self-compassion, emphasizing that individuals with higher mindfulness tend to exhibit greater self-compassion. Moreover, mindfulness was found to be a negative and significant predictor of difficulties in emotion regulation, suggesting a potential role of mindfulness in promoting effective emotional regulation. The convergence of findings between the present study and the study by Zeynep Aydin Sunbul reinforces the idea that mindfulness is not only positively associated with self-compassion but also plays a role in predicting positive mental health outcomes.

Association of Mindfulness and Emotion dysregulation

The current study aimed to investigate the hypothesis suggesting a significant negative relationship between mindfulness and emotion dysregulation. The analysis of a sample comprising 300 participants yielded a correlation coefficient ($r = -.289$), indicative of a moderate negative correlation between mindfulness and emotion dysregulation. Importantly, the p-value ($p < .000$) attested to the statistical significance of this correlation, underscoring the robustness of the observed relationship. In practical terms, this means that individuals demonstrating

higher levels of mindfulness tended to exhibit lower levels of emotion dysregulation, and vice versa. The negative sign of the correlation coefficient signifies the direction of this relationship: as mindfulness increases, the likelihood of experiencing emotion dysregulation decreases.

Crucially, these findings align with and corroborate the results of a previous study conducted by Christina and John in 2012. This earlier study, which focused on young adults, similarly found that mindfulness was associated with a reduction in difficulties related to emotion regulation. The consistency between the current study and the prior research strengthens the proposition that mindfulness plays a pivotal role in mitigating emotion dysregulation. While the correlation observed in the current study does not imply causation, the alignment with previous research suggests a robust and replicable association between mindfulness and reduced emotion dysregulation.

Association of Self Compassion and Emotion Dysregulation

The present study supported the hypothesis proposing a significant inverse relationship between emotion dysregulation and self-compassion. The examination of a sample comprising 300 participants revealed a correlation coefficient ($r = -.162$), indicating a notable negative relation between self-compassion and emotion dysregulation. It shows that as level of self-compassion increase, there is a tendency for emotion dysregulation to decrease, and vice versa. The negative sign of the correlation coefficient indicates the direction of this relationship: higher self-compassion is associated with lower levels of emotion dysregulation.

To strengthen this finding, reference is made to a study conducted by Angelika Eichholz and Caroline Schwartz in 2020. This study, which focused on 90 patients diagnosed with obsessive-compulsive disorder, examine the relationship between self-compassion and difficulties in emotion regulation. The results of their investigation concurred with the present study's findings, demonstrating a negative association. In other words, increased levels of self-compassion were found to be linked with reduction in emotional difficulties among individuals with obsessive-compulsive disorder, providing additional support for the hypothesis proposed in the present study.

Limitations and Suggestions

It's important to recognize certain limitations in the present study. First, correlational design used in this research doesn't permit the confident establishment of causal relationships among the variables under investigation. To enhance the existing insights and gain a better understanding of the connection between emotion dysregulation, self-compassion, and mindfulness, future research should consider employing longitudinal or experimental designs. A valuable direction for future research could involve investigating how engaging in mindfulness practices might enhance the ability to decrease emotional instability.

Secondly, limited time frame is considered as one of the potential limit of this study because time constraint may impose certain limitation on sample selection and data collection method. The limited age range in our sample restricts the generalizability of the study's results to the broader college (adolescent) population as a whole. Moreover, since self-report was used to gather data for all measures, it is plausible that correlations exist between the various constructs used in this study. Future researches would be conducted by using the behavioral task which may evaluate the mindfulness skills and practice self-compassion.

The study is confined to colleges in twin cities (Rawalpindi and Islamabad). Including participants from a single geographic location may limit the applicability of findings to a broader, more diverse population. Moreover the research highlights notable gender variations, indicating that males show increased levels of mindfulness and self-compassion, while females experience more challenges in emotion regulation. The underlying reasons for these distinctions are not extensively

investigated, and there could be additional factors at play. Future studies could explore the specific factors contributing to gender differences in reporting within the context of Pakistani culture.

Future researches should persist their effort in exploring whether mindfulness and self-compassion share common elements or represent distinct concepts. Additionally, it is crucial to examine the impacts of engaging in mindfulness and self-compassion activities on various mental health outcomes.

Implications

- i.** This study would help college students (adolescents) to identify that role of self-compassion and mindfulness in their emotional regulation.
- ii.** This study would provide valuable insight about these variables to health care professionals to design an interventions that was helpful for individuals who are struggling with emotion dys-regulation.
- iii.** The study's findings may have implications for mental health policies in educational institutions, emphasizing the importance of addressing mindfulness, self-compassion, and emotion regulation in student well-being initiatives. And indicating the importance of incorporating these skills into educational programs.
- iv.** This study would contribute to existing literature, by generating a connection between mindfulness, emotion dysregulation and self-compassion.
- v.** The distinct gender-related patterns identified in the study may guide the development of gender-specific interventions to address emotional well-being in college settings.

Conclusion

In conclusion, this study highlighted the association between mindfulness, self-compassion, and emotion dysregulation among college students in twin cities (Rawalpindi and Islamabad). The significant gender differences uncovered underscore the need for targeted interventions, with males demonstrating higher levels of mindfulness and self-compassion, while females display more challenges in managing and regulating their emotions. The reliable measurement tools employed, including the Mindfulness Attention Awareness Scale, Self-Compassion Scale, and Difficulties in Emotion Regulation Scale, contribute to the robustness of the findings. This research emphasizes the importance of cultivating mindfulness and self-compassion skills to mitigate emotional turbulence, providing valuable insights for future interventions and mental health strategies in educational settings.

Moreover, the implications of this research extend to the development of targeted interventions aimed at enhancing emotional well-being and mental health among college students, recognizing the gender-specific nuances in these psychological processes. Future research may delve deeper into the underlying factors contributing to these gender-related patterns and explore intervention strategies tailored to the unique needs of male and female students.

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Appendix (A)

Informed Consent

This study is carried out as a bachelor's thesis by Ms. Mutahra Arshad under the supervision of Ms. Uzma Mushtaq from the Psychology Department at Capital University of Science and Technology. The study was planned to determine the relationship between mindfulness, self-compassion and emotion dysregulation among college students. I invite you to take part in this research. During the research you need to answer some questions without omitting any question. Research findings can help you to become more aware of the concepts of mindfulness, self-compassion, and emotion dysregulation. This awareness can lead to a better understanding of your own emotional experiences and mental health.

The data will be used for research purpose and data will be kept confidential. Your participation in this study is entirely voluntary. You have a right to withdraw at any point during research but it will be highly appreciated if you will participate and provide honest answers. Please carefully read each instruction and ensure that each information is understood if you have any query discuss with me.

Signature -----

Thank you

APPENDIX B**Demographic Sheet****Age**

- a) 14-15 year
- b) 16-17 year
- c) 18 year

Gender

- a) Male
- b) Female

Parental Education

- a) Secondary education
- b) Higher secondary education
- c) Higher education level

APPENDIX C

The Mindful Attention Awareness

1- Almost always 2-very frequently 3-somewhat frequently 4-somewhat infrequently 5-very infrequently 6 almost never

I could be experiencing some emotion and not be conscious of it until some-time later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.						
I find it difficult to stay focused on what's happening in the present.						
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.						
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.						
I forget a person's name almost as soon as I've been told it for the first time.						
It seems I am "running on automatic," without much awareness of what I'm doing.						
I rush through activities without being really attentive to them.						
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.						
I do jobs or tasks automatically, without being aware of what I'm doing.						

I find myself listening to someone with one ear, doing something else at the same time.						
I find myself preoccupied with the future or the past.						
I find myself doing things without paying attention						
I snack without being aware that I'm eating.						

APPENDIX D

Self-compassion Scale

Almost always

Almost-never

1

2

3

4

5

I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
When I'm feeling down I tend to obsess and fixate on everything that's wrong.					
When things are going badly for me, I see the difficulties as part of life that everyone goes through.					
When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.					
I try to be loving towards myself when I'm feeling emotional pain.					
When I fail at something important to me I become consumed by feelings of inadequacy.					
When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.					
When times are really difficult, I tend to be tough on myself.					
When something upsets me I try to keep my emotions in balance.					
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.					

I'm intolerant and impatient towards those aspects of my personality I don't like.					
When I'm going through a very hard time, I give myself the caring and tenderness I need.					
When I'm feeling down, I tend to feel like most other people are probably happier than I am.					
When something painful happens I try to take a balanced view of the situation.					
I try to see my failings as part of the human condition.					
When I see aspects of myself that I don't like, I get down on myself.					
When I fail at something important to me I try to keep things in perspective.					
When I'm really struggling, I tend to feel like other people must be having an easier time of it.					
I'm kind to myself when I'm experiencing suffering.					
When something upsets me I get carried away with my feelings.					
I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
When I'm feeling down I try to approach my feelings with curiosity and openness.					
I'm tolerant of my own flaws and inadequacies.					
When something painful happens I tend to blow the incident out of proportion.					

APPENDIX E

Difficulties in Emotion Regulation

1- Almost Never 2- Some-times 3- About Half of the Time

4- Most of the Time 5- Almost Always

I pay attention to how I feel	1	2	3	4	5
I have no idea how I am feeling					
I have difficulty making sense out of my feelings					
I am attentive to my feelings					
I am confused about how I feel					
When I'm upset, I acknowledge my emotions					
When I'm upset, I become embarrassed for feeling that way					
When I'm upset, I have difficulty getting work done					
When I'm upset, I become out of control					
When I'm upset, I believe that I will remain that way for long time.					
When I'm upset, I believe that I will end up feeling very depressed.					
When I'm upset, I have difficulty focusing on other things					
When I'm upset, I feel ashamed with myself that way.					
When I'm upset, I feel guilty for feeling that way.					
When I'm upset, I have difficulty concentrating.					

When I'm upset, I have difficulty controlling my behaviors.					
When I'm upset, I believe that wallowing in it is all I can do.					
When I'm upset, I lose control over my behavior.					

