

“Exploring the Efficacy of Mindfulness based coping Strategies in Emotional Regulation among Individuals”

**Deepika Vohra
M.A., Clinical Psychology
Amity Institute of Psychology and Allied Sciences
Amity University, NOIDA
U.P., India*

***Dr. Neelam Pandey
Professor
Amity Institute of Psychology and Allied Sciences
Amity University, NOIDA
U.P., India*

ABSTRACT

This research explored how coping self-efficacy mediates the relationship between certain mindfulness skills and emotion regulation difficulties in undergraduate students. Guided by the theoretical framework of mindfulness and self-efficacy theory, the study investigated four core components of mindfulness; observing, describing, acting with awareness, and accepting without judgment as captured in the Kentucky Inventory of Mindfulness Skills (KIMS). A total of 180 participants (Mage = 21.13; 71% female) completed validated assessments of mindfulness, coping self-efficacy, and emotion regulation. Descriptive statistics confirmed normal distribution across variables. Pearson’s correlations revealed that self-efficacy coping as well as emotion regulation difficulties were significantly associated with describing, acting with awareness, and accepting without judgment. Observing did not have any significant link to either outcome. Path analysis using MPlus indicated that coping self-efficacy mediated the influence of each significant mindfulness skill on the emotion regulation difficulties, explaining 35% to 56% of the total effect. These results indicate that increased mindfulness enhances emotional regulation by fostering greater belief in managing the emotional challenges. The study emphasizes the need to utilize specific mindfulness skills within clinical frameworks while highlighting self-efficacy of coping as a robust agent of change in therapy.

Keywords: Mindfulness, Skill, Clinical framework, coping, self-efficacy, emotion regulation, mediation, psychological well-being.

Introduction

The increasing psychological and environmental stressors of modern life makes the need for effective emotional self regulation strategies more salient than ever. Emotion regulation is defined as the methods individuals use to modulate their feelings and expressions of emotions to adapt to and cope with challenges in life (Gross, 1998). It can take the form of automatic processes, effortless actions, or even and require active work through behaviors, thoughts, and emotions. Difficulty in emotional self regulation is known to have a negative and harmful impact on a myriad of mental health disorders such as clinical depression, anxiety disorders,

borderline personality disorder, and substance use disorders (Gratz & Roemer, 2004; Joormann & Gotlib, 2010; Mennin et al., 2009). This indicates that there is need and purpose in emphasizing the psychological factors that facilitate sound emotional self regulation in mental health care research.

The resource that has gained the most attention in the recent years is ‘mindfulness.’ Mindfulness, a product of ancient spiritual practices, is the ability to focus one’s entire attention, nonjudgmentally and openly, onto the present moment. For the past twenty years, mindfulness has been integrated into Western psychology, being treated as an elaborate construct that requires purposeful cultivation – often through therapeutic actions like Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT) (Kabat-Zinn, 1990; Segal et al., 2002; Linehan, 1993; Hayes et al., 1999).

Mindfulness should be viewed not as a unitary skill, but rather as a combination of interrelated subs skills. Baer et al. (2004) distinguished five components of mindfulness: observing, describing, acting with awareness, nonjudging of one’s inner experience, and nonreactivity to one’s inner experience. The Kentucky Inventory of Mindfulness Skills (KIMS) and the Five Facet Mindfulness Questionnaire (FFMQ) are two tools that assess these skills. Although each of the facets adds to the overall mindfulness disposition, some – such as acting with awareness, describing, and accepting without judgment – are more strongly linked to emotional resilience (Baer et al., 2006; Vujanovic et al., 2010).

There are various ways mindfulness affects the regulation of emotions both through theoretical and practical means. One, it improves metacognitive thinking, allowing people to understand the flow of thoughts and feelings as mental events instead of realities or self-inflexions. This process, often called cognitive defusion, increases psychological flexibility while lessening the default response of rumination or avoidance (Shapiro et al., 2006). Two, mindfulness promotes attention control which is an essential cognitive process for withdrawing from distressing stimuli and concentrating on goal-oriented activities (Bishop et al., 2004). Three, mindfulness promotes acceptance where people learn to endure distress without the urge to try and eliminate it. This avoidance-free approach enables coping with and lessens the chance of increasing emotional pain through secondary reactions (Eifert & Forsyth, 2005).

Several studies indicate that those who score higher in mindfulness are better at regulating their emotions. For example, Coffey and Hartman (2008) established that trait mindfulness in both clinical and non-clinical samples was associated with lower emotional reactivity and higher emotional clarity. In a longitudinal study, Garland et al. (2011) found that greater increases in mindfulness were associated with greater improvements in positive reappraisal and reductions in negative affects over time. These findings have also received support from neurobiological studies. Functional neuroimaging research demonstrates that the practice of mindfulness is associated with greater activation of the prefrontal cortex which controls executive functions

and reduced activation of the amygdala which is primarily associated with emotional reactivity (Creswell et al., 2007; Hölzel et al., 2011).

Although the relationship between mindfulness and emotion regulation remains clear, some scholars have started investigating the reasons underlying the connection. One possible reason is coping self-efficacy, which refers to how individuals perceive their ability to cope with and manage emotional and situational challenges. In Bandura's (1977) theory of self-efficacy, an individual's capacity to control some distressing situation makes them more likely to adopt constructive coping strategies and lowers the chances of experiencing negative emotional effects. Specifically, coping self-efficacy has been shown to mitigate the effects of stress and trauma and to predict psychological adjustment across multiple contexts (Benight & Bandura, 2004; Chesney et al., 2006).

Various works have supported the mediation role of self-efficacy coping strategies between mindfulness and psychological outcomes. For instance, Chang et al. (2004) noted that mindfulness was positively associated with self-efficacy for managing pain and that self-efficacy predicted lower pain-related distress. In a different study, Morone et al. (2009) reported that older adults who completed an 8-week mindfulness program were more willing to consider themselves capable of managing stress and pain, and this change was related to better mood and functioning. Although these findings are encouraging, very few studies have been conducted to clarify whether self-efficacy coping strategies mediate the relationship between discrete mindfulness skills and emotion regulation difficulties.

This is the focus of the current study which seeks to understand the mediation effect of coping self-efficacy on the other four components—observing, describing, acting with awareness, and accepting without judgment—of Baer et al.'s (2004) model of emotion regulation skills. Following the model, the study postulates that participants who perform these mindfulness skills more frequently will report higher levels of self-efficacy in coping, which, in turn, will result in fewer difficulties in the management of emotions.

Emotion regulation difficulties were measured with the validated tool - Difficulties in Emotion Regulation Scale (DERS) developed by Gratz & Roemer in 2004 - which covers emotional awareness, clarity, impulse control and other domains. Measuring coping self-efficacy was done using the Coping Self-Efficacy Scale (CSES) created by Chesney et al. in 2006, which captures a person's perception of their ability to manage problem-focused coping, cessation of unpleasant emotions and thoughts, and support seeking from friends and family. This study applied a path analysis framework to assess the mindfulness-emotion wellbeing relationship.

In summary, this particular line of inquiry is important to study both from a scholarly perspective and practical one. Knowing the pathways through which mindfulness affects emotion regulation can help in devising better treatment strategies for emotional dysregulation patients. For instance, if coping self-efficacy is found to be a primary mediator, then specific mindfulness- based intervention modules could be added that enhance self-efficacy training

metrics highlighting reinforced self-efficacy concepts integrated with mindfulness training. Such a strategy would address skill acquisition and belief systems, both of which are critical for behavior change.

Moreover, the reach of this research goes to a number of areas such as clinical psychology, education, workplace wellbeing, and public health. For example, encouraging mindfulness practice within educational settings might help students to not only master emotional regulation but also develop self efficacy towards managing academic and social challenges. In clinical populations, modifying mindfulness-based interventions to enhance self-efficacy for coping could provide a more effective treatment approach for emotionally reactive disorders like borderline personality disorder, PTSD, and substance use disorders.

These views also need consideration. The mindfulness construct emerges from the East but has been integrated into Western psychology in a manner that lacks some of the spiritual and philosophical nuance. There is, therefore, a need to validate mindfulness scales cross-culturally as well as carry out more ethnographic study to ensure that mindfulness as a program of intervention is culturally sensitive and suitable for diverse groups.

Background and Significance of the Study

Recently, the contribution of mindfulness practices towards improving emotional and psychological well-being has attracted considerable attention. Mindfulness, which originated from Eastern contemplation practices, is now a part of Western clinical psychology as a therapeutic technique centered on awareness, acceptance, non-reactivity, and present-moment focus. In the context of the growing global burden of psychological disorders—especially among young adults—there is a need for effective and easily available solutions to emotional dysregulation, which has become a public health concern. Mindfulness-Based Interventions (MBIs) have surfaced as potential solutions to this problem.

Regulating emotion, which refers to the processes involved in monitoring, evaluating, and changing emotional responses, is crucial to psychological health. Deficits in this ability have been associated with multiple mental disorders, such as anxiety, depression, borderline personality disorder, and post-traumatic stress disorder (Gross, 1998; Gratz & Roemer, 2004). Considering the identified gaps, it is crucial to explore modifiable factors that bolster emotional regulation. Mindfulness is one of those factors. Multiple studies affirm that mindfulness training diminishes unfavorable mood states, increases psychological flexibility, and promotes adaptive emotion regulation strategies (Baer et al., 2006; Roemer et al., 2009).

Out of the many aspects of mindfulness, skills like acting with awareness, self-describing, and accepting without judgment have strong connections with emotional buoyancy. These elements are part of many therapeutic frameworks like Mindfulness-Based Stress Reduction (MBSR), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). It has been documented that individuals who develop these skills often demonstrate higher distress

tolerance, healthier emotional avoidance, and better interpersonal relationships (Chambers et al., 2009; Coffey et al., 2010).

Through deepening research aimed at describing the benefits of mindfulness, the effect of mindfulness on emotional regulation from psychological perspective is still insufficiently answered. There is one particularly overlooked in this context that requires more attention is coping self-efficacy, the belief of a person's ability to deal with emotional and contextual stimulus (Bandura, 1977; Chesney et al., 2006). A person with higher coping self-efficacy tends to manage stress in an optimistic manner and is less likely to indulge in maladaptive coping methods such as avoidance, suppression, or emotional outburst.

Earlier research has noted that self-efficacy—generally or in relation to a specific task such as pain management or substance abuse—can be enhanced through mindfulness, though few studies have focused on the linkage between coping self-efficacy and mindfulness in the context of emotion regulation. This gap is important because mindfulness coping self-efficacy may integrate self-efficacy and emotional functioning improvements derived from mindfulness practices. If mindfulness increases the sense of control over distressing emotions, then the self-efficacy of coping is likely a fundamental mediator that illustrates the ways and the reasons resiliency to distress is fostered through mindfulness.

This study follows that reasoning. It seeks to assess how coping self-efficacy may mediate the relationships between emotional regulation difficulties and mindfulness skills of observing, describing, acting with awareness, and accepting without judgment. In this way, it fills a gap in the research and deepens understanding of how mindfulness practices create change through therapeutic pathways.

Purpose of the Study

The primary purpose of this study is to fill the gap by developing a differentiation model of mindfulness as a dimension of emotional regulation integrating coping self-efficacy and self-efficacy theory. Therefore, exploring the self-efficacy mindset's influence on emotion and coping will help to achieve the golden purpose of enhancing and understanding self developmental concepts.

1. **Increasing Self-efficacy Mindsets Understanding:** This research further investigates the impact of self-efficacy mindset on coping and emotion unlike previous studies that focus on self-efficacy without studying the mediating or contextual factors. Particularly, this study focuses on mindfulness as a self-regulatory and self-modulating behavior to show how effective individuals are self-efficacy wise. The findings will add understanding on how self-efficacy mindset assists in coping with stressful situations by enhancing emotion control and regulation enabling better performance.
2. **Incorporating Coping Self-efficacy in the Framework:** While Bandura incorporated various self-efficacy domains into his framework, he excluded the role of coping and

reflecting self-efficacy. Integrating coping self-efficacy into the self-efficacy framework will allow for the identification of the adaptive purposes of emotions to self-efficacy.

3. **Supporting Early Intervention and Prevention:** The research analyzes a non-clinical sample of young adults—a population who is predisposed to emotional disorders and is unfortunately at the lower end of the mental health service seeking hierarchy. The study can shape educational preventive programs through the implementation of mindfulness and coping confidence fostering programs prior to symptom development.
4. **Promoting Cost-Effective and Scalable Solutions:** Interventions based on mindfulness are relatively cheaper and can be easily adjusted for individual, group, or digital formats. If these interventions are proven to adequately enhance coping self-efficacy, they can be applied on a broader scale to promote emotional resilience in a variety of populations.
5. **Cultural and Contextual Relevance:** In some cultures such as India, where the stigma surrounding mental health drastically affects access to psychological services, mindfulness forms a culturally appropriate pathway to emotional self-care. Its association with coping self-efficacy which is empowering and non-pathologizing renders it even more pertinent in such culture.

Conclusion

This study assessed the emotional wellbeing outcomes of the mastery of emotion by analyzing the pathways where mindfulness skills enable emotional wellbeing and the mediating role of self-efficacy. Study outcomes demonstrated powerful evidence to support the claim that the components of mindfulness such as describing, acting with awareness and accepting without judgment has strong direct connections to reduction in emotion regulation difficulties and acts indirectly by increasing belief in their ability to cope with emotional difficulties.

The most prominent mediating effect was seen for the skill of describing, where those who identified and labelled their internal processes reported greater confidence and lesser emotional regulation difficulties. Similarly, acting with awareness or staying fully attentive to the present helped people feel more competent emotionally and less overwhelmed. The skill of accepting without judgment also contributed greatly to the outcome result, showing the impact of nonjudgmental stance toward one's own experience on emotional self-regulation.

These results highlight the role of coping self-efficacy as a psychological mechanism in explaining how mindfulness, as a positive self-care practice, participates actively to assist in emotion regulation. People who have self-belief on their ability to cope with the pain tend to use adaptive mechanisms and are not flooded by negatively valenced emotions. This self-efficacy seems to be enhanced due to mindful relating to focus, awareness, and being open to emotions.

Practically, the conclusions drawn from the study can inform the development of clinical interventions. Components that build coping confidence can be added to mindfulness-based programs like MBSR, MBCT, and DBT, in addition to teaching the mindfulness techniques Training. Specific mindfulness skills such as describing and non-judgmental awareness can be taught for clients to enable them to feel greater self-efficacy on stress and emotional discomfort.

Limitations and Future Research

Although the present study offers notable elucidation of the psychological mechanisms linking mindfulness and emotion regulation, it is important to note some limitations.

1. **Cross-Sectional Design:** Our ability to make causal inferences is limited due to the use of a cross-sectional design. While findings from these studies support theoretical models that argue mindfulness strengthens coping and emotional regulation, the order of these relationships cannot be determined. It may be that individuals with higher levels of emotion regulation are more likely to develop mindfulness or coping confidence, rather than the reverse.
2. **Reliance on Self-Report Measures:** This study's constructs were all evaluated based on self-administered questionnaires. These forms can introduce biases through social desirability, inaccurate recall, or misinterpretation of the items. It is possible that participants overestimated or underestimated their mindfulness skills or coping skills. Without behavioral or physiological assessments, the findings lack objectivity.
3. **Limited Generalizability:** The sample was comprised solely of undergraduate students who were predominantly young, non-clinical participants. Consequently, the findings may not be applicable to older adults, people with psychological disorders, or ethnically diverse groups. These findings are likely to reflect the exposure from the stage of development they were in alongside the environment.
4. **The Non-Reactivity Facet Is Excluded:** The research in question chose to concentrate on four mindfulness skills: observing, describing, acting with awareness, and accepting without judgment. As Baer et al. (2004) suggested. However, contemporary models of mindfulness incorporate non-reactivity as an equally important fifth element. By choosing to neglect this aspect, the present study could be lacking in predictor variables pertaining to emotional resilience.
5. **Non-Disclosed Participants Meditation Background Information:** Lack of data concerning participants' background with mindfulness meditation represents another substantial limitation. Some studies argue that the impact of certain mindfulness skills like observing one's environment may differ vastly between participants who practice meditation and those who do not. In the absence of this data, it is impossible to explain the non-significant results regarding the observing skill from the study.
6. **Variables That Remain Hidden:** Other unmeasured or uncontrolled psychological factors like personality, baseline stress levels, trauma history, or social support may be

influential to the analysis. These are capable of affecting coping self-efficacy and emotion regulation, creating a confounding variable to the relationships studied.

Further Research

In light of addressing the concerns in the findings above, future research can go in the following directions:

1. **Longitudinal and Experimental Studies:** Future work should implement longitudinal or experimental design studies to establish how changes in mindfulness skills impact coping self-efficacy and emotion regulation over time. Research that uses intervention techniques, such as training programs focused on mindfulness, could further substantiate the coping self-efficacy mediation role in everyday contexts.
2. **Use of Multi-Method Assessment:** The addition of objective or behavioral tasks such as stress reactivity, emotion labeling, or even physiological measures including heart rate variability and cortisol, would strengthen future research. These methods would address the shortfalls associated with self-reporting by offering a more nuanced perspective on emotional processes.
3. **Inclusion of Clinical and Diverse Populations:** Conducting the study within clinical populations, including but not limited to individuals with anxiety, depression, or trauma, along with multicultural groups would assess the extent to which the findings generalize across varied psychological conditions and diverse backgrounds. Such studies could determine if mindfulness-based coping strategies operate differently across populations.
4. **Assessment of Additional Psychological Moderators:** Other mediators include emotional clarity, experiential avoidance, cognitive reappraisal, and self-compassion, which could be examined as such in consideration of the broader emotional functioning as affected by mindfulness.
5. **Breakdown of Components of Mindfulness:** Due to the different patterns of results associated with various mindfulness skills, future studies need to focus on these components separately. Additionally, it would be helpful to understand why some skills, like observing, have less consistent effects and weaker impacts among non-meditators. This would help in clarifying the effectiveness of mindfulness training.

The drawbacks of this study are the cross-sectional design, self-reporting measures, and the non-clinical student participants. Additional studies are needed implementing longitudinal designs, objective measures, and more varied population samples to contextualize these findings.

Implications

The outcomes of the study could have important implications for psychological practice, design of interventions, and further investigations. The study improves understanding of the

psychological skills which aid in emotional functioning by mapping self-efficacy coping as a pivotal mediator in the relation between mindfulness and emotion regulation.

1. **Improvements of Mindfulness-Based Interventions (MBIs):** The results of the study suggest the importance of tailoring focus towards describing, acting with awareness, and accepting without judgment skills taught in mindfulness-based interventions such as MBSR, MBCBT, and DBT. These skills are linked with improved emotion regulation and are more likely to be beneficial than other components like observing, especially in non-meditating populations. Clinicians are advised to focus on the cultivation of these skills using guided exercises, mindfulness journaling, and present-moment awareness training.
2. **Focus on Coping Self-Efficacy Within Therapy:** These findings point out coping self-efficacy as an active changeable factor that increases emotional capability. This clearly emphasizes more focus on cultivating mindfulness while at the same time, clients' belief in their ability to cope with distress needs to be strengthened. This can be done using CBT through problem-solving training, success tracking, and reflection on past coping successes. Gaining these may improve the effectiveness of self-efficacy on mindfulness and psychological well-being.
3. **Approaches to Treatment Tailoring:** Taking into consideration the heterogeneous efficacy associated with various mindfulness skills, mental health practitioners should pay attention to the unique differences regarding client readiness, prior exposure, and even personality traits. For example, non-judgmental acceptance appears particularly useful for high self-criticism clients while acting with awareness can be helpful to those who are prone to dissociation or inattention. Outcomes may be improved by customizing treatment to dominant emotional regulation difficulties.
4. **Non-Clinical Psychoeducation:** The study underscores some practical therapy-free implications. For school or workplace counselors, educators, or wellness professionals, these findings argue for mindfulness and coping skill inclusion into psychoeducational programs. Teaching non-judgmental, mindful action and clear emotive responses can advance emotional intelligence, lower stress levels, and increase overall self-functioning and interpersonal interaction.
5. **Designing Subsequent Research and Program Evaluation:** Finding coping self-efficacy as a mediating factor provides a tangible and practical framework for mechanism-change targeting future intervention studies. Mindfulness programs can be developed and tested with additional training and explicit building coping confidence components. This may be especially effective for highly stressed groups of people, including health care workers, caregivers, and those exposed to trauma.

REFERENCES

1. Analyzing Data: Path Analysis (n.d.). Retrieved from UCLA: Academic Technology Services, Statistical Consulting Group website, http://www.ats.ucla.edu/stat/mplus/seminars/introMplus_part2/path.htm.

2. Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: emotion regulation following a focused breath induction. *Behavior Research and Therapy*, *44*, 1849–1858.
3. Austin, M. A., Riniolo, T. C., & Porges, S. W. (2007). Borderline personality disorder and emotion regulation: insights from poly- vagal theory. *Brain and Cognition*, *65*, 69–76.
4. Baer, R. A. (2003). Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clinical Psychology: Science and Practice*, *10*, 125–143.
5. Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report. *Assessment*, *11*, 191–206.
6. Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, *13*, 27–45. Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., et al. (2008). Construct validity of the Five Facet Mindfulness Questionnaire in meditating and nonmeditating samples. *Assessment*, *15*, 329–342.