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Spiritual Well-Being as Mediator Between Mindfulness and Emotional Dysregulation

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Abstract

The present study investigated the mediating effect of spiritual wellbeing on the relationship between mindfulness and emotion dysregulation among young adults. The sample N=200 were selected for the present research. A cross-sectional correlational research design was used for the present study. Through the convenience sampling technique, data were gathered by using the Five Facet Mindfulness Questionnaire (FFMQ) by Baer et al. (2006), the Spiritual Well-Being Scale (SWBS) by Paloutzian and Ellison (1982) Difficulties in Emotion Regulation Scale (DERS) by Gratz and Roemer (2004). According to the results, spiritual well-being is positively correlated with mindfulness and its dimensions (observing, describing, acting with awareness, non-judging, non-reactivity). Emotional dysregulation is negatively linked to mindfulness. Mediation analysis showed a significant prediction by mindfulness of spiritual well-being and emotional dysregulation. It was also found that spiritual well-being predicts emotional dysregulation. In addition, spiritual well-being was found to be a mediating factor through which emotional dysregulation and mindfulness are linked. According to the study, interventions aimed at enhancing emotional resilience and well-being in people will be of interest for the mental health section.

Key words: Mindfulness, Spiritual Wellbeing, emotion dysregulation, young adults

1. Introduction

Emotional functioning is also a crucial aspect of psychological wellness as it impacts on the way individuals experience their thoughts, feelings, and emotions; manage their stress levels; and engage in relationships. Emotional dysregulation is about how a person struggles to recognize, receive, and regulate their emotions appropriately to foster adaptive functioning and goals. Some of these challenges can include strong emotional responses, impulsiveness, lack of awareness or understanding of emotions, and difficulty with using appropriate strategies when upset. The Difficulties in Emotion Regulation Scale (DERS) has six subscores: non-acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse-control difficulties, limited emotional awareness, restricted access to regulation strategies, and lack of emotional clarity (Gratz & Roemer, 2004). Emotional dysregulation is pertinent to clinical psychology because in the literature, it has been linked to psychological distress and problems in day-to-day functioning.

Mindfulness has been talked about as a psychological process that may aid in more adaptive emotional functioning. It typically means paying attention to whatever is happening in this moment, with awareness and without automatic judgement, whether it is a thought, a feeling, a sensation in the body, or the environment. A mindful person is aware of the unpleasant feeling, and is able to respond rather than react, which gives the person a moment to think before acting. In psychology, mindfulness-based interventions such as Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) have utilized mindfulness to treat stress and emotional issues. The Five Facet Mindfulness Questionnaire (FFMQ) describes mindfulness as observed, described, acted with awareness, non-judging of inner experience, and non-reactivity to inner experience (Baer et al., 2006). Observing means noticing inner and outer experiences; describing means labeling inner and outer experiences in words; acting with awareness means attending to the action without going on auto-pilot; non-judging means allowing one's inner experiences without judging them as good or bad; and non-reactivity means allowing inner experiences to arise without becoming overwhelmed by them.

Why mindfulness/emotional dysregulation is relevant is that being aware of the emotional reactions might help to notice the emotional reactions before they result in unhelpful behaviors. Several studies reviewed in the literature showed that Mindfulness is related to decreased emotional impulsivity, rumination, avoidance, and reactivity. By becoming more aware of emotions with acceptance, people can be better able to tolerate unpleasant feelings and select responses that align with desired outcomes. In the thesis, research also indicates a connection between mindfulness and self-acceptance, resilience, and psychological flexibility. Two variables, however, does not explain what kind of process is required to have a relationship, though. If the process of identifying a mechanism can be used to further understanding of the links between mindfulness and emotional functioning, then this could be an important contribution.

The construct of spiritual well-being is another construct that can be relevant to people's responses to difficult situations. Spiritual Well-Being Scale (SWBS) is a construct including religious well-being and existential well-being (Paloutzian & Ellison, 1982). Religious well-being relates to the experience of a person's relationship with God or a greater power, while existential well-being relates to the meaning, purpose, satisfaction and direction in life. Spiritual wellbeing is not just about religious activity, it can also be about feeling connected to nature, others, self or to a transcendent being, feeling hope, peace and meaning. This literature review indicates that sense of meaning and purpose can assist individuals to make sense of stressful events, to hold onto hope and to engage personal values as coping mechanisms during distress.

The relationship between mindfulness and spiritual well-being could be because mindfulness can allow for reflection on personal values, relationships and the meaning of life experiences. Alternatively, feeling purposeful, hopeful and calm may be linked to more adaptive strategies to deal with negative emotions. The thesis summarizes existing literature that indicates positive relationships between mindfulness and spiritual well-being, and negative relationships between spiritual well-being and emotional distress and emotion-regulation problems. These relationships are combined into one possible way of investigating mindfulness, spiritual well-being, and emotional dysregulation as a set of relationships, instead of separated sets of variables.

The proposed mediational framework is inspired by the Mindfulness-to-Meaning Theory that was mentioned in the thesis. This approach suggests that by bringing one's mind to the present moment, one can break the automatic responses and reduce the meaning of a stressor in a more constructive manner. Reflection is a process that could help support purpose, positive meaning, and psychological resources that are relevant to emotional functioning (Garland et al, 2021). Theses are also presented on the concepts of self-regulation, emotion-regulation, broaden-and-build and spiritual well-being. These approaches provide related explanations as to why awareness, acceptance, positive emotional resources and a sense of meaning could be relevant to emotion management. Based on the proposed model, mindfulness is the predictor, spiritual well-being is the mediator, and emotional dysregulation is the outcome. The model tests whether spiritual well-being statistically accounts for some of the association between mindfulness and emotional dysregulation. The study is cross-sectional and correlational, so the model can test the statistical relationship but not the causal sequence of the study.

While the thesis provides an overview of the literature on mindfulness and emotional functioning, mindfulness and spiritual well-being, and spiritual well-being and emotional functioning, it recognizes a need to investigate all three constructs in one mediational framework. The proposed study fills this gap of Pakistani university students. It does not just focus on whether mindfulness relates to emotional dysregulation, but also on whether spiritual well-being accounts for some of this association. The study also explores the five aspects of mindfulness (observing, describing, acting with awareness, non-judging, non-reactivity) and differences in the study variables between genders.

The main aims of the study are: to investigate the correlations between mindfulness and emotional dysregulation, mindfulness and spiritual well-being and spiritual well-being and emotional dysregulation, to test spiritual well-being as a mediator in the relationship between mindfulness and emotional dysregulation, and to investigate gender differences on mindfulness, spiritual well-being and emotional dysregulation. The conceptual framework assumes that there is an association between mindfulness and spiritual well-being, which is associated with emotional dysregulation, as well as an association between mindfulness and emotional dysregulation. In this understanding, if there is a sizeable indirect effect, it would imply that spiritual well-being partially explains the relationship between the other variables, and if there is

a non-negligible direct effect, then the other variables would explain the relationship to some degree.

The results of this study can be useful for clinical psychology as a convergence of three psychological constructs which are important for emotional functioning are brought together. The conclusions it reached could guide researchers and practitioners in determining if spiritual well-being, purpose, or meaning should be included as an additional correlate to investigate along with the study of emotion-regulation problems. Any practical implications, however, should be taken with a pinch of salt; the study is correlational and does not test an intervention and correlational results do not necessarily indicate that higher mindfulness or spiritual well-being will equate to lower emotional dysregulation. Sensitivity and respect for individual beliefs and preferences should also be extended to spiritual/religious issues. The study's findings are presented with a sample of university students that may serve as evidence to guide future research with longitudinal designs, larger samples, and intervention-based designs.

2. Literature Review

The reviewed literature in this thesis situates the concepts of mindfulness, spiritual well-being and emotional dysregulation as interrelated constructs that can all be used to understand the psychological functioning. Mindfulness is defined as awareness of what is going on in the here and now without automatic judgment. Spiritual well-being relates to a sense of meaning, purpose, connection, and inner peace; emotional dysregulation relates to challenges understanding, accepting and managing feelings. The chapter relies on theories and previous empirical research to inform us of the ways in which these factors are interrelated and why spiritual well-being is a proposed intervening variable between mindfulness and emotional dysregulation.

A number of theoretical approaches are discussed. As described in the thesis, the theory of Mindfulness focuses on deliberate attention to the experiences in the moment with openness and without judging them. The awareness could enable people to become aware of thoughts and feelings, without immediately trying to avoid or suppress them, or take any action with them (Kabat-Zinn, 2003). According to the Mindfulness-to-Meaning theory, mindful attention can

break the automatic responses and facilitate the reappraisal of stressful events so as to generate psychological resources and meaning (Garland et al., 2021). The theory is especially relevant to the proposed mediation model as it offers a potential pathway from mindfulness to meaning related experiences and then to emotional functioning.

Self-Regulation Theory, which is related to the study of self monitoring and self management of thoughts, feelings and behaviours (Baumeister & Vohs, 2007), is also discussed in the thesis, as are emotion-regulation perspectives developed by Gross (1998). The findings indicate that knowledge about emotional states might be relevant for the reaction to distress. The broaden-and-build theory of positive emotions is added as some positive emotions like hope, gratitude, compassion, and inner peace can broaden attention and over time develop psychological resources (Fredrickson, 2021). Lastly, Paloutzian and Ellison's (1982) model is the spiritual well-being which is defined in religious and existential terms, and Fisher's model is spiritual health extended to relationships with the self, others, environment and transcendent. These theories offer conceptual justification to investigate mindfulness and spiritual well-being in the context of emotional dysregulation. The claims are theoretical arguments, not evidence of a causal mechanism in this cross sectional study.

Mindfulness and emotional imbalance. The thesis examines research that has found that mindfulness is related to the reduction of emotional-regulation problems. Eisenlohr-Moul et al. 2021 is mentioned in regard to trait mindfulness and reduced emotional impulsivity and avoidance. Luberto et al. (2022) are said to report correlations between mindfulness, decreased emotional dysregulation, and increased psychological flexibility for chronically stressed adults. The review also mentions research from which it is suggested that non-judging and non-reactivity can be particularly pertinent to lower emotional dysregulation as these dimensions relate to the process of permitting inner experiences without judging them and reacting to them with some immediate response. A review of the other studies included in the thesis indicate that mindfulness could be positively linked to decreased rumination and emotional avoidance (Bajaj & Pande, 2022; Keng et al., 2023; Tomlinson et al., 2022), increased self-acceptance, and increased resilience (Bajaj & Pande, 2022; Keng et al., 2023; Tomlinson et al., 2022). Overall, this literature suggests that greater mindfulness should be related to a reduction in emotion

regulation problems. The strength and generalizability of this relationship, though, is dependent on the samples, measures, and designs employed in the specific studies.

Spiritual feelings and emotional dysregulations. The thesis refers to spiritual welfare as a psychological resource since meaning, purpose and hope, in addition to a sense of connection, can buffer individuals from negative experiences and keep them emotionally stable. The SWBS framework distinguishes between well-being in terms of perceived relationship with a higher power or God from existential well-being in terms of purpose and satisfaction in life (Paloutzian & Ellison, 1982; Ellison, 1983). The reviewed literature also contains research on the association between spiritual well-being and resilience/adaptive coping as well as reports of reduced distress and emotional instability in relation to increased spiritual/existential well-being. For instance, negative relationships between depression, anxiety, emotional instability, and spiritual well-being are described for example with Unterrainer et al. (2022). According to Martinez et al. (2021), these people are said to have reported that meaning and purpose were correlated with lower emotional distress in cancer patients. The thesis also examines studies on spiritual coping such as prayer, gratitude, forgiveness and trust, and also shows that there are other associations between distress and negative spiritual coping (Ano & Vasconcelles, 2021; Pargament & Exline, 2022). This literature also supports the proposed expectation for a negative association between spiritual well-being and emotional dysregulation, but does not imply that this association between the two phenomena has the same meaning and impact on every individual.

The importance of being mindful and spiritually healthy. However, the literature studies in the thesis indicate that there could be a positive correlation between mindfulness and spiritual well-being. Awareness and non-judgemental reflection are opportunities to observe personal values, relationships and sources of meaning, when focus is on the present. The theoretical discussion by Garland et al. (2021) of how mindful awareness can facilitate reappraisal and meaning-making processes are discussed. Puchalski et al. (2023) are discussed as they are related to association between mindfulness and psychosocial-spiritual well-being, and Kim and Seidlitz (2024) are discussed as they are related to mindfulness, social connectedness, and spiritual well-being among adolescents. The thesis also mentions intervention studies indicating that there could also be a change in gratitude, compassion, spiritual growth or existential satisfaction that can be associated with the mindfulness programs (Shapiro et al., 2021). These findings suggest that

there is a positive relationship between mindfulness and spiritual well-being. These should not be read to mean that mindfulness inevitably leads to spiritual development (as is the case in correlational study designs).

A mediator of spiritual well-being. The main idea of the thesis is that analyzing the relationship between each pair of variables individually might not capture the link between mindfulness and emotional dysregulation. A mediation model examines if there is an indirect statistical pathway between a predictor and an outcome through a third variable. The proposed model is based on mindfulness as the predictor, spiritual well-being as the mediator, and emotional dysregulation as the outcome. The Mindfulness-to-Meaning Theory provides a rationale: when people pay mindful attention they might be able to move past automatic responses and process difficult situations as alternative possibilities for meaning and purpose, which in turn may be linked to fewer emotional-regulation issues (Garland et al., 2021). The broaden and build explanation is related, suggesting that positive emotional experiences promote the development of psychological resources (Fredrickson, 2021).

The thesis also specifies the study variables in terms of their measures. Mindfulness is operationalized by the Five Facet Mindfulness Questionnaire (FFMQ) (Baer et al., 2006), which measures non-reactivity, non-judging, describing, observing and acting with awareness. The Spiritual Well-Being Scale (SWBS) is based on religious and existential well-being (Paloutzian & Ellison, 1982) and is used as an operational measure of spiritual well-being. Emotional dysregulation is measured using the Difficulties in Emotion Regulation Scale (DERS) which measures emotion dysregulation in terms of emotion acceptance, goal-directed behavior during emotional distress, impulse control, awareness, access to emotion regulation strategies, and emotion clarity (Gratz & Roemer, 2004). These operational definitions allow for the study of these constructs empirically in terms of questionnaire scores.

In general, the literature suggests that there is a positive relationship between mindfulness and spiritual well-being, as well as a negative relationship between mindfulness and emotional dysregulation, and a negative relationship between emotional dysregulation and spiritual well-being. It also helps to test if spiritual wellbeing is a portion of the statistical relationship between mindful and emotional dysregulation. However, the results of previous studies have not been

able to replace testing the proposed model. The present study thus explores the associations of the three variables in a sample of students at university and investigates the indirect association via spiritual well-being. Because the design is cross-sectional, the mediation results should be understood as statistical evidence that is consistent with the proposed design but are not intended as evidence of temporal order or causation.

Research Framework

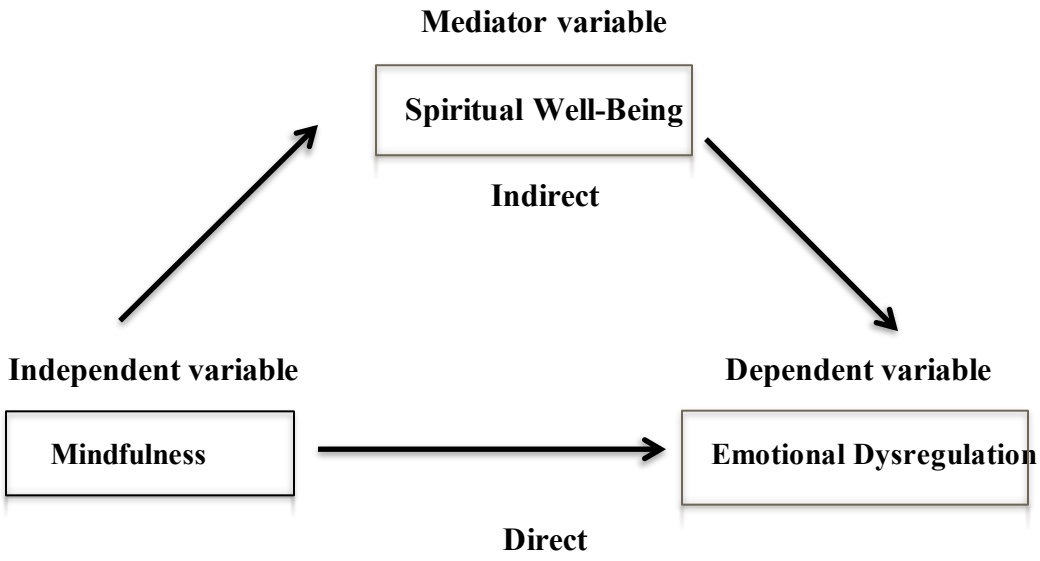


Figure 1. Conceptual Framework of the Study

The figure illustrates the proposed mediating role of spiritual well-being in the relationship between mindfulness (independent variable) and emotional dysregulation (dependent variable). The direct path represents the relationship between mindfulness and emotional dysregulation, while the indirect path represents the relationship through spiritual well-being (mediator).

Rationale of the Study

Previous research has identified a relationship between mindfulness and spiritual well-being. Garland et al. (2021) discussed how mindfulness may facilitate meaning-making and the reappraisal of stressful experiences. Similarly, Puchalski et al. (2023) examined the relationship between mindfulness and psychosocial-spiritual well-being, while Kim and Seidlitz (2024) explored mindfulness and spiritual well-being among adolescents. In addition, Ajele et al. (2021)

investigated spirituality, mindfulness, emotional dysregulation, and mental well-being. However, limited research has examined spiritual well-being as a mediator between mindfulness and emotional dysregulation within a single model, particularly in the Pakistani context. Therefore, the present study investigates the mediating role of spiritual well-being in the relationship between mindfulness and emotional dysregulation among young adults.

Research Objectives

- To examine the relationship between mindfulness and emotional dysregulation.
- To investigate the relationship between mindfulness and spiritual well-being.
- To explore the relationship between spiritual well-being and emotional dysregulation.
- To determine whether spiritual well-being acts as a mediator between mindfulness and emotional dysregulation.
- To examine significant differences in spiritual well-being, mindfulness, and emotional regulation based on gender.

Research Hypotheses

H1: There would be a significant relationship between mindfulness dimensions such as observing, describing, and acting with awareness, non-judging, reactivity, and emotional dysregulation

H2: There would be a significant relationship between mindfulness and spiritual well-being

H3: There would be a significant relationship between emotional dysregulation and spiritual wellbeing

H4: Spiritual well-being significantly mediates the relationship between mindfulness and emotional dysregulations

H5: Spiritual well-being will mediate the relationship between Observing and emotional dysregulation among university students.

H6: Spiritual well-being will mediate the relationship between Describing and emotional

dysregulation among university students.

H7: Spiritual well-being will mediate the relationship between Acting with Awareness and emotional dysregulation among university students.

H8: Spiritual well-being will mediate the relationship between Non-Judging and emotional dysregulation among university students.

H9: Spiritual well-being will mediate the relationship between Non-Reactivity and emotional dysregulation among university students.

H10: There would be a significant difference in mindfulness, emotional dysregulation and spiritual well-being based on gender.

3. Methodology

Research Design

The present study employed a quantitative, cross-sectional correlational design to examine the relationships among mindfulness, spiritual well-being, and emotional dysregulation. Spiritual well-being was examined as a potential mediator in the relationship between mindfulness and emotional dysregulation. As the data were collected at a single time point, causal relationships and temporal ordering could not be established.

Participants and Sampling Technique

The sample consisted of 200 university students aged 18–30 years, including 100 males (50%) and 100 females (50%). Participants were recruited from various universities using convenience sampling. The mean age was 25.5 years (SD = 4.43). Regarding education, 80 participants (40%) were BS (Hons) students, 92 (46%) were MPhil students, and 28 (14%) were PhD students. In terms of marital status, 114 participants (59%) were unmarried and 82 (41%) were married. Most participants belonged to the middle socioeconomic group (n = 148, 74%), followed by the high (n = 43, 21.5%) and low (n = 9, 4.5%) socioeconomic groups. Furthermore, 134 participants (67%) lived in joint family systems, whereas 66 (33%) lived in nuclear family systems.

Inclusion and Exclusion Criteria

Eligible participants were university students aged 18–30 years who voluntarily agreed to participate and provided informed consent. Individuals outside the specified age range were excluded. Other reported exclusion criteria included severe psychological disorders, current substance dependence, recent hospitalization, and language barriers. These criteria should be reported in the final manuscript according to the procedures actually applied during recruitment.

Instruments

Demographic Information

A demographic information sheet was used to collect information regarding participants' age, gender, education, marital status, socioeconomic status, and family system.

Five Facet Mindfulness Questionnaire (FFMQ)

Mindfulness was assessed using the Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006). The study reportedly used a 15-item version rated on a five-point Likert scale ranging from 1 (never or very rarely true) to 5 (very often or always true). The questionnaire assesses five facets: observing, describing, acting with awareness, non-judging, and non-reactivity. The reported total score ranges from 15 to 75, with higher scores indicating greater mindfulness. The specific version and its corresponding reference require verification.

Spiritual Well-Being Scale (SWBS)

Spiritual well-being was measured using the 20-item Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982). The scale uses a six-point response format and assesses religious and existential well-being. Higher scores indicate greater spiritual well-being.

Difficulties in Emotion Regulation Scale (DERS)

Emotional dysregulation was assessed using the 36-item Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). Items are rated on a five-point scale, with higher total

scores indicating greater difficulties in emotion regulation. The reported total score ranges from 36 to 180.

Procedure and Ethical Considerations

Data were collected through online Google Forms and face-to-face questionnaires. Permission was obtained from the relevant university authorities, and ethical approval was reported before data collection. Participants were informed about the study's purpose, provided informed consent, and were assured of confidentiality, voluntary participation, and their right to withdraw. Questionnaire completion was estimated to take 15–20 minutes. Responses were coded and entered into the statistical software for analysis. The formal name of the ethics committee and approval reference should be included if available in the original documentation.

Sample Size Estimation

An a priori power analysis was reportedly conducted using GPower version 3.1.9.4. The stated parameters were an effect size of 0.30, a significance level of .05, statistical power of .95, and a one-tailed test. The study included 200 participants. The specific statistical test and power-analysis settings should be verified against the original GPower record before publication.

Statistical Analysis

Data were analyzed using SPSS. Descriptive statistics, frequency distributions, and Cronbach's alpha coefficients were used to summarize participant characteristics and assess the internal consistency of the measures. Bivariate correlation analyses examined relationships among mindfulness, spiritual well-being, and emotional dysregulation. Mediation analysis was conducted to examine the indirect association between mindfulness and emotional dysregulation through spiritual well-being, with a bootstrap confidence interval used to assess the indirect effect. Independent-samples t-tests were also used to examine gender differences in the study variables.

Reliability Analysis

Internal consistency was assessed using Cronbach's alpha. The reported coefficients were .82 for the SWBS, .80 for the overall FFMQ, and .88 for the DERS. The reported FFMQ facet coefficients were .68 for observing, .69 for describing, .72 for acting with awareness, .71 for non-judging, and .70 for non-reactivity. The overall FFMQ coefficient differs from the value of .85 reported elsewhere in the thesis narrative. This discrepancy should be resolved using the original statistical output before submission.

4. Results

Alpha coefficient

Table 1: Alpha coefficient (Internal consistency) of study Variables N=200

Sr. no.	Scales	Subscales	K	A
1	**SWBS**		**20**	**.82**
2	**FFMQ**		**15**	
		Observing	**3**	**.80**
				.68
		Describing	**3**	**.69**
		Acting awareness	**3**	**.72**
		Non-Judge	**3**	**.71**
		Non-reactivity	**3**	**.70**
3	**DERS**		**36**	**.88**

Note= k=no. of items, SWBS=Spiritual Wellbeing Scale, RWB=Religious Wellbeing, EWB=Existential Wellbeing, FFMQ= Five Facet Mindfulness Questionnaire, DERS= Difficulties in Emotional regulation Scale

Table 1 revels the results of Cronbach alpha (internal consistency) of study variables. The result shows that the Spiritual wellbeing scale consists of 20 items with range of α=.82. Five Facet Mindfulness Questionnaire consists of 15 items with α= .85. The observing subscale consists of 3 items with α= .68, the Describing subscale consists of 3 items with α= .69, the active awareness Consists of 3 items with α= .72, non-judge subscales consists of 3 items with .71. In contrast, non-reactivity consists of a .70 Cronbach's alpha. Difficulties in emotion regulation consist of six subscales. The table reveals that DERA has α=.88 with 36 items. All the scales show an acceptable range of Cronbach alpha.

Frequency Distribution

Table 2: Frequency Distribution of Demographics N=200

Variables	**M(SD)**	**Category**	**f(n)=200**	**%**
Gender		Male	100	50%
		Female	100	50%
Education		BS (Hons)	80	40%
		MPhil	92	46%
		PhD	28	14%
Marital status		Married	82	41%
		Unmarried	118	59%
SES		Low	9	4.5%
		Middle	148	74.0%
		High	43	21.5%
Family system		Nuclear	66	33%
		Joint	134	67%
Age (18-30years)	25.5(4.43)	18-20	40	20.0%

	21-23	56	28.0%
	24-26	58	29.0%
	27-30	46	23.0%

Table 2 shows the frequency distribution of the participants' demographic characteristics (N = 200). In total, there were 100 males (50%) and 100 females (50%). Most of the participants were enrolled in MPhil (n=92, 46%) followed by BS (Hons) students (n=80, 40%) and whereas PhD scholars were less represent (n=28, 14%). As for marital status, unmarried respondents were more in number than married ones where unmarried (n = 118, 59%) and married (n = 82, 41%). Almost three-quarters of the study's respondents were of the middle socioeconomic class, while one-fifth belonged to the high SES group. The remaining majority were of low SES as indicated by the responses collected from the participants. In terms of family systems, the majority of participants were living in joint family systems (n = 134, 67%), while 33% (n = 66) were living in nuclear family systems. Participants were 25.5 years on average (SD = 4.43), who were aged between 18 to 30 years. A sizeable proportion of respondents were in the age group of 24–26 years (n = 58, 29%). This was followed by 21–23 years (n = 56, 28%), 27–30 years (n = 46, 23%), and 18–20 years (n = 40, 20%).

Descriptive Statistics

Table 3: Descriptive Statistics of Study Variables N=200

M	**SD**	**Range**	**Skewness**	**Kurtosis**	**Actual**	**Potential**
SWBS	60.98	11.25	27-88	20-120	-.083	. 096
FFMQ	52.83	8.19	31-73	15-75	-.068	-.282
DERS	83.77	22.15	44-138	36-190	.276	.691

SWBS=Spiritual Wellbeing Scale, RWB=Religious Wellbeing, EWB=Existential Wellbeing, FFMQ= Five Facet Mindfulness Questionnaire, DERS=Difficulties in Emotional regulation Scale

Table 3 reveals the results of descriptive statistics. The average score on spiritual well-being was 60.98 (SD = 11.25), mindfulness was 52.83 (SD = 8.19), and emotional dysregulation was 83.77 (SD = 22.15). The data for all variables was normally distributed, as evidenced by skewness and kurtosis values in a reasonable range.

Bivariate Correlation

Table 4: Bivariate correlation between spiritual well-being, mindfulness, and Emotional Dysregulation n=200

Variables	1	2	3	4	5	6	7
1. SWBS	—						
2. Observing	.60**	—					
3. Describing	.73**	.68**	—				
4. Acting with Awareness	.69**	.67**	.70**	—			
5. Non-Judging	.67**	.65**	.70**	.73**	—		
6. Non-Reactivity	.65**	.64**	.67**	.68**	.71**	—	
7. DERS	-.73**	-.61**	-.67**	-.72**	-.69**	-.66**	—

SWBS=Spiritual Wellbeing Scale, RWB=Religious Wellbeing, EWB=Existential Wellbeing, FFMQ= Five Facet Mindfulness Questionnaire, DERS=Difficulties in Emotional regulation Scale Note: $p<0.01$**

The positive and significant correlation between spiritual well-being and all mindfulness aspects is shown in table 4.4. The acts of observing, describing, and acting with awareness, and non-judging and non-reactivity are all significantly positively intercorrelated. There was a significant negative relationship between emotional dysregulation with spiritual well-being and all relationships of mindfulness. In other words, high levels of emotional dysregulation were associated with low levels of spiritual well-being and mindfulness.

Mediation Analysis

Table 5: Regression Analysis for the Mediation of Spiritual Well-Being between Mindfulness and Emotional Dysregulation among university students (N = 200)

Path	B / Effect	SE / BootSE	t	p	95% CI
DIRECT EFFECT					
Mindfulness → Emotional Dysregulation, controlling for Spiritual Well-Being	−1.3315	0.181	−7.35	< .001	[−1.6891, −0.9739]
INDIRECT EFFECT					
Mindfulness → Spiritual Well-Being → Emotional Dysregulation	−0.8390	0.155	—	—	[−1.1347, −0.5305]

IV = Mindfulness, DV = Emotional Dysregulation, Mediator = Spiritual Well-Being

B = Unstandardized coefficient, β = Standardized coefficient

Table 5 presents the direct and indirect effects of mindfulness on emotional dysregulation through spiritual well-being among 200 university students. Mindfulness had a significant negative direct association with emotional dysregulation after controlling for spiritual well-being (B = −1.3315, SE = 0.1813, t = −7.3425, p < .001, 95% CI [−1.6891, −0.9739]). The indirect effect through spiritual well-being was also statistically supported (B = −0.8390, BootSE = 0.1550), as the 95% bootstrap confidence interval [−1.1347, −0.5305] did not include zero. These findings are consistent with partial mediation, indicating that spiritual well-being statistically accounts for part of the association between higher mindfulness and lower emotional dysregulation.

Independent Sample t-test

Table 6: Independent sample t-test for gender difference on Spiritual wellbeing, mindfulness and difficulties in emotional dysregulation (n=200)

Variables	Male (N = 100) M	SD	Female (N = 100) M	SD	t	P	95% CI L	U	Cohen's d
Spiritual wellbeing	67.05	8.89	54.91	10.0	9.04	<.001	9.49	14.7	1.27
Mindfulness	56.22	7.61	49.44	7.33	6.41	<.001	4.69	8.86	.907
Emotional Dysregulation	70.95	16.89	96.59	19.21	- 10.02	<.00	-30.6 -	20.59	-1.41

Note. $p < .05$, $p < .01$

Table 6 comprises the independent sample t-test of male and female young adults (N = 200) on their spiritual well-being, mindfulness and emotional dysregulation. The research found a significant difference in spiritual well-being between genders, t (198) = 9.04, $p < .001$. Males had higher spiritual well-being score, (M = 67.05, SD = 8.89) than their counterpart females (M = 54.91, SD = 10.00). The effect size was significant (Cohen's d = 1.27). Likewise, gender significantly affected mindfulness, t (198) = 6.41, $p < .001$. The mindfulness score of male participants is significantly higher than that of female participants as reflected in their means and SDs: 56.22, 7.61, and 49.44, 7.33, respectively. The impact size was also big (Cohen's d = 0.90). Moreover, there was a significant gender difference in emotional dysregulation, t (198) = -10.02, $p < .001$. Female participants exhibited substantially elevated scores in emotional dysregulation (M = 96.59, SD = 19.21) when compared to male participants (M = 70.95, SD = 16.89). The impact of emotional dysregulation was of very high magnitude (Cohen's d = -1.41). The data shows that male respondents had better mindful awareness and spirituality than female ones which exhibited higher emotional dysregulation.

5. Results Summary

The results reveal that spiritual well-being was positively and significantly associated with mindfulness subscales – observing, describing, and acting with awareness, non-judging, and non-reactivity. The results indicate that a higher tendency towards mindfulness in young adults resulted in a higher spiritual well-being. Moreover, the mindfulness subscales (observing, describing, acting with awareness, non-judging and non-reactivity) had negative correlations with emotional dysregulation ($r = -.58$ to $-.76$, $p < .01$). Higher mindfulness was linked to reduced emotional dysregulation. Further, according to mediation analysis, Mindfulness was a significant negative predictor of emotional dysregulation; the result reveals that young adults who have greater mindfulness can lessen their emotional dysregulation. With respect to the secondary effect, it was discovered that mindfulness had a significant positive effect on spiritual well-being. Moreover, a higher level of spirituality was associated with decreased levels of emotional dysregulation, which means that individuals who have good spirituality will have lower chances of experiencing emotional dysregulation. Moreover, Males had a higher spiritual well-being than their female counterparts. The mindfulness score of male participants is significantly higher than that of female participants. Moreover, there was a significant gender difference in emotional dysregulation, which reveals that female participants exhibited substantially elevated scores in emotional dysregulation when compared to male participants. Finally, the data shows that male respondents had better mindful awareness and spirituality than female ones which exhibited higher emotional dysregulation.

6. Discussion

We investigated spiritual well-being as a mediator of the relationship between mindfulness and emotional dysregulation in 200 university students between the ages of 18 and 30 years. The results as a whole showed spiritual well-being was positively correlated with mindfulness and negatively correlated with emotional dysregulation. Other mindfulness facets were also negatively correlated with emotional dysregulation. The mediation analysis confirmed that there was an indirect relationship mediated by spiritual well-being between mindfulness and emotional dysregulation, but the direct relationship between mindfulness and emotional dysregulation was still significant. This is the same pattern as partial statistical mediation. Given the nature of the

study, a cross sectional correlational design, these results must be viewed as relationships rather than indication of causation.

The first major finding had to do with the relationship between mindfulness and emotional dysregulation. The thesis hypothesized that emotional dysregulation would negatively correlate with all five aspects of mindfulness: observing, describing, acting with awareness, non-judging and non-reactivity. The correlations ranged from −.61 to −.72, with all being reported as statistically significant at the .01 level. The findings suggested that there is a correlation between the facets of mindfulness and scores on emotional dysregulation in this sample, such that increases in scores on mindfulness facets were related to decreases in emotional dysregulation scores. Another one possible interpretation is that a mindful attention and non-judgemental reaction to inner experiences could be associated to less difficulties in emotion management. The study didn't test these processes, however, so the results wouldn't directly prove that mindfulness training would lower emotional dysregulation.

The second predominant finding was a positive correlation between spiritual well-being and mindfulness. Spiritual well-being had a positive correlation with observing ($r = .60$), describing ($r = .73$), acting with awareness ($r = .69$), non-judging ($r = .67$), and non-reactivity ($r = .65$), all of which were statistically significant at $p < .01$. This finding indicates that those who had higher scores on the spiritual well-being scale also had higher scores on each facet of mindfulness. The thesis is that the mindful awareness can facilitate a reflection on values, relationships and meaning in life. Spiritual well-being may also be related to a person’s capacity to make sense of difficult experiences. These present findings demonstrate a statistical relationship, but do not allow for any conclusions regarding the effect of mindfulness on spiritual well-being or the influence of spiritual well-being on mindfulness or whether other factors influence both.

Finally, the relationship between spiritual well-being and emotional dysregulation was negative ($r = −.73$, $p < .01$). The more spiritual well-being participants felt, the more they felt they had trouble with emotions. Spiritual well-being is viewed as a potential psychological resource associated with meaning, purpose, hope, and inner peace in the thesis. The experiences may relate to the understanding of stress and coping with challenging emotions. The association does not imply that religious belief or spirituality is a requirement for emotional health, and is not

necessarily the same for each person. The SWBS covers religious and existential dimensions and spiritual/existential experiences can differ from one's own beliefs and culture.

Mediation analysis was one of the main components of the study. The direct relationship of mindfulness to emotional dysregulation was also significant when spiritual well-being was added to the model ($B = -1.3315$, $SE = .1813$, $t = -7.35$, $p < .001$, 95% CI [−1.6891, −.9739]). The indirect effect via spiritual well-being was $B = -.8390$, with a bootstrap SE of .1550 and a 95% bootstrap CI of (−1.1347, −.5305). The indirect effect was statistically supported as this interval did not contain zero. An indirect effect that is partly mediated, which is indicated by a supported indirect effect and a significant direct effect, is consistent with partial mediation. This suggests that, at least statistically, there was an association between mindfulness and emotional dysregulation that was mediated by spiritual well-being; however, other pathways and/or influences may exist. The outcome alone can not establish a causal mechanism or temporal order.

Gender differences were also considered in the thesis. Men reported higher mean spiritual well-being scores than women (men: $M = 67.05$, $SD = 8.89$; women: $M = 54.91$, $SD = 10.00$), $t(198) = 9.04$, $p < .001$, $d = 1.27$. Men also reported higher mindfulness scores (men: $M = 56.22$, $SD = 7.61$; women: $M = 49.44$, $SD = 7.33$), $t(198) = 6.41$, $p < .001$, $d = .907$. Women reported higher emotional dysregulation scores (women: $M = 96.59$, $SD = 19.21$; men: $M = 70.95$, $SD = 16.89$), $t(198) = -10.02$, $p < .001$, $d = -1.41$, according to the thesis coding. These are variations in this sample. They should not be interpreted as worldwide generalizations for men and women; and they do not indicate that gender per se is to blame for the score differences. There may be other factors such as cultural expectations, willingness to report emotions, social factors and others that were not measured and tested as explanations in this study.

The results broadly support the literature reviewed in the thesis that found mindfulness to be related to fewer difficulties in emotion regulation, and spiritual well-being to adaptive coping or less distress. The findings also corroborate the proposed theoretical framework that mindful awareness might be linked to meaning-making and spiritual well-being and that meaning-making and spiritual well-being might be linked to emotional functioning. However, simply because there are a number of theories and previous studies that give context does not mean that those

same theories or studies will be found to have occurred in this sample. On the basis of current results, evidence was provided for the three constructs in one mediation model, as it was produced by university students in Pakistan. Additional studies are required to determine if the same trend is found in other samples and with different evaluations.

There are some factors that limit interpretations. Firstly, the cross-sectional nature of the design does not provide temporal order or causality. Longitudinal studies could look at whether there is a relationship between the changes in mindfulness and changes in spiritual well-being and whether the changes in spiritual well-being predict changes in emotion-regulation outcomes later in life. To test the effect of the mindfulness-based programmes, experimental studies can be undertaken, if this is appropriate, with optional meaning-oriented components. Second, the current study was based on self-report questionnaires, which could be influenced by social desirability, response style, or the interpretation of questionnaire items by participants. Future research could include a combination of questionnaires, interviews, behavioral assessment, or in addendum reports from other sources. Third, the sample was made up of university students aged between 18 and 30 years old, a convenience sample, reducing the generalizability to older adults, non-students, and clinical groups. Larger samples drawn from different regions, educational settings, and cultural backgrounds would help clarify the scope of the findings.

The study also examined a limited set of variables and focused its demographic comparison mainly on gender. Future research could examine anxiety, depression, resilience, coping strategies, self-esteem, and social support as additional predictors, mediators, or moderators. Researchers could also consider age, socioeconomic circumstances, family system, and cultural differences. Because the FFMQ reliability table and narrative report different overall alpha values, the exact value should be verified before the results are published. The study's other statistical values and the scoring and version of each instrument should also be checked against the original output and questionnaire forms.

The practical implications should be stated cautiously. The findings suggest that mindfulness and spiritual well-being may be relevant topics for psychoeducation and counseling discussions about emotional functioning among students. Educational institutions could consider offering evidence-informed mindfulness education and emotional-regulation skills training, while

ensuring that participation is voluntary and inclusive. Spiritual or meaning-oriented content should never be imposed; it should be used only when appropriate to the individual's own beliefs and preferences. The study did not evaluate a treatment program, so it cannot demonstrate the effectiveness of any particular intervention. In conclusion, mindfulness and spiritual well-being were associated with lower emotional dysregulation in this sample, and the indirect effect through spiritual well-being was statistically supported alongside a significant direct association. The findings are consistent with partial mediation and provide a basis for further longitudinal, experimental, and culturally diverse research.

7. Limitations

It was not possible to determine causality because of the cross sectional design and the use of self-report measures so there may have been response bias and social desirability influencing the results of the study. The use of longitudinal, experimental and mixed methods, using larger and more diverse age-related, educational and cultural groups is recommended for future research. Furthermore, other psychological factors such as depression, anxiety, coping styles, resilience, social support and demographic and sociocultural factors such as socioeconomic status and home environment should be investigated as possible mediators or moderators. The results also indicate that mindfulness and spiritual well-being may play a role in the mitigation of emotional dysregulation, advocating for the implementation of mindfulness-based interventions, counselling programs and spiritual or wellbeing-based workshops in educational settings to support the psychological and emotional wellbeing of students.

8. Recommendations

Future studies should employ a longitudinal design and experimental design to explore the causal relationships between mindfulness, spiritual well-being, and emotional dysregulation. More representative samples from a wider range of educational institutions and cultures should be represented. Depression, anxiety, resilience, coping mechanisms and self-esteem are other psychological factors that should also be investigated. Further cross-age comparisons and cross-occupational comparisons can enhance understanding of emotional regulation. Moreover, mindfulness-based intervention programmes should be introduced and tested in the university

students; and educational institutions should offer counseling services, awareness seminars and workshops in the field of mindfulness, spiritual well-being and emotional health.

9. Implications

The results indicate that schools and universities should launch training courses and create awareness seminars and workshops on emotional regulation skills and mindfulness and spiritual wellness. There are therapeutic practices in which counselors and psychiatrists can incorporate mindfulness and spirituality. The results of these findings can also contribute to the development of mental health preventive and psychoeducational programs for university students, which foster self-acceptance, emotional balance and psychological well-being.

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