



## Unraveling the Pathways from Mindfulness to Wellbeing: Mediating Role of Self Compassion and Caring for Bliss in Adults

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### ABSTRACT

Mindfulness which was an area of scientific study has developed as a field of research and growth and attracts people and therapists who wish to possess more knowledge on how it can enhance people's lives. This research therefore aims at identifying the influence of mindfulness on the two aspects of wellbeing "Caring for Bliss" and "Self-Compassion" during the developmental phase referred to as emerging adulthood. This research shall be a survey study in which the nature is correlational. The technique used to select the sample will be convenience sampling. Thus, a sample (N= 219) is selected with age from 18 to 29 using 4 instruments of collection. Namely, the instruments are; the Toronto Mindfulness Scale (TMS), the Caring for Bliss Scale (CBS), the Self compassion Scale Short Form (SCS-SF), WHO-5 Wellbeing Index. After collecting the data, Correlation and Regression analysis are run for the existence of the relationship and its consequences on the identified members of the population by employing Statistical Package for Social Sciences (SPSS). Besides, in Haye's model 5, the macro process of the chain mediation and gender as moderator is applied to establish. It was also noted that although the impact of mindfulness on the respondents' wellbeing could be ascertained, it was only possible to estimate the influence of the intermediate variable 'caring for bliss' as moderate. Therefore, chain mediation was not present in the given scenario; however, gender influenced it greatly. Hence, this inconsistency in the findings of the study may be attributed to self-report.

## **Introduction**

Scholars believe that emerging adulthood is the life stage that is in between adolescence and adulthood, is a socially, neurologically, and physically unique developmental period. Similar to every other stage of developmental change, emerging adulthood would consequently mean or represent a vulnerable period of human existence in opportunities that can be taken and risks to wellbeing. Emerging adulthood is marked by increased uncertainty, new responsibilities, and higher levels of self-direction, which are the precursors of the worsening of the subjective wellbeing level and the increase in mental health issues. Indeed, some studies prospectively establishing that such issues increased in adolescence (Pearson et al. 2013), others that pointed to an even 50 %-point prevalence rate of psychiatric diagnoses in the same period (Blanco et al. 2008), and still others where it was suggested that these rates were at their peak during emerging adulthood (Rohde et al. 2013). Others employed a definition of the period that illustrates that the mean levels of mental health and subjective wellbeing are often on the rise in emerging adults. Based on the present observations, it can be said that wellbeing in emerging adulthood is far from homogeneous. The topic of wellbeing data in Emerging Adulthood has been one of the most investigated areas of interest in the last two decades of research in public health.

Indeed, life transitions mean very major changes in the context and role relationships that might be conducive to changes in mental health and psychopathology. Therefore, emerging adulthood can be assessed as a period of significant change considering health aspects. The period of emerging adulthood is associated with psychological wellbeing and mental health because it is the time for psychiatric disorders or mood and personality disorders. As noticed, it is the time when the 12-month prevalence is up to 40% of any psychiatric disorder in the USA.

## **Mindfulness and Wellbeing**

Usually linked with good emotion, pleasure with life, and energy, high degrees of wellbeing are also correlated with positively traits like compassion, knowledge, and insight (Carmody & Baer, 2008; Shapiro et al., 2008). An intended focused consciousness of moment-to- moment thoughts, emotions, and sensations is what mindfulness is all about? Its broad applicability to personal thoughts, emotions, and behaviour (Carmody & Baer, 2008; Chang et al., 2004; Economides et al., 2018; Jain et al., 2007; Shapiro et al., 2008) help to explain this notion often associated to wellbeing. Particularly for the population of emerging adulthood, mindfulness should be taken into account in relation to the always rising use of social media and cell phones. Although social media and cell phones may be excellent tools, they can also cause interference, disruption, and non-productivity. The Positive State of Mind Scale (PSOM) is a tool used to evaluate many spheres of gratifying states of minds: focused concentration, productivity, responsible caretaking, peaceful repose, sensual nonverbal pleasure, sensuous sexual pleasure, and sharing. At the end of multiple investigations, results showed that using mindfulness meditation methods raised positive state of mind (Chang et al., 2004; Jain et al., 2007).

Although mindfulness has been shown to improve wellbeing in numerous studies, the precise processes underlying its effects are still unclear. Three components comprise the broad concept of well-being: psychological wellbeing (growth, autonomy, purpose, self-acceptance, relationships, and mastery); social wellbeing (feeling accepted and integrated into society); and subjective wellbeing (life satisfaction and balance of positive and negative emotions). According to research, practicing mindfulness improves emotion regulation, which helps people better control their emotions and, ultimately, their general wellbeing (Chambers et al., 2009; Gratz & Tull, 2010). Further neuroscience research demonstrates that mindfulness training alters the structure and

function of the limbic system and prefrontal cortex, two areas of the brain essential for emotion regulation. While it's unclear exactly how mindfulness, self-regulation, and good affect are related, researchers like Hayes and Feldman contend that mindfulness promotes a more positive relationship with emotions. Fundamentally, mindfulness allows people to feel emotions without repressing or overreacting to them, resulting in resilience and balance that promote overall wellbeing.

### **Mindfulness, Self compassion and Caring for Bliss**

According to the analysis of the activities of the Vietnamese Buddhist monk Thich Nhat Hanh, Rudaz et al. (2020) introduced the care of bliss as one of the approaches to defining actions or measures that can be assumed to increase or deepen sukha or bliss. For example, Rudaz et al. (2020) attempted to measure happiness as infinite and everlasting happiness from within origin, caused by compassion and equanimity. Some people also concur that happiness is utterly bland from any occurrence in life and thus, it is that happiness which prepares the person with all that is in him or her to deal with the rise and lows of life. Bliss care can however be more crucial to emerging adults, so that to have some sort of additional fortification in order to be able to cope with all sorts of odds. This might be a developmental stage that is associated with transition, with irregularity and indefiniteness as well, for instance, leaving one's parent's home, meeting potential other halves, starting studying or working.

True pleasure, or "care for bliss," is based on self-mindfulness and self-compassion, according to Rudaz et al. (2020). This is consistent with Buddhist teachings that highlight compassion and attentive awareness as a means of achieving wellbeing. According to Kabat-Zinn, mindfulness is a conscious, open, and nonjudgmental awareness of the present moment that enables people to react consciously rather than reflexively. This definition is used in Western psychology. Neff (2003) expands on this by defining self-compassion as acknowledging that pain is a common human experience, treating oneself with kindness at tough times, and enabling challenging feelings to be acknowledged without becoming mired in them. When combined, self-compassion and mindfulness give people the skills they need to deal with life's obstacles in a balanced and resilient manner, which eventually enhances their general wellbeing.

### **Caring for bliss and Wellbeing**

Erstwhile, the tender of bliss relates to processes or actions which so simply depict the cultivation of inner joy. In addition, the diligence and nurturing to capture this real state are precisely related to one's health and wellbeing (Rudaz et al., 2022). One concept of this true happiness is one that is not dependent on one's changeful variations in feelings (Ekman, Davidson, Ricard, & Wallace, 2005). According to Seligman (2012) this state means positive emotion or nice life, attachment, and belongingness, purpose, and ranking. Uninterrupted pleasure, joy is an infinite resident satisfaction or the true happiness. The call is a pleasure based on a state of no disturbance and a disposition of kindness, even love (Rudaz et al., 2020). In turns to bliss, cross national investigations reveal applied associations with health and inversely with markers of poor quality of life including stress, anxiousness, and depression. This link is valid in several cultures such as the United States and the Philippine (Datu et al., 2022). Better health outcomes and reduction of the degree of burnout in the nursing career profile may be promoted only with the help of compassion fulfillment based on the concept of joyful care. Improving patient care outcomes and decreasing burnout in the nurses are observed by the settings that emphasize proper self-care and self-compassion, as stated by Burtson and Stichler (2010). Namely, during unfavourable conditions Wiklund Gustin (2017) stressed the importance of self-compassion in maintaining health of the workers in the medical field.

### **Self-compassion and Wellbeing**

Self-compassion and wellbeing have a close relationship because the theories of wellbeing emphasize how personal goals, cognitive processes, and emotional balance influence life satisfaction. As an example, goal setting should be meaningful to increase levels of wellbeing (Emmons, 1986; Michalos, 1980), and self-compassion enables people to approach failures and set-backs gently, which makes achieving these goals more attainable in the long run (Barnard & Curry, 2011). According to cognitive understanding, positive memory bias and positive personality traits foster the development of wellbeing as they drive individuals to concentrate on positive aspects of life; self-compassion helps this by avoiding the idea of self-criticism and promoting the more optimistic attitude (Diener & Ryan, 2009). Although self-compassion does not necessarily add positive experiences, it helps to downplay their emotional cost tipping the scale towards more positive explanations of life events and thus reinforcing wellbeing (Zessin et al., 2015). Finally, self-compassion may also serve as a protective mechanism, offering a psychological refuge to individuals as they respond to self with kindness, perceive a sense of shared humanity, and develop mindful awareness all of which are particularly persuasive in fostering cognitive and mental well-being.

### **Caring for bliss as Mediator**

Hanh (2008), in a nutshell postulate that there is no state that we have to attain in order to be happy. He makes us to consider beautify on what is available kind of life and happiness witnessed at the moment. As pointed out by Rudaz et al., (2020), attending to bliss indicates activities or behavioural investment motivated by pleasure or, to borrow the authors' phrasing, real happiness. Most of the habits or behaviors stem from the quest of seeking the eternal happiness within yourself, as you accept the reality that surrounds you and much more. With regard to the cultivation of bliss which is spoken of in Buddhist doctrines bound/exported pleasure is accounted for as that which arises with the control of attention and preservation of self-care. Of course, for men and women to effectively manage the turbines of life they should care for bliss more essential for emerging adults as the phase in life is full of bumps and uncertainties such as possibly moving out from the family home, the search for possible mates, and the beginning of college or work.

This form of caring is geared towards promoting wellness of the mind, as Rudaz et al. (2020) stated; therefore, while seeking for the state of sukha, one practices the Buddhist principle of training in mindfulness and compassion; self-compassion is included. Another study in which it was found that mindfulness, self-compassion and caring for bliss may be looked at as probably positive assets to be cultivated in order to increase life satisfaction during the epidemic. Based on this, it was the last conclusion that the deliberate practice leading to the inner delight or the true happiness would be positively affecting the wellbeing of the developing persons.

### **Self-compassion as Mediator**

Self-compassion is the process of being kind to oneself in the unfortunate event or circumstance or even when on the faulty side yet knowing that suffering is a human condition that all people go through (Neff, 2003). It consists of three essential components: it is gentle and nonjudgmental to oneself, and views struggles as a common occurrence in human life, and mindfully observing painful thoughts and feelings without being overcome and consumed by them. It is been researched that mindfulness and self-compassion go hand in hand and that self-compassion is usually facilitated by mindfulness. More to the point, self-compassion has been revealed to mediate the relationship between mindfulness and psychological well-being, and thus, it appears that mindfulness enhances wellbeing because it has a positive impact on self-compassion (Hollis-

Walker & Colosimo, 2011; Baer et al., 2012; Voci et al., 2019). This indicates that although mindfulness might not intensify wellbeing directly, they foster self-compassion that in its turn enhances the general mental well-being.

### **Moderating Role of gender**

The connection between the concept of mindfulness and wellbeing has been proved by a vast amount of research whose results indicate that this interrelationship is defined by a range of influencing factors, and gender is one of them, having an extremely strong impact. Research has found that the performance and performance of mindfulness vary in men and women. Indicatively, gender along with mindfulness, self-compassion, and self-efficacy has been found to be a significant predictor of wellbeing, with women often reporting being more mindful and more likely to experience increased wellbeing as compared to their male counterparts (Soysa and Wilcomb, 2015). This implies that gendered emotional processing and self-compassion differences can control how individuals gain ground via mindfulness. The evidence provided by school-based intervention experiments also suggests this hypothesis that Kang et al. (2018) report that female students showed more significant improvements in positive mood after the mindfulness intervention compared to males. Thus, there is evidence that mindfulness interventions designed to exercise it have to be tailored to meet the needs of both genders. In a large reviewed sample of 1,700 males and 1,700 females in Spain, similar results were found that males were more successful in the areas of self-acceptance and autonomy; women were more successful in personal growth and supportive social relationships, indicating that different genders have rather distinct and yet equally effective pathways to the beneficial effects of mindfulness (Matud et al., 2019).

Amiemya and Sakairi also noted differences in how self-compassion relates to gender because women reported negligible levels of burnout, indicating the protective power of self-compassion may be stronger in women because they have higher levels of emotional resilience. This discrepancy could in part be attributable to women having a greater level of responsiveness (usually higher in women) to information (Wood et al., 1989) and hence getting more wellbeing out of the practice of mindfulness. Taken together, these results lead to the notion that gender is a significant moderator in the mindfulness wellbeing association. Understanding these variations can help practitioners and academics create more thorough and successful mindfulness programs that can meet the needs of a wide range of people (Amiemya et al., 2020)

### **Present Study**

This research has been carried out with an aim to establish the relationship between mindfulness and wellbeing with serial mediating of caring for bliss and self-compassionate. In prior research, caring for bliss was only mediating in the influence of mindfulness on well-being, yet no preceding study examined the mediating part of caring for bliss and chain mediation. The past examinations in this specific space just examine the phenomena of mindfulness, self-compassion, the care for beatitude, and wellbeing. Hence, in this research, since there is a lack of previous literature in this area, this latent path has been followed. Moreover, the prior research investigated further, which held that, the mindfulness did not have overwhelming exemplary direct impacts on wellbeing; however, only some indirect impacts (Voci et al., 2019). Thus, the present study is therefore designed to examine the relationship between mindfulness as a trait, wellbeing, serial mediating variables; caring for bliss and self-compassion, and the moderating role of gender.

## Methods

### Participants

These participants were all undergraduate students sampled from Bahauddin Zakariya University as part of a class that fulfilled a university core curriculum known as liberal studies;  $N = 219$ . This work involved the use of self-administered online questionnaires as part of a larger wellbeing survey and should take approximately 20 minutes. Seven people above the age of 29 and one person below the age of 18 were excluded from subsequent analysis; thus, the final sample comprises of  $n = 219$  with an age ranging from 18 to 29 years. Arnett et al. called this part of the life cycle the emerging adulthood. The age distribution outcome showed that the participants were averagely of 20 years. The age was also diverse with participants ranging from 29 years, the oldest, to 18, the youngest, the mean age being 40 years ( $SD\ 2.43$ ). Out of these, 219, 123 were females this shows that 56.2 percent and 96 were male thus occupying 43.8 percent. The choice of by-pass surgery depended on the patient's doctor advising him/her to opt for the by-pass surgery or not 8 percent.

### Measures

For mindfulness, proactive enjoyment, self-compassion, and PWB, four reliable self-report questionnaires were adopted for the research. The Toronto Mindfulness Scale (Valö et al., 2022) was used to measure dispositional mindfulness with 13 items rated on two factors: cognitive control of attention and passive attitude toward current stimuli are the executive functions of ASPD. Among the 4 items of the Caring for Bliss Scale developed by (Rudaz et al., 020), the frequency of proactive activities for lasting wellbeing was assessed. The Self compassion Scale – Short Form from Raes et al. (2011) was used to measure self-compassion where the 12-items were; three self-disparaging subscales and three-self-care subscales questions. The last one was the WHO-5 Wellbeing Index by Newnham et al. (2010), which aims to establish the levels of the 5 items of subjective psychological wellbeing. Across all these scales, the sum yielded complete details on the participants' mindfulness, proactive enjoyment, self-compassion, and general well-being.

### Statistical Analysis

In order to investigate the relationship of mindfulness, wellbeing, self-compassion and caring for bliss Pearson's correlation is conducted using SPSS, to examine the mediating role of self-compassion and caring for bliss and moderating role of gender Haye's Model no 5 is utilized using process macro.

## Results

**Table 1: Demographical Features of sample ( $N= 219$ )**

Demographics	<i>f</i>	%	Mean	SD
Gender				
Male	96	43.8		
Female	123	56.2		
Age			20.40	2.43

*Frequency =f, Percentage = %*

It shows that the male population represents a frequency of 96 individuals that make up 43.8% of the total. On the other end, it is a female population represented by a frequency of 123 individuals that make up 56.2 percent of the total. In the case of age, the mean value is 20.36 and SD = 2.482

**Table 2: Correlation among Mindfulness, Caring for Bliss, Self-Compassion, Wellbeing**

	<b>M</b>	<b>SD</b>	<b>M</b>	<b>CB</b>	<b>SC</b>	<b>W</b>
M	30.71	9.11	1			
CB	2.40	.82	.48**	1		
SC	35.9	6.20	.04	.27**	1	
W	14.15	5.67	.36**	.50**	.48**	1

**\*\*.** Correlation is significant at the 0.01 level (2-tailed); Mindfulness =M, Caring for Bliss = CB, Self-compassion = SC, Wellbeing =W

The more Mindful, the more a person cares for Bliss as noted in table, Mindfulness and caring for Bliss,  $r = .483$ ,  $p < .01$ . There is a positive significant relationship between Mindfulness and Well-being,  $r = .366$ ,  $p < .01$ , meaning that the more mindful people reported to be, the more Well-being they typically reported. A moderately strong positive relationship,  $r = .27$ ,  $p = .01$ , indicates that higher levels of Caring for Bliss are associated with higher levels of Self-Compassion. A fairly strong positive relationship between the variables,  $r = .50$ ,  $p < .01$ , shows that higher levels of Caring for Bliss are associated with higher levels of Wellbeing. With this significant strong positive relationship between Self-Compassion and wellbeing, higher degrees of Self-Compassion are associated with higher degrees of Wellbeing,  $r = .48$ ,  $p < .01$ . Mindfulness and Self-Compassion are weakly and negligibly related, ( $r = .046$ ,  $p > 0.01$ ); neither variable therefore was related.

**Table 3: Mediation Matrix for chain mediating effect of Caring for Bliss and Self-Compassion in Relationship of Mindfulness and Wellbeing**

	<b>Outcome</b>	<b>Predictors</b>	<b><math>\beta</math></b>	<b>R<sup>2</sup></b>	<b>SE</b>	<b>t</b>	<b>P</b>	<b>LCI</b>	<b>UCL</b>
Model 1	CB	Constant	2.40	.233	.04	49.37	.00	2.31	2.50
		M	.04		.00	8.13		.03	.05
Model 2	SC	Constant	35.99	.002	.42	85.69		35.16	36.82
		M	.03		.04	.67	.50	-.059	.12
Model 3	WB	Constant	-3.38	.428	2.08	-1.62	.10	-7.49	.716
		M	.34		.10	3.14	.00	.12	.55
		CB	1.93		.43	4.48	.00	1.08	2.7
		SC	.359		.04	7.21	.00	.26	.457
		Gender	-.013		.59	-.02	.98	-1.18	1.15
		Int	-.137		.06	-2.10	.03	-.26	-.00

**Note:**  $p^{**} = 0.000$ ; Mindfulness= M, Caring for Bliss =CB, Self-Compassion=SC, Wellbeing=WB

This analysis investigates the chain mediating effect of Caring for Bliss and Self-Compassion in the relationship between Mindfulness and Well-being. The results are broken down into three models, each of which evaluates a different aspect of these relationships. In Model 1, we examined how Mindfulness predicts Caring for Bliss. It accounts for 23.3% of the variation in Caring for Bliss, thus showing quite a large part of the variation in CB that can be accounted for by Mindfulness. Most notably, the baseline level of CB is very high:  $\beta = 2.40$ , which are statistically significant. More importantly, Mindfulness positively predicts CB with a beta coefficient of .04, and this relationship is highly significant. The other way around, this means that as persons' levels of mindfulness go higher, their levels of caring for bliss also go higher.

Model 2 examines the relationship between Mindfulness and Self-Compassion. Interestingly, this model only explains a very small proportion of the variance in Self-Compassion ( $R^2 = .002$ ),

indicating that Mindfulness does not make any significant impact on SC within this sample. While the baseline level of SC is very high,  $\beta = 35.99$ , and significant, the effect of Mindfulness in SC is positive but not significant  $\beta = .03$ . This suggests that as mindfulness increases, so too does self-compassion for this sample.

In Model 3 Wellbeing is predicted by Mindfulness, Caring for Bliss, Self-Compassion, Gender, and an interaction term. This model accounts for a fairly reasonable 42.8% of Well-being variance. The baseline level of WB is negative and not significant, which may indicate variability in other influencing factors. Mindfulness positively predicts well-being with  $\beta = .34$ , indicating that higher mindfulness goes with better wellbeing. Caring for Bliss,  $\beta = 1.93$ , and Self-Compassion,  $\beta = .359$ , emerged as significant positive predictors of Wellbeing, thus establishing their central roles in improving wellbeing. Gender has no significant effect on Wellbeing, and hence wellbeing does not differ significantly between genders based on this sample. However, the interaction term was a negative predictor of Wellbeing,  $\beta = -.137$ , indicating there might be combined factors that could negatively impact wellbeing.

**Table 4: Direct and Indirect Impacts of Mindfulness on Wellbeing**

<b>Conditional direct effects of X on Y</b>						
Gender	Effect	se	t	p	LLCI	ULCI
Male	.20	.05	3.9	.00	.010	.30
(1)						
Female	.06	.04	1.4	.15	-.02	.15
(2)						
<b>Indirect effect(s) of X on Y</b>						
	Effect	BOOT SE	BOOT LLCI	BOOT ULCI	T	
Total	.095	.02	.04	.15	3.2**	
CB	.08	.02	.39	.13	3.4**	
SC	.01	.01	-.01	.04	0.76	

$p^{**} = 0.00$ ; Note: Gender =Moderator, CB, SC = Mediator, Caring for Bliss =CB, Self-Compassion=SC

This analysis inspected the direct and indirect impacts of Mindfulness on Well-being in terms of moderators like Gender and mediators like Caring for Bliss and Self-Compassion. Results of this interaction are quite exciting. First, looking at the main effects of Mindfulness on Wellbeing by Gender, we can see that in the case of males, this effect is positive and significant: Effect = 0.20, ( $t = 3.9$ ,  $p < 0.01$ ). The interaction here shows that with an increase in mindfulness, wellbeing among males also increases to a great extent. In contrast, the magnitude of the direct effect from Mindfulness to Well-being for female participants was very small and non-significant: Effect = 0.06, ( $t = 1.4$ ,  $p = 0.15$ ).

This is followed by the indirect effect of Mindfulness on Wellbeing through the mediators Caring for Bliss and Self-Compassion: the total indirect effect is positive and significant, Effect = 0.095, ( $t = 3.2$ ,  $p < 0.01$ ). This would, therefore, mean that indirectly, wellbeing is enhanced because of mindfulness through these mediators. Breaking down the indirect effects, we find that there is an effect through Caring for Bliss that is both positive and significant: Effect = 0.08, ( $t = 3.4$ ,  $p < 0.01$ ). This means that increased mindfulness provokes higher caring for bliss, which enhances wellbeing. The indirect effect through SC, however, is positive but not significant: Effect = 0.01, ( $t = 0.76$ ,  $p = 0.44$ ). This result possibly may imply that self-compassion does not play a significant role in how mindfulness is related to wellbeing for this sample.



## **Discussion**

The aim of this study was to investigate how mindfulness, self-compassion, caring for happiness, and wellbeing interact and to evaluate the possible mediation of self-compassion and caring for bliss by moderation by gender in these interactions. The findings enable the assessment of the given hypotheses and provide a complete knowledge of the mentioned dynamics. These results so confirm the theory and are very consistent with other studies showing a good correlation between mindfulness and emotional and psychological well-being. At last, the Model 3 regression analysis confirmed Hypothesis 2, suggesting mindfulness as a major determinant of wellbeing. It became out that  $\beta = .34$ ,  $p = .01$  makes mindfulness a significant positive predictor of wellbeing. This confirms many earlier studies showing the beneficial impacts of mindfulness on wellness.

It was hypothesized that caring for happiness and self-compassion would associate mindfulness and wellness. Medication study revealed that tending to bliss greatly moderated the connection between mindfulness and wellbeing. Conversely, self-compassion had no influence on the connection between mindfulness and wellbeing. Hypothesis 3 so is only partly supported. These results contribute to the increasing body of research on the function of self-compassion in psychological health (Neff, 2003), but they also imply that in this situation maintaining happiness may be a more crucial mediator.

Hypothesis 4 proposed that gender would considerably affect the correlation between wellbeing and mindfulness. With an impact of 0.20,  $t = 3.9$ ,  $p < 0.01$ , direct effect analysis revealed that mindfulness was a significant predictor of wellbeing for guys but not for females. This suggests that the association between mindfulness and wellbeing is stronger in males. This validates the theory, which matches other research revealing gender variations in terms of advantages obtained from mindfulness techniques.

## **Conclusion**

This research provides strong evidence for complex relationships between mindfulness, self-compassion, caring for bliss, wellbeing, and underlines subtle roles these variables plays in improving psychological health. The results confirm strong positive correlations between mindfulness and both caring for bliss and wellbeing, thus strongly establishing a role played by mindfulness in the process of emotional and psychological wellbeing. An important finding from this study is that, although often cited as a main mediator, self-compassion ranked second as a mediator in the relationship between mindfulness and wellbeing, after caring for bliss. This implies that mindfulness interventions, in their attempt to promote well-being, might do so more effectively by also encouraging an attitude towards care for bliss. This is in line with the greater understanding that positive emotional states and attitudes have much to offer towards overall wellbeing. This study finds gender differences in the extent of mindfulness influence on wellbeing: it significantly predicted wellbeing among males but not among females. This finding is intriguing and points to the possibility that some gender-specific factors influence how mindfulness practices affect people, hence a further investigation of moderating factors.

## **Limitations and Future Suggestions**

Contempt the insightful findings of the present study, some major limitations need to be addressed. First and foremost, the cross-sectional design reduces seriously our ability to infer causality in the relationships among mindfulness, self-compassion, caring for bliss, and wellbeing. Longitudinal or experimental studies are needed in order to establish the directionality and causality of these relationships. Furthermore, the sample size consisted only of undergraduate students from one

university, so it may reduce the generalizability towards other populations. Therefore, further studies with samples that are more diversified in terms of age and educational background, as well as cultural contexts, are required to increase the external legitimacy of the results. Another limitation is the reliance on self-report measures, which are vulnerable to social desirability bias. Self-reporting, as a method of measurement, is probably less than effective in the things it attempts to measure. Objective measures or multi-method approaches could give a more thorough assessment of these variables.

An additional area for improvement is the search for more mediating and moderating variables to better understand the mechanisms through which mindfulness operates on well-being. Mechanisms might be a bit clearer with some additional variables related to personality traits, social engagement, and stress. Finally, while the current study focused on the mediating serial roles of self-compassion and care for bliss, other potential mediators such as emotional regulation or resilience could be further explored using future studies to give a better understanding of the mechanisms through which mindfulness impacts well-being. Addressing these limitations would enable future studies to build on the present findings and contribute to a better, stronger, and more inclusive understanding of the complex interplay between mindfulness and psychological well-being.

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