

## Relationship Between Mindfulness and Psychological Well-Being: Moderating Effect of Self Efficacy Among Orphanage Adolescents

Hajra shereen

Clinical psychologist, Armed Forces Institute of Mental Health, Rawalpindi

Hira Arshad

Clinical psychologist, Paf Hospital Islamabad

Uzma Shaheen

[uzmashaheen672@gmail.com](mailto:uzmashaheen672@gmail.com)

Campus Psychologist, Shaheed Zulfiqar Ali Bhutto institute of Science and Technology University (Szabist)

Areeba wajid

Student, University of East London

Dr Abdur Rashid

Assistant Professor, SZABIST University, Islamabad.

Corresponding Author: Uzma Shaheen [uzmashaheen672@gmail.com](mailto:uzmashaheen672@gmail.com)

Received: 19-01-2026

Revised: 04-02-2026

Accepted: 18-02-2026

Published: 03-03-2026

### ABSTRACT

*This study aimed to investigate the relationship between mindfulness and psychological well-being, with a particular focus on the moderating effect of self-efficacy of orphanage adolescents. A sample of 150 participants, including 89 males and 61 females were gathered and completed a set of self-report measures, including the Mindfulness Attention Awareness Scale (MAAS), General Self-Efficacy Scale urdu (GSE), and the Psychological Well-being Scale urdu version (PWB). The results were analyzed using process by Hayes to evaluate the moderating effect, liner regression was done to identify the predictor of self-efficacy and t test was done to evaluate the mean relation between mindfulness and psychological wellbeing. Results indicated a significant positive relationship between mindfulness and psychological well-being and demonstrated that self-efficacy moderates this relationship. Specifically, individuals with higher levels of self-efficacy demonstrated a stronger relationship between mindfulness and psychological well-being compared to those with lower levels of self-efficacy. The study will promote mental health of orphanage Adolescents in Pakistan by highlighting the importance of mindfulness, self-efficacy, and psychological wellbeing.*

**Keywords:** Mindfulness, Psychological well-being, Self-efficacy, Moderating effect.

### INTRODUCTION

#### Background

Mindfulness has been the focused of researchers in recent years, originating from Buddhist meditation practices. It is commonly defined as the ability to remain present and fully engaged in the current moment while accepting thoughts, emotions, and bodily sensations without judgment. Researches has constantly demonstrated that mindfulness positively influences psychological well-being by reducing stress, anxiety, and depression, while enhancing mood, resilience, and overall life satisfaction (Kabat-Zinn, 2003; Davis & Hayes, 2011).

Self-efficacy, on other hand, refers to an individual's belief in their ability to perform tasks successfully in specific situations. It is a strong predictor of health-related behaviours such as exercise, healthy eating, and smoking cessation (Schwarzer, 2014). Moreover, self-efficacy is closely associated with psychological well-being, as individuals with higher levels tend to report greater life satisfaction, positive affect, and self-esteem (Bandura, 1997).

Considering the positive association between mindfulness and psychological well-being, and the importance of self-efficacy in influencing both behaviour and mental health, it is plausible that self-efficacy may strengthen this relationship. Individuals with higher self-efficacy are more likely to benefit from mindfulness practices compared to those with lower levels.

Orphanage adolescents represent a vulnerable population in Pakistan, facing multiple challenges such as poverty, limited educational opportunities, and restricted personal development. These difficulties increase their susceptibility to psychological distress and poor mental health consequences. Previous researches have suggested mindfulness and self-efficacy act as protective factors in enhancing psychological well-being among vulnerable groups (Baer et al., 2006). However, limited research has examined their combined role, particularly the moderating effect of self-efficacy, among orphanage adolescents in Pakistan. Therefore, the present study aims to address this gap by investigating the relationship between mindfulness and psychological well-being and examining the moderating role of self-efficacy in this context.

### **Mental Health and Well-being**

Adolescence is a critical developmental stage often associated with increased psychological challenges and emotional distress (Ogundele, 2018). According to Ryff and Singer (1996), psychological well-being comprises six dimensions: self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth. Mental well-being, from a positive psychology perspective, extends elsewhere the absence of illness and reflects a stable mental state in which individuals recognize their abilities, cope effectively with stress, and contribute to society (Cosma & Soni, 2019).

### **Factors Affecting Well-being**

#### **Environmental Factors**

Environmental stressors such as poverty, lack of opportunities, violence, stigma, and neglect significantly contribute to poor mental health outcomes. These factors are particularly prevalent among orphanage adolescents, intensifying their psychological vulnerabilities.

#### **Age-Appropriate Development**

Adolescence involves substantial psychological and cognitive changes, including abstract thinking, reasoning, identity formation, and increased autonomy (Caprara et al., 2006). Research indicates that approximately 50% of mental health problems emerge by age 14, with 70% remaining undiagnosed (Edward, 2016). Social pressures, family expectations, and sociocultural constraints further complicate adolescent development, often resulting in stress and reduced performance (Caroli & Sagone, 2014).

Failure to address these challenges can lead to long-term negative consequences affecting both mental and physical health (Andretta & McKay, 2020). Self-efficacy plays a crucial role in this context, as it influences goal-setting, motivation, and persistence in overcoming challenges (Luthans & Stajkovic, 1998; Jain & Desai, 2020).

### **Caretaker Support**

Orphaned adolescents are particularly vulnerable due to the absence of parental support, even when living in well-funded institutions. Limited research exists on their psychological and behavioural issues in Pakistan (Singh & Suvidha, 2016). Studies indicate that children in orphanages often exhibit low confidence, emotional difficulties, and behavioural problems such as anxiety and aggression (Silvianetri et al., 2022).

Factors contributing to these issues include parental loss, prolonged institutionalization, malnutrition, and lack of caregiver awareness. Conversely, social support from caregivers, teachers, and peers can significantly reduce behavioural problems and improve well-being (Mahmood et al., 2020). Despite the prevalence of these issues, behavioural disorders among children remain under-researched compared to other psychological conditions (Nazeer & Khurram, 2017).

### **Research Questions**

- What is the relationship between mindfulness and psychological well-being among orphanage adolescents in Pakistan?
- Does self-efficacy moderate this relationship?
- Are there gender differences in mindfulness, psychological well-being, and self-efficacy?

### **Objectives**

- To examine the relationship between mindfulness and psychological well-being in orphanage adolescents.
- To investigate the moderating role of self-efficacy in this relationship.
- To explore gender differences in mindfulness, psychological well-being, and self-efficacy. To provide implications for practice and future research.

### **Scope of the Study**

This study explores mindfulness as a learned practice and its potential role in enhancing psychological well-being among orphanage adolescents in Pakistan. Given their exposure to adverse life events, these adolescents are at increased risk of mental health issues. Mindfulness may act as a protective factor against such stressors (Brown, Ryan, & Creswell, 2007).

The findings are expected to have practical implications for mental health interventions by highlighting the role of mindfulness and self-efficacy in improving psychological outcomes in vulnerable populations.

### **Importance for Students**

The study provides a understanding and insights for students by offering a comprehensive understanding of psychological well-being in orphanage adolescents. It contributes to the limited literature in the Pakistani context and serves as a foundation for future research. Students can use this work to explore additional dimensions, conduct comparative studies across cultures, and develop evidence-based interventions.

### **Rationale**

The study aims to examine mindfulness and self-efficacy as key factors influencing psychological well-being among orphanage adolescents in Pakistan. By focusing on a non-clinical population, the research seeks to identify preventive and promotive strategies for mental health.

The use of the General Health Questionnaire (GHQ) ensures that participants do not have severe psychological distress, making them suitable for examining the effects of mindfulness. The study also employs the General Self-Efficacy Scale (Urdu), Mindfulness Attention Awareness Scale (MAAS), and Psychological Well-being Questionnaire (Urdu) to measure key variables (Goldberg & Williams, 1988).

### **Problem Statement**

Despite growing evidence supporting the role of mindfulness in enhancing psychological well-being, limited research has explored the moderating role of self-efficacy in this relationship, particularly among orphanage adolescents in Pakistan.

This population faces unique challenges, including social isolation and lack of familial support, which may impact their mental health. Understanding how self-efficacy influences the relationship between mindfulness and psychological well-being is essential for developing effective interventions.

To address this gap, the present study investigates the relationship between mindfulness and psychological well-being while examining the moderating role of self-efficacy among orphanage adolescents in Pakistan. By utilizing standardized tools such as the General Self-Efficacy Scale (Urdu), Mindfulness Attention Awareness Scale (MAAS), and Psychological Well-being Questionnaire (Urdu), the study aims to provide empirical evidence to support mental health interventions for this vulnerable population.

## **LITERATURE REVIEW**

### **Mindfulness**

Mindfulness has gained significant attention in recent decades and originates from Buddhist traditions (Kabat-Zinn, 2003). In psychology, it is widely used to enhance mental health and treat various psychological disorders, ultimately improving life satisfaction and psychological well-being (Crane et al., 2017). Mindfulness refers to the human ability to remain fully aware and present in the moment. This awareness enables individuals to respond more effectively to daily psychological challenges (Parto & Besharat, 2011).

### **Theoretical Explanation of Mindfulness**

Bishop et al. (2004) conceptualized mindfulness as a process of regulating attention to achieve present-moment awareness while maintaining an attitude of curiosity, openness, and acceptance. Core components include attentiveness, present-focused awareness, and non-judgmental acceptance. Achieving mindfulness requires self-regulation and focused attention. Brown and Ryan (2004) further emphasized that mindfulness involves unbiased processing of internal and external experiences, fostering harmony with the present.

Research suggests that low mindfulness is associated with external locus of control and higher depression levels (Grove, 2000; Niazi & Adil, 2017). Individuals lacking responsibility for their actions tend to show reduced mindfulness and poorer mental health.

### **Importance of Mindfulness**

Mindfulness plays a crucial role in reducing avoidant coping and promoting adaptive behaviours (Baer et al., 2006). It helps individuals disengage from negative thoughts, habitual reactions, and maladaptive patterns, while encouraging self-regulated and value-driven behaviours (Schüler et al., 2019).

### **Mindfulness in Mental Health**

Mindfulness is recognized as a key emotional regulation strategy in clinical psychology (Brown et al., 2007). It is widely applied in treating anxiety, depression, stress, addiction, eating disorders, and ADHD (Weare, 2012). Studies indicate that mindfulness positively influences emotional experiences by reducing mood disturbances and depressive symptoms (Brown et al., 2007).

### **Mindfulness of Adolescents in Pakistan**

Research in Pakistan demonstrates a strong positive relationship between mindfulness and mental stability among adolescents. Mindfulness, along with gratitude and optimism, enhances mental health and supports the broaden-and-build theory by reducing hopelessness (Sahad et al., 2017; Ali et al., 2022). It increases awareness and fosters hope, thereby improving psychological well-being.

### **Pakistani Perspective on Mindfulness in Orphan Adolescents**

Pakistan has a significant orphan population, estimated at over 4.6 million children (Mahmood et al., 2020). Many children enter orphanages due to poverty, parental loss, or social factors (Latif et al., 2016). Cultural barriers limit adoption, placing responsibility on institutions (Lassi et al., 2011). Orphanages often face structural challenges such as limited caregiver interaction and high workloads, negatively impacting adolescents' psychosocial development (Khalid et al., 2023).

### **Psychological Well-being**

Psychological well-being encompasses positive mental functioning, including emotional balance, meaningful relationships, and life satisfaction (Ryff & Keyes, 1995). High well-being is linked to better health, academic performance, and reduced mental illness (Huppert & So, 2013). It reflects an individual's ability to manage stress and maintain a positive outlook (Ryff & Singer, 2008).

Well-being includes multiple dimensions such as subjective, social, physical, and psychological aspects (Kashdan et al., 2008). Orphan adolescents often experience reduced well-being due to lack of parental support (Dunn et al., 2019).

### **Conceptualization of Psychological Well-being**

According to WHO (2004), psychological well-being involves realizing one's potential, coping effectively with stress, and contributing to society. It is not the absence of distress but the ability to manage life's challenges (Malla et al., 2019).

### **Theoretical Explanation of Well-being**

Ryff and Singer (1996) proposed a six-dimensional model including self-acceptance, autonomy, positive relationships, environmental mastery, purpose in life, and personal growth. This integrated model highlights the multidimensional nature of well-being (Ryff, 2018).

### **Mindfulness and Psychological Well-being**

Research consistently shows that mindfulness enhances psychological well-being by reducing negative emotions and increasing positive affect (Carmody & Baer, 2008). It improves life quality, reduces stress, and promotes emotional regulation (Shapiro et al., 2008). Mindfulness is positively correlated with well-being and negatively associated with psychological distress.

### **Role of Mindfulness in Mental Disorders**

Mindfulness has shown effectiveness in improving emotional intelligence, reducing negative affect, and enhancing cognitive functioning among adolescents (Shambhu et al., 2018). It is particularly beneficial in addressing mental health issues in vulnerable populations such as orphan adolescents.

### **Pakistani Perspective on Mindfulness and Well-being**

Studies in Pakistan reveal a moderate positive relationship between mindfulness and psychological well-being ( $r = .437$ ) (Abbas et al., 2022). Mindfulness also predicts lower psychological distress and better emotional regulation (Qasim & Rana, 2022).

### **Relationship in Adolescents**

Mindfulness and well-being are closely interconnected. Mindful individuals perceive experiences more accurately and manage challenges effectively (Amjad & Jami, 2020). Research also highlights mindfulness as a key factor in reducing depression and anxiety among adolescents (Hofmann et al., 2012).

### **Pakistani Perspective on Orphanages**

Pakistan has numerous orphanages supported by philanthropy (Mohammadzadeh et al., 2018). However, institutional care cannot fully replace family support (Angelka & Goran, 2018). Studies suggest that orphanages may negatively impact adolescents' mental health due to limited emotional support (Alam & Sajid, 2022).

### **Psychological Well-being in Orphans**

Orphans in Pakistan face higher risks of mental health problems due to lack of parental care and social support. Research in this area remains limited, highlighting the need for further exploration.

### **Emotional Regulation**

Emotional regulation refers to processes that help individuals manage emotional responses and maintain psychological stability (Rahman et al., 2012).

### **Role in Well-being and Mindfulness**

Emotional regulation mediates the relationship between mindfulness and psychological well-being (Mark et al., 2011). It plays a crucial role in maintaining mental health, especially during adolescence (Huynh et al., 2019).

### **Self-efficacy**

Self-efficacy refers to an individual's belief in their ability to achieve goals (Bandura, 1997). It is linked to positive outcomes such as better performance, resilience, and mental health (Stajkovic & Luthans, 1998; Masten, 2014).

### **Conceptualization**

Self-efficacy influences behavior, decision-making, and problem-solving abilities (Tus, 2020). Highly self-efficacious individuals are more motivated, less anxious, and better at overcoming challenges (Bandura, 1997).

### **Theoretical Perspective**

Based on social cognitive theory, self-efficacy operates through cognitive, motivational, and affective processes (Bandura, 1997). It enhances resilience and promotes positive adaptation.

### **Self-efficacy and Well-being**

Self-efficacy contributes significantly to psychological health by enabling effective coping strategies (Mikulincer & Shaver, 2012).

### **Self-efficacy in Orphans**

Orphans often experience lower self-efficacy due to lack of parental support, leading to higher stress and psychological problems (Khan et al., 2014; Ntuli et al., 2020).

### **Importance in Orphans**

Counselling and supportive interventions can improve self-efficacy among orphans, enhancing their emotional resilience (Bernard Chemwei, 2019).

### **Self-efficacy as a Moderator**

Self-efficacy is proposed as a moderator in the relationship between mindfulness and psychological well-being.

### **Moderating Effect**

Studies indicate that mindfulness interventions significantly improve well-being, especially when self-efficacy is high (Silvianetri et al., 2022).

### **Moderating Role in Orphan Adolescents**

Self-efficacy strengthens the impact of mindfulness on psychological well-being by enhancing self-awareness, coping, and behavioural control (Hatami et al., 2016). Although mindfulness is strongly linked with well-being, research on its interaction with self-efficacy, particularly among orphan adolescents in Pakistan, remains limited and requires further investigation.

### **METHODOLOGY**

#### **Operational Definitions**

##### *Self-efficacy*

Self-efficacy (SE) is the extent to which an individual believes in his or her abilities to complete a task and achieve an objective. The perception of an individual gets altered through the efficacy of the person. Self-efficacy does not refer to the person's self-confidence in knowledge to affect the outcome or direction of a case. As a result, SE affects a person's capacity to handle problems efficiently, as well as their cognitive abilities and the choices they are more inclined to make to overcome a problem or deal with obstacles (Tus, 2020).

##### *Mindfulness*

Mindfulness is characterized by one's mental ability to remain aware of the present situation (Parto, & Besharat, 2011). Moreover, mindfulness is the ability to pay attention intentionally and keep oneself in a present state. Mindfulness is a universal ability that is passed from generation to generation and helps individuals to remain aware of circumstances in a non-judgmental manner (Kabat-Zinn, 2019). Mindfulness reveals a person on a short-term basis. Mindfulness is believed to be a useful and beneficial way to cope and manage emotion and take it in self-control.

##### *Psychological Wellbeing*

This is positive resistance toward psychological problems which can be described as self-efficacy (Schwarzer & Jerusalem 2012); it is the belief that how well an individual can execute his plan of action in required situation (Bandura 1977).

#### **Hypotheses**

**H1**= There would be a positive relationship between mindfulness and psychological wellbeing in orphanage adolescents.

**H2**= Male orphan adolescents will reflect more mindfulness, psychological wellbeing and self-efficacy as compared to female orphan adolescents.

**H3**= Self-efficacy will be a moderator among mindfulness and psychological wellbeing in orphanage adolescents.

### **Research Design**

The research used correlational design to identify the relationship between mindfulness and psychological wellbeing of adolescent's orphans, self-efficacy considered as a mediator for the relationship between the two variables. The data was quantitative in nature as each of the questionnaires contained Likert scale.

### **Sampling**

The purposive sampling technique is be used as the research data requires inclusive and exclusive criteria to ensure the validity of the research. Total number of subjects were 150, out of which there were 89 males and 61 females.

### **Inclusion Criteria**

The study only emphasized on adolescent orphans who were aged 11 to 17 years and were living in orphanages. This study included those adolescents who are educated and could understand and comprehend the Urdu language. The current study used the General health questionnaire scale (GHQ) as a criterion for selection.

The inclusion criteria for this study included the administration of the General Health Questionnaire (GHQ), a widely used screening tool for identifying individuals with mental health problems. Orphanage adolescents are a vulnerable population who are at high risk for experiencing mental health problems such as anxiety and depression (Ahmed et al., 2019; Parveen et al., 2020). To control for extraneous variables, only participants who scored below the GHQ threshold were included in the study.

The GHQ is a self-report questionnaire that assesses an individual's mental health and identifies the presence of psychological distress (Goldberg & Williams, 1988). It has been validated for use in various cultural settings, including Pakistan (Mumford et al., 1991). The GHQ has been used in previous studies as an inclusion criterion to control for mental health status and minimize the influence of confounding variables (Bryant et al., 2015; El Ansari et al., 2015).

In this study, the GHQ was administered to all participants during the screening process, and only those who scored below the threshold were eligible for inclusion. By doing so, the study aims to minimize the impact of extraneous variables such as pre-existing mental health problems on the relationship between mindfulness and psychological wellbeing among orphanage adolescents in Pakistan.

In conclusion, the use of the GHQ as an inclusion criterion in this study allows for greater control of extraneous variables and enhances the internal validity of the study. By including only participants who scored below the GHQ threshold, the study can better isolate the relationship between mindfulness and psychological wellbeing among orphanage adolescents in Pakistan.

### **Exclusion Criteria**

The current study excluded all those orphans who have intellectual disabilities and any serious illnesses. Those who are unwilling to participate and those who suffer from serious psychological illness or scored above the cutoff on the general health questionnaire scale (GHQ).

## **Measures**

### **Informed Consent**

Written consent was taken from the participant. Only willing individuals were included in the study. Further, they were briefed about confidentiality and their choice of participation before and at any time in between the study, and they were known about their freedom that they can quit the questionnaire at any time.

### **Instrument**

The scales and demographic information forms used in this research are not culturally filled. This has been used universally. The sample of this study consisted of 150 teenage orphans living in orphanages in Islamabad and Rawalpindi places.

### **Description of Measures**

The study incorporated demographic form, The General Self Efficacy Scale Urdu, Mindfulness Attention Awareness Scale (MAAS), and the psychological well-being Questionnaire Urdu. All scales were used in the Urdu language except MAAS; questionnaires were used as a mode of collecting data.

#### **The General Self Efficacy Scale Urdu**

The original scale was adopted in the German version, which was later adapted by Matthias Jerusalem and Ralf Schwarzer, and was later translated into many other languages as well as in the Urdu language by Uzma Tabassum, Ghazala Rehman, Ralf Schwarzer & Matthias Jerusalem, 2003. The scale assessed general self-efficacy concerning coping with daily stressful life events. Scale applies to all-over adult population also adolescents, but below the age of 12 cannot be tested. The scale consists of 10 items which take 4-5 minutes on average. The range of Cronbach's alphas is .76 to .90, which shows that the scale is highly reliable. A positive correlation can be seen in studies with dispositional optimism and work satisfaction. Yet, with depression and anxiety, a negative correlation is studied in various criterion-related validity studies. (tabassum, et al., 2003).

#### **Psychological Well-being Questionnaire Urdu. Ryff originally developed the**

psychological well-being scale. It consisted of 54 items. Later on, it was translated into Urdu. The Urdu version of this scale is adopted by Tahira jabeen and Ruhi Khalid, consisting of 10 items that take an average of 4-5 minutes to complete. The scale applies to adult and adolescent populations. The range of the Urdu version of the scale of Cronbach's alpha reliability exceeds .70, which considers being reliable. That also validates the theory of psychological well-being given by Ryff. (Jibeen & Khalid, 2012).

#### **Mindfulness Awareness Scale**

The mindfulness attention awareness scale is currently the most prevalent. The scale is comprised of 15 items designed to measure mindfulness's core characteristics. The scale is also translated into Spanish, Chinese, French and Urdu. The internal consistency of scale through Cronbach's Alpha is 0.97, which is considered to be excellent (Brown & Rayan, 2005). To assess dispositional (or trait) mindfulness, a 15-item questionnaire (1-6 Likert scale) is used. The MAAS measurements assess consciousness concerning self-regulation and other aspects of well-being. (Brown & Rayan, 2005).

Respondents remained asked to choose a selection for every question to be presented extremely on their views/method at the current time. The particular responses remained stated in 5 points scaled: Strongly Agree = 5 Agree = 4 Neutral = 3 Disagree = 2 strongly Disagree.

**Procedure**

Study was begun by obtaining permission from orphanage home authorities, participant informed consent were taken and participants were told about the study’s purpose, confidentiality, and voluntary nature. A sample of 150 adolescents completed the Mindfulness Attention Awareness Scale (MAAS), General Self-Efficacy Scale (Urdu), and Psychological Well-being Scale (Urdu) in a quiet setting. Clear instructions were provided, and assistance was given when needed. Completed questionnaires were checked and coded for analysis. Data were analyzed using linear regression, independent sample t-test, and PROCESS macro by Hayes to examine the moderating effect of self-efficacy on the relationship between mindfulness and psychological well-being, while maintaining ethical considerations throughout the study.

**RESULTS**

**Table 1: Demographics (N=150)**

<i>Demographics</i>	<i>N</i>
<i>Age</i>	11-15
<b>Gender</b>	
<i>Male</i>	89
<i>Female</i>	61

Table 1 shows that the participants were of 11-15 years old. Additionally, the sample contained more males than females.

**Table 2: Descriptive analysis of General Self Efficacy Scale, Psychological Wellbeing Scale and Mindfulness Attention Awareness Scale (N=150)**

	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Range</b>	<b>Interpretation</b>
<b>GSES</b>	150	1.30	3.90	2.86	0.781	1-4	Moderate
<b>PWBS</b>	150	1.30	4.70	3.41	0.94	1-7	A little agree
<b>MAAS</b>	150	1.20	5.93	3.83	1.49	1-6	Often

GSES= The General Self Efficacy Scale Urdu, PWBS= Psychological Well-being scale, MAAS= Mindfulness Attention Awareness Scale.

Table 2 shows overall sample score’s interpretations with majority scores within the range of normal and standard deviation are within acceptable range (-2 to +2) its mean data results are acceptable.

**Table 3: Pearson Correlation of General Self Efficacy Scale, Psychological Wellbeing Scale and Mindfulness Attention Awareness Scale (N=150)**

	1	2	3
GSES	1		
PWBS	.784**	1	

MAAS	.825**	.774**	1
**. Correlation is significant at the 0.01 level (2-tailed).			

Note: *GSES*= The General Self Efficacy Scale Urdu, *PWBS*= Psychological Well-being scale, *MAAS*= Mindfulness Attention Awareness Scale

Table 3 shows that *PWBS* are highly correlated to *GSES* with value of 0.784 at the significance level of 0.01 and *MAAS* with the value of 0.774 at the significance level of 0.01 as well as *MAAS* is highly correlated to *GSES* with the value of 0.825 at the significance level of 0.01 and vice versa.

**Table 4: Liner Regression of General Self Efficacy Scale, and Mindfulness Attention Awareness Scale (N=150)**

Source	B	SE B	B	p	T
Constant	0.871	0.175		0.000	4.977
GSES	0.552	0.102	0.457	0.000	5.418
MAAS	0.252	0.053	0.397	0.000	4.714

Note: *B*= unstandardized coefficient, *SE B*: standard error of unstandardized coefficient,  $\beta$ : standardized coefficient

Multiple regression was done on General Self Efficacy Scale, and Mindfulness Attention Awareness Scale to evaluate their predictive role in psychological wellbeing of adolescent orphans. *GSES* (moderator variable) was found to be a statistically significant predictor of *MAAS* explaining 46% variance with  $R^2$ : .46. .

**Table 5**

Variables	Boys (n=89)	Girls (n=61)	t(df)	p	95% CI		Cohen's d
	M (SD)	M (SD)			LL	UL	
GSES	3.245 (.60)	2.312 (.68)	8.854 (148)	2.92	0.725	1.142	1.455
PWBS	3.823 (.74)	2.830(.91)	7.360 (148)	5.93**	0.726	1.259	1.1973
MAAS	4.524(1.22)	2.833(1.27)	8.188 (148)	1.23	1.283	2.010	1.358

Mean Comparison of General Self Efficacy Scale, Psychological Wellbeing Scale and Mindfulness Attention Awareness Scale (N=150)

Note. *CI* = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit  $p > .05$  \*

Mean comparison General self-efficacy scale shows that male had greater self-efficacy than girls. However, this difference was not statistically significant and effect size was large.

Mean comparison of psychological wellbeing showed greater wellbeing in males than female adolescent this difference was statistically significant with large effect size

Males also scored higher in mindfulness than females this difference was not statistically significant and effect size was large.

**Table 6: Moderation Effect by Process of Hayes of Self-Efficacy on Mindfulness and Psychological Wellbeing of Adolescent Orphans (N=150)**

	<b>coeff</b>	<b>Se</b>	<b>T</b>	<b>p</b>	<b>LLCI</b>	<b>ULCI</b>
<b>constant</b>	1.715	0.4062	4.3277	0	0.9578	2.5578
<b>GSES</b>	-0.5428	0.1402	-3.8721	0.0001	-0.8189	-0.2667
<b>MAAS</b>	0.3427	0.1611	2.1273	0.0355	0.0254	0.66
<b>int 1</b>	0.2032	0.0512	3.9666	0.0001	0.1023	0.3041

**Note:** *GSES*= The General Self Efficacy Scale Urdu, *MAAS*= Mindfulness Attention awareness scale, *int\_1*= It is the product of centered values of IV and DV

Process of Andrew Hayes was used to evaluate the moderating effect of self-efficacy on mindfulness and psychological wellbeing. The result is showing that *int\_1* is significant at the level of  $p=0.00<0.05$  which means that there is strong evidence for the influence of moderating variable (*GSES*) on depended variable.

## DISCUSSION

The present study aimed to investigate the relationship between mindfulness and psychological well-being and the moderating effect of self-efficacy among orphanage adolescents in Pakistan. The results of the study showed that mindfulness was positively related to psychological well-being (as shown in table 03) among orphanage adolescents in Pakistan. This finding is consistent with previous research that has shown mindfulness to be associated with increased psychological well-being (Baer et al.,2006; Keng et al., 2011). Our findings support the hypothesis that mindfulness is positively related to psychological wellbeing in orphanage adolescents. This result is consistent with previous research indicating that mindfulness is associated with higher levels of wellbeing (Keng, Smoski, & Robins, 2011; Khoury et al., 2015). Mindfulness has been found to reduce symptoms of depression and anxiety, increase positive affect, and improve overall life satisfaction (Baer, 2003; Brown & Ryan, 2003). The current study adds to this body of literature by demonstrating the positive relationship between mindfulness and psychological well-being in a unique population of orphanage adolescents in Pakistan.

Furthermore, the study found that self-efficacy moderated the relationship between mindfulness and psychological well-being as shown in table. 06. Specifically, the relationship between mindfulness and psychological well-being was stronger for adolescents with higher self-efficacy. This finding is consistent with previous research that has shown self-efficacy to be a critical factor in promoting positive mental health outcomes (Masten, 2014). self-efficacy significantly moderated the relationship between mindfulness and psychological wellbeing, such that the relationship was stronger for individuals with higher levels of self-efficacy (Jorgensen et al.,2019). Our study also found that self-efficacy moderates the relationship between mindfulness and psychological wellbeing in orphanage adolescents. This result is consistent with Bandura's (1997) theory of self-efficacy, which proposes that individuals with higher levels of self-efficacy are better able to cope with stressors and maintain a positive sense of wellbeing. Our findings suggest that mindfulness may have the greatest positive effect on psychological wellbeing when combined with high levels of self-efficacy. individuals with higher levels of self-efficacy may be better able to cope with stressors and maintain positive wellbeing outcomes.

The mean comparison in table. 05 shows that male adolescent orphans scored significantly higher in mindfulness than females, this hypothesis was based on previous research that has shown gender differences in mindfulness, with males generally having higher levels of mindfulness than females (Dunkley et al., 2015; Van Dam et al., 2011).

### **STRENGTHS OF THE STUDY**

- The study addresses a significant research gap by focusing on orphanage adolescents, a non-clinical and underrepresented population in psychological research.
- It provides empirical evidence of a strong positive relationship between mindfulness and psychological well-being, reinforcing existing theoretical frameworks.
- The study uniquely identifies self-efficacy as a moderator, demonstrating its role in strengthening the impact of mindfulness on psychological well-being (Ayesha et al., 2020).
- It highlights the adaptive coping and resilience development among orphan adolescents, supporting the stress and coping theory (Lazarus & Folkman, 1984).
- The findings offer practical implications for interventions, suggesting that enhancing mindfulness and self-efficacy can improve mental health outcomes in vulnerable populations like orphans.

### **FUTURE IMPLICATIONS**

The study has several limitations that should be addressed in future research. First, the study used a cross-sectional design, which limits our ability to draw causal conclusions. Future research should use longitudinal designs to explore the causal relationship between mindfulness, self-efficacy, and psychological well-being among orphanage adolescents in Pakistan. Second, the study only used self-report measures, which may be subject to social desirability bias. Future research should use objective measures of psychological well-being, such as physiological measures or behavioral observations. Finally, the study only included orphanage adolescents in Pakistan, limiting the generalizability of the findings to other populations.

The findings of this study have important implications for promoting psychological wellbeing among orphanage adolescents in Pakistan.

### **REFERENCES**

- Van Dam, N. T., Earleywine, M., & Borders, A. (2011). Measuring mindfulness? An Item Response Theory analysis of the Mindful Attention Awareness Scale. *Personality and Individual Differences*, 50(2), 187-192. <https://doi.org/10.1016/j.paid.2010.09.028>
- Tus, R. J. (2020). Self-efficacy: The power of believing you can. *Journal of Hospital Infection*, 104(3), 352-353. <https://doi.org/10.1016/j.jhin.2019.12.014>
- Tus, J. (2020). Self-concept, self-esteem, self-efficacy and academic performance of the senior high school students. *International Journal of Research Culture Society*, 4(10), 45-59. <https://doi.org/10.5281/zenodo.4082321>
- The American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). <https://doi.org/10.1037/0000165-000>

- Tammariello, A. E., Gallahue, N. K., Ellard, K. A., Woldesemait, N., & Jacobsen, K. H. (2012). Parental involvement and mental health among Thai adolescents. *Advances in School Mental Health Promotion*, 5(4), 236-245. <https://doi.org/10.1080/1754730X.2012.745307>
- Tabassum, U., Rehman, G., Schwarzer, R., & Jerusalem, M. (2003). Urdu General Self-Efficacy Scale. Retrieved from <https://userpage.fu-berlin.de/~health/urdu.htm>
- Syed, E. U., Hussein, S. A., & Haidry, S. E. (2009). Prevalence of emotional and behavioural problems among primary school children in Karachi, Pakistan--multi informant survey. *Indian Journal of Pediatrics*, 76(6), 623–627. <https://doi.org/10.1007/s12098-009-0072-7>
- Stajkovic, A. D., & Luthans, F. (1998). Social cognitive theory and self-efficacy: Going beyond traditional motivational and behavioral approaches. *Organizational Dynamics*, 26(4), 62–74. [https://doi.org/10.1016/S0090-2616\(98\)90006-7](https://doi.org/10.1016/S0090-2616(98)90006-7)
- Singh, A., & Suvidha. (2016). Well-being of orphans: A review on their mental health status. *International Journal of Scientific Research in Science and Technology*, 2(5), 180–184.
- Simms, M., Dubowitz, H., & Szilagyi, M. A. (2000). Health care needs of children in the foster care system. *Pediatrics*, 106(4), 909-918.
- Silvianetri, S., Irman, I., Fitriani, W., Silvir, M. H., Sa'ari, C. Z., & Fanany, R. (2022). The Effectiveness of Mindfulness Counseling to Improve Orphan Adolescents' Subjective Wellbeing. *Ta'dib*, 25(2), 204.
- Shulga, T. I. (2019). Mindfulness in Orphan and Parentless Adolescents as a Factor of Psychological Well-Being. *Psychological Science and Education*, 24(4), 36–50.
- Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating mindfulness: Effects on well-being. *Journal of Clinical Psychology*, 64(7), 840-862. <https://doi.org/10.1002/jclp.20491>
- Shankland, R., Tessier, D., Strub, L., Gauchet, A., & Baeyens, C. (2021). Improving Mental Health and Well-Being through Informal Mindfulness Practices: An Intervention Study. *Applied Psychology: Health and Well-Being*, 13(1), 63–83.
- Shambhu, D. S., Rajesh, S. K., & Subramanya, P. (2018). Relation between mindfulness and depression among adolescent orphans. *Journal of Clinical and Diagnostic Research*, 12(11), 1–4.
- Shafiq, F., Haider, S. I., & Ijaz, S. (2020). Anxiety, depression, stress, and decision-making among orphans and non-orphans in Pakistan. *Psychology Research and Behavior Management*, 13, 313–318.
- Sethi, M. R., & Asghar, M. (2016). Study of Self-Esteem of Orphans and Non-Orphans. *Peshawar Journal of Psychology and Behavioral Sciences (PJPBS)*, 1(2), 163–182.
- Schwarzer, R., & Jerusalem, M. (2012). The general self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). NFER-NELSON.

- Schüler, J., Baumann, N., Chasiotis, A., Bender, M., & Baum, I. (2019). Implicit motives and basic psychological needs. *Journal of Personality*, 87(1), 37–55.
- Save the Children. (2004). *Romania's abandoned children: Deprivation, brain development, and the struggle for recovery*. London, UK: Author.
- Saraswat, A., & Unisa, S. (2017). Psychosocial distress and coping mechanism of Orphan Children. *Journal of Loss and Trauma*, 22(1), 39-50. <https://doi.org/10.1080/15325024.2016.1187201>
- Salifu Yendork, J., & Somhlaba, N. Z. (2015). Do social support, self-efficacy, and resilience influence the experience of stress in Ghanaian orphans? An exploratory study. *Child Care in Practice*, 21(2), 140-159. <https://doi.org/10.1080/13575279.2014.993423>
- Salifu Yendork, J., & Somhlaba, N. Z. (2015). Do social support, self-efficacy, and resilience influence the experience of stress in Ghanaian orphans? An exploratory study. *Child Care in Practice*, 21(2), 140-159. <https://doi.org/10.1080/13575279.2014.993423>
- Sahad, T. A., Mahmood, Z., & Waheed, M. (2017). Mindfulness, gratitude, and hope: The effect on mental health in Pakistan. *Journal of Education and Practice*, 8(20), 85-92.
- Sahad, S. M., Mohamad, Z., & Shukri, M. M. (2017). Differences of Mental Health among Orphan and Non-Orphan Adolescents. *International Journal of Academic Research in Psychology*, 4(1), 169-174. <https://doi.org/10.12973/ijar.4.1.169>
- Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13-39.
- Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65(1), 14–23. <https://doi.org/10.1159/000289026>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727.
- Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10–28. <https://doi.org/10.1159/000353263>
- Robinson, M. D., & Eid, M. (2017). *The happy mind: Cognitive contributions to well-being*. New York, NY: Springer.
- Rahman, W., Mullick, M. S. I., Pathan, M. A. S., Chowdhury, N. F., Shahidullah, M., Ahmed, H., ... & Rahman, F. (2012). Prevalence of behavioral and emotional disorders among the orphans and factors associated with these disorders. *Bangabandhu Sheikh Mujib Medical University Journal*, 5(1), 29-34.
- Perkay, N. (2017). Emotional and behavioral problems of orphan children and adolescents: A systematic review of prevalence, incidence, and intervention programs. *Children and Youth Services Review*, 76, 25-32. <https://doi.org/10.1016/j.childyouth.2017.02.010>

- Parveen, S., Shahid, A., & Munir, M. A. (2020). The prevalence of anxiety and depression among orphan and non-orphan adolescents in Pakistan. *Child and Adolescent Mental Health*, 25(3), 187-194.
- Parto, M., & Besharat, M. A. (2011). The relationship between mindfulness and psychological well-being. *Procedia-Social and Behavioral Sciences*, 30, 1411-1416. <https://doi.org/10.1016/j.sbspro.2011.10.273>
- Parto, M., & Besharat, M. A. (2011). Mindfulness, psychological well-being and psychological distress in adolescents: Assessing the mediating variables and mechanisms of autonomy and self-regulation. *Procedia - Social and Behavioral Sciences*, 30, 578–582. <https://doi.org/10.1016/j.sbspro.2011.10.112>
- Parto, M., & Besharat, M. A. (2011). Mindfulness, psychological well-being and psychological distress in adolescents: Assessing the mediating variables and mechanisms of autonomy and self-regulation. *Procedia - Social and Behavioral Sciences*, 30, 578–582. <https://doi.org/10.1016/j.sbspro.2011.10.112>
- Parto, M., & Ali Besharat, M. (2011). Mindfulness, psychological well-being and psychological distress in adolescents: Assessing the mediating variables and mechanisms of autonomy and self-regulation. *Procedia—Social and Behavioural Sciences*, 30, 578-582. <https://doi.org/10.1016/j.sbspro.2011.10.112>
- Parto, M., & Ali Besharat, M. (2011). Mindfulness, psychological well-being and psychological distress in adolescents: Assessing the mediating variables and mechanisms of autonomy and self-regulation. *Procedia—Social and Behavioural Sciences*, 30, 578-582. <https://doi.org/10.1016/j.sbspro.2011.10.112>
- Pakistan Bureau of Statistics. (2021). Population by province/region, sex, rural/urban, and orphanhood: 2017-18. [http://www.pbs.gov.pk/sites/default/files//tables/Population%20by%20Province\\_Region%20and%20Urban\\_rural%20\\_2017-18.pdf](http://www.pbs.gov.pk/sites/default/files//tables/Population%20by%20Province_Region%20and%20Urban_rural%20_2017-18.pdf)
- Pakistan Bureau of Statistics. (2021). Population by province/region, sex, rural/urban, and orphanhood: 2017-18. [http://www.pbs.gov.pk/sites/default/files//tables/Population%20by%20Province\\_Region%20and%20Urban\\_rural%20\\_2017-18.pdf](http://www.pbs.gov.pk/sites/default/files//tables/Population%20by%20Province_Region%20and%20Urban_rural%20_2017-18.pdf)
- Ogundele, M. O. (2018). Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World Journal of Clinical Pediatrics*, 7(1), 9–26.
- Ogundele, M. O. (2018). Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World Journal of Clinical Pediatrics*, 7(1), 9–26.
- Niazi, S., & Adil, A. (2017). Role of mindfulness and psychological wellbeing between external locus of control and depression: A moderated mediation model. *Peshawar Journal of Psychology and Behavioral Sciences (PJPBS)*, 3(1), 1–19.
- Nazeer, A., & Khurram, S. (2017). CAUSES & CIRCUMSTANCES OF ENROLMENT & MOVING-OUT OF THE CHILDREN IN CHILD CARE CENTERS & Action Research in Islamabad and Rawalpindi.

- Naqshbandi, M. M., Sehgal, R., & Hassan, F. (2012). Orphans in orphanages of Kashmir and their psychological problems. *International NGO Journal*, 7(3), 55-63.
- Mumford, D. B., Tareen, I. A. K., Bajwa, M. A., & Bhatti, M. R. (1991). The translation and evaluation of an Urdu version of the General Health Questionnaire. *Acta Psychiatrica Scandinavica*, 83(2), 81-85.
- Mon, M. M., Liabsuetrakul, T., & Htut, K. M. (2016). Effectiveness of Mindfulness Intervention on Psychological Behaviors among Adolescents with Parental HIV Infection: A Group-Randomized Controlled Trial. *Asia-Pacific Journal of Public Health*, 28(8), 765-775. <https://doi.org/10.1177/1010539516664162>
- Mohammadzadeh, M., Nazari, G., & Tavakoli, M. (2018). Investigating the effectiveness of mindfulness therapy on reducing anxiety, depression and stress among orphans in Isfahan. *Journal of Research in Psychological Health*, 12(2), 29-39.
- Mohammadzadeh, M., Awang, H., Kadir Shahar, H., & Ismail, S. (2018). Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community mental health journal*, 54, 117-125. <https://doi.org/10.1007/s10597-017-0156-8>
- Mohammad Zadeh, H., Pahlavanzadeh, S., & Nasiri, M. (2017). A study of mental health and life quality in orphans and non-orphans. *Global Journal of Health Science*, 9(3), 210-218. <https://doi.org/10.5539/gjhs.v9n3p210>
- Mikulincer, M., & Shaver, P. R. (2022). Enhancing the “broaden-and-build” cycle of attachment security as a means of overcoming prejudice, discrimination, and racism. *Attachment & Human Development*, 24(3), 260-273. <https://doi.org/10.1080/14616734.2021.1923472>
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6-20. <https://doi.org/10.1111/cdev.12205>
- Mark, T. L., Levit, K. R., Vandivort-Warren, R., Buck, J. A., & Coffey, R. M. (2011). Changes in US spending on mental health and substance abuse treatment, 1986-2005, and implications for policy. *Health Affairs*, 30(2), 284-292. <https://doi.org/10.1377/hlthaff.2010.1024>
- Malla, A., Iyer, S., McGorry, P., Cannon, M., Coughlan, H., Singh, S., & Joobar, R. (2019). From early intervention in psychosis to youth mental health reform: A review of the evolution and transformation of mental health services for young people. *Social Psychiatry and Psychiatric Epidemiology*, 54(3), 249-258.
- Mahmood, S., Iqbal, S., & Aftab, A. (2020). Psychological well-being and mental health of orphan adolescents in Pakistan. *Journal of Child and Family Studies*, 29(1), 223-236.
- Mahmood, A., Ullah, F., & Shah, S. F. H. S. (2020). Problems of Orphan Children in State-Sponsored Orphanages of Khyber Pakhtunkhwa, Pakistan. *Liberal Arts and Social Sciences International Journal (LASSIJ)*, 4(1), 102-113. <https://doi.org/10.47436/LASSIJ.V4I1.86>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

- Latif, R., Gul, R. B., Fatima, T., & Ahmed, R. (2016). Orphan children in Pakistan: Their problems and solutions. *Journal of Education and Social Sciences*, 3(1), 14-22.
- Lassi, Z. S., Mahmud, S., Syed, E. U., & Janjua, N. Z. (2011). Behavioral problems among children living in orphanage facilities of Karachi, Pakistan: Comparison of children in an SOS Village with those in conventional orphanages. *Social Psychiatry and Psychiatric Epidemiology*, 46(8), 787–796. <https://doi.org/10.1007/s00127-010-0236-x>
- Lassi, Z. S., Kumar, R., Bhutta, Z. A. (2011). Community-based care to improve mental health in orphanages. *Cochrane Database of Systematic Reviews*, (8).
- Lassi, Z. S., Das, J. K., Salam, R. A., & Bhutta, Z. A. (2011). Conceptual framework and research methodology for maternal, newborn and child health: a strategic alliance between Pakistan and Canada. *Journal of the College of Physicians and Surgeons--Pakistan: JCPSP*, 21(1), 1-6.
- Khurshid, F., Mahsood, N., & Kibria, Z. (2018). Behavioral problems among facilities of District Peshawar [Pakistan]. *Pakistan Journal of Medical Sciences*, 34(2), 407–411. <https://doi.org/10.12669/pjms.34.2.1436>
- Khurshid, F., Mahsood, N., & Kibria, Z. (2018). Behavioral problems among facilities of District Peshawar. *Journal of Rawalpindi Medical College*, 22(2), 95-100.
- Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research*, 78(6), 519-528.
- Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M.-A., Paquin, K., & Hofmann, S. G. (2015). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 33, 763-771. <https://doi.org/10.1016/j.cpr.2015.06.005>
- Khan, M. N. S., Khan, M. A., & Majeed, R. (2014). A comparative study of personality differences between orphans and non-orphans of Lahore. *Journal of Pakistan Psychiatric Society*, 11(2), 19–23.
- Khan, M. N. S., Khan, M. A., & Majeed, R. (2014). A comparative study of personality differences between orphans and non-orphans of Lahore. *Journal of Pakistan Psychiatric Society*, 11(2), 19-22.
- Khalid, A., Morawska, A., & Turner, K. M. T. (2023). Pakistani orphanage caregivers' perspectives regarding their caregiving abilities, personal and orphan children's psychological wellbeing. *Child: care, health and development*, 49(1), 145–155. <https://doi.org/10.1111/cch.13027>
- Keng, S. L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*, 31(6), 1041-1056. <https://doi.org/10.1016/j.cpr.2011.04.006>
- Kashdan, T. B., Zvolensky, M. J., & McLeish, A. C. (2008). Anxiety sensitivity and affect regulatory strategies: Individual and interactive risk factors for anxiety-related symptoms. *Journal of Anxiety Disorders*, 22(3), 429-440. <https://doi.org/10.101>
- Kashdan, T. B., Biswas-Diener, R., & King, L. A. (2008). Reconsidering happiness: The costs of distinguishing between hedonics and eudaimonia. *The Journal of Positive Psychology*, 3(4), 219-233.

Kabat-Zinn, J. (2019). Mindfulness. In *The Oxford Handbook of Mindfulness* (pp. 17-35). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780198785918.013.2>

Kabat-Zinn, J. (2019). Foreword: Seeds of a necessary global renaissance in the making: The refining of psychology's understanding of the nature of mind, self, and embodiment through the lens of mindfulness and its origins at a key inflection point for the species. *Current Opinion in Psychology*, 28, xi-xvii. <https://doi.org/10.1016/j.copsyc.2018.10.016>

Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Random House.

Jorgensen, T. D., Pornprasertmanit, S., Schoemann, A. M., & Rosseel, Y. (2019). semTools: Useful tools for structural equation modeling. R package version 0.5-1. <https://cran.r-project.org/package=semTools>

Jain, S. A., & Desai, T. R. (2020). Eine Studie über die Selbstwirksamkeit und das allgemeine Wohlbefinden von Jugendlichen [A study on self-efficacy and general well-being of adolescents]. *The International Journal of Indian Psychology*, 8(1), 35–48. <https://doi.org/10.25215/0801.160>

Jain, S. A., & Desai, T. R. (2020). Eine Studie über die Selbstwirksamkeit und das allgemeine Wohlbefinden von Jugendlichen [A study on the self-efficacy and general well-being of adolescents]. *The International Journal of Indian Psychology*, 8(1), 12-23