



PONTIFICIA UNIVERSIDAD CATÓLICA DE CHILE
FACULTAD DE CIENCIAS SOCIALES
ESCUELA DE PSICOLOGÍA

Personality functioning as a precursor of Dispositional Mindfulness in participants seeking psychological support: a cross-sectional study

NICOLE KOHEN

Dissertation Advisors: Alex Behn, PhD
Sebastián Medeiros, MD

Thesis presented to the School of Psychology of the Pontifical Catholic
University of Chile to qualify for the academic degree of Master in Clinical
Psychology

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Summary

The present study aimed to understand how personality functioning is related to dispositional mindfulness. We hypothesized that a patient's personality structure (strength and vulnerability), correlates with dispositional mindfulness as a personality trait.

Participants for this study were selected from two samples, one sample of participants from a MBSR program and another sample from a psychotherapy program. There were 97 participants (47 MBSR participants and 48 psychotherapy participants). The average participant was approximately 36 years of age and 54% of the sample was female. The independent variable was personality functioning and its basic functions (perception of self and objects, regulation of self and relationships, communication with the internal and external world, and attachment to internal and external objects), as measured by the OPD-SQ (Operationalized Psychodynamic Diagnosis Structure Questionnaire), and the dependent variable is dispositional mindfulness, as measured by the FFMQ (Five Factor Mindfulness Questionnaire).

Mindfulness-based interventions have been proven to be effective for a variety of psychological problems, including personality disorders. Likely the extent to which these interventions are beneficial for patients and users relies, among other factors, on the dispositional mindfulness trait. Results of this study indicate that personality dysfunction negatively impacts dispositional mindfulness, and to this extent, personality dysfunction may impact the benefit of general mindfulness-based interventions.

When examining the contribution of specific dimensions of personality dysfunction to the overall level of mindfulness disposition, self-regulation appears to exhibit the greatest impact, followed by self-perception, internal emotional communication, regulation of relationships, external emotional communication, attachment to external objects, object perception and attachment to internal objects. Results were controlled by groups regarding significant differences on test scores (OPD and BDI) and demographic data. This was an interesting finding: psychotherapy patients show better scores in personality functioning and in dispositional mindfulness. It could be discussed that in the present sample, the psychotherapy patients present a healthier mental state than MBSR participants.

Introduction

During the last three decades, mindfulness research has grown significantly, specifically through the study of Mindfulness Based Interventions (MBIs) among other contemplative practices (Douglass, 2010; Groves, 2016; Hafenbrack, 2017). Moreover, Mindfulness based Interventions have been increasing in different contexts, including the workplace, school, individual use and clinical settings.

There has been consistent and vast literature evidencing beneficial outcomes of mindfulness practice, and how it can be useful for depression, anxiety, post-traumatic stress disorder, stress, emotion regulation and other psychological problems (Victorson et al., 2014; Noordali et al., 2017). However, as in all beneficial practices, specific treatment allocation, benefit and indication may be contingent to patient pre-treatment attributes that should be estimated during intake. Furthermore, benefits and risks may be present in all psychological interventions, including the issue of cost-opportunity: that is, the extent to which a patient, given a certain attribute may not receive the full benefits of an intervention that will be costly and/or time consuming (Baer et al., 2018). There is not enough scientific literature to provide sufficient understanding of harm in Mindfulness Based Interventions (MBIs), including the issue of cost-opportunity. According to Baer et al. (2018), MBIs include meditation practice and are provided in both psychotherapeutic and wellness contexts; in mental health contexts, MBIs have proven to be diminish symptoms for a wide range of mental health issues, including depression, personality disorders, anxiety and more (Baer et al., 2004, 2006; Hafenbrack, 2017). Dialectical Behavioral Therapy (DBT), for example, is a widely known and efficient intervention for borderline personality disorders which is based on mindfulness among other skill development. Nevertheless, little is known about how mindfulness in general is related to personality functioning.

In Chile, some experiences with MBSR have recently begun to occur, but there are still insufficient empirical data to prove its applicability in our population. Medeiros & Pulido (2011), evaluated the application of the MBSR program in a clinical population of public health system workers in Santiago, Chile. Results proved that the intervention was applicable in our environment, being well received and well evaluated by the participants and that the MBSR achieves significant effectiveness in improving physical-psychological well-being and quality of life, as has been evidenced in numerous clinical contexts in different parts of the world. Britto (2011) found that in a Semirural Public Hospital in Southern Chile, there was a significant decrease in the scores of the scales of depressive and anxious symptoms in the pre-post measurement, after implementing a MBSR program. Langer et al. (2017) found a significant reduction in anxiety, depression, and general symptomatology in a Chilean high school, which suggests feasibility and

effectiveness of a mindfulness intervention in Chilean schools as a strategy to reduce negative emotional states and prevent risk factors in adolescent population groups.

Personality functioning is fundamental in consideration to treatment outcome, with a large body of evidence suggesting worse outcomes in the cases of personality dysfunction. Regarding Mindfulness Based Interventions (MBIs) there is no clear indication as to who could benefit more from MBIs, as well as which individuals may be at risk of not receiving the full benefit of the interventions, because of cost of opportunity or iatrogenic responses. Dispositional Mindfulness is “the more permanent ability to enter a mindful perspective at will, in which an individual recognizes what they are thinking and feeling, accepts them without judgment, and keeps the focus on being present” (Ackerman, 2017). The presence of Dispositional Mindfulness is related to the extent to which participants will receive the full benefits of MBIs. In this line, the present study aims to understand how personality functioning is related to dispositional mindfulness. We hypothesize that personality structure is related to mindfulness disposition. Results from this investigation may help allocate MBIs more judiciously based on the indirect estimation (by proxy of certain personality dysfunctions) of the availability of dispositional mindfulness in patients seeking treatment. Even though the proposed study is cross-sectional and will not explore intervention outcome data, because of the empirical importance of Dispositional Mindfulness in the effects of MBIs, exploring correlations between personality functioning and DM may provide initial information about patient-attributes that can influence the benefit of MBIs, and from a cost-opportunity perspective inform practitioners to engage in differential treatment indication.

There is a need for research studies that address the interaction between patient attributes and the extent to which they can benefit from MBIs. At the same time, studies that look at the interaction between patient attributes and precursors are relevant for an optimal response intervention with mindfulness components.

In addition, there is a cost-opportunity issue, where an individual could have received more benefits from other interventions given the presence or absence of a given attribute. Doing no harm is not only related to avoiding symptom acuity, but also to help individuals attain the most from a psychological program, instead of enrolling in a treatment that could be sub-optimal for or even harmful. Patient-treatment match optimization is an essential feature of mental health planning, particularly in high need, low-resources settings.

Regarding the increase in mindfulness based interventions and the lack of studies examining patient attributes that may condition an optimal response, this study aims to provide new evidence to understand the role that certain patient attributes (i.e. personality

components) may play in predicting dispositional mindfulness, that is, in predicting an important precursor that may very well carry the full effect of a MBI.

The study consists of an exploratory sort and cross-sectional cut. The sample consisted of MBSR participants and consulting psychotherapy patients (N=97). MBSR patients were consultants for various symptoms (including chronic stress, adaptive disorders, mood, anxiety, and other mental illnesses), were referred by their medical practitioners or through direct registration to a Mindfulness-Based Stress Reduction (MBSR), (weekly program aimed at reducing stress using mindfulness-based strategies and practices such as body scans and meditation), in Santiago de Chile, in the USM Campus UC San Joaquin (Mental Health Unit) and the Centro Mindfulness Medicina (Mindfulness Medicine Centre). Consulting psychotherapy patients were people from the Center of Psychological Attention of the Gabriela Mistral University and the Unit of Adult Psychotherapy of the Mental Health Unit of San Joaquin. All patients were over 18 years old.

The independent variable is **personality functioning** and its basic functions (perception of self and objects, regulation of self and relationships, communication with the internal and external world, and attachment to internal and external objects), as measured by the Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQ), and the dependent variable is **dispositional mindfulness**, as measured by the Five Factor Mindfulness Questionnaire (FFMQ).

Participants answered both the OPD-SQ and FFMQ through Survey Monkey, an online survey development software. Answers were analyzed through SPSS (Statistical Package for the Social Sciences) to examine correlations between both questionnaires. A correlational analysis between both questionnaire scores was followed by a linear regression to understand correlation between overall FFMQ scores, personality functioning, personality basic functions, and personality sub functions.

Paper

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Personality functioning as a precursor of Dispositional Mindfulness in participants seeking psychological support: a cross-sectional study

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ABSTRACT

Objectives: There is little research regarding mindfulness and personality. This study aims to understand how personality functioning is related to dispositional mindfulness.

Methods: To test the hypothesis that patients with higher personality structure (lower personality vulnerability), will have better dispositional mindfulness, the OPD-SQ and FFMQ were used to measure personality functioning and dispositional mindfulness, respectively. An online survey including both tests was distributed to participants from an MBSR program -before the intervention took place- and psychotherapy patients before their first session (N = 97).

Results: Findings showed significant negative associations between overall OPD-SQ score ($r = -.622$), all eight personality functions of the OPD-SQ and dispositional mindfulness. Through general regression analyses, R^2 is 0,39, which means that the OPD-SQ overall score systematically explains 39% of FFMQ overall score variance.

Conclusions: Results of this study indicate that personality dysfunction negatively impacts dispositional mindfulness, and to this extent, personality dysfunction may impact the benefit of general mindfulness-based interventions, including MBSR. These findings may contribute in understanding whether certain people might benefit differently from certain interventions with mindfulness components.

KEYWORDS: *mindfulness, personality, dispositional mindfulness, FFMQ, OPD-SQ.*

Introduction

Mindfulness

Mindfulness can be defined as “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as open-heartedly as possible” (Kabat-Zinn, 2015, p. 1481). Thus, it cannot be reduced to simply attending one's experience, but as Teper, Segal & Inzlicht (2013) explain, for such awareness to be mindful and beneficial, friendliness and compassion should be brought to present moment experience. Mindfulness can be understood to be a state and a dispositional trait. As a state, it is seen as the proper first-person experience of non-elaborative, present-centered, non-judgmental awareness (Chambers et al., 2009; Davidson, 2010; Guendelman, Medeiros &

Rampes, 2017). As a trait, mindfulness is known as **dispositional mindfulness (DM)**: a characteristic of personality which can vary between and within individuals across time and that is associated with psychopathology and wellbeing.

Dispositional Mindfulness

Dispositional mindfulness can be measured by several instruments, including the *Mindful Attention Awareness Scale (MAAS)* (Brown & Ryan, 2003), the *Freiburg Mindfulness Inventory (FMI)* (Walach et al., 2007), the *Kentucky Inventory of Mindfulness Skills (KIMS)* (Baer, Smith & Allen 2004), the *Cognitive and Affective Mindfulness Scale-Revised (CAMS-R)* (Feldman et al., 2007), and the *Langer Mindfulness Scale (LMS)* (Langer, 2004), the *Five Facets Mindfulness Questionnaire (FFMQ)* (Baer et al., 2006), among others. According to Baer et al. (2006), DM can be studied as multi-faceted construct, which comprises being able to observe and describe experiences, having the ability to act with awareness and focus on the present, and being able to be in a non-judgmental and non-reactive relation to experience. While the research on dispositional mindfulness is quite new and is still exploratory, it has been shown that it can serve as a protective characteristic across different psychological symptomatology (Atanes et al., 2015). Moreover, it has been associated with various personality and mood characteristics across diverse, generally healthy, populations. For example, Salmoirago-Blotcher et al. (2011), observed negative correlations between dispositional mindfulness and personality characteristics such as neuroticism (particularly with the facets of depression, self-consciousness, and angry hostility) and with self-reported aggressiveness and hostile attribution bias.

Mindfulness Based Interventions

In the therapeutic domain Mindfulness-based interventions (MBIs) are well-researched clinical programs characterized by training in control of attention, interoception and acceptance gained through the practice of meditation (Kabat-Zinn 2003; Malinowski 2013a, 2013b; Rappay and Bystrisky 2009; Bamber & Morpeth 2019). There are several types of MBIs in which the main focus is to develop awareness and acceptance skills over time through regular contemplative exercises and psychoeducational elements and bring them to daily life.

Even though it is not in the scope of this study, it is interesting that cultivating mindfulness meditation practice increases trait mindfulness. Kiken et al. (2016), found that participants with greater rates of increase in state mindfulness improved more in trait mindfulness and decreased more in psychological distress. Moreover, there have been comparisons of different therapies that reveals differences in the relevance of mindfulness-based techniques. De Groot et al. (2008), reviewed treatment manuals for borderline personality disorder treatments and identified that mindfulness was a key concept in DBT, which has yielded promising results in personality disorders (Soler, 2009; Valentine, 2015; Koerner, 2000; Linehan, 2006). In MBSR, meditation is practiced for 45 minutes on a daily basis--- More empirical data is needed to understand more subtle nuances between vulnerability and present moment experience and training.

Observed Benefits

As an intervention, mindfulness has proven to enhance responses to daily stress (Donald et al., 2016), improve management of symptom burden and changes related to health behaviors (i.e.

smoking, drinking, and eating behaviors) (Victorson et al., 2014), reduce depression, anxiety and distress symptoms (Noordali et al., 2017) and even provide therapeutic benefits when used with people with psychosis (Aust, & Bradshaw, 2016). Increased mindfulness seems to relate with decreases in psychological symptoms, and therefore, dispositional mindfulness is expected to be negatively correlated with symptoms (Baer et al., 2004, 2006). If MBIs are beneficial because they cultivate present moment awareness, then dispositional mindfulness should mediate the relationship between mindfulness and its benefits. This idea has been tested and has proven to be consistent with the mindfulness literature: Baer et al. (2008) evidences that meditation cultivates several mindfulness skills, and these skills encourage positive psychological functioning in long-term practitioners.

Dispositional mindfulness is a patient-level characteristic that has been examined as a predictor of MBIs outcome (Gawrysiak, 2018). Research into MBIs suggest a variety of health outcomes associated with higher dispositional mindfulness (Keng et al. 2011), which points toward dispositional mindfulness as a baseline measure to shape patient-centered MBIs (Tomlinson et al., 2018).

Personality Functioning

Personality functioning is comprised of aspects of the self -identity, self-worth, accuracy of self-view, self-direction- and/or interpersonal functions -ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships (Doering et al., 2018). According to the Alternative Model for Personality Disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), personality dysfunction is a "moderate or greater impairment in personality (self/interpersonal) functioning" (p. 761). According to Doering et al. (2018), this impairment is assessed by the DSM-5 by four dimensions: self: identity; self: self-direction; interpersonal: empathy; and interpersonal: intimacy. In overall psychological treatment interventions, personality functioning has proven to have a fundamental role in patient treatment response. According to Tyrer et al. (2015), personality dysfunction has been shown to be a strong predictor of poor outcome (Tyrer, 2004; Newton-Howes, 2006; Hasin, 2011); especially for psychological treatments (Fournier, 2008; Telch, 2011). Personality dysfunction contributes to difficulties in treatment of other mental disorders, and when dysfunctions are more severe, they are associated with at least one other mental health disorder (Tyrer et al., 2015). Goddard et al. (2015), studied how the presence of personality dysfunction adversely affects treatment outcome among individuals attending in evidence-based psychological therapies (such as CBT): it has been shown to adversely affect treatment outcome for depression (Gorwood et al., 2010; Newton-Howes, Tyrer & Johnson, 2006) and a poorer prognosis for certain anxiety disorders (Black, Wesner, Gabel, Bowers, & Monahan, 1994; Hansen, Vogel, Stiles & Gotestam, 2007; Steketee, Chambless, & Tran, 2001; Telch, Kamphuis, & Schmidt, 2011)

Personality dysfunction has shown to have a poor outcome in vast amounts of treatments, as well as poor adherence (Pompili et al., 2009) and a more clinically complex level of psychopathology (Friborg et al., 2014). However, Cognitive-behavioral therapies such as dialectical behavior therapy (DBT) have demonstrated effectiveness in the treatment of personality disorders, which are considered difficult to treat, and these therapies typically incorporate some component of mindfulness practice (Sng & Janca, 2016).

Measuring Personality Functioning

Personality functioning can be measured by the Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQ), a personality structure assessment instrument, which is a multi-axial diagnostic classification system incorporating a large body of psychodynamic and interpersonal theories (Dinger et al., 2014). Personality dysfunction is understood by the OPD-SQ as “lower levels of structural integration as impairment of individual capacities to be in relation with another person and to regulate the self” (Dinger et al., 2014, p. 220). Therefore, as understood by Dinger et al., (2014), personality functioning is described in terms of basic functions, each of which is differentiated with reference to self and others: perception of self and objects, regulation of self and relationships, communication with the internal and external world, and attachment to internal and external objects. Each of these eight scales is specified by means of three structural facets, which represent 24 specific and clinically relevant abilities, as shown in Figure 1.

FIGURE 1 | Level of Structural Functioning Scale (OPD) with scales and specific structural facets.

		Personality functions	Personality subfunctions
Personality Structure (OPD overall score)	Perception	Self-Perception	Self-reflection
			Affect differentiation
			Sense of identity
		Object-Perception	Self-object differentiation
			Whole (holistic) object perception
			Realistic object perception
	Regulation	Self-regulation	Affect tolerance
			Impulse control
			Regulation of self-esteem
		Regulation of relationships	Protecting relationships
			Balancing interests
			Anticipation
	Emotional communication	Internal	Experiencing affect
			Use of fantasies
			Bodily self
		External	Establishing contact
			Communicating affect
			Empathy
	Attachment	To internal objects	Internalization
			Use of introjects
			Variability of attachment
		To external objects	Capacity for attachment
			Accepting help
			Detaching from relationships

(Dinger et al., 2014)

Personality functioning as a precursor of Dispositional Mindfulness

In the framework of MBIs to aid people with mental health difficulties, knowing how personality characteristics are related to dispositional mindfulness, could serve as an instrument to predict treatment adherence, higher risks of mindfulness practice, and benefits in different patients.

There is little research regarding mindfulness and personality. In addition to the lack of investigative studies, Giluk et al. (2009) explains that “it is difficult to draw conclusions regarding the relationship of mindfulness to personality and trait affect because research results have been inconsistent” (p. 805). Current personality-mindfulness research results cite inconsistent or highly variable estimates of these relationships. For instance, research using the Big Five as a personality trait measure, has shown extraversion to be both positively and negatively related to mindfulness, and while neuroticism has consistently been shown to relate negatively to mindfulness, however, correlations have ranged from as low to as high. Results for the remaining Big Five personality traits and for trait affect show similar variability (Giluk et al., 2009).

Likewise, Selby et al. (2016) looked at how borderline symptoms predict low mindfulness levels: they performed a bootstrapping mediation analysis which revealed a significant effect of rumination as a mediator between borderline features and mindfulness deficits, indicating the maladaptive role of rumination as a regulatory strategy. In line with this, Wupperman et al., (2008) found that deficits in mindfulness predict borderline symptoms in a healthy population, independently of neuroticism. Whitaker et al., (2014) found that people with adverse childhood experiences, mindfulness as a trait is related to fewer medical conditions, and better health behaviors.

From a clinical perspective, it would be valuable to verify which personality functions influence dispositional mindfulness, to understand the impact and challenges of participants engaging in MBIs, acknowledging vulnerability in a trauma sensitive mindfulness perspective (Treleaven, 2018). For example, in the framework of MBIs, the risk of developing certain adverse effects, the adherence and the benefits that someone can obtain from MBIs could be related to their personality functions and dispositional mindfulness. In this sense, it is interesting to observe whether personality functioning relates to dispositional mindfulness or not.

There is a need for research studies that address the interaction between patient attributes and MBIs. This constitutes an important cost-opportunity issue. Studies that look at the interaction between patient attributes and precursors are relevant for optimal response interventions with mindfulness components. Few studies have identified for whom MBIs are most effective (Gawrysiak, 2018). More studies are needed to know about the individual attributes that make them susceptible to benefits, and to detect patients for whom there could be contraindications, or those who will face more challenges and adverse effects. For whom mindfulness practice can be helpful? When? With which adaptations according to individual vulnerability? There might be patients who could benefit more from other treatments, especially for relations derived issues where psychotherapy seems optimal. Research can help us to better assess predictors and individual processes; and to detect relative contraindications, for example, subjects unable to commit to a daily practice. In this regard, studies are needed to research patient attributes by treatment interactions.

In this study, personality dysfunction is defined as a high score in the OPD-SQ, with each individual scale score - perception of self and objects, regulation of self and relationships, communication with the internal and external world, and attachment to internal and external objects - as different facets of personality functioning. Dispositional mindfulness, on the other hand, will be understood

as the outcome of the FFMQ; where a higher score on the scale indicates higher dispositional mindfulness, and a lower score indicates lower dispositional mindfulness. The present study aims to understand how personality functioning is related to dispositional mindfulness. We hypothesize that patients with higher personality structure (lower personality vulnerability), will have better dispositional mindfulness.

Method

Participants

Participants were selected from two samples, one sample of participants from a MBSR program and another sample from a psychotherapy program. The sample consisted of 97 participants. The average participant was approximately 36 years of age. The study sample was 54% female. The sample was comprised primarily of participants who were in psychotherapy (64%) and using psychiatric medication (57%), out of which 35% used only antidepressants, 32,5% used antidepressants and benzodiazepines, 15% used antidepressants and antipsychotics, 7,5% used only benzodiazepines, and the remaining 10% used sleeping aid or other medication. Most participants were single (44%), active and dependent workers (45%), and the most common reasons for consultation in a Mindfulness Based Program were to reduce stress and anxiety (22,7%) and to decrease their depressive symptoms (22,7%). In psychotherapy patients, the most common reasons for consultation were depressive symptoms (34,9%), problems in relationships (16,3%), reducing stress and anxiety (14%), bodily related symptoms such as chronic pain, overweight and illness anxiety (9,3%), self-care (4,7%), mourning and grief (4,7%), panic attacks (4,7%), and other reasons (7%).

88 participants completed the FFMQ; the average total score was 118,53, the highest score was 164, the lowest score was 75, and the mean deviation was 21,06. 95 participants completed the OPD-SQ, out of which the average total score was 2,09, the highest score was 3,79, the lowest score was 0,64, and the mean deviation was 0,74. Participant characteristics are presented in Table 1. Psychotherapy patients appear to achieve better scores in both tests: a lower overall score in the OPD and higher score in the FFMQ. (See Table 1)

Procedure

The independent variable was personality functioning and its basic functions (perception of self and objects, regulation of self and relationships, communication with the internal and external world, and attachment to internal and external objects), as measured by the OPD-SQ (Operationalized Psychodynamic Diagnosis Structure Questionnaire), and the dependent variable is dispositional mindfulness, as measured by the FFMQ (Five Factor Mindfulness Questionnaire). MBSR Participants: During the orientation session of the program, participants completed a form with sociodemographic and clinical data that was reviewed during a brief personal interview (conducted by the facilitator or co-facilitator during this session). A member of the research team informed the participants about the study, inviting them to participate. During the orientation session, along with explaining details about the mindfulness program- the present study was shared with the participants, and recruitment took place. Participants read an informed consent

letter that included their rights of voluntariness and confidentiality of data. Once duly informed, those interested in participating signed the consent letter. The participants received online questionnaires from the research assistant that had to be completed before the first formal session of the MBSR program (one week later). The participants received a web link to complete self-report questionnaires online (50 min approx.)

There was monetary compensation thanks to the presence of research funds (application to funds, MIDAP funding): participants a monetary compensation of 15.000 CHP.

Psychotherapy Participants: Before the first psychotherapy session, patients were invited by phone to participate in the investigation by answering online questionnaires. During this session, a field assistant read and signed an informed consent letter with the patients. The ethics committee of the Pontifical Catholic University of Chile and the Ethics Committee of the Alberto Hurtado University approved the research and its methodology.

Patients who were selected for the investigation (N=97) answered both the OPD-SQ and FFMQ before starting the program through Survey Monkey, an online survey development software.

Measures

Dispositional Mindfulness:

The Five Facet Mindfulness Questionnaire has shown to be a reliable measure of dispositional mindfulness among different studies (Christopher et. al, 2012). It asks participants to respond to statements in terms of what is “generally true” for them, reflecting the level of mindfulness in their natural responses to everyday situations (Baer et al., 2006). The Five Facet Mindfulness Questionnaire (FFMQ) (Baer, Smith, Hopkins, Krietemeyer & Toney, 2006) is a self-report questionnaire that operationally describes mindfulness as a multidimensional construct, composed of the following five facets: observation; description; act with conscience; no judgment towards experiences and; non reactivity towards experiences. The questionnaire articulates its measures through a Likert scale of 39 items that are scored between 1 (never or very rarely true) and 5 (very often or always true). The FFMQ presents adequate psychometric properties and is widely used to evaluate dispositional mindfulness. In this study, the Chilean adaptation carried out by Solari (2010) was used. National validation studies with students show that this version has adequate psychometric properties (Schmidt & Vinet, 2015). The FFMQ has been proven to be psychometrically sound, and effective in measuring mindfulness through self-report (Mayer, 2017). There is no cut-off score for this test; as a continuous scale, a higher overall score evidences higher dispositional mindfulness, while a lower overall score evidences lower dispositional mindfulness.

Personality Functioning:

The OPD-SQ Structure Questionnaire (Ehrenthal, Dinger, Horsch, Komo-Lang, Klinkerfuß, Grande & Schauenburg, 2012) is a self-report questionnaire that evaluates the level of structural functioning of the personality, based on the Axis IV of the OPD-2 Operationalized Psychodynamic Diagnosis System (OPD Task Force, 2008). Measures 8 structural functions: 1) Perception of self, ability to form a differentiated image of self, develop self-reflection and maintain an identity through time 2) Object Perception, ability to develop a realistic image of others, which implies being able to differentiate the self from others, 3) Self-regulation, ability to control, integrate and regulate impulses and affects 4) Regulation of the relationship with the object, being able to protect the

relationship and balance interests and needs, 5) Internal emotional communication, allowing the emergence and experience of affections, internal dialogues and fantasies as mediators of internal states, 6) External communication, capacity for genuine emotional exchange with others and to communicate one's affections, 7) Internal links, develop and maintain internal images of significant others and investing them with positive affect to calm down and protect themselves, and 8) External links, ability to relate with others emotionally, care for others and let themselves be supported by others, and to tolerate separations. The OPD-SQ questionnaire consists of 95 items that must be answered using a 5-point Likert scale that ranges from "totally disagree" to "totally agree". Higher scores indicate greater structural vulnerability. A score is obtained for each structural function and a total score of the overall structure. In German studies it has been shown to be validated and reliable as an instrument and the internal consistency of the scales is good (Ehrental et al, 2012). In Chile, translation and adaptation to Spanish was carried out and validation studies have been completed (De la Parra et al., 2018). There is no cut-off score for this test; as a dimensional scale, a higher overall score indicates lower personality functioning, and a lower overall score indicates higher personality functioning.

Statistical Analysis:

All statistical analyses were performed using SPSS, Version 23. First, we conducted descriptive statistical analyses to examine demographic characteristics of the sample. Secondly, in order to test our hypothesis that higher personality functioning would predict higher dispositional mindfulness FFMQ and OPD scores were analyzed using a two-step correlational analysis procedure. In the first step, we performed a correlational analysis between overall questionnaire scores, followed by a linear regression to understand correlations between overall FFMQ scores and overall personality functioning. In the second step, we explored the relationship between overall FFMQ scores and different basic personality functions, specifically. self-perception, object perception, self-regulation, regulation of relationships, internal communication, external communication, attachment to internal objects, and attachment to external objects. Additional covariates were included in the regression models to examine potential moderators of the relationship between DM and personality dimensions. Specifically, analyses were conducted to explore the role of age and gender on the scores of the OPD-SQ and the FFMQ., we conducted multiple linear regression analyses to investigate the prediction of the FFMQ scores on the different OPD personality subfunctions.

Results

Descriptive data of the sample and variables (OPD and FFMQ)

See Participants in Method.

TABLE 1 | MBSR and Psychotherapy participant characteristics.

		MBSR Participants N= 47	Psychotherapy Participants N=48
Age		38	34
Sex	Female	72,9%	65,3%
	Male	27,1%	34,7%
Occupation	Dependent Active Workers	50%	40%
	Independent Active Workers	37,5%	8,2%
	Students	8,3%	28,6%
	Unemployed/Retired	2,1%	12,1%
	Housewives	2,1%	8,2%
Marital Status	Married	50%	8,2%
	Single	39,6%	51%
	Divorced	4,2%	26,5%
	Living Together	4,2%	2%
	Widowed	2,1%	10,2%
Ongoing Pharmacotherapy Treatment		54,2%	60,4%
OPD Overall Score		2,3058*	1,8977*
FFMQ Overall Score		117,8372	119,2
BDI Overall Score		28,13*	22,17*

*p<.05

Both OPD and FFMQ Overall scores show a symmetric distribution (Figure 2 and Figure 3), with a mean score of 118,53 (SD = 21,086, N = 88) for the FFMQ and a mean score of 2,0996 (SD = 0,74028, N = 88).

TABLE 2 | General Correlation Analysis between FFMQ Overall Score and OPD Personality Functions

	FFMQ Overall Score
OPD Total	-,622**
Self-perception	-,608**
Object perception	-,455**
Self-regulation	-,642**
Regulation of relationships	-,513**
Internal emotional communication	-,519**
External emotional communication	-,483**
Attachment to internal objects	-,461**
Attachment to external objects	-,480**

***p<.05

FIGURE 2 | Frequency of FFMQ overall scores among participants

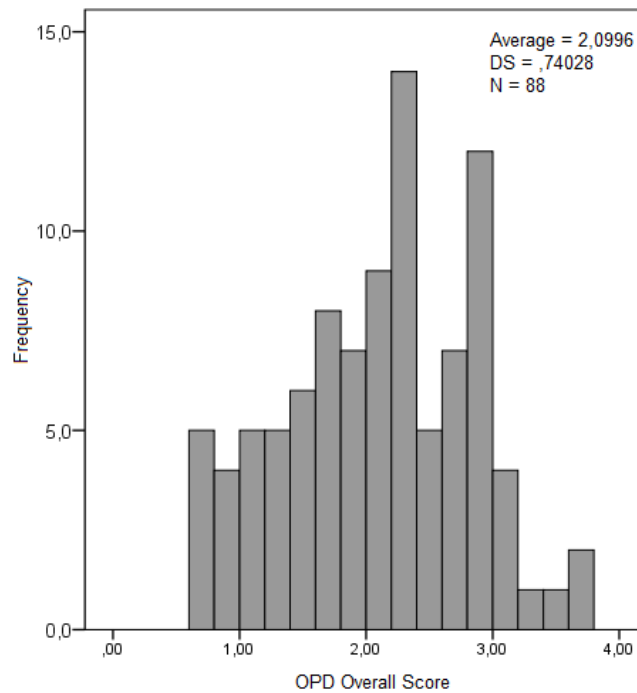
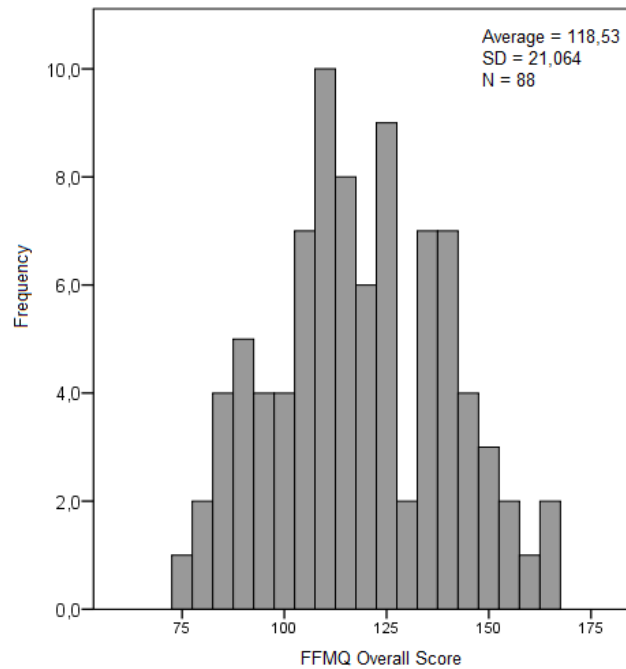


FIGURE 3 | Frequency of OPD overall scores among participants



Correlational Analysis

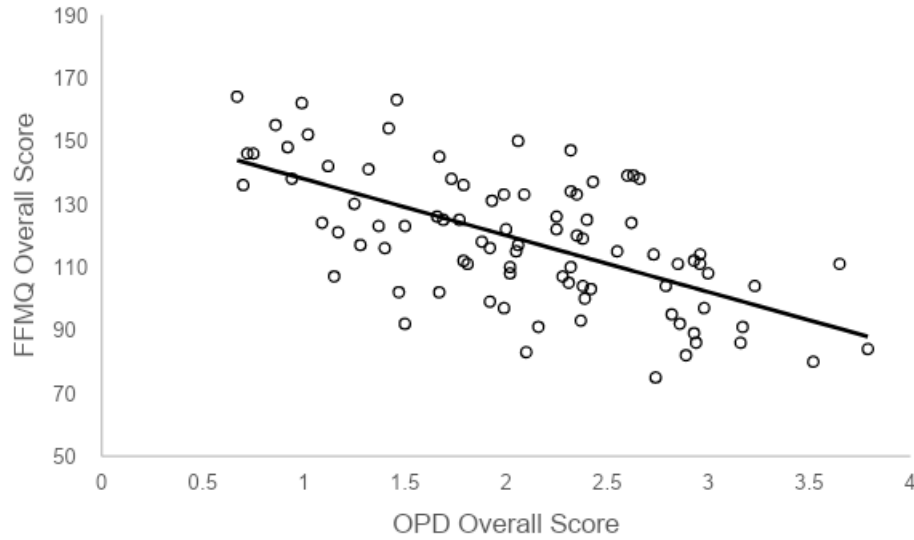
As shown in Table 2, the correlational analysis shows significant negative associations between overall OPD score, all eight personality functions of the OPD, and dispositional mindfulness (see Table 2), indicating that, consistently, lower personality functioning (higher OPD scores) in all areas is linearly related to lower levels of dispositional mindfulness. The strongest associations can be seen for Self-Regulation Personality Function ($r = -,642$), followed by the Overall OPP score ($r = -,622$), Self-Perception ($r = -,608$), Internal emotional communication ($r = -,519$), Regulation of relationships ($r = -,513$), External emotional communication ($r = -,483$), Attachment to external objects ($r = -,480$), Attachment to internal objects ($r = -,461$) and Object perception ($r = -,455$) having the lowest score.

General Regression

Based on general relationships covered by correlational analyses, specific linear regressions were conducted to capture the particular and differential contributions of personality functioning facets on overall dispositional mindfulness. Through general regression analyses, R^2 is 0,39, which means that the OPD Overall Score systematically explains almost 40% of FFMQ Overall Score variance (see Figure 4). Figure 3 shows the scatter plot for OPD and FFMQ scores with a significant negative correlation ($B = -17,934$, $p = ,000$)

There are no obvious outliers and scores are evenly spaced, indicating homoscedasticity.

FIGURE 4 | OPD and FFMQ Scatter Plot



$$**y=1,56E2-17,93*x$$

$$***R^2 \text{ linear: } 0,387$$

General linear regression coefficients show that for every point the OPD Overall Score increases, the FFMQ Overall score drops by 17,934 points ($B=-17,934$, $SE=2,436$, $t=-7,363$, $p=,000$), as shown in Table 3.

TABLE 3 | General Linear regression coefficients^a

		Non-standardized coefficients		Standardized coefficients		
Model		B	SE	β	t	Sig
1	(Constant)	155,893	5,373		29,013	,000
	OPD Overall Score	-17,934	2,436	-,622	-7,363	,000
2	(Constant)	161,641	6,255		25,840	,000
	OPD Overall Score	-19,140	2,505	-,664	-7,640	,000
	Psychotherapy Patients ^b	-6,329	3,639	-,151	-1,739	,086

a. Dependent variable: FFMQ Overall Score

b. General Linear regression coefficients controlling for type of patient

In the regression analyses, all the eight OPD personality functions facets were entered as predictors for the FFMQ Overall score as the outcome variable. The OPD subscales predicted the outcome of the FFMQ Overall (see Table 4) at a significant level.

Table 4 shows the predictions of FFMQ scores based on the subfunctions of all OPD outcome scores. Different models were used to avoid collinearity errors. Correlation is significant on every predictor and variability is partially explained by all predictors. The greatest variability is explained by Self-regulation ($R^2=,426$), followed by Self-perception ($R^2=,389$), Internal emotional

communication ($R^2=.278$), Regulation of relationships ($R^2=.294$), External emotional communication ($R^2=.233$), Attachment to external objects ($R^2=.231$), Object perception ($R^2=.231$) and finally Attachment to internal objects ($R^2=.228$). Each predictor explains at least 20% of variability on its own. All OPD personality subfunctions variables have a comparable degree of importance in the model (see β s in Table 4).

TABLE 4 | The prediction of FFMQ scores on the OPD-SQ outcome scores, controlling for type of patient

Model	Predictors	R	R ²	β	t	Sig
1	Self-perception	,624 ^a	,389	-11,831	-7,352	,000
2	Object perception	,480 ^a	,231	-12,415	-5,035	,000
3	Self-regulation	,652 ^a	,426	-15,366	-7,925	,000
4	Regulation of relationships	,542 ^a	,294	-13,511	-5,935	,000
5	Internal emotional communication	,527 ^a	,278	-16,314	-5,709	,000
6	External emotional communication	,483 ^a	,233	-16,598	-5,074	,000
7	Attachment to internal objects	,478 ^a	,228	-10,127	-5,003	,000
8	Attachment to external objects	,481 ^a	,231	-14,412	-5,048	,000

**a. Dependent variable: total FFMQ score.

Discussion

The role of personality functioning in predicting outcomes for several psychosocial interventions has been increasingly examined in the literature. Personality dysfunction in particular appears to pose substantial difficulties in the delivery and effectiveness of psychosocial interventions including psychotherapy for depression, anxiety disorders (Newton-Howes, Tyrer & Johnson, 2006; Dreessen & Arntz, 1998) and other conditions including bipolar disorder (Post et al., 2020), and substance abuse (Marlowe et al., 1997). The specific mechanisms through which personality dysfunction may hinder treatment outcomes is, however, less explored. Mindfulness-based

interventions have been proven to be effective for a variety of psychological problems, including personality disorders. Likely the extent to which these interventions are beneficial for patients and users relies on the dispositional mindfulness trait. Results of this study indicate that personality dysfunction negatively impacts dispositional mindfulness- Specific mechanisms should be further studied to understand how personality dysfunction may impact the learning of mindfulness practices (as in MBI) and mechanisms underlying benefits.

When examining the contribution of specific dimensions of personality dysfunction to the overall level of mindfulness disposition, self-regulation appears to exhibit the greatest impact, indicating that perhaps, efforts to downregulate arousal is central for present moment awareness. Self-perception, internal emotional communication, regulation of relationships, external emotional communication, attachment to external objects, object perception and attachment to internal objects also appear to negatively impact dispositional mindfulness, indicating that DM appears to be affected by several dimensions of personality dysfunction.

Overall results may contribute in understanding whether certain people might benefit more from certain interventions with mindfulness components. By researching dispositional mindfulness and how it relates to a person's reactivity to MBIs, general conclusions can be drawn about how all MBIs work in relation to personality attributes. This operates in the field of adaptive indication: when and for whom mindfulness is indicated and the treatment of choice. On the one hand, dispositional mindfulness matters regarding beneficial MBI outcomes. On the other hand, personality functioning matters in overall treatment response.

This could be interesting regarding patients with lower personality functioning: perhaps, they could further benefit from certain leveling interventions to even up dispositional mindfulness, which could help them gain more from mindfulness-based interventions. For example, a patient with lower personality functioning may not be suited for more demanding meditation sessions but still exhibit benefits from using a mindfulness informed intervention. An empirical example of this is the use of mindfulness-based skills in Dialectical Behavioral Therapy which is particularly suited for individuals with borderline personality disorder. It is possible that the effectiveness of such a treatment is related with the fact that dispositional mindfulness may be more of a factor for higher-level meditation interventions. Further studies should examine how personality dysfunction impacts mindfulness-based interventions where formal practices are cultivated (45 min duration practices). For some participants long and still practices can be felt as threatening and overwhelming and thus may be less effective or even harmful.

Results were controlled by groups regarding significant differences on test scores (OPD and BDI) and demographic data. This was an interesting finding: psychotherapy patients show better scores in personality functioning and in dispositional mindfulness. It could be discussed that in the present sample, the psychotherapy patients present a healthier mental state than MBSR participants. The most common reason for consultation in MBSR participants was to reduce stress and anxiety (22,7%) and to decrease their depressive symptoms (22,7%). On the other hand, in psychotherapy patients, the most common reasons for consultation were depressive symptoms (34,9%), problems in relationships (16,3%) and reducing stress and anxiety (14%). MBSR patients showed higher OPD and BDI scores, indicating higher personality vulnerability and symptoms of depression. Perhaps psychotherapy consulting correlates with people who have a more sensible awareness of their mental health. It could be hypothesized that while in both groups reducing

stress and anxiety and regulating depressive symptoms was a main focus of the program, the higher OPD-SQ score could suggest that “reducing stress and anxiety” in the MBSR participants is an underestimation of their current mental health needs.

It could also be hypothesized that patients who are more depressed and have a lower personality functioning might steer clear from psychotherapy and aim towards a broader focused health intervention such as mindfulness. Sometimes, people with more acute symptoms feel greater benefit from MBI's, while people with higher dispositional mindfulness and a higher personality structure will not gain much: this happens because the latter have less room for improvement.

Several limitations of the study need to be specified. First, personality dysfunction was measured through one self-report scale, namely the OPD-SQ. It is important to consider that the dimensional nature of the scale has not been explored, which has a bearing in the extent to which results are reliable at the general or sub-scale level. The proposed analyses capitalize on both, the general and the subscales of the instrument, so that known dimensionality of the scale would improve the stability of results. Replicating the study using better-developed instrumentation with known dimensional structures would increase the reliability of the proposed findings. An additional limitation concerns sample size. Even though adequately powered to detect general linear relationships, more ambitious multivariate analyses could not be reliably performed. Furthermore, the small sample size could result in the emergence of an idiosyncratic group, biasing results. The study needs to be replicated with a larger sample in the future.

Future investigations should aim to understand subtler interactions between personality functioning and its mechanisms of action towards mindfulness benefits. Further studies should explore MBIs and specific aspects of the intervention regarding frequency and dosing, and types of practices, among other aspects. Also, there might be patients undergoing psychotherapy and mindfulness interventions. It could be interesting to study how MBSRs and psychotherapy might work and complement each other.

It is central to emphasize that these findings may help to understand more personality vulnerable patients participating in mindfulness interventions. We suggest that the implementation should be more “step by step” oriented, avoiding overwhelm. Perhaps interventions with less formal mindfulness practice, but instead, developing awareness of the present moment through informal practices should be emphasized.

Our results contribute to a trauma sensitive mindfulness approach which explores how to meet the specific needs of trauma survivors (Treleaven, 2018). We suggest that acknowledging the influence of individual developmental and traumatic history may help foster safety and effectiveness in mindfulness teachings in particular, when dealing with traumatic responses to meditation instructions. In order to avoid retraumatization, certain tailored modifications within mindfulness instructions and inquiry could be made, for example, giving options and teaching practitioners to navigate with patients at the edges of the window of tolerance (staying present with themselves)- and exploring the relationship with difficult experience. (hyper and hypo arousal). Such self-empowerment helps in trusting our own minds and bodies. For people who have suffered trauma, focusing on stabilization and safety increases the likelihood of mindfulness practice to be safe and useful.

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Anex

Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQ): Spanish version

Cuestionario de Autodescripción		OPD-SQ				
En las siguientes páginas se encuentran una serie de afirmaciones con las que se describen diferentes características de las personas. Por favor indique cuánto lo representan a usted estas afirmaciones. Marque con una cruz aquella respuesta que, <u>en general</u>, se aplica mejor a usted. No hay respuestas correctas o incorrectas debido a que cada persona es diferente en su forma de ser. Algunas afirmaciones se refieren a relaciones de pareja. En esos casos, por favor también contéstelo pensando en cómo se siente normalmente en una relación de pareja aunque no la tenga actualmente, o cómo se imaginaría que se sentiría en el caso de no haber tenido nunca una relación de pareja.						
		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
1.	Me resulta muy difícil describirme a mí mismo(a).	☐	☐	☐	☐	☐
2.	Muchas veces actúo sin pensar cuando estoy enojado(a).	☐	☐	☐	☐	☐
3.	A veces me siento como un extraño(a) conmigo mismo(a).	☐	☐	☐	☐	☐
4.	Me angustian las cosas que imagino o pienso.	☐	☐	☐	☐	☐
5.	Cuando pierdo algo o alguien que yo quiero se me mueve el piso.	☐	☐	☐	☐	☐
6.	Me suelen acusar de ser egoísta en las relaciones.	☐	☐	☐	☐	☐
7.	A menudo los demás perciben mi conducta de forma muy distinta a lo que era mi intención.	☐	☐	☐	☐	☐
8.	Muchas veces tengo emociones que no logro entender.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
9.	Creo que las pérdidas son más dolorosas para mí que para otras personas.	☐	☐	☐	☐	☐
10.	Muchas veces, sin querer, me meto en situaciones difíciles.	☐	☐	☐	☐	☐
11.	En el contacto con otras personas soy más torpe que los demás.	☐	☐	☐	☐	☐
12.	Me es fácil aceptar la ayuda que otras personas me ofrecen.	☐	☐	☐	☐	☐
13.	Cuando alguien me critica, me resulta difícil superarlo.	☐	☐	☐	☐	☐
14.	Las separaciones y despedidas son muy difíciles para mí.	☐	☐	☐	☐	☐
15.	Percibo a los otros como muy familiares o muy extraños.	☐	☐	☐	☐	☐
16.	Muchas veces no tengo claro lo que estoy sintiendo.	☐	☐	☐	☐	☐
17.	Por ser tan poco crítico a veces me llevo sorpresas con las personas.	☐	☐	☐	☐	☐
18.	A veces me siento como si los otros pudieran ver dentro de mí y reconocer mis pensamientos o sentimientos.	☐	☐	☐	☐	☐
19.	A veces estoy tan furioso que no puedo responder por lo que hago.	☐	☐	☐	☐	☐
20.	Cuando alguien lo está pasando mal, suelo preocuparme.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni de desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
21.	A veces dudo si alguien está pensando algo de mí o si sólo es mi imaginación.	☐	☐	☐	☐	☐
22.	Me cuesta percibir mis emociones.	☐	☐	☐	☐	☐
23.	Cuando me enojo, tiendo a hacer daño en mis relaciones.	☐	☐	☐	☐	☐
24.	A fin de cuentas, para mí sólo hay amigos o enemigos, entremedio no hay casi nada.	☐	☐	☐	☐	☐
25.	Mis fantasías e ideas me vitalizan y enriquecen.	☐	☐	☐	☐	☐
26.	Muchas veces tengo malos entendidos con otras personas.	☐	☐	☐	☐	☐
27.	Cuando pienso mucho sobre mí mismo(a), tiendo a confundirme.	☐	☐	☐	☐	☐
28.	Me resulta difícil pedir ayuda a los demás.	☐	☐	☐	☐	☐
29.	Si alguien se acerca demasiado, aunque sea de forma amistosa, me pongo tenso(a) o incluso puedo entrar en pánico.	☐	☐	☐	☐	☐
30.	Yo creo que frecuentemente me descuido a mí mismo(a).	☐	☐	☐	☐	☐
31.	Me han dicho que muestro muy poco mis sentimientos.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni de desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
32.	Puede resultar peligroso dejar que los demás se le acerquen a uno demasiado.	☐	☐	☐	☐	☐
33.	A menudo no tengo claro, qué es exactamente lo que estoy sintiendo.	☐	☐	☐	☐	☐
34.	Tiendo a creer que comentarios y actos de otros son sobre mí, aunque posiblemente no tengan que ver conmigo.	☐	☐	☐	☐	☐
35.	Cuando alguien me habla de sus problemas, éstos me quedan dando vueltas por mucho rato.	☐	☐	☐	☐	☐
36.	Normalmente me sé controlar, incluso cuando estoy hirviendo de rabia por dentro.	☐	☐	☐	☐	☐
37.	En el fondo mi cuerpo me resulta ajeno.	☐	☐	☐	☐	☐
38.	En general estoy satisfecho(a) conmigo, tal como soy.	☐	☐	☐	☐	☐
39.	A veces afloran cosas en mí, que no calzan conmigo.	☐	☐	☐	☐	☐
40.	No tengo una buena autoestima.	☐	☐	☐	☐	☐
41.	Muchas veces siento tal caos emocional en mi interior que ni siquiera podría describirlo.	☐	☐	☐	☐	☐
42.	A veces exploto como dinamita.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni de desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
43.	A veces, cuando discuto con los demás, lo veo como: "o yo o él/ella".	☐	☐	☐	☐	☐
44.	A veces lo único que siento es pánico.	☐	☐	☐	☐	☐
45.	En mi vida, no he tenido muchas experiencias buenas con otras personas.	☐	☐	☐	☐	☐
46.	Yo creo que cuando alguien a mi alrededor tiene problemas, me afecta más que a los demás.	☐	☐	☐	☐	☐
47.	Cuando ya no me las puedo arreglar solo(a), pido ayuda a los demás.	☐	☐	☐	☐	☐
48.	Prefiero no pensar en mí, porque si lo hago, sólo veo caos.	☐	☐	☐	☐	☐
49.	A veces juzgo mal cómo mi conducta afecta a los demás.	☐	☐	☐	☐	☐
50.	A menudo me siento observado y controlado cuando los otros saben mucho de mí.	☐	☐	☐	☐	☐
51.	Suelo sufrir una insoportable tensión interna, sin saber el motivo.	☐	☐	☐	☐	☐
52.	Me angustia sentirme una persona distinta en distintas situaciones.	☐	☐	☐	☐	☐
53.	Creo que impresiono más bien como trió(a) e insensible.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo ni de desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
54.	Me han dicho repetidas veces que tengo muy poca consideración por las necesidades de los demás.	☐	☐	☐	☐	☐
55.	Mis ideas y fantasía me ayudan siempre a recuperar mi equilibrio interno.	☐	☐	☐	☐	☐
56.	Frecuentemente me involucro con personas que sólo posteriormente revelan su verdadero carácter.	☐	☐	☐	☐	☐
57.	Me resulta difícil hacer algo bueno para mí.	☐	☐	☐	☐	☐
58.	A menudo soy incapaz de percibir bien mi cuerpo.	☐	☐	☐	☐	☐
59.	Me llama la atención que, eventos supuestamente importantes, apenas provoquen algún sentimiento dentro de mí.	☐	☐	☐	☐	☐
60.	O la otra persona está en mi misma onda, o no vamos a funcionar.	☐	☐	☐	☐	☐
61.	Una y otra vez me pasa que interpreto de forma completamente equivocada los comentarios de los demás.	☐	☐	☐	☐	☐
62.	A veces disfruto el delarme llevar por mis pensamientos y fantasías.	☐	☐	☐	☐	☐
63.	Soy bueno(a) para meter la pata en situaciones sociales.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo/ní desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
64.	Muchas veces me siento como un objeto, más que como un ser humano.	☐	☐	☐	☐	☐
65.	Muchas veces los otros me rechazan sin que yo lo pueda entender.	☐	☐	☐	☐	☐
66.	A menudo tiendo a pensar en ciertas personas que podrían dañarme.	☐	☐	☐	☐	☐
67.	Me angustia pensar sobre mí mismo(a).	☐	☐	☐	☐	☐
68.	Parece que muchas veces me paso de ingenuo(a).	☐	☐	☐	☐	☐
69.	Odio mi cuerpo.	☐	☐	☐	☐	☐
70.	Suelo tener fantasías aterradoras.	☐	☐	☐	☐	☐
71.	A veces tengo temor de que el límite entre yo y los demás desaparezca.	☐	☐	☐	☐	☐
72.	Establezco fácilmente contacto con otras personas.	☐	☐	☐	☐	☐
73.	Mis emociones son a veces tan intensas, que me asustan.	☐	☐	☐	☐	☐
74.	Muchas veces me siento como un castillo de naipes, que puede desmoronarse en cualquier momento.	☐	☐	☐	☐	☐
75.	Cuando converso de algo importante, a menudo la conversación se transforma en una pelea.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo/ní desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
76.	Nunca logro quedar contento conmigo mismo(a).	☐	☐	☐	☐	☐
77.	Me tienen que pasar muchas cosas para que yo lleve a pedir ayuda.	☐	☐	☐	☐	☐
78.	Me han dañado mucho por haberme equivocado respecto a una persona.	☐	☐	☐	☐	☐
79.	Me resulta difícil establecer contacto con otras personas.	☐	☐	☐	☐	☐
80.	Muchas veces me siento inútil y que sobro.	☐	☐	☐	☐	☐
81.	Muchas veces me es difícil darme a entender frente a los demás.	☐	☐	☐	☐	☐
82.	Frente a las separaciones o pérdidas siento que se me hunde el piso.	☐	☐	☐	☐	☐
83.	Desearía que me fuera más fácil tomar distancia de los problemas de los demás.	☐	☐	☐	☐	☐
84.	Para mí las personas o son buenas o son malas.	☐	☐	☐	☐	☐
85.	A veces, me es difícil poder predecir cómo los demás van a reaccionar frente a mí.	☐	☐	☐	☐	☐
86.	Me gustaría poder sentir más internamente.	☐	☐	☐	☐	☐
87.	En discusiones me puede pasar que ofendo a personas que son importantes para mí.	☐	☐	☐	☐	☐

		Totalmente en desacuerdo	Levemente en desacuerdo	Ni de acuerdo/ní desacuerdo	Levemente de acuerdo	Totalmente de acuerdo
88.	No me trato tan bien a mí mismo(a).	☐	☐	☐	☐	☐
89.	A menudo, cuando mi pareja se me aferra demasiado, siento sin querer un intenso rechazo.	☐	☐	☐	☐	☐
90.	Mi experiencia es que cuando se confía demasiado en las personas, uno puede tener sorpresas desagradables.	☐	☐	☐	☐	☐
91.	Los demás me dicen que siempre vuelvo a elegir a los amigos equivocados.	☐	☐	☐	☐	☐
92.	Mis emociones suelen ser como una montaña rusa.	☐	☐	☐	☐	☐
93.	Me siento incómodo(a) cuando tengo que acercarme a una persona extraña.	☐	☐	☐	☐	☐
94.	Suele pasar mucho tiempo antes de que descubra el lado oscuro de las personas.	☐	☐	☐	☐	☐
95.	Algunas veces, después de una discusión, me ha dado mucha pena porque siento que algo se destruyó.	☐	☐	☐	☐	☐

Five Facet Minfulness Questionnaire (FFMQ)

Por favor califique las siguientes afirmaciones usando la escala propuesta. Marque el número que mejor refleje, desde su propia opinión, aquello que sea verdadero para usted.

1	2	3	4	5
Nunca o muy raramente	Raramente	A veces	Frecuentemente	Frecuentemente o siempre

- ___ 1. Cuando camino, me doy cuenta de las sensaciones del cuerpo en movimiento.
- ___ 2. Soy bueno/a para encontrar palabras que describan mis sentimientos.
- ___ 3. Me critico a mi mismo/a por tener emociones irracionales o inapropiadas.
- ___ 4. Percibo mis sentimientos y emociones sin tener que reaccionar necesariamente a ellos.
- ___ 5. Cuando hago cosas, mi mente divaga y me distraigo fácilmente.
- ___ 6. Cuando me ducho o me baño, permanezco alerta a las sensaciones del agua en mi cuerpo.
- ___ 7. Puedo poner fácilmente en palabras mis creencias, opiniones y expectativas.
- ___ 8. No pongo atención en lo que estoy haciendo porque ando soñando despierto/a, preocupado/a, o de alguna forma distraído/a.
- ___ 9. Observo mis sentimientos sin perderme en ellos.
- ___ 10. Me digo a mi mismo que no debería estar sintiendo de la forma en que lo estoy haciendo.
- ___ 11. Me doy cuenta de cómo la comida y bebidas afectan mis pensamientos, sensaciones corporales, y emociones.
- ___ 12. Es difícil para mí encontrar las palabras para describir lo que estoy pensando.
- ___ 13. Me distraigo fácilmente.
- ___ 14. Creo que algunos de mis pensamientos son anormales o malos y que no debería pensar de esa forma.
- ___ 15. Pongo atención a sensaciones tales como el viento en mi pelo o el sol en mi rostro.
- ___ 16. Me cuesta pensar en las palabras correctas que expresen cómo me siento en relación a determinadas cosas.
- ___ 17. Hago juicios acerca de si mis pensamientos son buenos o malos.
- ___ 18. Encuentro difícil permanecer enfocado en lo que está sucediendo en el presente.
- ___ 19. Cuando tengo pensamientos o imágenes que me perturban, tomo distancia y estoy consciente del pensamiento o de la imagen sin que me invada.
- ___ 20. Pongo atención a los sonidos tales como el tic-tac del reloj, el cantar de los pájaros o los autos pasando.
- ___ 21. En situaciones difíciles, soy capaz de tomarme una pausa en lugar de reaccionar inmediatamente.

- ___ 22. Cuando tengo una sensación en mi cuerpo, me es difícil describirla porque no puedo encontrar las palabras correctas.
- ___ 23. Pareciera que ando en “piloto automático” sin mayor consciencia de lo que estoy haciendo.
- ___ 24. Cuando tengo pensamientos o imágenes que me perturban, al poco rato ya me siento tranquilo/a.
- ___ 25. Me digo a mi mismo que no debería estar pensando de la forma en que lo estoy haciendo.
- ___ 26. Me doy cuenta de los olores y de los aromas de las cosas.
- ___ 27. Incluso cuando me siento terriblemente disgustado/a, logro encontrar la forma de ponerlo en palabras.
- ___ 28. Realizo actividades apurado/a, sin realmente estar atento a ellas.
- ___ 29. Cuando tengo pensamientos o imágenes que me perturban, soy capaz darme cuenta de ello, simplemente, sin tener que reaccionar.
- ___ 30. Pienso que algunas de mis emociones son malas o inapropiadas y que no debería sentirlas.
- ___ 31. Me doy cuenta de los elementos visuales presentes en el arte o en la naturaleza, tales como los colores, las formas, las texturas, o los patrones de luz y de sombra.
- ___ 32. Mi tendencia natural es poner en palabras mis experiencias.
- ___ 33. Cuando tengo pensamientos o imágenes que me perturban, tan sólo me doy cuenta de ellos y los dejo ir.
- ___ 34. Hago trabajos o tareas de forma automática, sin estar atento a lo que estoy haciendo.
- ___ 35. Cuando tengo pensamientos o imágenes que me perturban, me juzgo como alguien bueno/a o malo/a dependiendo del contenido del pensamiento o de la imagen.
- ___ 36. Pongo atención a cómo mis emociones afectan mis pensamientos y mi comportamiento.
- ___ 37. Habitualmente puedo describir detalladamente cómo me siento en un momento dado.
- ___ 38. Me hallo haciendo cosas sin estar poniendo atención.
- ___ 39. Me juzgo negativamente cuando tengo ideas irracionales.