

*Factors Contributing to Eudaimonic Well-Being:  
A Study in the Thai Community Sample*

Somboon Jarukasemthawee, Chulalongkorn University, Thailand  
Kullaya Pisitsungkagarn, Chulalongkorn University, Thailand  
Jireerat Sittiwong, Chulalongkorn University, Thailand

The European Conference on Psychology & the Behavioral Sciences 2018  
Official Conference Proceedings

**Abstract**

Recently, psychologists have conducted extensive research on positive psychology to determine how to best enhance well-being and a life well-lived. One such attempt was to identify psychological ingredients that contributed to eudaimonic well-being. Such attempts remained very limited in Thailand, however. This research study, hence, aimed to establish relationships that eudaimonic well-being had with mindfulness, lack of acceptance, reappraisal emotion regulation, and suppression emotion regulation. Data were collected from 200 Thai individuals from the community sample, aged 18-68 years. Their mean age was 33.07 ( $SD = 9.71$ ). The participants, who identified themselves as the residents of Thailand, voluntarily participated in this on-line study. Correlational and Multiple Regression Analyses were conducted. Findings demonstrated that, altogether, mindfulness, lack of acceptance, reappraisal emotion regulation, and suppression emotion regulation significantly predicted eudaimonic well-being. Findings were discussed in terms of research and therapeutic implications in eudaimonic well-being enhancement.

**iafor**

The International Academic Forum  
[www.iafor.org](http://www.iafor.org)

## **Introduction**

Prior to World War II, psychology had the dual aims of treating mental illness and promoting excellence and positive communities. However, after the immense suffering caused by World War II, psychologists recognized the urgent need to repair the psychological damage caused by the war (Wood & Tarrier, 2010). During the last four decades, the field of psychology have shifted their attention to not only “bring[ing] people up from negative eight to zero, but also be[ing] as good at understanding how people raise from zero to positive eight” (Gable & Haidt, 2005). The focus on the positive aspect of psychology has gained its deserved attention.

In recent years, psychologists have conducted extensive research in positive psychology in order to determine how to best define well-being and a life well-lived (Ryan & Deci, 2001; Seligman, 2002). A number of them have focused on eudaimonic well-being as representing positive and desirable quality of the mind. Eudaimonic well-being derives from the notion that ones’ quality of life is obtained from the pursuits of their best potentials and their applications of these potentials for the fulfillment of personally expressive self-concordant goals (Waterman, 2008). A number of research studies in Western societies have shown that positive qualities such as mindfulness and acceptance are closely associated with eudaimonic well-being (Shapiro, Schwartz, and Santerre, 2002). On the other hand, eudaimonic well-being is negatively correlated with maladaptive thoughts and emotions (Keyes, 2005). Substantial understandings have accumulated regarding eudaimonic well-being within Western countries.

In Thailand, however, the movement toward positive psychology remains very much in its infancy. Attempts have been made to understand factors contributing to mental health and well-being. However, such attempts still focus mainly on their physical and financial aspects (Meepring, Chien, Gray, & Bressington, 2016). Studies of psychological correlates, however, do not advance at the same pace. A gap remains regarding factors that are associated with eudaimonic well-being of the Thai individuals. The current study, therefore, aims to examine relationships that eudaimonic well-being had with some factors commonly cited in extant literatures contributing to mental health and well-being. These include mindfulness and reappraisal emotion regulation, which existing literature has shown to be positively associated with eudaimonic well-being. At the same time, authors also wanted to explore how lack of acceptance and suppression emotion regulation, which have been shown to be associated with psychological distress, are associated with eudaimonic well-being.

## **Eudaimonic Well-being**

Waterman (2008) described the subjective experience of eudaimonia as the feeling of personal expressiveness. This experience occurs when the individuals act in ways that are consistent with their purpose in life. Such ways, additionally, help enhance their personal potentials. Eudaimonia is associated with a number of factors related to

intrinsic motivation, including self-determination, a balance of challenges and skills, and the investment of considerable efforts (Waterman, Schwartz, & Conti, 2008).

According to Waterman et al. (2010), eudaimonic well-being consists of six interrelated categories, including self-discovery, perceived development of one's best potentials, a sense of purpose and meaning in life, investment of significant efforts in the pursuit of excellence, intense involvement in activities, and enjoyment of the activities. Waterman et al. (2010) suggests that the individuals can identify and develop talents and skills which represent their best potentials and pursue goals that are purposeful and meaningful to their lives. Furthermore, they are capable of recognizing identity choices that are suitable for themselves and that serve as the basis for their personally meaningful commitments. These choices lead to the engagement of activities which produce feelings of personal expressiveness. This process is closely associated with intrinsic motivation because the individuals experience a sense of autonomy and acceptance, which aids in their self-actualization. As a result, the individuals obtain within themselves a sustainable source of motivation and a feeling of well-being.

With the aforementioned importance, eudaimonic well-being has drawn significant research attention within the field of positive psychology (Kasdan, Biswas-Diener & King, 2008). Research studies have shown positive associations that desirable psychological characteristics; namely, mindfulness (Fowers, Mollica, & Procacci, 2010) and reappraisal emotion regulation (Wang, Li, Hu, Dong, & Tao, 2017). On the other end of the spectrum, research efforts have also focused on the relationships that eudaimonic well-being had with factors that led to psychological distress. Waterman et al. (2010) found that well-being was negatively correlated with lack of acceptance (Mazzucchelli & Purcell, 2015) and suppression emotion regulation (Su et al., 2017).

### **Mindfulness and Eudaimonic Well-being**

In addition to eudaimonic well-being, Western psychotherapies have begun to pay significant attention to mindfulness, or the allotment of attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment-to-moment (Kabat-Zinn, 2003). Western mental health professionals have integrated the practice of mindfulness into mindfulness-based psychotherapies and have made mindfulness training available. These include Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT) (Baer & Krietemeyer, 2006).

Nowadays, research studies have proliferated demonstrating the benefits of mindfulness in positive psychology. Wallace and Shapiro (2006) have demonstrated that the practice of mindfulness helps improve cognitive balance by assisting the individuals to become more aware and more accurate in discerning the nature of their bodily sensation, emotions, and thought processes. Furthermore, mindfulness has been shown to decrease psychological distress and increase well-being. Numerous research studies have reported positive associations between mindfulness and positive

psychological outcomes (Jain, Shapiro, Swanick, Roesch, Mills, & Schwartz, 2007; Nyklíček & Kuijpers, 2008). Moreover, Hollis-Walker and Colosimo (2011) conducted cross-sectional and mediation analyses and reported significant positive associations between mindfulness and subjective well-being.

### **Lack of Acceptance and Eudaimonic Well-being**

Psychological acceptance involves the willingness to experience psychological experiences (e.g., thoughts, feelings, memories) without having to avoid them or letting them unduly influence ones' behaviors (Bond et al., 2011). Acceptance has been variously described as allowing, tolerating, embracing, or making contact with ones' experiences. Similarly, Linehan (1993) defines acceptance as an active process of orienting the individuals toward a private experience moment by moment, allowing the experience to be noticed and described without judgment. The author also mentioned that acceptance is an active process that is discovered experientially by each person. The key component of acceptance is letting go of ones' controls but moving towards their valued actions. Acceptance is not a goal in and of itself but is a method of empowering the achievement of life goals. With this, acceptance has been demonstrated to improve psychological well-being by allowing ones to move toward such goals. Acceptance also reduces the disturbance that ones might experience from passing thoughts, feelings, or moods. Hence, acceptance helps cut through a chain of habitual responses and reactions. It provides the individuals with space and time to examine whether their thoughts and feelings are an accurate reflection of reality and reduce experiential avoidance, which has been shown to be associated with a host of negative psychological outcomes (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

With the aforementioned qualities, research evidences have accumulated suggesting that acceptance is central to psychological well-being and can increase the impact of psychological function with a broad variety of individuals. For example, Sarubbi, Block-Lerner, Moon, and Williams (2012) conducted a cross-sectional analysis using data from 91 Korean-born adoptees and reported that acceptance was significantly and positively correlated with psychological well-being and positive affects. Furthermore, Butler and Ciarrochi (2007) found that acceptance had significant positive correlations with psychological and emotional well-being.

### **Emotion Regulations and Eudaimonic Well-being**

Emotional Regulation is commonly referred to as methods or strategies that the individuals employ to manage their emotions in everyday life (Gross & John, 2003). Various models of emotion regulations have been proposed (e.g., Garnefski and Kraaij's cognitive emotion regulation (2006); Gratz and Roemer's Difficulties in Emotion Regulation (2004). Among these, Gross and John's Emotion Regulation (Gross & John, 2003) is one of the most frequently cited measures and models of emotion regulation. For this reason, this model of emotion regulation will be employed in the current study.

Based on Gross and John's model (Gross & John, 2003), strategies that the individuals employ to regulate their emotions can be broadly categorized into two types: reappraisal and suppression emotional regulation. Reappraisal emotion regulation is a form of antecedent-focused strategies that occur before emotions have been generated. This type of emotion regulation involves the reconsideration or reframing of the interpretations of the situations encountered. Numerous studies have shown cognitive reappraisal to be effective in reducing negative emotional responses (Ochsner & Gross, 2008). Usage of reappraisal emotion regulation leads to an enhanced emotion control, better interpersonal functioning, as well as psychological and physical well-being (Gross & John, 2003; McRae, Jacobs, Ray, John, & Gross, 2012).

The second type of emotion regulation is suppression emotion regulation. This type of regulation can be classified as a response-focused emotion regulation strategy. It entails the inhibition of the expression of ongoing emotions after they have already been generated (Gross & John, 2003). It also reduces the experiences of negative emotions. Frequent usage of suppression has been associated with compromised authenticity, limited psychological and physical health (John & Gross, 2004). Thus, suppression emotion regulation is considered an inferior regulatory style. Suppression emotion regulation has been demonstrated consistently to be negatively associated with psychological well-being in Western cultures (Gross & John, 2003).

Recently, however, extant studies began to emerge suggesting that the association that suppression emotion regulation had with well-being might differ in Eastern non-collectivistic cultures. With cultures prescribing different norms that shape emotion expressions (Kim & Sherman, 2007), emotion suppression has been posited to have its functions in assisting individuals from collectivistic cultures to achieve the goals of accommodating themselves to their circumstances and maintaining relationship harmony. With these functions, emotion suppression was reported to entail no negative consequences in collectivistic cultures (Butler, Lee, & Gross, 2007).

Based on the above literature review, the current study attempts to examine how mindfulness, lack of acceptance, reappraisal emotion regulation and suppression emotion regulation are associated with eudaimonic well-being of the Thai community sample. Findings obtained should help fill gaps in the literature regarding factors relevant to eudaimonic well-being and pave the way for the enhancement of eudaimonic well-being within this sample.

## **Method**

### **Participants**

Participants were 200 Thai individuals (i.e., 138 females, 62 males). Their age ranged from 18-68 years old, with the mean age being 33.07 years ( $SD = 9.7$  years). Participants were recruited and volunteered to participate in this on-line study. To be included in the current study, participants had to identify themselves as the residents

of Thailand. Exclusion criteria include previous (i.e., within the six-month time frame) or current treatments of severe psychotic mental disorders.

## Measures

The measures used in the current study were translated into Thai following the back translation procedure (Brislin, 1970). In this procedure, a bilingual in English and Thai translated the questionnaires from English to Thai. A second bilingual independently translated the Thai version back into English. The original and back translated questionnaires were then compared. Discrepancies were resolved to refine the translation.

***Eudaimonic Well-being.*** The 21-item Eudemonic Well-Being Scale (Waterman et al., 2010) was used to assess well-being across six domains: self-discovery, perceived development of one's best potentials, a sense of purpose and meaning in life, investment of significant efforts in the pursuit of excellence, intense involvement in activities, and enjoyment of activities as personally expressive. Each item is rated on a five-point scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). The scale yields a total score, with higher scores reflecting higher overall well-being. In the current study, the scale internal consistency was high,  $\alpha = .88$ .

***Mindfulness.*** The 14-item Freiburg Mindfulness Inventory (Walach, Buchheld, Buittenmuller, Kleinknecht, & Schmidt, 2006) was used to assess mindfulness across four domains: present-moment dis-identifying attention, nonjudgmental toward self and others, openness to negative mind states, and process-oriented or insight understanding. Each item is rated on a four-point scale ranging from 1 (*rarely*) to 4 (*almost always*). The scale yields a total score, with higher scores reflecting higher overall mindfulness. In the current study, the scale internal consistency was high,  $\alpha = .89$ .

***Lack of Acceptance.*** The 7-item Acceptance and Action-II (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011) was used to measure compromised acceptance. Each item is rated on a seven-point scale ranging from 1 (*never true*) to 7 (*always true*). The scale yields a total score, with higher scores reflecting higher lack of acceptance. In the current study, the scale internal consistency was high,  $\alpha = .90$ .

***Emotion Regulation.*** The 10-item Emotion Regulation Questionnaire (Gross & John, 2003) was used to measure two types of emotions regulations: reappraisal (6 items) and suppression (4 items). Each item is rated on a seven-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale yields a total score, with higher scores reflecting higher usage of each type of emotion regulation. In the current study, the scale internal consistency was high,  $\alpha = .91$ , for reappraisal emotion regulation, and fair,  $\alpha = .66$ , for suppression emotion regulation.

## **Procedure**

Data collection procedure commenced after an approval had been given by the Institutional Review Board. After providing a voluntary consent to participate in the current study, participants responded to screening questions (i.e., Thai residency and not currently or previously receiving treatments of severe psychotic mental disorders). Only those fulfilling these screening criteria became eligible for study participation. Then, participants responded to on-line questionnaires assessing eudaimonic well-being, mindfulness, lack of acceptance, reappraisal emotion regulation, and suppression emotional regulation for approximately 15 minutes.

## **Data Analysis**

To investigate the relationships among eudaimonic well-being, mindfulness, lack of acceptance, reappraisal emotional regulation, and suppression emotional regulation, Statistical Package for Social Science (SPSS) version 21 was employed.

Descriptive statistics were engaged to explain participants' demographic information and to delineate key study variables. Then, inferential statistics were engaged. Relationships that eudaimonic well-being had with mindfulness, acceptance, reappraisal emotion regulation, and suppression emotion regulation were examined using Pearson's product-moment correlation analysis. Then, a multiple regression analysis with an enter method was used to analyze how mindfulness, acceptance, reappraisal emotion regulation, and suppression emotion regulation predicted eudaimonic well-being.

## **Results**

The means, standard deviations, and correlations of all study variables are displayed in Table 1. As shown, eudaimonic well-being was positively and significantly correlated with mindfulness ( $r = .646, p < 0.01$ ) and reappraisal emotion regulation ( $r = .457, p < 0.01$ ). Findings also showed that eudaimonic well-being was negatively and significantly correlated with lack of acceptance ( $r = -.494, p < 0.01$ ). However, the relationship between eudaimonic well-being and suppression emotion regulation was not significant.

Table 1 Descriptive Statistics and Correlations between Study Variables ( $N = 200$ ), reliability was shown in parentheses

Variables	1	2	3	4	5
1) Eudaimonic Well-Being	(.88)	.646**	-.494**	.457**	-.071
2) Mindfulness	.646**	(.89)	-.455**	.579**	.083
3) Lack of Acceptance	-.494**	-.455**	(.90)	-.257**	.199**
4) Appraisal Emotion Regulation	.457**	.482**	-.257**	(.91)	.262**
5) Suppression Emotion Regulation	-.071	.083	.199**	.262**	(.66)
<i>M</i>	56.30	40.96	23.31	32.65	16.82
<i>SD</i>	12.33	7.92	10.30	7.10	4.80
<i>Min - Max</i>	17 - 79	19 - 56	7-49	6 - 42	4 - 28
<i>Possible score</i>	0 - 84	14 - 56	7-49	6 - 42	4 - 28

\*\*  $p < .01$

Table 2 Outcomes of Multiple Regression Analysis and Assumption Testing

Variables	<i>b</i>	<i>SEB</i>	$\beta$	Co-linearity Statistic	
				<i>Tolerance</i>	<i>VIF</i>
Mindfulness	0.78	0.11	0.46***	0.65	1.55
Lack of Acceptance	-0.24	0.07	-0.20***	0.73	1.38
Reappraisal Emotion Regulation	0.34	0.10	0.22***	0.71	1.41
Suppression Emotion Regulation	-0.32	0.14	-0.13*	0.85	1.18
Constant	23.34	5.15			

$R^2 = 0.505***$ ,  $F = 49.80***$

\* $p < .05$ , \*\*\* $p < .001$

Prior to conducting a multiple regression analysis, multicollinearity assumption was checked. As shown in Table 2, correlational coefficients between all predictor variables were not higher than .90. Also, all tolerance values were greater than 1 and variance inflation factor (VIF) did not exceed 10 (Hair, Black, Babin, & Anderson, 2010). Hence, Multiple Regression Analysis was conducted, using an Enter method. As shown in Table 2, altogether, the four independent variables significantly predicted eudaimonic well-being ( $F = 49.80$ ,  $p < .001$ ) and accounted for approximately 50.50% of its variance ( $R^2 = .505$ ,  $p < .001$ ). When examining the



standardized coefficients of these predictors, all of the four variables contributed significantly to the prediction of eudaimonic well-being (i.e.,  $\beta = 0.46$ ,  $p < .001$ , for mindfulness;  $\beta = -0.20$ ,  $p < .001$ , for lack of acceptance;  $\beta = 0.22$ ,  $p < .001$ , for reappraisal emotion regulation; and  $\beta = -0.13$ ,  $p < .05$ , for suppression emotion regulation, respectively).

## **Discussion**

The present study pioneered the investigations of the relationships that eudaimonic well-being had with mindfulness, lack of acceptance, reappraisal emotion regulation, and suppression emotion regulation in the Thai community sample. Results demonstrated that eudaimonic well-being was positively and significantly correlated with mindfulness and reappraisal emotion regulation. While eudaimonic well-being was negatively and significantly correlated with lack of acceptance, its association with suppression emotion regulation was not significant. Altogether, mindfulness, lack of acceptance, reappraisal emotion regulation, and suppression emotion regulation significantly predicted eudaimonic well-being and accounted for 50.50% of its variance.

Overall, the current findings resonated well existing empirical findings regarding the relationships that eudaimonic well-being had with mindfulness, lack of acceptance, and reappraisal emotion regulation. To begin with mindfulness, the positive association that this psychological construct had with eudaimonic well-being was well supported by past literature (e.g., Howell, Dopko, Passmore, & Buro, 2011; Iani, Lauriola, Cafaro, & Didonna, 2017). In the current study, mindfulness was indeed the strongest predictor of eudaimonic well-being, when compared with lack of acceptance and the two types of emotion regulation. The association that mindfulness had with eudaimonic well-being might be viewed in terms of its qualities in assisting the individuals to become more aware of their internal experiences. Such awareness is likely to support the individuals' self-exploration and self-discovery and enhance their concentration during their potential development. Mindfulness, hence, was positively associated with eudaimonic well-being.

A negative association was found between lack of acceptance and eudaimonic well-being; and the former was shown to predict the well-being negatively. Current findings support previous studies where acceptance had positive association with psychological well-being (Butler & Ciarrochi, 2007). With the non-judgmental stance that the individuals take toward their internal experiences, self-exploration which is essential for eudaimonic well-being is likely to be attained. In contrast, lack of acceptance is likely to lead to the opposite outcomes. Restriction in self-exploration is likely, rendering the degree to which the individuals would move toward the directions of their best potentials, compromising their sense of purposes or life meaning (Schlegel, Hicks, Arndt, & King, 2009). This potentially compromised their eudaimonic well-being.

In terms of reappraisal emotion regulation, findings from the current study help demonstrate that this type of emotion regulation was positively associated with

eudaimonic well-being; and the construct contributed to the variance in the well-being. The reconsideration or reframing of an emotional event, characteristic of reappraisal emotion regulation, is likely to assist the individuals to better manage negative emotional experiences and reduce the degree to which such experiences could interfere with their goal pursuits and levels of fulfillment in which they would obtain subsequently (Ochsner & Gross, 2008).

Findings regarding suppression emotion regulation are worth considerations in various aspects. To begin with, whereas correlational analysis indicated that suppression emotion regulation was not significantly associated with eudaimonic well-being; it significantly and negatively predicted the well-being, when examined simultaneously with mindfulness, lack of acceptance, and reappraisal emotion regulation. The suppression effect (Pandey & Elliot, 2010) could be a factor and is worth further examination. Additionally, based on the regression analysis, current findings resonated past reports from Western literature that demonstrated negative consequences of suppression emotion regulation on adjustment and well-being (Gross & John, 2003). It is possible that eudaimonic well-being is relatively individualistic in nature (e.g., entailing self-determination, pursuits of personal goals and strivings, and focusing on personal expressiveness). Hence, the current findings open the possibility that the nature of the well-being (e.g., individually- or socially-oriented ones) should be considered in the examination of the outcomes of suppression emotion regulation.

### ***Contributions and Implications***

Current findings help fill out the gaps in research endeavors in eudaimonic well-being within the Thai community sample in various aspects. To begin with, findings help demonstrate associations that the well-being had with various psychological factors, shown to be significant and relevant in Western literature. Additionally, findings regarding the association that suppression emotion regulation had with eudaimonic well-being help raise questions for further examinations on the topic. One such question is regarding the mechanism in which this type of emotion regulation operates within the relatively individualistic domain of eudaimon well-being.

Therapeutic implications could be drawn as well from the current findings. Whereas mindfulness appeared to be particularly beneficial to eudaimonic well-being, the roles of compromised acceptance and the two types of emotion regulation (i.e., reappraisal and suppression) should not be overlooked in eudaimonic well-being enhancement. The strengths of the associations that each study variable had with eudaimonic well-being should inform their prioritization within the therapeutic plan for such enhancement.

### ***Limitations and Future Directions***

Despite the aforementioned contributions, the current study entails limitations that warrant considerations. First, data collection was conducted with self-report measures. Influences of social desirability cannot be totally ruled out, despite preventative measures (e.g., informing participants about the benefits of genuine responses and ascertaining them that these responses would be kept confidential). Secondly, this study had a cross-sectional design. This, together with the use of correlational and regression data analyses, prevented inferences of causal relationships among study variables. In the future, experimental or longitudinal research designs could be employed. Lastly, as previously mentioned, the possible suppressor effect of suppression emotion regulation and its negative consequences on eudaimonic well-being within the Thai collectivistic culture warrant further investigations.

The presentation of this research study has been supported by Research Travel Award, the Faculty of Psychology, Chulalongkorn University, Thailand.

## References

- Baer, R. B., & Krietemeyer, J. (2006). Overview of mindfulness-and acceptance-based treatment approaches. In R. D. Baer (Eds.), *Mindfulness-Based Treatment Approaches: Clinician's Guild to Evidence Based and Applications* (pp. 3-27). London: Elsevier Inc.
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.
- Butler, J., & Ciarrochi, J. (2007). Psychological acceptance and quality of life in the elderly. *Quality of life Research, 16*(4), 607-615
- Butler, E. A., Lee, T. L., & Gross, J. J. (2007). Emotion regulation and culture: Are the social consequences of emotion suppression culture-specific? *Emotion, 7*(1), 30-48.
- Fowers, B. J., Mollica, C. O., & Procacci, E. N. (2010). Constitutive and instrumental goal orientations and their relations with eudaimonic and hedonic well-being. *The Journal of Positive Psychology, 5*(2), 139-153.
- Gable, S. L., & Haidt, J. (2005). What (and why) is positive psychology?. *Review of general psychology, 9*(2), 103-110.
- Garnefski, N., & Kraaij, V. (2006). Cognitive emotion regulation questionnaire–development of a short 18-item version (CERQ-short). *Personality and individual differences, 41*(6), 1045-1053.
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 26*(1), 41-54.
- Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of personality and social psychology, 85*(2), 348-362.
- Howell, A. J., Dopko, R. L., Passmore, H. A., & Buro, K. (2011). Nature connectedness: Associations with well-being and mindfulness. *Personality and Individual differences, 51*(2), 166-171.
- Iani, L., Lauriola, M., Cafaro, V., & Didonna, F. (2017). Dimensions of mindfulness and their relations with psychological well-being and neuroticism. *Mindfulness, 8*(3), 664-676.

- John, O. P., & Gross, J. J. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of personality*, 72(6), 1301-1334.
- Hair Jr., J.F., Black, W.C., Babin, B.J. and Anderson, R.E. (2010) *Multivariate Data Analysis: A Global Perspective*. 7th Edition, Pearson Education, Upper Saddle River.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance And commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25.
- Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*, 50(2), 222-227.
- Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., & Schwartz, G. E. (2007). A randomized controlled trial of mindfulness meditation versus relaxation training: Effects on distress, positive states of mind, rumination, and distraction. *Annals of Behavioral Medicine*, 33(1), 11-21.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical psychology: Science and practice*, 10(2), 144-156.
- 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.
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of consulting and clinical psychology*, 73(3), 539-548.
- Linehan, M. M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Mazzucchelli, T. G., & Purcell, E. (2015). Psychological and environmental correlates of well-being among undergraduate university students. *Psychology of Well-Being*, 5(1), 6.
- McRae, K., Jacobs, S. E., Ray, R. D., John, O. P., & Gross, J. J. (2012). Individual differences in reappraisal ability: Links to reappraisal frequency, well-being, and cognitive control. *Journal of Research in Personality*, 46(1), 2-7.
- Meepring, S., Chien, W. T., Gray, R., & Bressington, D. (2018). Effects of the Thai Health Improvement Profile intervention on the physical health and health behaviours of people with schizophrenia: A quasi-experimental study. *International journal of mental health nursing*, 27(1), 126-137.

Nyklíček, I., & Kuijpers, K. F. (2008). Effects of mindfulness-based stress reduction intervention on psychological well-being and quality of life: Is increased mindfulness indeed the mechanism?. *Annals of Behavioral Medicine*, 35(3), 331-340.

Ochsner, K. N., & Gross, J. J. (2008). Cognitive emotion regulation: Insights from social cognitive and affective neuroscience. *Current directions in psychological science*, 17(2), 153-158.

Pandey, S., & Elliott, W. (2010). Suppressor variables in social work research: Ways to identify in multiple regression models. *Journal of the Society for Social Work and Research*, 1(1), 28-40.

Richards, J. M., & Gross, J. J. (2000). Emotion regulation and memory: the cognitive costs of keeping one's cool. *Journal of personality and social psychology*, 79(3), 410-424

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, 52(1), 141-166.

Sarubbi, A. P., Block-Lerner, J., Moon, S. M., & Williams, D. J. (2012). Experiential acceptance and psychological well-being in Korean-born adoptees. *The Family Journal*, 20(4), 399-410.

Schlegel, R. J., Hicks, J. A., Arndt, J., & King, L. A. (2009). Thine own self: True self-concept accessibility and meaning in life. *Journal of Personality and Social Psychology*, 96(2), 473.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology*, 2, 3-12.

Shapiro, S. L., Schwartz, G. E., & Santerre, C. (2002). Meditation and positive psychology. In Snyder, C. R., & Lopez, S. J. (Eds.), *Handbook of positive psychology* (pp. 632-645). New York; Oxford University Press.

Su, J. C., Lee, R. M., Park, I. J. K., Soto, J. A., Chang, J., Zamboanga, B. L., . . . Brown, E. (2015). Differential links between expressive suppression and well-being among Chinese and Mexican American college students. *Asian American Journal of Psychology*, 6(1), 15-24.

Walach, H., Buchheld, N., Büttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness—the Freiburg mindfulness inventory (FMI). *Personality and Individual Differences*, 40(8), 1543-1555.

Wallace, B. A., & Shapiro, S. L. (2006). Mental balance and well-being: building bridges between Buddhism and Western psychology. *American Psychologist*, 61(7), 690 - 701.

Wang, D., Li, S., Hu, M., Dong, D., & Tao, S. (2017). Negative Academic Emotion and Psychological Well-being in Chinese Rural-to-Urban Migrant Adolescents: Examining the Moderating Role of Cognitive Reappraisal. *Frontiers in psychology*, 8, 1312.

Waterman, A. S. (2008). Reconsidering happiness: A eudaimonist's perspective. *The Journal of Positive Psychology*, 3(4), 234-252.

Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies*, 9(1), 41-79.

Waterman, A. S., Schwartz, S. J., Zamboanga, B. L., Ravert, R. D., Williams, M. K., Bede Agocha, V., Kim, S. Y., & Donnellan, M. B. (2010). The Questionnaire for Eudaimonic Well-Being: Psychometric properties, demographic comparisons, and evidence of validity. *The Journal of Positive Psychology*, 5(1), 41-61.

Wood, A. M., & Tarrier, N. (2010). Positive clinical psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review*, 30(7), 819-829.

**Contact email:** Somboon.j@chula.ac.th