Mindfulness
https://doi.org/10.1007/s12671-019-01267-8

ORIGINAL PAPER

A Brief Scale to Measure Caring for Bliss: Conceptualization, Initial Development, and Validation

Myriam Rudaz[1,2] · Thomas Ledermann[1] · Ross W. May[1] · Frank D. Fincham[1]

Abstract

Objectives This article describes the concept of caring for bliss and provides initial data on the development and validation of the Caring for Bliss Scale (CBS). Caring for bliss is defined as the cultivation of inner joy or genuine happiness based on a peaceful state of mind and a compassionate heart. It entails practices designed to generate feelings of happiness in the here and now, search for lasting happiness inside oneself, appreciate what one has, and follow the deepest desires of one's heart.

Methods Data from two studies (n = 205 and n = 692) of young adults were used.

Results Confirmatory factor analysis showed evidence for a unidimensional factor structure of the CBS. In addition, hierarchical regression analysis revealed that caring for bliss accounted for unique variance in aspects of subjective and psychological well-being, above and beyond mindfulness and self-compassion.

Conclusions Caring for bliss is a new concept that can be reliably measured by four items, which explain unique variance in people's well-being.

Keywords Bliss · Happiness · Mindfulness · Questionnaire · Self-care · Self-compassion · Well-being

The desire to be happy is universal. But all too often people find happiness to be elusive and dependent on their circumstances. In contrast, the Buddhist tradition identifies a genuine or true happiness that is lasting (*sukha*; Compson 2018; Dambrun and Ricard 2011; Wallace 2005). This genuine happiness can be described as flourishing or bliss that transcends the momentary vicissitudes of our emotional states (Ekman, Davidson, Ricard, & Wallace 2005; Wallace 2005). It is a trait that can be cultivated through specific practices, such as mindfulness and compassion (Ekman et al. 2005). However, there remains a need for measures that allow the assessment of practices to cultivate genuine happiness.

Positive psychology has investigated happiness primarily from two perspectives, the hedonic and the eudaimonic (e.g., Delle Fave et al. 2011). The *hedonic* approach, which includes stimuli-driven pleasure attainment and pain avoidance, is different from genuine happiness (Kang and Whittingham 2010; Wallace and Shapiro 2006). Drawn from Buddhist teaching, Thich Nhat Hanh (2008) and Wallace and Shapiro (2006) emphasize that a life concerned with the pursuit of stimulus-driven pleasures or enjoying the pleasures of life alone does not give rise to lasting happiness, but fluctuating happiness (Dambrun and Ricard 2011). Specifically, these authors state that people may derive enjoyment from sensual pleasures, the acquisition of material goods, power, or fame, but as soon as those stimuli cease, the associated pleasure fades. Consequently, clinging to those stimuli is, more often than not, an obstacle to happiness. They further highlight that this does not mean that Buddhism denies the value of stimulus-driven pleasure (*preya*), but that relying on such pleasure as the source of one's own happiness can be dangerous because we are competing with other people for the same finite resources (Wallace 2005). The predominant view among hedonic psychologists is that happiness is not reducible to physical hedonism, but can be derived from attainment of goals or values in varied realms (Ryan and Deci 2001). In this vein, Diener (2000) coined the term subjective well-being, which is sometimes used interchangeably with happiness, and defined it as overall life satisfaction, satisfaction with important

✉ Myriam Rudaz
myriam.rudaz@stgag.ch

[1] Florida State University, Tallahassee, FL, USA

[2] University of Bern, Bern, Switzerland

Published online: 12 December 2019

domains (e.g., work satisfaction), and a preponderance of positive over negative affect.

In contrast, the *eudaimonic* approach of Aristotle is closer to the Buddhist view of genuine happiness or authentic-durable happiness (Dambrun and Ricard 2011). Aristotle defined eudaimonia as living in accordance with the daimon or true self (Ryan and Deci 2001). Consequently, eudaimonic well-being occurs as an expression of one's virtue in harmony with the collective welfare. Likewise, Waterman (1993) used the term personal expressiveness to describe a state of feeling intensely alive and authentic when one's life activities are most congruent with deeply held values. Similar positions have been advanced in humanistic psychology, such as Rogers' (1951) ideal of the fully functioning person, and Maslow's (1970) concept of self-actualization. Moreover, Ryff (1989); Ryff and Singer 1998) developed a model of psychological well-being or flourishing distinct from subjective well-being. According to this model, six factors contribute to a person's psychological well-being, contentment, and happiness: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. As an alternative, Ryan and Deci (2000) formulated a theory of self-determination, which posits three basic psychological needs to actualize the self and foster well-being: autonomy, competence, and relatedness.

Neither hedonic nor eudaimonic frameworks capture fully the concept of bliss. Bliss is an unlimited, everlasting inner joy or genuine happiness, which is undisturbed by external circumstances. It is a joy that is based on a peaceful state of mind and a compassionate heart. In contrast, caring for bliss describes active practices or behaviors and, therefore, refers to the process of cultivating inner joy or genuine happiness. Inspired by readings of Thich Nhat Hanh (2008, 2015), we developed the notion that bliss can be cultivated by generating feelings of happiness in the here and now, searching for lasting happiness inside oneself, appreciating what one has, and following the deepest desires of one's heart. Thich Nhat Hanh (2008) stresses that there is no unrealized condition that has to be attained (e.g., perfect job, dream house) before we can be happy, but that happiness inside of us is always possible (pp. 41–46). Moreover, he teaches us to enjoy the wonders of life that are always present, such as the blue sky, the trees, or children (p. 35) and to appreciate what we have right now. He gives the toothache example by saying that when people have a toothache, they would be happy not having a toothache, but as soon as they do not have the toothache, they do not treasure the non-toothache (Thich Nhat Hanh 2008, p. 41). Thich Nhat Hanh (2015) further encourages people to listen deeply to the voice of their heart and to ask what they want to do in their life (e.g., help other people, bring love and compassion to others) and whether this will make them truly happy (pp. 33–36).

Concepts related to caring for bliss are mindfulness and self-compassion. Reflecting Buddhist tradition, mindfulness is the foundation of the path leading to the cessation of suffering (Thich Nhat Hanh 2008), which can be gradually developed by using various spiritual practices "progressing from a practice of refining attention and awareness to one of deep analytical probing and insight" (Grossman and Van Dam 2011, p. 223). Mindfulness has been described by Kabat-Zinn (2005) as "moment-to-moment, non-judgemental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively and as non-judgmentally and openheartedly as possible" (p. 108). It is seen as "a way of looking deeply into oneself in the spirit of self-inquiry and self-understanding" (Kabat-Zinn 1990, p. 12). In Western psychology, the concept of mindfulness is viewed as involving (a) self-regulation of attention in the present moment to allow recognition of perceptible mental states and (b) an orientation toward one's immediate experience that is characterized by curiosity, openness, and acceptance (Bishop et al. 2004). The tendency in Western psychology to define and operationalize mindfulness as a relatively stable trait rather than an active, investigative process has been repeatedly criticized (Grossman 2010, 2011). Furthermore, it has been argued that the expansive nature of mindfulness, which is inherently connected to positive qualities, such as kindness, compassion, equanimity, and ethical behaviors (Grossman 2008, 2010) cannot be extracted and measured in isolation (Grossman and Van Dam 2011).

Related to mindfulness, the concept of self-compassion was introduced in Western psychology as a way of treating oneself with care and concern in the face of personal inadequacies, mistakes, failures, and painful situations (Neff 2003). Neff (2003, 2016) proposed three main components, each of which has a positive and negative pole of self-compassion: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification.

Caring for bliss, which encompasses active practices to cultivate lasting happiness, requires mindfulness and compassion. Mindfulness is necessary because it gives people the inner space and quietness to look deeply and find out what they want to do with their life and fully appreciate the present moment (Thich Nhat Hahn 2015). In a similar vein, kindness towards oneself in instances of pain or failures is necessary to remind oneself that suffering is part of the human experience and helps to search for lasting happiness inside rather than outside oneself.

Mindfulness, self-compassion, and caring for bliss are synergistic and interrelated concepts. However, they differ conceptually in that mindfulness refers particularly to attention regulation with an attitude of curiosity and acceptance, whereas self-compassion involves kindness towards oneself during difficult times. Caring for bliss emphasizes the cultivation of genuine happiness in oneself independent of attention

regulation and difficult times. Table 1 summarizes the definitions of mindfulness, self-compassion, and caring for bliss as conceptualized in Western psychology and provides possible measures for each.

The purpose of the current study was to develop an economical and easy to use measure of caring for bliss, which we call the Caring for Bliss Scale (CBS), and to evaluate its factor structure, internal consistency, test-retest reliability, measurement invariance, concurrent validity, and incremental validity. Three sets of hypotheses were tested. First, we hypothesized that the caring for bliss items would reflect a single, underlying factor, show acceptable test-retest reliability, and yield metric invariance across time and the two study samples. Second, we hypothesized that caring for bliss will correlate positively with mindfulness and self-compassion as well as with well-being, life satisfaction, happiness, and flourishing. We expected that the size of these correlations would range between medium and large. The largest overlap was expected to be between caring for bliss and flourishing due to its closeness to genuine happiness. However, this overlap is expected to be less than 50% because caring for bliss is conceptually distinct from flourishing. Finally, we hypothesized that caring for bliss would account for a significant amount of variance in aspects of subjective and psychological well-being, above and beyond mindfulness and self-compassion.

Method

Participants

Data are from two different samples. Study 1 data were collected at Utah State University in spring 2017 (n = 205), and study 2 data were collected at Florida State University in spring 2018 (n = 692). IRB approval was obtained for each study.

Study 1 participants were recruited via an e-mail distributed in the College of Education (including students, faculty, and staff), and they were also invited to forward the e-mail to other potential participants. Eligibility criteria were 18 years of age and fluent in English. The mean age was 26.52 years (SD = 8.21; range 18–53) and the mean level of education was 5.31 referring to "college/no degree" (SD = 1.58; possible range 1 = did not finish high school and 8 = professional degree). Of the 205 participants, 35 (17.1%) were male and 170 (82.9%) were female. Regarding the racial background, 92.7% identified as White or Caucasian, 2.4% as Asian, 1.0% as Black or African American, 0.5% as American Indian or Alaska Native, 0.5% as Native Hawaiian or other Pacific Islander, and 2.9% as other. The survey was available online and took approximately 20 min to complete. After completion of the survey, participants could choose to participate in a lottery to win $50.

Participants in study 2 were recruited from a course that satisfied a university-wide liberal study requirement. Participants' mean age was 20.15 years (SD = 1.98; range 17–39), and the mean level of education was 5.11 referring to "some college, currently enrolled" (SD = 0.72; possible range 1 = less than high school and 9 = graduate or professional degree, completed). Among the 692 participants, 46 (6.6%) were male, 641 (92.6%) were female, 1 (0.1%) transgender male, and 4 (0.6%) were other or preferred not to say. In terms of racial background, 69.9% identified as White or Caucasian or European American, 12.7% as Latino or Hispanic, 10.8% identified as African American or Black, 3.3% as Asian or Pacific Islander, 2.2% as other or elected

Table 1 Definitions of mindfulness, self-compassion, and caring for bliss in Western psychology and possible measures

Concept	Definition	Measures
Mindfulness	[Mindfulness is] moment-to-moment, non-judgemental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively and as non-judgmentally and openheartedly as possible. (Kabat-Zinn 2005, p. 108) It is a way of looking deeply into oneself in the spirit of self-inquiry and self-understanding. (Kabat-Zinn 1990, p. 12) It requires self-regulation of attention and an orientation to experiences characterized by curiosity, openness, and acceptance. (Bishop et al. 2004)	Mindful Attention Awareness Scale (MAAS; Brown and Ryan 2003); MAAS-short form (Osman et al. 2016); Freiburg Mindfulness Inventory (FMI; Buchheld et al. 2001; Walach et al. 2006), Five Facet Mindfulness Questionnaire (FFMQ; Baer et al. 2006)
Self-compassion	Self-compassion involves being kind to oneself when confronting personal inadequacies or situational difficulties, framing the imperfection of life in terms of common humanity, and being mindful of negative emotions so that one neither suppresses nor ruminates on them. (Neff and Beretvas 2013, p. 1)	Self-Compassion Scale (SCS; Neff 2003); SCS-short form (SCS-SF; Raes et al. 2011)
Caring for bliss	Caring for bliss describes active practices or behaviors to cultivate inner joy or genuine happiness. It is based on a peaceful state of mind and a compassionate heart. (this article)	Caring for Bliss Scale (CBS)

not to answer the question, 0.7% as Middle Eastern, and 0.3% as American Indian or Native American or Alaska Native. The participants were asked to indicate their religious or philosophical belief: 70.6% identified as Christian, 10.4% as Agnostic (i.e., "I'm not sure whether, or it is impossible to know whether, supernatural things do or do not exist"), 6.5% as Jewish, 6.1% as Spiritual (i.e., "I believe supernatural things exist, but I do not follow a specific religion"), 3.3% as Atheist (i.e., "I do not believe supernatural things exist"), and 0.3% as Muslim. No participant identified himself or herself as Hindu or Buddhist. The online survey was part of a larger study and took approximately 60 min to complete. It was one of multiple ways to earn extra course credit. Some students filled out the survey at two time points, approximately 12 weeks apart (n = 83).

Procedures

Based on the description of caring for bliss outlined earlier, the first and the second author generated a pool of 22 items describing ways to cultivate bliss in daily life. All items were positively worded, and respondents were instructed to indicate how often each of the statements were true for them on a 5-point rating scale ranging from 0 (never) to 4 (regularly). The first author collected feedback from three research assistants. Specifically, they were introduced to the concept intended to be measured and were asked to comment on the comprehensibility of the items. She also asked them to share the items with their colleagues and friends in order to get further feedback on the clarity of the items. As a result, the wording of some items was slightly changed and 13 items were selected due to high face validity. These items were administered in study 1. Following this study, items were deleted that (a) deviated from the normal distribution as indicated by skewness and kurtosis or (b) overlapped with other concepts, including mindfulness, self-compassion, well-being, and life satisfaction as indicated by high correlation coefficients ($r^2 > 0.30$). As a result, 10 items were retained and administered in study 2. In this second study, skewness and kurtosis were between − 1 and 1 for all 10 items, indicating no deviation from normality, and the correlations of each item with mindfulness, self-compassion, well-being, and life satisfaction were in the expected range. Entering all items into an exploratory factor analysis extracting a single factor using maximum likelihood (ML) estimation, the loadings ranged from 0.49 to 0.72 in study 1 and from 0.67 to 0.85 in study 2. Since all items showed substantial factor loadings and the order of the sizes of the 10 standardized loadings was inconsistent across the two studies, which is not surprising given the high loadings, four items were retained based on their face validity. Specifically, the first and second author independently selected the three most relevant items for (a) generating feelings of happiness in the here and now, (b) searching for lasting happiness inside oneself, (c) appreciating of what one has, and (d) following the deepest desires of one's heart and then ranked each of the three items on how well they reflect the specific aspect. The items that were considered to best reflect the four aspects were identical, whereas the items ranked second and third were not. The four final items are shown in Table 2 and, as demonstrated below, they showed a consistent pattern across the two studies and across the two time points with regard to factor structure, loadings, internal consistency, and incremental validity.

Measures

Mindfulness The 5-item Mindful Attention Awareness Scale (MAAS; Osman et al. 2016) was used to measure the general tendency to be attentive to and aware of what is taking place in the present-moment in daily life. The five items (e.g., "It seems I am "running on automatic," without much awareness of what I'm doing.") were rated on a 6-point scale ranging from 1 (almost always) to 6 (almost never). The items were reverse-coded and then a mean score was calculated with higher scores reflecting higher levels of mindfulness (Cronbach's α = 0.84 for study 1 and 0.92 for study 2).

Self-Compassion The 12-item Self-Compassion Scale-Short Form (SCS-SF; Raes et al. 2011) was used. Items (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies") were rated on a 5-point scale ranging from 1 (almost never) to 5 (almost always). Half of the items were reverse-coded and then a mean score was calculated with higher scores indicating higher levels of self-compassion (Cronbach's α = 0.80 for study 1 and 0.73 for study 2).

Well-Being The World Health Organization Well-Being Index (WHO-5; WHO Collaborating Center for Mental Health 1998) is among the most widely used questionnaires to assess subjective psychological well-being (Topp et al. 2015). It includes 5 items measuring positive mood, vitality, and general interests over the last 2 weeks. Items (e.g., "I have felt calm and relaxed") were rated on a 6-point scale ranging from 0 (none of the time) to 5 (all of the time). All items were summed up so that higher scores indicate higher levels of well-being (Cronbach's α = 0.87 for study 1 and 0.93 for study 2).

Life Satisfaction The Satisfaction with Life Scale (SWLS; Diener et al. 1985) is a 5-item scale designed to measure global cognitive judgments of one's life satisfaction. Items (e.g., "If I could live my life over, I would change almost nothing") were rated on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). All items were summed up with higher scores reflecting higher levels of life

satisfaction (Cronbach's α = 0.91 for study 1 and 0.93 for study 2).

Happiness A single item asked participants to rate the degree to which they are currently experiencing "happiness" on a 7-point scale ranging from 1 (not at all) to 7 (very much).

Flourishing The Flourishing Scale (FS; Diener et al. 2010) consists of 8-item measuring aspects of human functioning ranging from positive relationships, to feelings of competence, to having meaning and purpose in life. Items (e.g., "I lead a purposeful and meaningful life") were rated on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). A summed score was calculated with higher scores indicating higher levels of flourishing (Cronbach's α = 0.95 for study 2).

Strength of Spiritual or Philosophical Belief Participants were asked to indicate the strength of their spiritual or philosophical belief on a 10-point scale ranging from 1 (very weak) to 10 (very strong).

Data Analyses

The statistical analyses focus on measurement properties and the incremental validity of the proposed caring for bliss scale. The single-factor structure of this scale with the four items loading on the factor "caring for bliss" was tested separately for each study using confirmatory factor analysis (CFA). We used the software package lavaan (Rosseel 2012) in R (R Core Team 2018) and full information maximum likelihood (FIML) estimation for the CFA. The model fit was assessed using the following fit indices and criteria (Hu and Bentler 1999): comparative fit index (CFI) $\geq$ 0.95, root mean square error of approximation (RMSEA) $\leq$ 0.06, and standardized root mean square residual (SRMR) $\leq$ 0.08. In addition, ordinary least square (OLS) regression analysis in R was used to assess whether caring for bliss predicts aspects of subjective and psychological well-being over and above that of mindfulness and self-compassion.

Results

Descriptive Statistics

Table 2 shows the means, standard deviations, skewness, and kurtosis of the four scale items. As can be seen, skewness and kurtosis indicate no serious deviation from normality.

Confirmatory Factor Analysis

CFA techniques were used to examine the underlying factor structure and to test measurement invariance across studies and time points. Results from the CFA support the notion that caring for bliss has a unidimensional structure in both studies: $\chi^2(2) = 2.434$, $p = 0.296$; CFI = 0.997; RMSEA = 0.033 (90% CI = [0.000, 0.146]); and SRMR = 0.021 for study 1; $\chi^2(2) = 5.484$, $p = 0.064$; CFI = 0.998; RMSEA = 0.050 (90% CI = [0.000, 0.103]); and SRMR = 0.010 for study 2. Standardized factor loadings ranged from 0.55 to 0.85 and can be viewed in Table 2. The scale showed good internal consistency with a Cronbach's α of 0.73 for study 1 and 0.88 for study 2, respectively.

Measurement invariance across time and studies was tested using three nested models (Meredith 1993): The configural invariance model (invariant factor structure), the metric invariance model (invariant factor loadings), and the scalar invariance model (invariant factor loadings and intercepts). Configural invariance suggests that the factor structure is the same across studies or time points. Metric invariance indicates that the observed variables are related to the latent variable equivalently across studies or time points. Scalar invariance across time implies that differences in observed means are due to a difference in latent means and permits a comparison of the two time points in terms of factor means. Scalar invariance across studies implies that study differences in observed means are due to a difference in latent means and permits a comparison of the studies in terms of factor means. If there was no evidence for full scalar invariance, partial scalar invariance was tested by relaxing one or more equality constraints (Schmitt and Kuljanin 2008).

Table 2 Means, standard deviations, skewness, kurtosis, and standardized factor loadings for caring for bliss items for studies 1 and 2

	Study 1 (n = 205)					Study 2 (n = 692)				
Item	*M*	*SD*	Skew.	Kurt.	Stand. load.	*M*	*SD*	Skew.	Kurt.	Stand. load.
1. I can generate a feeling of happiness in the here and now.	3.04	0.83	− 0.34	− 0.85	0.70	2.86	0.91	− 0.39	− 0.46	0.73
2. I search for lasting happiness inside myself, rather than outside of myself.	2.52	0.96	− 0.25	− 0.19	0.55	2.64	1.06	− 0.35	− 0.68	0.84
3. I take time to acknowledge the things for which I am grateful.	3.00	0.84	− 0.26	− 0.95	0.62	2.85	0.94	− 0.36	− 0.67	0.85
4. I listen deeply to my heart.	2.67	0.91	− 0.16	− 0.25	0.69	2.63	1.01	− 0.31	− 0.53	0.82

M mean, *SD* standard deviation, *Skew.* skewness, *Kurt.* kurtosis, *Stand. load.* standardized factor loadings

The results of the measurement invariance analysis across time and studies are shown in Table 3. Adequate model fit was found for configural and metric invariance, indicating that the factor structure was the same across time and studies and that the observed variables were related to the latent variable equivalently across time and studies. The test for scalar invariance resulted in a substantial deterioration of the model fit for both the invariance test across time and across studies. Therefore, partial scalar invariance was tested. Across time, evidence for partial scalar invariance was found by releasing the equality constraint on the intercepts for item 1 and item 3, indicating that the intercepts of these two items changed over the 12 weeks, with higher scores at time point 2. In this model with partial scalar invariance, the correlation between the latent variables was 0.69 corresponding to an overlap of 48%, which can be considered as test-retest reliability. Calculating a composite score, the correlation between caring for bliss at time 1 and time 2 was 0.62, which equates to an overlap of 38%. Across studies, no evidence for partial scalar invariance was found, implying that the two groups differed in their intercepts, with higher scores for participants in study 1.

Concurrent Validity

Table 4 presents the product-moment correlations among the study variables as well as the descriptive statistics. A mean score was calculated for caring for bliss with higher scores indicating higher levels of caring for bliss. The results were in line with our hypotheses. In both studies, the correlations of caring for bliss with mindfulness and self-compassion were positive and medium in size. Further, the correlations between caring for bliss with well-being and life satisfaction were also positive, ranging between medium and large in size. The variables of happiness and flourishing, included in study 2, correlated positively with a medium and large effect size, respectively. The overlap between caring for bliss and flourishing was 32%, indicating that caring for bliss and flourishing are distinct concepts. A small correlation emerged between caring for bliss and strength of spiritual or religious belief.

Incremental Validity

OLS regression analysis was used in order to assess the incremental validity of caring for bliss. Four hierarchical models were estimated, all using mindfulness, self-compassion, and caring for bliss as predictors for well-being (model 1), life satisfaction (model 2), happiness (model 3), and flourishing (model 4). In all models, mindfulness and self-compassion were entered in step 1 and caring for bliss in step 2. The results of the hierarchical regression models are provided in Table 5.

Well-Being In both studies, greater caring for bliss was associated with greater well-being. Both mindfulness and self-compassion were statistically significant, revealing that the greater mindfulness and self-compassion the greater the well-being. The total explained variance was 29% for study 1 and 34% for study 2, and the variance explained by caring for bliss above and beyond mindfulness and self-compassion was 4% and 13%, respectively.

Life Satisfaction Again, in both studies, greater caring for bliss was associated with greater life satisfaction. In study 1, mindfulness and self-compassion were positive and statistically significant, whereas in study 2, only self-compassion was statistically significant but not mindfulness. The total explained variance was 31% for study 1 and 33% for study 2, and the variance explained by caring for bliss above and beyond mindfulness and self-compassion was 7% and 17%, respectively.

Happiness Happiness was measured in study 2. Greater caring for bliss was associated with greater happiness. Self-compassion was statistically significant, indicating that greater self-compassion was associated with greater happiness. The total explained variance was 26% and the variance explained by caring for bliss above and beyond mindfulness and self-compassion was 12%.

Flourishing Flourishing was assessed in study 2. Greater caring for bliss was associated with greater flourishing. Mindfulness and self-compassion were significant predictors, indicating that greater mindfulness and self-compassion were associated with greater flourishing. The total explained variance was 35% and the variance explained by caring for bliss above and beyond mindfulness and self-compassion was 19%.

Discussion

The present study outlines the concept caring for bliss and reports the development and initial validation of the Caring for Bliss Scale. The scale is based on the concept of genuine happiness from Buddhism (Compson 2018; Dambrun and Ricard 2011; Wallace 2005) and comprises practices aiming to generate feelings of happiness in the here and now, search for lasting happiness inside oneself, appreciate what one has, and follow the deepest desires of one's heart. Validation of the scale was done in two studies in the USA with young adults. In both studies, the means of life satisfaction (SWLS) and flourishing (FS) were comparable to the means obtained in other studies (Chang et al. 2004; Diener et al. 2010) and the means of the WHO well-being scale were not below 13, indicating that our study samples were representative for the general population (WHO Collaborating Center for Mental Health 1998).

Both studies provided support for a unidimensional factor structure of the caring for bliss scale, which is related to, but conceptually distinct from mindfulness and self-compassion. Whereas mindfulness can be described as purposeful, non-judgemental awareness in the present moment (Kabat-Zinn 2005) and self-compassion as kindness toward oneself in difficult situations (Neff 2003), caring for bliss describes active practices to cultivate genuine happiness in daily life. In addition, evidence was found for metric invariance across time and studies and partial scalar invariance across time. Specifically, participants from Utah (study 1) had higher intercepts than participants from Florida (study 2). Results from regression analyses indicated that greater caring for bliss predicted greater subjective and psychological well-being, over and above mindfulness and self-compassion. These findings provide additional support for the notion that caring for bliss is conceptually different from mindfulness and self-compassion as defined in Western psychology. The overlap between caring for bliss at the two time points of study 2 was 38% for the composite scores and 48% for the latent variables. This finding, along with the finding that there was partial scalar invariance across time, supports the notion that caring for bliss is a process variable that can change over time.

The regression results of study 2 showed that mindfulness did not predict life satisfaction or happiness. This finding is in line with the results obtained by Christopher and Gilbert (2010) who showed that the MAAS did not contribute unique variance in the prediction of life satisfaction beyond that of self-esteem. This may be because the MAAS does not capture attitudinal and affective aspects of mindfulness that could impact life satisfaction and happiness to a greater extent than attention regulation.

The present results also revealed that the two samples differed in the incremental variance explained by caring for bliss on well-being and life satisfaction. In study 2, caring for bliss accounted for considerably more variance, which may be due to specific characteristics of the two studies such as location (i.e., Utah versus Florida) or motivation (i.e., personal interest versus course credits), warranting further investigation. Also, religious or philosophical beliefs were not assessed in study 1. It is possible that differences in religious or philosophical beliefs may have caused the variation of incremental variance across the two samples. This should be assessed in future studies.

Although conceptually different, caring for bliss is also similar to mindfulness and self-compassion. One common ground is that all three are based on Buddhist teaching. Another one is that caring for bliss, mindfulness, and self-compassion are uniquely related to higher levels of well-being (for studies on mindfulness and self-compassion see, e.g., Brown and Ryan 2003; Neff and McGehee 2010; Zessin et al. 2015). In particular, over the last four decades, important advances have been made to offer trainings in mindfulness (Kabat-Zinn 1982, 2005; Kabat-Zinn et al. 1985) and self-compassion (Germer and Neff 2013; Neff and Germer 2013) in order to strengthen people's well-being (e.g., Gotink et al. 2015; Grossman et al. 2004; Khoury et al. 2015; Rudaz et al. 2017). Based on these trainings and practices from positive psychology (e.g., Fredrickson 2009, 2013; Seligman 2002), a training could be developed to increase people's inner joy or genuine happiness by focusing on the caring for bliss practices described in this article. Caring for bliss practices could add to the existing positive psychology interventions, such as counting your blessings, setting personal goals, or expressing gratitude (Bolier et al. 2013) as they build on the present moment awareness and compassion. It would also be informative to investigate whether a caring for bliss training would add beneficial effects over existing

Table 3 Model fit indices for measurement invariance

Level of measurement invariance	*df*	χ^2	*p*	CFI	RMSEA	90% CI RMSEA	SRMR	Δdf	$\Delta\chi^2$	*p*
Longitudinal (study 2)[a]										
Configural invariance	15	14.600	0.481	1.000	0.000	[0.000, 0.030]	0.042	–	–	–
Metric invariance	18	15.663	0.616	1.000	0.000	[0.000, 0.025]	0.040	3	1.064	0.786
Scalar invariance	21	28.063	0.138	0.996	0.019	[0.000, 0.035]	0.044	3	12.400	0.006
Partial scalar invariance[b]	20	21.407	0.374	0.999	0.009	[0.000, 0.030]	0.043	2	5.744	0.057
Study 1[c] and study 2[d]										
Configural invariance	4	7.917	0.095	0.998	0.047	[0.000, 0.095]	0.010	–	–	–
Metric invariance	7	14.925	–	0.995	0.050	[0.012, 0.086]	0.024	3	7.007	0.072
Scalar invariance	10	60.881	–	0.969	0.107	[0.082, 0.133]	0.062	3	45.956	< 0.001

CFI comparative fit index, *RMSEA* root mean square error of approximation, *CI* confidence interval, *SRMR* standardized root mean square residual

[a] $n = 958$ (complete cases = 83)

[b] Unequal intercepts for items 1 and 4

[c] $n = 205$

[d] $n = 692$

Table 4 Correlations, means, standard deviations, and empirical ranges for the study variables for study 1 above and study 2 below the diagonal

Variable	1	2	3	4	5	6	7	8	9
1. Caring for bliss	–	0.35***	0.45***	0.41***	0.46***	–	–	–	− 0.13
2. Mindfulness	0.35***	–	0.27***	0.34***	0.31***	–	–	–	− 0.10
3. Self-compassion	0.45***	0.37***	–	0.45***	0.46***	–	–	–	0.07
4. Well-being	0.54***	0.38***	0.37***	–	0.66***	–	–	–	− 0.18*
5. Life satisfaction	0.55***	0.27***	0.37***	0.54***	–	–	–	–	− 0.24**
6. Happiness	0.48***	0.25***	0.35***	0.44***	0.51***	–	–	–	–
7. Flourishing	0.57***	0.31***	0.34***	0.58***	0.60***	0.49***	–	–	–
8. S/P belief	− 0.08*	0.00	0.01	0.08*	− 0.04	− 0.02	− 0.02	–	–
9. Age	− 0.02	0.00	0.02	− 0.05	− 0.08*	− 0.03	− 0.03	0.08	–
Study 1 (n = 205)									
M	2.81	3.59	2.95	15.12	27.09	–	–	–	26.52
SD	0.66	0.91	0.62	4.56	6.06	–	–	–	8.21
95% CI	[2.65; 2.81]	[3.46; 3.71]	[2.86; 3.03]	[14.49; 15.74]	[26.26; 27.92]	–	–	–	[25.39; 27.64]
Range	0.5–4	1.2–5.8	1.5–4.6	3–25	5–35	–	–	–	18–53
Study 2 (n = 692)									
M	2.75	3.54	3.08	14.26	25.47	5.04	45.75	2.26	20.16
SD	0.85	1.03	0.53	5.35	6.30	1.44	8.39	2.36	2.00
95% CI	[2.68; 2.81]	[3.46; 3.61]	[3.04; 3.12]	[13.86; 14.66]	[25.00; 25.94]	[4.94; 5.15]	[45.12; 46.37]	[2.08; 2.44]	[20.01; 20.30]
Range	0–4	1–6	1–5	0–25	5–35	1–7	15–56	2–10	17–39
Study 1 vs. study 2									
t test (*df*)	1.10 (422.38)	0.68 (374.35)	2.85** (297.06)	2.26* (385.36)	3.26** (895)				9.67*** (161.32)
Cohen's *d*	0.08	0.05	0.25	0.16	0.26				1.60

Possible range: 1–6 for mindfulness, 1–5 for self-compassion, 0–4 for caring for bliss, 0–25 for well-being, 5–35 for life satisfaction, 1–7 for happiness, 8–56 for flourishing, and 1–10 for strength of spiritual or philosophical belief

S/P spiritual or philosophical, *M* mean, *SD* standard deviation, *CI* confidence interval, *df* degrees of freedom

*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$ (2-tailed)

programs like Mindfulness-Based Stress Reduction (Kabat-Zinn 1982, 2005) and Mindful Self-Compassion (Germer and Neff 2013; Neff and Germer 2013) in enhancing people's well-being, and in reducing stress, anxiety, and depression (e.g., Chiesa and Serretti 2009; Gotink et al. 2015; Khoury et al. 2015; Neff and Germer 2013).

Limitations and Future Research Directions

Major strengths of the current study are the replication of findings in two studies, with one including two waves, and the demonstration of the caring for bliss' utility in predicting subjective and psychological well-being above and beyond the related concepts of mindfulness and self-compassion. However, some limitations should be considered in interpreting the results. One limitation is that the samples in both studies comprised mainly young, white adults, and a disproportionate number of women. This limits the generalizability of the results and indicates the need for further research to explore the psychometric properties of the scale among older age groups and various races as well as to examine potential gender differences.

Another limitation concerns the possibility that Buddhists may not understand the items the same way as non-Buddhists or non-mindfulness practitioners due to their personal practice and knowledge (Grossman 2008, 2011; Grossman and Van Dam 2011). For example, the item "I can generate a feeling of happiness in the here and now" may differ in semantic understanding among respondents depending on how they define happiness (i.e., fluctuating vs. sustainable happiness). However, mindfulness measures using terms like "being aware" or "paying attention" face this same problem when they are administered to people with little or no experience with Buddhism or mindfulness (Grossman 2008, 2011). It is also worth noting that only a subset of short measures assessing aspects of subjective and psychological well-being were included in order to keep the subject burden low. Future studies may include measures such as the Positive and Negative Affect Schedule (PANAS; Watson et al. 1988), the Psychological Well-Being Scale (PWB; Ryff 1989), the Basic Psychological Needs Scales (e.g., Deci and Ryan 2000), or the Subjective Happiness Scale (SHS; Lyubomirsky and Lepper 1999).

Furthermore, it is important to note that the participants in both studies were self-selected and that some participants may

Table 5 Hierarchical regression analyses for studies 1 and 2

	Well-being			Life Satisfaction			Happiness			Flourishing		
Variable	*B*	*SE*	β	*B*	*SE*	β	*B*	*SE*	β	*b*	*SE*	β
Study 1 (n = 205)												
Step 1												
Mindfulness	0.92**	0.32	0.18	0.90*	0.42	0.14	–	–	–	–	–	–
Self-compassion	2.31***	0.49	0.32	2.91***	0.64	0.30	–	–	–	–	–	–
Step 2												
Caring for bliss	1.49**	0.47	0.21	2.69***	0.61	0.29	–	–	–	–	–	–
Intercept	0.80	1.60	0.00	7.71***	2.09	0.00	–			–		
ΔR^2	0.04			0.07			–			–		
$F(1, 201)$	10.16**			19.34***			–			–		
R^2	0.29			0.31			–			–		
$F(3, 201)$	27.72***			30.52***			–			–		
Study 2 (n = 692)												
Step 1												
Mindfulness	0.98***	0.18	0.19	0.37	0.21	0.06	0.08	0.05	0.06	0.91**	0.28	0.11
Self-compassion	1.12**	0.36	0.11	1.60***	0.43	0.13	0.41***	0.10	0.15	1.15*	0.56	0.07
Step 2												
Caring for bliss	2.66***	0.23	0.42	3.51***	0.27	0.47	0.67***	0.06	0.39	4.99***	0.35	0.50
Intercept	0.06	1.01	0.00	9.58***	1.20	0.00	1.64***	0.29	0.00	25.29***	1.57	0.00
ΔR^2	0.13			0.17			0.12			0.19		
$F(1, 688)$	138.66***			171.58***			107.81***			202.10***		
R^2	0.34			0.33			0.26			0.35		
$F(3, 688)$	116.20***			111.10***			79.37***			122.50***		

*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$ (two-tailed)

have answered in a socially desirable manner since all variables were assessed via self-report. Finally, the time period of approximately 12 weeks was relatively long for examining test-retest reliability. This time interval may also have led to partial scalar invariance across time in our study, which is in line with the notion that caring for bliss is a process variable.

Future research may want to examine the link between caring for bliss and selflessness and self-centeredness (Dambrun and Ricard 2011). The Self-Centeredness/Selflessness Happiness Model (Dambrun and Ricard 2011) distinguishes two types of psychological functioning: self-centeredness and selflessness. The former leads to fluctuating happiness, whereas the latter leads to authentic-durable happiness. According to this model, the selflessness style is related to characteristics such as altruism, kindness, respect, empathy, compassion, and the search for harmony and is positively associated with mindfulness. Because caring for bliss is related to mindfulness, it is expected that a higher level of caring for bliss would be positively associated with greater selflessness (as opposed to a self-centeredness). Moreover, it is assumed that caring for bliss would be positively associated with values of selflessness, such as benevolence and universalism, and negatively with values of self-centeredness, such as achievement and power (Schwartz 2003).

There is evidence that self-concept clarity, which encourages more consistent involvement with fulfilling pursuits, mediates the relationship between dispositional mindfulness and psychological well-being (Hanley and Garland 2017). Given the current findings, caring for bliss could be included as an additional mediating variable. In a similar vein, the impact of caring for bliss on perceived stress, optimism, and sense of coherence could lead to further refinement of the concept.

The results of an item response theory analysis of the MAAS suggest that the latent trait of the scale is perceived general inattention (Van Dam et al. 2010). Because Buddhism-derived mindfulness is more complex, including cognitive, attitudinal, affective, and even social and ethical dimensions (Grossman 2010), future studies should take into account other measures such as the Freiburg Mindfulness Inventory (FMI; Buchheld et al. 2001; Walach et al. 2006) or the Five Facet Mindfulness Questionnaire (FFMQ; Baer et al. 2006). However, it is noteworthy that there is currently no consensus among expert meditation teachers about how mindfulness should be measured given the complexity and subtlety of this concept (Grossman 2011).

Finally, the majority of the participants in study 2 identified as Christian. It would be interesting to examine whether practicing Buddhists report higher levels of caring for bliss than Christians or people practicing other religions or people who do not practice any religion or mindfulness. Because genuine happiness is conceptually related to the concept of caring for bliss, it is expected that caring for bliss would be high in Buddhists or mindfulness practitioners.

The current article proposes a new concept called caring for bliss as a complement to mindfulness and self-compassion as conceptualized in Western psychology and provides initial, psychometric support for the Caring for Bliss Scale. Further exploration of the caring for bliss concept is expected to make a contribution to the growing field of positive psychology (Seligman and Csikszentmihalyi 2000) and the dialogue between Western and Buddhist psychology.

Acknowledgments We would like to thank the participants in this study and the research assistants who helped with the wording of the items.

Author Contributions MR: developed the scale, designed and executed study 1, analyzed the data, and wrote the manuscript. TL: developed the scale, analyzed the data, and collaborated in the writing and editing of the manuscript. RWM: designed and executed study 2 and collaborated in the writing and editing of the manuscript. FDF: designed and executed study 2 and collaborated in the writing and editing of the manuscript. All authors approved the final version of the manuscript for submission.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

Ethics Statement All procedures performed in studies involving human participants were approved by Utah State University and Florida State University in accordance with the ethical standards of the institutional review board and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all participants included in the study.

References

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27–45. https://doi.org/10.1177/1073191105283504.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004). Mindfulness: A proposed operational definition. *Clinical psychology: Science and practice, 11*, 230–241. https://doi.org/10.1093/clipsy/bph077.

Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC public health, 13*, 119.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822–848. https://doi.org/10.1037/0022-3514.84.4.822.

Buchheld, N., Grossman, P., & Walach, H. (2001). Measuring mindfulness in insight meditation (Vipassana) and meditation-based psychotherapy: The development of the Freiburg Mindfulness Inventory (FMI). *Journal for Meditation and Meditation Research, 1*, 11–34.

Chang, E. C., Banks, K. H., & Watkins, A. (2004). How adaptive and maladaptive perfectionism relate to positive and negative psychological functioning: Testing a stress-mediation model in black and

white female college students. *Journal of Counseling Psychology, 51*, 93–102. https://doi.org/10.1037/0022-0167.51.1.93.

Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *The Journal of Alternative and Complementary Medicine, 15*, 593–600. https://doi.org/10.1089/acm.2008.0495.

Christopher, M. S., & Gilbert, B. D. (2010). Incremental validity of components of mindfulness in the prediction of satisfaction with life and depression. *Current Psychology, 29*, 10–23. https://doi.org/10.1007/s12144-009-9067-9.

Compson, J. (2018). Adverse meditation experiences: Navigating Buddhist and secular frameworks for addressing them. *Mindfulness, 9*, 1358–1369. https://doi.org/10.1007/S12671-017-0878-8.

Core Team, R. (2018). *R: A language and environment for statistical computing*. In *R Foundation for Statistical Computing*. Vienna: Austria URL: https://www.R-project.org/.

Dambrun, M., & Ricard, M. (2011). Self-centeredness and selflessness: A theory of self-based psychological functioning and its consequences for happiness. *Review of General Psychology, 15*, 138–157. https://doi.org/10.1037/a0023059.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227–268. https://doi.org/10.1207/S15327965PLI1104_01.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. P. (2011). The eudaimonic and hedonic components of happiness: Qualitative and quantitative findings. *Social Indicators Research, 100*, 185–207. https://doi.org/10.1007/s11205-010-9632-5.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*, 34–43. https://doi.org/10.1037//0003-066X.55.1.34.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*, 71–75. https://doi.org/10.1207/s15327752jpa4901_13.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*, 143–156. https://doi.org/10.1007/s11205-009-9493-y.

Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. *Current Directions in Psychological Science, 14*, 59–63.

Fredrickson, B. (2009). *Positivity: Groundbreaking research to release your inner optimist and thrive*. Oxford, England: Oneworld Publications.

Fredrickson, B. (2013). *Love 2.0: Creating happiness and health in moments of connection*. New York: Penguin.

Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology, 69*, 856–867. https://doi.org/10.1002/jclp.22021.

Gotink, R. A., Chu, P., Busschbach, J. J. V., Benson, H., Fricchione, G. L., & Hunink, M. G. M. (2015). Standardised mindfulness-based interventions in healthcare: An overview of systematic reviews and meta-analyses of RCTs. *PLoS ONE, 10*, 1–17. https://doi.org/10.1371/journal.pone.0124344.

Grossman, P. (2008). On measuring mindfulness in psychosomatic and psychological research. *Journal of Psychosomatic Research, 64*, 405–408. https://doi.org/10.1016/j.jpsychores.2008.02.001.

Grossman, P. (2010). Mindfulness for psychologists: Paying kind attention to the perceptible. *Mindfulness, 1*, 87–97. https://doi.org/10.1007/s12671-010-0012-7.

Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for psychology's (re) invention of mindfulness: Comment on Brown et al. (2011). *Psychological Assessment, 23*, 1034–1040. https://doi.org/10.1037/a0022713.

Grossman, P., & Van Dam, N. T. (2011). Mindfulness, by any other name…: trials and tribulations of sati in western psychology and science. *Contemporary Buddhism, 12*, 219–239. https://doi.org/10.1080/14639947.2011.564841.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research, 57*, 35–43. https://doi.org/10.1016/S0022-3999(03)00573-7.

Hanley, A. W., & Garland, E. L. (2017). Clarity of mind: Structural equation modeling of associations between dispositional mindfulness, self-concept clarity and psychological well-being. *Personality and Individual Differences, 106*, 334–339. https://doi.org/10.1016/j.paid.2016.10.028.

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*, 1–55. https://doi.org/10.1080/10705519909540118.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*, 33–47. https://doi.org/10.1016/0163-8343(82)90026-3.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (15th anniversary ed.). New York: Delta Trade Paperback/Bantam Dell.

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion.

Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine, 8*, 163–190. https://doi.org/10.1007/BF00845519.

Kang, C., & Whittingham, K. (2010). Mindfulness: A dialogue between buddhism and clinical psychology. *Mindfulness, 1*, 161–173. https://doi.org/10.1007/s12671-010-0018-1.

Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research, 78*, 519–528. https://doi.org/10.1016/j.jpsychores.2015.03.009.

Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social indicators research, 46*, 137–155. https://doi.org/10.1023/A:1006824100041.

Maslow, A. H. (1970). *Motivation and Personality* (2nd ed.). New York: Harper & Row.

Meredith, W. (1993). Measurement invariance, factor analysis and factorial invariance. *Psychometrika, 48*, 525–543. https://doi.org/10.1007/BF02294825.

Neff, K. (2003). Self-Compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*, 85–101. https://doi.org/10.1080/15298860390129863.

Neff, K. D. (2016). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness, 7*, 264–274.

Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*, 78–98.

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*, 28–44. https://doi.org/10.1002/jclp.21923.

Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*, 225–240. https://doi.org/10.1080/15298860902979307.

Osman, A., Lamis, D. A., Bagge, C. L., Freedenthal, S., & Barnes, S. M. (2016). The mindful attention awareness scale: Further examination of dimensionality, reliability, and concurrent validity estimates.

Journal of Personality Assessment, 98, 189–199. https://doi.org/10.1080/00223891.2015.1095761.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy, 18*, 250–255. https://doi.org/10.1002/cpp.702.

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.

Rosseel, Y. (2012). lavaan: An R package for structural equation modeling. *Journal of Statistical Software, 48*, 1–36.

Rudaz, M., Twohig, M. P., Ong, C. W., & Levin, M. E. (2017). Mindfulness and acceptance-based trainings for fostering self-care and reducing stress in mental health professionals: A systematic review. *Journal of Contextual Behavioral Science, 6*, 380–390. https://doi.org/10.1016/j.jcbs.2017.10.001.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *The American Psychologist, 55*, 68–78. https://doi.org/10.1037/0003-066X.55.1.68.

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*, 141–166. https://doi.org/10.1146/annurev.psych.52.1.141.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069.

Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*, 1–28. https://doi.org/10.1207/s15327965pli0901_1.

Schmitt, N., & Kuljanin, G. (2008). Measurement invariance: Review of practice and implications. *Human Resource Management Review, 18*, 210–222. https://doi.org/10.1016/j.hrmr.2008.03.003.

Schwartz, S. H. (2003). A proposal for measuring value orientations across nations. Chapter 7 in the Questionnaire Development Report of the European Social Survey. URL: https://www.europeansocialsurvey.org/docs/methodology/core_ess_questionnaire/ESS_core_questionnaire_human_values.pdf

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5–14. https://doi.org/10.1037//0003-066x.55.1.5.

Thich Nhat Hanh. (2008). *The heart of Buddha's teaching*. New York: Random House.

Thich Nhat Hanh. (2015). *Silence: The power of quiet in a world full of noise*. New York: HarperCollins.

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and psychosomatics, 84*, 167–176. https://doi.org/10.1023/A:1006824100041.

Van Dam, N. T., Earleywine, M., & Borders, A. (2010). Measuring mindfulness? An item response theory analysis of the Mindful Attention Awareness Scale. *Personality and Individual Differences, 49*, 805–810. https://doi.org/10.1016/j.paid.2010.07.020.

Walach, H., Buchheld, N., Buttenmüller, V., Kleinknecht, N., & Schmidt, S. (2006). Measuring mindfulness-the Freiburg Mindfulness Inventory (FMI). *Personality and Individual Differences, 40*, 1543–1555. https://doi.org/10.1016/j.paid.2005.11.025.

Wallace, B. A. (2005). *Genuine happiness: Meditation as the path to fulfillment*. New Jersey: John Wiley & Sons.

Wallace, B. A., & Shapiro, S. L. (2006). Mental balance and well-being: Building bridges between Buddhism and Western psychology. *American Psychologist, 61*, 690–701. https://doi.org/10.1037/0003-066X.61.7.690.

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*, 678–691. https://doi.org/10.1037/0022-3514.64.4.678.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*, 1063–1070. https://doi.org/10.1037/0022-3514.54.6.1063.

WHO Collaborating Center for Mental Health. (1998). *The WHO-5 Well-Being Index*. Hillerød.

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being, 7*, 340–364. https://doi.org/10.1111/aphw.12051.