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TITLE OF CHAPTER

CHAPTER 16: SOUTHAMPTON MINDFULNESS QUESTIONNAIRE

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Abstract (approximately 250 words)

Don't include reference citations or undefined abbreviations in abstracts since these are often read independently of the actual chapter and without access to the reference list.

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This chapter provides an overview of the 16-item self-report Southampton Mindfulness Questionnaire (SMQ) that was developed to assess mindful responses to distressing thoughts and images. Theoretical foundations of the scale and its development and initial validation are presented. This is followed by subsequent examination of psychometric properties and information of the scale versions in other languages. Table one shows the SMQ in its current version, followed by an explanation of the scoring. The parallel voice version of the SMQ, named Southampton Mindfulness Voices Questionnaire (SMVQ), is introduced while the limitations of the SMQ are discussed at the end of the chapter. The SMQ consists of four aspects of mindfulness, identified as *Mindfulness observation, Letting go*, *Absence of aversion*, and *Non-judgment.* The scale developers reported promising psychometric properties and claimed a unidimensional structure of the scale. There has been a limited number of studies that have examined the psychometric properties of the SMQ, and the evidence regarding the scale's internal validity and reliability

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has been mixed. The SMQ has Chinese, Spanish, and Dutch versions. Those translated versions, however, have not yet been rigorously validated. The limitation of the SMQ is that the scale may not be suitable for general use as it does not contain items about positive or neutral cognitions and does not assess mindful responses to a wide range of experiences in everyday life.

Keywords (please provide around 4-8 keywords)

SMQ; SMVQ; Mindfulness Questionnaire; Southampton Mindfulness Questionnaire

Introduction (length depends on the topic describing importance of subject and content)

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The 16-item self-report Southampton Mindfulness Questionnaire (SMQ) was first published in 2008 (Chadwick et al., 2008). A prior version of the SMQ, named the Mindfulness Questionnaire (MQ) in an unpublished manuscript, was introduced by Baer et al. (2006) who pooled items from five mindfulness questionnaires including the MQ to examine the facet structure of mindfulness. Five facets of mindfulness were identified by Baer et al. (2006) through factor analysis, which formed the Five Facets Mindfulness Questionnaire (FFMQ) that contains six items from the MQ/SMQ. The MQ is a parallel version produced by combining the SMQ and Southampton Mindfulness Voice Questionnaire (SMVQ) (Chadwick et al. 2005). Nonetheless, the SMQ later became an independent mindfulness questionnaire.

This chapter focuses on the SMQ. The SMVQ is briefly introduced due to its close association with the SMQ.

Main Text

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Theoretical Foundations

According to Chadwick et al. (2005), therapies treating psychosis should aim at alleviating the distress resulting from resisting unpleasant psychotic sensations such as negative thoughts and images rather than trying to eliminate the psychotic sensations. Chadwick et al. (2005) believed that distressing

reactions, not psychotic experiences *per se*, cause distress. Instead of avoiding and judging unpleasant experiences that lead to rumination, mindfulness provides an alternative way for people with psychosis to react with an attitude of acceptance, and with clear awareness of the transient nature of thoughts. A mindful response could reduce distress and rumination through changing the way a person relates to negative cognition.

Chadwick et al. (2008) developed the SMQ to assess mindful responses to distressing thoughts and images that were believed to be central phenomena in mental disorders. The conceptualization of the scale was based on the work by Kabat-Zinn (1990), Safran and Segal (1996), and Teasdale et al. (2002). Kabat-Zinn developed the first mindfulness intervention called Mindfulness-Based Stress Reduction (MBSR) in 1979 (Kabat-Zinn 2011). One of his well-known definitions of mindfulness is "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn 1994, p.4). Segal and colleagues developed Mindfulness-Based Cognitive Therapy (MBCT) to prevent depression relapse (Segal et al. 2002). Chadwick et al. (2008) based their approach on two theoretical assumptions: (1) Mindfulness approaches have been accepted as established efficacious therapies; and (2) mindfulness has value for clinical psychology. This infers that certain psychological conditions can be ameliorated using mindfulness strategies, and this improvement is linked to cognitive theory and therapy.

The SMQ is based on a understanding that mindfulness can be seen as consisting of four groups of mindful states versus mindless reactions when faced with distressing thoughts and images (Chadwick et al. 2008):

1. decentred awareness as opposed to being lost in reacting to thoughts and images,

2. allowing attention to remain with difficult cognitions as opposed to experiential avoidance,

3. accepting one's self as well as difficult thoughts and images as opposed to judging cognitions and self,

4. not reacting to difficult cognitions as opposed to ruminating or worrying.

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The above four aspects of the SMQ reflect the non-judgmental attitude and detached observation that are critical elements of *Mindfulness-Based Interventions* (MBIs). In MBIs, participants are encouraged to observe thoughts and feelings rather than being identified with them. Thoughts are viewed as passing events in the field of consciousness rather than as abiding truth. In other words, people focus on the process of thoughts arising and fading instead of on the content of thoughts. For example, participants treat the thought "I'm stupid" as a thought, not a truth about themselves. Rather than attempting to change the content of thoughts, mindfulness practice focuses on and modifies participants' relationships with negative thoughts and feelings. Participants also learn not to judge and cling to negative cognitions but instead to accept them and let them go. While being in the present moment is also emphasized in MBIs, it is not a focus of the SMQ.

Development and Initial Validation of the SMQ

Details of the scale development such as item generation, selection, and testing have not been published. The 16-item SMQ consists of equal numbers of positively and negatively framed items (Chadwick et al. 2008). All scale items start with the prompt, "*Usually when I experience distressing thoughts and images…*", followed by positively framed statements such as "*I am able to just notice them without reacting*" (SMQ item 1; Table 1), or a negatively framed statement such as "*They take over my mind for quite a while afterwards*" (SMQ item 2; Table 1). The items are rated on a 7-point Likert scale from 'strongly disagree' (0) to 'strongly agree' (6). Higher scores represent greater levels of mindfulness.

Chadwick et al. (2008) examined the psychometric properties of the SMQ in a sample of 256 participants comprising both clinical participants (122 people with psychosis) and non-clinical participant' (83 meditators and 51 non-meditators). Cronbach's alpha indicated good reliability for the overall sample (0.89), the non-clinical sample (0.89), and the clinical sample (0.82). The non-clinical participants had higher SMQ scores than clinical participants, and meditators had higher scores than non-meditators. These statistically significant effects in scores between meditators, non-meditators, and

people with psychosis were found in expected directions, which suggested reasonable scale sensitivity and good internal validity. Convergent validity was supported by a correlation of 0.61 between scores of the SMQ and scores of the Mindful Attention and Awareness Scale (MAAS; Brown and Ryan 2003). The SMQ scores were also significantly positively correlated with positive affect in the non-clinical sample. Adequate discriminant validity was reflected by the negative correlations with negative affect and psychotic symptoms.

Principal Component Analysis yielded three factors with eigenvalues above one, which indicated a three-factor structure of the scale, i.e., "Factors 1, 2, and 3 had eigenvalues of 6.13, 1.67, and 1.17 and accounted for 38.13, 10.16, and 7.33% of variance, respectively" (Chadwick et al., 2008, p. 453). The Kaiser criterion of eigenvalue greater than one is the most widely used method of determining the number of factors (Ledesma and Valero-Mora 2007). However, Chadwick et al. (2008) state that the scree plot showed a clear one-factor structure. Examining a scree plot of eigenvalues against the factor numbers is another common approach of determining the number of factors (Ledesma and Valero-Mora 2007). According to Ledesma et al. (2015), interpretation of the scree plot is subjective, and other criteria including factor loadings of items, variance accounted for by the factors, and whether the factor structure is interpretable should be considered in conjunction with the scree test. A scree plot was not presented in Chadwick et al. (2008), and a single-factor structure may seem unlikely given the variance accounted for by the last two factors. More detail regarding the items loadings on to the three factors would be useful.

Given the theoretical position of the developers, there is likely to be interdependence between the factors and hence an oblique rotation would likely be the most useful for the factor analysis (Costello and Osborne 2005). Both orthogonal and oblique rotations can be used in factor analysis. While orthogonal rotations assume that factors are uncorrelated, oblique methods assume that factors are correlated. However, Chadwick et al. (2008) have conducted both oblique and orthogonal approaches, and they

suggested no interpretable solutions could be discerned. Again, it would be useful to see the actual factor analysis loading pattern matrix to appraise the magnitude of the coefficients and whether there is a problem of dual loading. Nevertheless, Chadwick et al. (2008) stated that a single-factor structure was supported by factor analysis of sub-groups of clinical and non-clinical participants. Therefore, a unidimensional structure was claimed by the scale developers. There is likely scope for further research to confirm this assertion.

Subsequent Evidence of Psychometric Properties

Only a small number of studies have reported the psychometric properties of the SMQ. Baer et al. (2006) included the SMQ as one of five mindfulness questionnaires used to validate the FFMQ, therefore reporting its psychometric properties as part of their study with 613 participants. Discriminant validity and convergent validity of the SMQ were found to be good, indicated by negative correlations between the SMQ and psychological symptoms, and positive correlations between the SMQ and other measures of mindfulness, emotional experience, and self-compassion. In recent studies, mindfulness measured by the SMQ was negatively correlated with self-focused attention (Perona-Garcelán et al. 2014a) and two dissociation variables including absorption and depersonalization (Perona-Garcelán et al. 2014b) as expected, in a sample of 318 healthy students.

Evidence regarding internal validity and reliability of the SMQ has been mixed. For example, internal validity of the SMQ was supported by two randomized controlled studies conducted in clinical samples of 18 and 28 participants, respectively (Langer et al. 2012; Strauss et al. 2012). The experimental group in Langer et al. (2012) attended eight weekly one-hour sessions of MBCT. Participants practiced body scanning, mindfulness of breathing, and sitting meditation. The experimental group in Strauss et al. (2012) participated in a 90-min session of Person-Based Cognitive Therapy (PBCT) each week for 12 weeks. PBCT comprises of mindfulness practice and Cognitive Behavior Therapy (CBT). In each session,

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participants practiced awareness of body and mindful breathing. They also focused on CBT such as strengthening positive self-schema and promoting positive behaviour change. In both studies, the experimental group had higher SMQ scores than the control group. In contrast, Chadwick et al. (2009) did not find a statistically significant difference in the SMQ scores between experimental and control groups in patients with current distressing psychotic experiences, with nine in each group. They noted that a study needs to be adequately powered with a sample size of at least 22 to determine a statistically significant result for a medium effect size. A significant improvement in the SMQ scores was found by combining the two groups and analyzing scores of 15 patients who attended at least six weeks of mindfulness intervention (Chadwick et al. 2009). However, van der Valk et al. (2013) reported that there was no significant change in the SMQ scores of 13 patients recovering from a first psychotic episode after four weeks of mindfulness-based therapy. The small sample size was discussed by van der Valk et al. (2013) as one possible reason for the non-significant result.

The good reliability of the SMQ found in Chadwick et al. (2008) was also supported by Baer et al. (2006) with a Cronbach's alpha of 0.85 and Perona-Garcelán et al. (2014a; 2014b) with a Cronbach's alpha of 0.91. However, van der Valk et al. (2013) reported unsatisfactory reliability of the SMQ. Wong and Chen (2015) also tested the reliability of the instrument in a sample of 33 patients undertaking CBT. The internal consistency was questionable, indicated by a Cronbach's alpha score of 0.66, which is below the acceptable value of 0.70 (Tavakol and Dennick 2011). Wong and Chen (2015) attributed the poor internal consistency in their study to their small sample size, as opposed to the larger sample sizes in the other studies (Baer et al. 2006; Perona-Garcelán et al. 2014a; 2014b). In addition, item-total analysis in Wong and Chen (2015) showed that the SMQ item 3 (*I judge the thought/image as good or bad*) had a negative correlation with the total score, and that the positive correlations between four items (item 5, 7, 12, and 14) and the total score were not statistically significant. Overall, the good psychometrics properties of the SMQ in the original article need more supporting evidence.

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Scale Versions in Other Languages

Wong and Chen (2015), Perona-Garcelán et al. (2014a; 2014b), and van der Valk et al. (2013) translated the SMQ into several languages: Chinese, Spanish, and Dutch, respectively, and used the translated versions in their studies. Psychometric properties of the Chinese version of the SMQ in Wong and Chen (2015) and Perona-Garcelán et al. (2014a; 2014b) were illustrated in the preceding section. Although one of the aims of Wong and Chen (2015) was to develop the Chinese SMQ, they only examined the reliability of the scale. Neither the Spanish version nor the Dutch versions of the SMQ were validated, prior to being used as outcome measures of mindfulness-based therapy in Perona-Garcelán et al. (2014a; 2014b) and van der Valk et al. (2013). Therefore, the translated versions of the SMQ may not be suitable for use until their psychometric properties have been thoroughly examined.

Scale in Its Current Version

Table 1

Southampton Mindfulness Questionnaire

Each of the following statements starts with "*Usually when I experience distressing thoughts and images*". Please rate the statements using the scale provided.

0	1	2	3	4	5	6
Strongly disagree						Strongly agree

Usually when I experience distressing thoughts and images….							
1. I am able just to notice them without reacting	0	1	2	3	4	5	6
2. They take over my mind for quite a while afterwards	0	1	2	3	4	5	6
3. I judge the thought/image as good or bad	0	1	2	3	4	5	6
4. I feel calm soon after	0	1	2	3	4	5	6
5. I am able to accept the experience	0	1	2	3	4	5	6
6. I get angry that this happens to me	0	1	2	3	4	5	6
7. I notice how brief the thoughts and images really are	0	1	2	3	4	5	6
8. I judge myself as good or bad, depending on what the thought/image is about	0	1	2	3	4	5	6

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	0	1	2	3	4	5	6
9. I 'step back' and am aware of the thought or image without getting taken over by it	0	1	2	3	4	5	6
10. I just notice them and let them go	0	1	2	3	4	5	6
11. I accept myself the same whatever the thought/image is about	0	1	2	3	4	5	6
12. In my mind I try and push them away	0	1	2	3	4	5	6
13. I keep thinking about the thought or image after it's gone	0	1	2	3	4	5	6
14. I find it so unpleasant I have to distract myself and not notice them	0	1	2	3	4	5	6
15. I try just to experience the thoughts or images without judging them	0	1	2	3	4	5	6
16. I lose myself in the thoughts/image	0	1	2	3	4	5	6

Scoring

The SMQ includes four aspects of mindfulness: *Mindfulness observation, Letting go*, *Absence of aversion*, and *Non-judgment*. Each aspect comprises four items, as shown below:

Mindfulness observation – items 1, 7, 9, 16*

Letting go – items 4, 10, 2*, 13*

Absence of Aversion – items 5, 6*, 12*, 14*

Non-judgment – items 11, 15, 3*, 8*.

The scale score has a range from 0 to 96. Negative items (with asterisk) are reversed for scoring (change 0 to 6, 1 to 5, 2 to 4, 3 to 3, 4 to 2, 5 to 1, and 6 to 0). The four subscales may help with identifying aspects for intervention. However, the scale is considered to be unidimensional, and the total score should be calculated and presented.

The Parallel Version of the SMQ

Southampton Mindfulness Voices Questionnaire (SMVQ) is a parallel voice version of the SMQ (Chadwick et al. 2007). It consists of 12 items that assess mindful responses to auditory hallucinations.

The item wording of the SMVQ is the same as that of the SMQ, and all the SMVQ items start with "*Usually when I hear my voice*" instead of "*Usually when I experience distressing thoughts and images*". The SMVQ has four items less than the SMQ as four parallel voice items of the SMQ items 6, 7, 12, and 15 were discarded. The parallel item of the SMQ item 7 was discarded due to ambiguity of the item wording (*I notice how brief each comment really is*), and the other three items were excluded because of low item-total correlations. The 12 items are rated on a seven-point Likert scale, and the scores range from 0 to 72.

Chadwick et al. (2007) examined the internal reliability of the SMVQ in a sample of 59 people who can hear voices. Good reliability of the SMVQ was indicated by a Cronbach's alpha of 0.84, and item-total correlations ranging from 0.42 to 0.69. Also, the SMVQ had statistically significant negative correlations with negative affect, and distress linked to voices, and had a statistically significant positive correlation (0.51) with the MAAS (Brown and Ryan 2003). The above study, Chadwick et al. (2009), used the SMQ as well as the SMVQ to test the changes in mindfulness in people with psychosis. The difference in the SMVQ scores between the experimental group and the control group was not statistically significant. Secondary analyses comparing the SMVQ scores of 15 participants before and after mindfulness therapy did not find a statistically significant increase in the SMVQ scores either. Therefore, the validity of the SMVQ needs to be further investigated.

Limitations

Bergomi et al. (2013) pointed out that the SMQ may not be suitable for general use as the scale does not contain items about positive or neutral cognitions. Therefore, Bergomi et al. (2013) argued that people who do not normally have negative thoughts and feelings might find it hard to relate to the items. If that is the case, it may be useful to add a response option of "non-applicable" into the scale for people who cannot relate to the items of the scale. If a participant responded to a large percentage of items with this option, the questionnaire could be discarded. Also, the SMQ is likely sensitive to identifying the "effects of a mindful attitude towards distressing inner experiences" (Bergomi et al. 2013, p. 196) but

may not be sensitive to the effects of other aspects of mindfulness such as mindful living in everyday life (i.e., mindful eating, mindful walking), or a highly focused state of mind.

Conclusion

The unidimensional 16-item self-report SMQ was designed to measure a mindful approach towards distressing thoughts and images. The scale has a parallel voice version. A short form of the SMQ has not yet been developed. There is inconsistency in the existing results of validation studies, as the promising psychometric properties reported by the scale developers have not been fully supported by a small number of other studies. More studies, especially studies with a large sample size, are required to further examine the psychometric properties of the SMQ. The scree plot should be interpreted together with other common methods and criteria of factor analysis such as eigenvalues, variance accounted for by the factors, and factor loadings plots to determine the factor structure. The scale in other languages has not yet been validated rigorously. There is also an argument that since the scale only concerns negative cognitions, it may not be suitable for studies that aim to assess mindful responses to a wide range of experiences in everyday life.

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