



Mindfulness, Self-Esteem and Positive States of Mind: Correlates of Psychological Quality of Life in an LGBT Sample

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Introduction

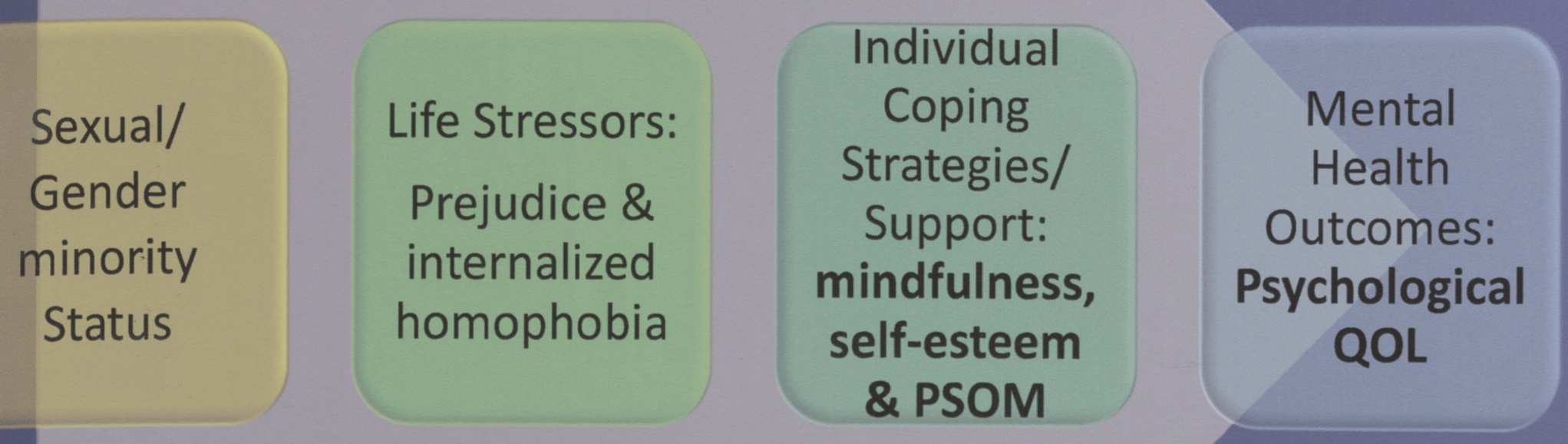
- Harassment, abuse, discrimination and stigma are "nearly universal" experiences among lesbian, gay, bisexual and transgender (LGBT) people (APA, 2008). Moreover, sexual and gender minorities are 2.5 times more likely than sexual and gender majorities to have a mental health disorder (Cochran, Sullivan & Mays, 2003).
- Mental health care providers should pay attention to harassment, discrimination and other risks unique to the well-being of LGBT people (Bostwick, 2007).
- Mindfulness, self-esteem and positive states of mind (PSOM) are positively associated with psychological quality of life (QOL).
- Mindfulness-based interventions improved quality of life in a depressed sample (Godfrin & van Heeringen, 2010) and in a distressed sample (Nyklíček & Kuijpers, 2008).
- Similarly, self-esteem was positively associated with mental health outcomes (Neff, 2011). Quality of life and self-esteem were found to be positively correlated among a discriminated sample (Drosdzol, Skrzypulec & Plinta, 2010).
- Positive states of mind negatively correlate with stress (Chang et al., 2004).
- In this study we aim to investigate the relationship between these variables.

Hypotheses

- Mindfulness is positively associated with psychological QOL.
- Self-esteem is positively associated with psychological QOL.
- Positive states of mind (PSOM) are positively associated with psychological QOL.
- Mindfulness, self-esteem and PSOM explain a significant proportion of the variance in psychological QOL.

Theoretical Model

Minority Stress Model
(Meyer, 2004)



Methods

Procedures

- We recruited participants from various venues in the Dallas/Ft Worth metroplex, including community based organizations and the Dallas Gay Pride Parade.
- Participants were required to be at least 18 years of age, to be fluent in English and to self-identify as LGBT.
- Appropriate IRB approval was obtained and participants provided informed consent.
- Participants received a \$25 incentive upon completion of our computerized survey.

Measures

Kentucky Inventory of Mindfulness Skills
(Bear, Smith & Allen, 2004; $\alpha = .86$)

- Acceptance without judgment subscale, $\alpha = .87$
- 39 item measure on a 4 point likert-type scale with anchors ranging from 1 (*never or very rarely true*) to 4 (*very often or always true*)
- Higher scores denote higher mindfulness skills
- Example item: "I tend to evaluate whether my perceptions are right or wrong"
- Establishes convergent validity with other measures of mindfulness

Rosenberg Self-Esteem Scale
(Rosenberg, Schooler & Schoenbach, 1989; $\alpha = .92$)

- 11 item measure on a 4 point likert-type scale with anchors ranging from: 1 (*strongly agree*) and 4 (*strongly disagree*)
- Higher scores denote higher levels of self-esteem
- Example item: "I feel I have a number of good qualities"
- Establish convergent validity with self-esteem related constructs and discriminant validity with academic intelligence and other constructs (Robinson, Shaver and Wrightsman, 1991)

Positive States of Mind Scale
(Horowitz, Adler & Kegeles, 1988, $\alpha = .71$)

- 7 item measure on a 4 point likert-type scale
- Anchors: 0 (*unable to have it/not relevant to me*) and 3 (*have it well*)
- Higher scores indicate higher levels of positive states of mind
- Example item: "Restful Repose: feeling relaxed, without distractions or excessive tension, without difficulty in stopping it when you want to"
- Establishes divergent validity with presumptive stress and negative mood

Short-form 36 (SF-36) Quality of Life Survey
(Ware & Sherbourne, 1992, $\alpha = .85$)

- General Mental Health subscale, $\alpha = .85$
- 36 items with varying anchors
- Mental Health subscale: 1 (*all of the time*) and 4 (*none of the time*)
- Higher scores indicate higher psychological QOL
- Example item: "In the past four weeks have you felt calm and peaceful?"
- Establishes convergent validity vis-à-vis other quality of life measures
- Mental Health subscale correlates .95 with full-length MHI-38

Results

	N=177	Frequency	Percent	
Gender				
Male		60	33.9%	
Female		73	41.2%	
Transgender		44	24.9%	
Sexual Orientation				
Gay		50	28.2%	
Lesbian		49	27.7%	
Bisexual		48	27.2%	
Heterosexual		30	16.9%	
Ethnicity				
European American		116	65.5%	
African-American		21	11.9%	
Latino-American		19	10.7%	
Other		21	11.9%	
		Mean	SD	Range
Age (years)		34.4	13.8	18-73
Education (years)		15.2	4.7	1-33
Income		\$41,562	\$54,493	0-390k

Univariate Statistics

	Mean (SD)	Possible Range	Actual Range	Calc. Alpha (α)
Mindfulness	129.2 (18.4)	39 - 195	75 - 173	.89
Self-esteem	21.7 (5.9)	0 - 30	6 - 30	.91
PSOM	15.7 (4.8)	0 - 21	0 - 21	.83
Psychological QOL	68.9 (18.9)	0 - 100	8 - 100	.83

Bivariate Statistics

* = $p < .05$, ** = $p < .01$	1.	2.	3.	4.	5.	6.	7.	8.
1. Age	1							
2. European American	.18*	1						
3. Male	.35**	.06	1					
4. Gay	.07	-.07	.61**	1				
5. Education	.14	.09	-.05	-.04	1			
6. Mindfulness	.23**	.14	.17*	.06	.02	1		
7. Self-esteem	.09	.06	.06	.07	.06	.54**	1	
8. PSOM	.14	.24**	.05	.05	.22**	.32**	.47**	1
9. Psychological QOL	.17*	.05	.11	.14	.09	.53**	.73**	.54**

Hierarchical Regression Analysis

DV: Psychological QOL
Adj. $R^2 = .59$, $F(6,170) = 43.0$

	β	t	p	TOL	VIF
Age	.07	1.29	.200	.85	1.17
Education	.00	-.08	.936	.98	1.02
Income	-.03	-.63	.531	.87	1.15
PSOM	.24	4.21	<.001	.73	1.37
Self-esteem	.52	8.43	<.001	.66	1.52
Mindfulness	.16	2.65	.009	.69	1.44

Discussion

Conclusions

- All hypotheses are supported.
- Our findings contribute to a growing body of psychological research on LGBT communities.
- Similarly, our study supports research regarding positive correlations between mindfulness, self-esteem, PSOM and psychological QOL.
- We found our research to be in support of Bear, Smith and Allen's (2004) understanding of accepting without judgment mindfulness.
- A one-way ANOVA revealed no significant differences between psychological QOL and neither gender nor sexual orientation; this curious finding affirms the minority stress model and our variables of interest.

Clinical Implications

- Our study suggests that mindfulness, self-esteem and PSOM are important factors to consider when examining the psychological well-being of LGBT people.
- We encourage public health officials to incorporate mindfulness, self-esteem and PSOM in interventions and therapies aimed at improving the psychological QOL of sexual and gender minorities.

Limitations

- Data collected were self-report and therefore subject to response biases.
- Limited generalizability due to sample's demographics (ethnicity, locations, etc).
- Due to our cross-sectional correlational design we cannot infer causality.

Future Research

- We encourage future researchers to address our limitations by using an expanded sample and causal modeling.
- We also encourage further exploration of the relationships of various psychological constructs on quality of life in the LGBT communities.
- Similarly, we encourage researchers to apply our model and variables to other marginalized populations of interest.

Acknowledgements

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Please see handout for references.

