

Mindfulness, self-esteem and positive states of mind:
Correlates of psychological quality of life in an LGBT sample



Wiley Stem, Eliot Lopez, M.S.,
Chwee-Lye Chng, Ph.D. and Mark Vosvick, Ph.D.

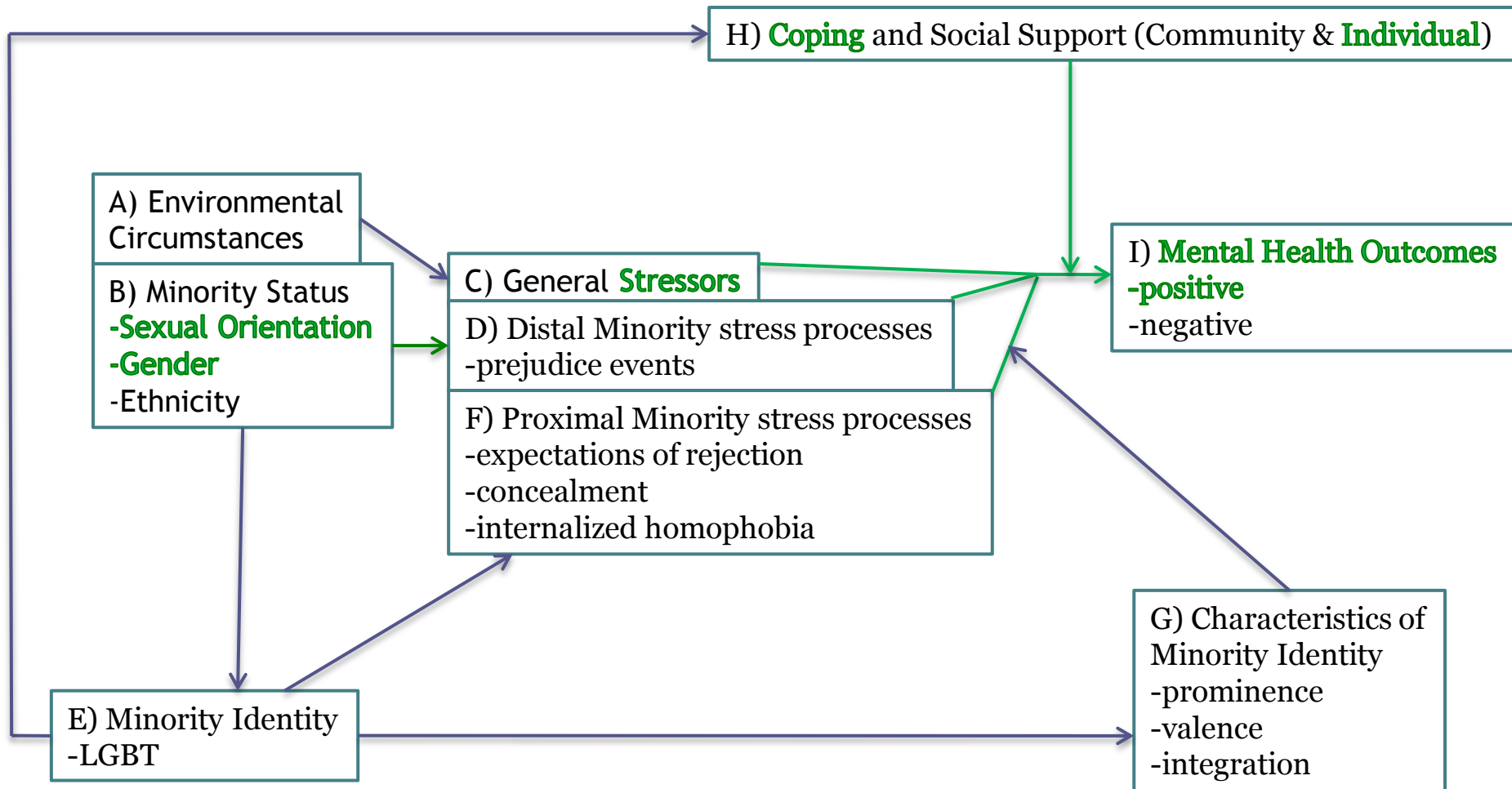
Psychological quality of life (QOL) in the LGBT communities

- Harassment, abuse, discrimination and stigma are “nearly universal” experiences among lesbian, gay, bisexual and transgender individuals (APA, 2008).
- Sexual and gender minorities are 2.5 times more likely than heterosexuals to have a mental health disorder (Cochran, Sullivan & Mays, 2003).
- “LGBT people may face unique risks to their mental health and well-being, which mental health care providers should be aware of” (Bostwick, 2007).

Mindfulness, self-esteem and positive states of mind (PSOM)

- Mindfulness-based interventions improved quality of life in a depressed sample (Godfrin & van Heeringen, 2010) and in a distressed sample (Nyklíček & Kuijpers, 2008).
- “The vast majority of articles argue that self-esteem is positively associated with adaptive outcomes” (Neff, 2011). Quality of life and self-esteem are positively correlated among a discriminated sample (Drosdzol, Skrzypulec & Plinta, 2010).
- Positive states of mind negatively correlate with stress following an intervention (Chang et al., 2004).

Minority Stress Model (Meyer, 2003)



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.

Measures

Kentucky Inventory of Mindfulness Skills (KIMS 39) ($\alpha = .86$)
Subscale used: Accept without judgment ($\alpha = .87$)

- Bear, Smith & Allen, 2004
- Convergent validity with other measures of mindfulness established
- 39 item likert-type scale: 1 (*never or very rarely true*) to 4 (*very often or always true*)
 - **Accept without judgment subscale: 9 items**
- Higher scores indicate higher levels of mindfulness
- Sample items:
 - “I tend to make judgments about how worthwhile or worthless my experiences are”
 - “I tend to evaluate whether my perceptions are right or wrong”

Measures

Rosenberg Self-Esteem Scale ($\alpha = .78$)

- Rosenberg, Schooler & Schoenbach, 1989
- Convergent validity with self-esteem related constructs and discriminant validity with academic intelligence established (Robinson, Shaver & Wrightsman, 1991)
- 11 item likert-type scale: 1 (*strongly agree*) to 4 (*strongly disagree*)
- Higher scores indicate higher levels of self-esteem
- Sample items:
 - “I feel that I have a number of good qualities”
 - “I take a positive attitude toward myself”

Measures

Positive States of Mind Scale ($\alpha = .71$)

- Horowitz, Adler & Kegeles, 1988
- Divergent validity with presumptive stress and negative moods established
- 7 item likert-type scale: 0 (*unable to have it/not relevant to me*) to 3 (*have it well*)
- Higher scores indicate more positive states of mind
- Sample items:
 - “Productivity: feeling of flow and satisfaction without severe frustrations, perhaps while doing something new to solve problems or to express yourself creatively”
 - “Restful Repose: feeling relaxed, without distractions or excessive tension, without difficulty in stopping it when you want to”

Measures

Short-Form 36 (SF-36) Quality of Life Survey ($\alpha = .85$)
Subscale used: General Mental Health (MHI-5) ($\alpha = .95$)

- Ware & Sherbourne, 1992
- Convergent validity vis-à-vis other quality of life measures established
 - MHI-5 correlates .95 with the full length MHI-38
- 36 item likert-type scale with varying anchors
 - Mental Health subscale: 5 item likert-type scale: 1 (*all of the time*) to 6 (*none of the time*)
- Higher scores indicate higher psychological QOL
- Sample items:
 - “In the past four weeks have you felt calm and peaceful?”
 - “In the past four weeks have you felt so down in the dumps that nothing could cheer you up?”

Participants

- We recruited lesbian, gay, bisexual and transgender participants from the Dallas/Fort Worth area.
 - At least 18 years of age
 - Fluent in English
 - Self-identify as LGBT
- We obtained approval from the appropriate Institutional Review Board (IRB). Participants provided signed informed consent.
- We used a computerized survey protocol.
- Participants received \$25 incentive upon completion of our survey.

Data Analysis

- Univariate & bivariate analyses
- Cross-sectional correlational design
- Hierarchical Linear Regression analysis
 - Dependent variable
 - Psychological QOL
 - Independent variables
 - Mindfulness
 - Self-esteem
 - Positive states of mind

Demographics (N = 177)

	M	SD	Range
<u>Age (Years)</u>	34.4	13.8	18 - 73
<u>Education (Years)</u>	15.2	4.7	1 - 33
<u>Income (\$)</u>	41,562	54,493	0 - 390,000



	Frequency	Percent
<u>Gender</u>		
Male	60	33.9%
Female	73	41.2%
Transgender	44	24.8%
<u>Sexual Orientation</u>		
Gay	50	28.2%
Lesbian	49	27.7%
Bisexual	48	27.1%
Heterosexual	30	16.9%
<u>Ethnicity</u>		
European American	116	65.5%
African-American	21	11.9%
Latino-American	19	10.7%
Asian-American	4	2.3%
Other	17	9.6%

Results | 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

Results | Bivariate Statistics

* = $p < .05$
 ** = $p < .01$

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

Results | Multivariate Statistics

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

Adj. $R^2 = .59$, $F(6, 170) = 43.0$

* = $p < .05$

** = $p < .01$

*** = $p < .001$

DV: Psychological QOL

Discussion and Implications

- All hypotheses are supported.
- Contributes to research in support of the well-being of the LGBT community.
- Support for Bear, Smith & Allen's (2004) understanding of accepting without judgment mindfulness.
- Supports prior research regarding the positive correlations amongst mindfulness, self-esteem and PSOM.
- We encourage interventions that target improved mindfulness, self-esteem and PSOM to improve psychological QOL in sexual and gender minorities.

Limitations and future research

- Causality cannot be inferred.
- Data collected were self-report.
- Sample is not representative of entire LGBT community.
- We encourage future research to address our limitations by using a random sampling method on an expanded sample, using clinician-administered assessments, and to further explore the relationship of various constructs on mental health in the LGBT community.

Acknowledgments

- Center for Psychosocial Health Research
 - Members & faculty
- Dallas Resource Center
- LGBT communities



Questions



References

- American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC. Retrieved from www.apa.org/topics/orientation.pdf.
- Baer, R. A., Smith, G. T. & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11, 191–206
- Bostwick, W. B. (2007). *Mental health issues among gay, lesbian, bisexual and transgender (GLBT) people*. Arlington, VA: National Alliance on Mental Illness.
- Chang, V. Y., et al. (2004). The effects of a mindfulness-based stress reduction program on stress, mindfulness self-efficacy, and positive states of mind. *Stress & Health*. 20 (3), 141-147
- Cochran, S.D., Sullivan, J.G., & Mays, V.M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71, 53-61.
- Drozdol, A., Skrzypulec, V., & Plinta, R. (2010). Quality of life, mental health and self-esteem in hirsute adolescent females. *Journal Of Psychosomatic Obstetrics & Gynecology*, 31(3), 168-175.
- Godfrin, K. A., & van Heeringen, C. C. (2010). The effects of mindfulness-based cognitive therapy on recurrence of depressive episodes, mental health and quality of life: A randomized controlled study. *Behaviour Research And Therapy*, 48(8), 738-746. doi:10.1016/j.brat.2010.04.006
- Horowitz, M., Adler, N. and Kegeles, S. (1988) A scale for measuring the occurrence of positive states of mind: a preliminary report. *Psychosomatic Medicine* 50, 477- 483
- Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull.* 2003;129:674–697
- Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social And Personality Psychology Compass*, 5(1), 1-12. doi:10.1111/j.1751-9004.2010.00330.x
- 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.
- Robinson, J. G., Shaver, P.R. & Wrightsman, L. S. (1991). *Measures of Personality and Social Psychological Attitudes*. San Diego, CA: Academic Press.
- Rosenberg, M., Schooler, C., & Schoenbach, C. (1989). Self-esteem and adolescent problems: Modeling reciprocal effects. *American Sociological Review*, 54, 1004–1018
- Ware J. E. Jr, Sherbourne C. D. (1992). The MOS 36-item short-form health survey (SF-36): Conceptual framework and item selection. *Med Care*. 30, 73-83.