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SELF-COMPASSION AS A PROTECTIVE FACTOR AGAINST MINORITY STRESS
FOR LGBT INDIVIDUALS

By

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Thesis

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Self-Compassion as a Protective Factor Against Minority Stress for LGBT Individuals

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Objectives: Research has found that anxiety, mood, and substance use disorders are more prevalent in LGBT individuals than heterosexual individuals (Fergusson, Horwood, & Beautrais, 1999). An explanation for these differences has been put forward by Meyer (2003), the Minority Stress Model, which is a theoretical framework that proposes that individuals who occupy a stigmatized minority status, such as LGBT individuals, may experience increased stress on the basis of stigmatization associated with this status. Results from multiple studies support the relationship between mindfulness and coping skills, life satisfaction, and positive health outcomes for LGBT individuals (Crews & Crawford, 2015; Gayner et al.; Greene & Britton, 2015; Jennings & Tan, 2014; Lyons, 2016; Toomey & Anhalt, 2016). The current study extends this work to focus on a specific aspect of mindfulness, self-compassion. Self-compassion involves extending kindness toward the self, especially during times of difficulty. The aim of the current study is to explore self-compassion as a factor that may be related to coping with the effects of minority stress.

Methods: Participants ($N = 558$; $M_{age} = 22.4$, $SD = 5.4$) were recruited for the study through online-based survey links. Participation in the study required that the respondents be at least 18 years old and identify as lesbian, gay, bisexual, queer, questioning, or with another nonheterosexual sexual identity, or a noncisgender gender identity. Participants responded to a general demographic questionnaire, the Daily Heterosexist Experiences Questionnaire, the Self-Compassion Scale, and the BBC Well Being Scale.

Results: Results indicated that facets of self-compassion (self-kindness and isolation) were significantly related to well-being. The tested moderators fell short of statistical significance (self-compassion as a moderator of the relationship between well-being and experiences of minority stress; self-coldness as a moderator of the relationship between well-being and experiences of minority stress; mindfulness as a moderator of the relationship between well-being and experiences of minority stress).

Conclusion: This is the first study of which we are aware that indicates an association between facets of self-compassion and well-being in a sample of LGBT individuals. These findings might inform clinical interventions for LGBT individuals that incorporate self-compassion.

Introduction

Minority Stress

It has been posited that individuals who are sexual or gender identity minorities are more likely to experience negative health outcomes than others. Research has found that anxiety, mood, and substance use disorders are more prevalent in LGBT individuals than heterosexual individuals (Meyer, 2003), and that they report higher levels of hopelessness and depression (Fergusson, Horwood, & Beautrais, 1999). An explanation for these differences has been put forward by Meyer (2003), the Minority Stress Model, which is a theoretical framework that proposes that individuals who occupy a stigmatized minority status, such as LGBT individuals, may experience increased stress on the basis of stigmatization associated with this status. The Minority Stress Model proposes that there are multiple pathways by which an LGBT individual may experience distress on the basis of their sexual orientation or gender identity, and that a consideration of these pathways can assist in understanding the relationship between LGBT status and negative health outcomes (Meyer, 2003).

According to the Minority Stress Model, several types of stressors can affect an LGBT individual. These include external stressful events and conditions, such as discrimination or violence on the basis of one's sexual orientation or gender identity. In addition to actual stressful events, LGBT individuals may experience expectations that stressful events could occur, resulting in vigilance to detect them. Finally, LGBT individuals may internalize societal attitudes that stigmatize their minority identity.

The Minority Stress Model focuses on both distal and proximal stressors. It defines distal minority stressors as those that are externally imposed. These stressors are not necessarily

related to how an LGBT individual views themselves; rather, they are negative views that members of society may hold regarding an individual's LGBT status. Proximal minority stressors are defined as stressors that are more subjective and related to self-identity. An individual's self-identity may be threatened by distal minority stressors, which can lead to less adaptive coping efforts. For example, a gay man whose identity is particularly salient for him may cope with discrimination by internalizing experiences of stigma and viewing himself and his LGBT status in a negative way. This may lead to shame around his identity, and contribute to the utilization of less healthy coping mechanisms (Meyer, 2003).

The Minority Stress Model posits that there are factors that can be protective, or those that will decrease the impact of minority stress experiences. These include social support, individual coping efforts, and characteristics of the individual's identity. Within the LGBT population, for example, it has been suggested that the hiding of one's sexual orientation may be related to negative psychological outcomes (DiPlacido, 1998). In addition, connection to the LGBT community, an aspect of social support, has been proposed as a factor that may mitigate the effects of minority stress (Meyer, 2003). A sense of community belongingness has been found to be associated with positive individual and social outcomes, and minority individuals who connect with others may experience affiliation that can enhance resilience in the face of minority stress (Baumeister & Leary, 1995; Branscombe, Schmitt, & Harvey, 1999; Crocker & Major, 1989; Miller & Major, 2000). Individual coping efforts may also mitigate the effects of minority stress (Meyer, 2003). These coping efforts may include whether or not an LGBT individual responds to themselves with self-compassion, kindness, and understanding after experiencing victimization or discrimination on the basis of their identity.

Factors related to negative health outcomes and psychological difficulties for LGBT people can include challenges that are directly linked to sexual and gender minority status, such as discrimination and stigma, experiences of rejection from peers, family and other individuals, threats against physical integrity, and difficulty accessing resources due to minority status (Meyer, 2003). Experiences such as these may influence how LGBT individuals view themselves and the outside world, which can then affect psychological functioning and health outcomes. Due to this, it is important to continue to explore factors that may influence psychological difficulties and health outcomes for LGBT individuals. Identifying factors that are relevant and important to health outcomes may lead to more effective interventions and treatments.

Mindfulness

Mindfulness has been defined as having two components, first, "...the self regulation of attention so it is maintained on immediate experience" and second, "...adopting a particular orientation toward one's experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance" (Bishop et al., 2004, p. 232). An interest in mindfulness has arisen in the field of psychology over the past two decades, stemming from concepts that are found in practices connected to Buddhist philosophy (Epstein, 1995; Molino, 1998; Nisker, 1998; Rubin, 1996; Watson, Batchelor, & Claxton, 1999). This interest has led to a great deal of research on the benefits of being mindful (mindfulness), and on practices and interventions designed to help people cultivate mindfulness (mindfulness practices, mindfulness-based interventions- MBI). This body of research strongly supports a connection between mindfulness and a variety of positive health outcomes.

Without intervention, state mindfulness appears to be stable over time; however, individuals who engage in mindfulness practices over time have been seen to increase

mindfulness and to report benefits related to mental health outcomes. It is thought that by engaging in mindfulness practices repeatedly, an individual is better able to experience mindfulness in day-to-day life, along with associated health benefits (Kiken, Garland, Bluth, Palsson, & Gaylord, 2015). A number of mindfulness-based psychotherapeutic interventions have been developed and successfully tested, with the goal of increasing mindfulness and decreasing symptoms.

Research suggests that the degree to which one experiences day-to-day mindfulness may be related to the level of distress LGBT individuals experience in relation to discrimination. In a study conducted by Lyons (2016), data from 369 self-identified gay men were collected from a national longitudinal study. Measures used in the study included socio-demographic information, questions related to discrimination, dispositional mindfulness, psychological distress, and self-esteem. Hierarchical regressions were conducted to test the associations of these variables. Experiences of discrimination and dispositional mindfulness were the predictor variables, with distress and self-esteem as outcomes. It was found that individuals with lower dispositional mindfulness were significantly more likely to be distressed and to experience low self-esteem, particularly if they had experienced sexuality-based discrimination. Individuals with higher dispositional mindfulness were less likely to experience distress as a result of sexuality-based discrimination than those with lower dispositional mindfulness individuals. No differences were found in terms of self-esteem. These results suggest that mindfulness can offer protection against psychological distress related to sexuality-based discrimination.

An additional study conducted by Toomey and Anhalt (2016) looked at the relationship between sexual identity-related victimization, mindfulness, well-being, and academic achievement. The study examined whether mindfulness strategies buffered the associations

between victimization related to sexual orientation and ethnicity, and depressive symptoms, self-esteem, and GPA. The sample included 236 Latina/o sexual minority youth who were enrolled in school and identified as lesbian, gay, bisexual, queer, or questioning. Structural equation modeling found that minority stress experiences were negatively associated with mindfulness, self-esteem, and GPA, while being positively associated with depressive symptoms. Mindfulness was positively associated with self-esteem and GPA, and negatively associated with depressive symptoms. These results suggest that mindfulness may be a protective factor against sexuality-based victimization that can relate to depressive symptoms and low self-esteem.

An LGBT individual may experience distressing emotions during and after an event of discrimination or victimization. These distressing emotions may make it difficult for the person to utilize adaptive coping resources or strategies. Research has shown that mindful awareness may be related to an increase in coping skills among LGBT individuals. Awareness refers to the idea that an individual can pay attention to thoughts, emotions, and behaviors through a nonjudgmental perspective. In a study conducted by Gayner et al. (2012) with self-identified gay males living with HIV, a mindfulness-based intervention was utilized to increase coping skills and positive affect. Individuals in the experimental group were taught mindfulness skills relating to awareness of their current experience, rather than focusing on thoughts and interpretations of experiences. The mindfulness intervention also included strategies for stress and pain. Individuals in the control group received treatment as usual. The results indicated that the treatment group had lower avoidance and higher positive affect at the end of treatment and at 6 months, compared to controls. This study suggests that mindfulness-based interventions may be beneficial for LGBT individuals who experience avoidance and negative affect in regards to

positive HIV status, but may also apply more broadly to LGBT individuals who experience avoidance and negative affect.

Self-Compassion

In certain Buddhist traditions, it is suggested that mindfulness practice include not just awareness of present moment experience, but also the deliberate cultivation of feelings of compassion for self and others. The development of compassion is believed to lead to a greater awareness of interconnectedness between people, and to acceptance of self and others. Recently, research from a psychological perspective has begun to focus more on the concept of self-compassion and its relationship to psychological distress and well-being (Bennett-Goleman, 2001; Brown, 1999; Rosenberg, 2000; Rutledge, 1997; Salzberg, 1997; Wallace, 1999).

Self-compassion is an aspect of mindfulness that involves acting in a compassionate, kind and accepting way toward the self; in particular, when one is having a difficult time, fails, or makes a mistake (Neff, 2003). It has been posited that self-compassion is comprised of three positive facets: self-kindness, common humanity, and mindfulness. Self-kindness entails extending kindness and understanding to oneself, rather than harsh self-criticism and judgment. For example, if a student fails an exam, they might respond with self-criticism (e.g. “I really screwed that up”). A more self-compassionate response might be “It’s hard to study a lot and then not do as well as I wanted to.” It is important to note that self-kindness is not the same as self-pity, blaming others, or not working hard toward goals. Rather, it involves acknowledging painful events in life with care, rather than criticism, directed toward the self.

The “common humanity” facet of self-compassion involves seeing one’s experiences as part of the larger human experience, rather than as separating and isolating. It includes an awareness that suffering is universal, and that events that cause suffering are experienced by

everyone. Rather than thinking “That interaction didn’t go well because I’m so messed up and no one will ever like me,” a common humanity response might be “relationships can be really challenging for everyone.” Maintaining awareness of the universality of suffering may help people to feel less alone and/or blameworthy during difficult times.

The “mindfulness” facet involves holding one’s painful thoughts and feelings in balanced awareness, rather than over-identifying with these feelings (Neff, 2003). When painful feelings arise, people sometimes are completely immersed in those emotions and their actions are very much driven by those emotions. From a more mindful perspective, a person would be able to notice self-critical thoughts with some distance. They would be able to notice emotions such as anger toward the self as an emotion, not a fact.

Neff has also identified the opposites of each of these facets: self-judgment as opposed to self-kindness, isolation as opposed to common humanity, and over-identification as opposed to mindfulness. These each refer to the inverse of the behaviors described above, for example, responding to difficulties with self-criticism (self-judgment), feeling that one is uniquely flawed and pathologizing one’s self for difficulties or failures, and becoming immersed in self-critical thoughts or feelings such as self-loathing, rather than being able to step back and notice them as thoughts and feelings (Neff, 2003; Brenner, Heath, Vogel, & Credé, 2017).

Currently, the Self Compassion Scale (SCS; Neff, 2003) is one of the primary measures used to assess self-compassion. It is conceptualized by the original authors to consist of 6 factors, each reflecting one of the facets described above, and one overall self-compassion factor. A recent study conducted by Brenner et al., (2017) set out to examine the validity of the 26-item Self Compassion Scale (SCS) and suggested instead that it is comprised of six specific factors and two (rather than one) general factors. It was found that 13 of the items on the SCS measure

appear to contribute to self-compassion, with the remaining 13 items contributing to self-coldness. The self-coldness factor accounted for unique variance in depression, anxiety, and stress, whereas the self-compassion factor accounted for unique variance only in its association with depression (Brenner et al., 2017). Given these findings, it was recommended that researchers using the SCS consider measuring the self-compassion and self-coldness factors separately.

Responding with kindness directed toward the self, rather than self-judgment, may be particularly helpful for LGBT individuals who experience minority stress. Negative self-judgments can lead to psychological difficulties and the concealment of one's identity for LGBT individuals. Practicing self-kindness could reduce the impact of discriminatory or otherwise hurtful events by preventing the additional pain of subsequent self-criticism, and instead allow for self-soothing, self-validation, or other affirming responses that may reduce painful emotions. This reduction of negative judgments could lead to more adaptive strategies of coping with difficult private events, or decreased arousal when experiencing minority stress.

People who are high on the self-compassion facet of "common humanity" tend to accept that suffering is a universal part of the human condition. They realize that all humans suffer rather than seeing themselves as uniquely flawed. When a difficult event happens, a person low in common humanity might think, "I'm so messed up," whereas someone high in common humanity might think, "hard things like this happen to everyone. It's not just me." Responding to distressing events with a sense of common humanity may be especially important for people experiencing minority stress. When something difficult happens, it may be very helpful for the individual to be able to be aware of how they are not alone in having such experiences, and that they are connected to others through such life struggles. For example, if an LGBT individual

experiences discrimination related to their sexual orientation or gender identity, it may be beneficial to hold in mind one's connection with others who go through similar, difficult experiences. Rather than responding from a place of "I'm alone and this painful thing happened because there's something wrong with me," the person would instead be able to respond with awareness that "many people have this kind of experience; I'm not alone in this."

Over-identification with negative emotions and thoughts can be self-defeating for LGBT individuals. An LGBT individual may over-identify with feelings such as depression, anger, and shame that result from experiences of discrimination, and thus may feel a sense of hopelessness and lack of control regarding negative feeling states. For example, if a person feels hurt or sad after an experience of discrimination, it may be very important to be able to "step back" and notice the event that triggered that emotion, and what their subsequent emotions and thoughts are. The aim of noticing how thoughts and emotions are influenced by events is not to invalidate such experiences, but rather to help the person from becoming immersed in those thoughts and emotions in an unhelpful way. Gaining distance from thoughts and emotions can allow one to more consciously respond to the situation, and to avoid incorporating negative messages. Thus, not over-identifying with an emotion can move an individual from being overwhelmed by negative emotions, to observing them with openness and clarity.

Research supports the idea that self-compassion may serve as a protective factor for LGBT individuals. In a study conducted by Crews and Crawford (2015), self-identified lesbian women, gay men, and male and female bisexual participants were asked questions related to two constructs: level of "outness" (participants indicated how "out" they were in different areas of their lives), and measures of self-compassion (measured by Neff's Self-Compassion Scale). Results suggested that those who are totally out (defined as "no barriers as to who knows if they

are gay or lesbian”) have higher self-compassion and sense of identification with others, while those who are not totally out (those who stated they were not out as gay or lesbian in all parts of their lives) have higher levels of judgment against themselves, and an increased sense of isolation. It was found that subscales of self-judgment and common humanity were significantly different between totally out and not totally out individuals. This study suggests that self-compassion could be beneficial for LGBT individuals who may not feel prepared to “come out.”

Results from an additional study conducted by Greene and Britton (2015) suggest that self-compassion may be related to more positive health outcomes in LGBT individuals. This study included participants who self-identified as lesbian, gay, bisexual, transgender, or queer-identified. Measures used included the Early Memories of Warmth and Safeness Scale, the Self-Compassion Scale-Short Form, the Personal Mastery Scale, and the Subjective Happiness Scale. It was found that subjective happiness was positively correlated with childhood warmth and safeness, self-compassion, and personal mastery. Additionally, it was found that self-compassion and personal mastery were positively correlated. Subjective happiness was significantly predicted by childhood warmth and safeness, self-compassion, and personal mastery. Personal mastery was found to contribute most to the prediction of subjective happiness, followed by self-compassion, and childhood warmth and safety. Results suggested that childhood affirmation has a larger effect on happiness through self-compassion than personal mastery. This study suggests that self-compassion may be related to subjective happiness in LGBT individuals.

A study conducted by Jennings and Tan (2014) examined the potential relationship between self-compassion, openness and life satisfaction among LGBT individuals. Surveys were collected from participants who were recruited through gay and lesbian agencies in southern California. Measures used included demographic information, measures of openness,

the Satisfaction with Life Scale, and a self-compassion measure. It was found that self-compassion was correlated with openness, satisfaction with life, and income. The results of this study indicated that self-compassion is a predictor of greater satisfaction with life. This study suggests that self-compassion can influence the feeling of satisfaction that LGBT individuals experience in their lives.

Current Study

The purpose of the current study is to examine the moderating role of self-compassion in the relationship of sexuality and gender identity-based minority stress on well-being in an adult sample of LGBT individuals. Previous studies have shown that mindfulness and self-compassion are related to distress and well-being for LGBT individuals. The purpose of the current study is to examine these relationships from the perspective of the minority stress model. To our knowledge, this is the first study examining mindfulness and self-compassion in relation to minority stress in an LGBT population. Drawing on recent studies of the composition of the construct of self-compassion, this study examined both self-compassion and self-coldness, based on the psychometric data reported by Brenner et al. (2017).

Hypotheses

- 1) Self-compassion, 2) self-coldness, and 3) mindfulness will each moderate the association between minority stress and well-being in a sample of LGBT individuals.
- 4) Subscales of self-compassion were explored to determine those that best predict well-being in a sample of LGBT individuals.

Methods

Participants

After obtaining Institutional Review Board (IRB) approval, participants were recruited from online-based survey links, Facebook groups, and online listservs. Participation in the study required that the respondents be (a) at least 18 years old and (b) identify as lesbian, gay, bisexual, queer, questioning, or with another nonheterosexual sexual identity, or a noncisgender gender identity.

A power analysis, using G*Power 3.1 software, with a medium effect size ($r=.15$) at the .02 alpha level with power set at .80, was used to determine that the number of participants should be 137 to provide adequate power for the current study. A medium effect size was chosen based on research measuring similar relationships between self-compassion and well-being (Neff et al., 2007).

Recruitment exceeded expectations, and 558 individuals participated in the study (53.6% gender minority individuals and 46.4% cisgender individuals). The ethnic breakdown of the sample was 79.7% white, 0.5% Native American, 2.5% Hispanic/Latino or Chicano, 1.1% Asian/Pacific Islander, .2% Middle Eastern, 13.8% multiracial, 2.0% Black/African-American, and .2% chose not to respond to this question. The mean age of the sample was relatively young ($M = 22.4$). Regarding missing data, if fewer than 20% of the data points in a subscale were missing, the missing data point(s) was filled in by the average of the other data points in the subscale.

Table 1

Demographics: Sample of 558 Individuals

Variable	Frequency	Percent
Gender Identity		
Gender minority individuals	299	53.6%
Cisgender individuals	259	46.4%
Man	70	
Woman	333	

Transgender	109	
Non-binary	201	
Genderqueer	51	
Agender	36	
Another gender	36	
Sexual Identity		
Gay	34	6.1%
Lesbian	228	40.9%
Bisexual	153	27.4%
Straight/Heterosexual	3	0.5%
Pansexual	33	5.9%
Queer	55	9.9%
Questioning	9	1.6%
Asexual	28	5.0%
Another sexual identity	14	2.5%
Did not specify	1	0.2%
Location		
Northeast	115	20.6%
Midwest	127	22.8%
South	158	28.3%
West	158	28.3%

Age				
N	Min.	Max.	M	SD
558	18	55	22.35	5.40

Materials

Participants were asked to give consent prior to participation. Consent was given by clicking a box on the first page of the survey, which indicated that the participant read and understood the statements of participant rights and could withdraw from the study at any time. Respondents completed demographic information first (e.g. sexual orientation, gender identity, age, relationship status, race/ethnicity). The remaining measures included in the survey were counterbalanced by varying the order of administration.

Self-compassion, Self-coldness, Facets of Self-compassion. Self-compassion and related constructs were measured with the Self-Compassion Scale (SCS) (Neff, 2003). This 26-item

measure includes self-compassion items related to self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003a). The scale measures how individuals typically act towards themselves in difficult times. Items are rated on a 5-point scale from “almost never” to “almost always.” The self-compassion scale was separated into two components: self-compassion and self-coldness, utilizing subscales developed by Brenner et al. (2017). Overall internal consistency of the SCS is .92, while the internal consistency of the individual subscales are as follows: self-kindness, .78; self-judgment, .77; common humanity, .80; isolation, .79; mindfulness, .75; over-identification, .81. Test-retest reliability for the SCS is .91 (see Appendix F). Cronbach’s alpha for the self-compassion scale in the current study was .89, while internal consistency for the subscales were as follows: self-kindness = .85; common humanity = .73; and mindfulness = .74. Cronbach’s alpha for the self-coldness scale in the current study was .88, while internal consistency for the subscales were as follows: self-judgment = .85; isolation = .74; and over-identification = .71.

Minority Stress. Experiences of day-to-day minority stress were measured with the Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam, Beadnell, & Molina, 2012). This scale is a self-report measure that assesses unique aspects of minority stress for LGBT individuals. The DHEQ is composed of 50 items and has an overall internal consistency of .92 (see Appendix B). Cronbach’s alpha for the DHEQ in this study was .90.

Well-being. Well-being was measured with the BBC Well-being Scale (BBC) (Kinderman, Schwannauer, Pontin, & Tai, 2011). This measure includes 24 items related to well-being based on a three-factor model including psychological well-being, physical health, and relationships. Respondents are asked to answer each question on a 1 (not at all) to 4 (extremely) Likert scale, with scores of 4 reflecting higher well-being. Overall internal consistency of the

BBC Well-being Scale is .96 (see Appendix D). Cronbach’s alpha for the BBC in this study was .91.

Mindfulness was measured with a short version of the Five Facet Mindfulness Questionnaire (FFMQ-15) (Baer, Carmody, & Hunsinger, 2012). This scale is a self-report measure that assesses the dispositional tendency to be mindful in daily life. Respondents are asked to answer each question on a 1 (never or very rarely true) to 5 (very often or always true) Likert scale. Overall internal consistency of the abbreviated Five Facet Mindfulness Questionnaire Scale ranges from .80 to .85 (see Appendix G). Cronbach’s alpha for the FFMQ-15 in this study was .74.

Table 2

Reliability Analyses of the SCS, DHEQ, BBC, and FFMQ-15

Scale	α
Self-Compassion Scale	.89
Self-Kindness	.85
Common Humanity	.73
Mindfulness	.74
Self-Coldness Scale	.88
Self-Judgment	.85
Isolation	.74
Over-Identification	.71
Daily Heterosexist Experiences	.90
Well-Being	.91
Mindfulness	.74

Note. SCS = Self-Compassion Scale; DHEQ = Daily Heterosexist Experiences Questionnaire; BBC = BBC Well Being Scale; FFMQ-15 = Five Facet Mindfulness Questionnaire

Four additional measures were included for examination in a separate study (measures of outness and concealment, perceived connectedness to the LGBT community, psychological

distress, and substance use). In order to ensure that responding to these additional measures did not influence responses to the primary questionnaires, they were placed at the end of the survey.

Outness and concealment were measured with the Nebraska Outness Scale (NOS; Meidlinger & Hope, 2014), which includes 10 items that ask what percent of people in a certain group (e.g., members of immediate family, people at work/school) are aware of the respondents' sexual orientation and/or gender identity (NOS-D), and how often they conceal their sexual orientation and/or gender identity when interacting with members of certain groups (e.g., members of immediate family, people at work/school; NOS-C). Respondents are asked to answer each question on an 11- point Likert scale ranging from "0% - none" to "100% - all" for the NOS-D, and from "never" to "always" for the NOS-C. Both subscales and the full scale showed good internal reliability with .89 for the full scale NOS, .80 for the NOS-C, and .82 for the NOS-D. Overall internal consistency for the NOS ranges from .87 to .92 (see Appendix I).

Perceived connectedness to the LGBT community was measured with the Psychological Sense of LGBT Community Scale (PSOC-LGBT; Lin & Israel, 2012). This measure includes 10 items designed to assess the degree to which LGBT individuals report feelings of belonging to and being able to depend on their local LGBT community, as well as the degree to which they believe an LGBT community exists in their local area. Additionally, questions were modified from the 8-item Connectedness to the LGBT Community Scale (Frost & Meyer, 2012; see Appendix J) to assess respondents' feelings of connection to their city/town's LGBT community and to the online LGBT community.

Psychological distress was measured with the Kessler Psychological Distress Scale (K10; Kessler et al., 2002). This measure includes 10 items related to symptoms of anxiety and

depression, rated on a 5-point scale from “none of the time” to “all of the time.” Test-retest reliability for the K10 ranges from .42 to .74 (see Appendix C).

Substance use behaviors were measured with two questions derived from the National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2018). Respondents are asked to answer on how many days in the past month they consumed an alcoholic beverage or used drugs, in order to assess the extent of participants’ substance use behaviors (see Appendix C).

Procedure

Participants who followed the link to the study were directed to a page outlining the nature of the study. The link included a space for participants to confirm their informed consent to participate in the study. After completion of the survey, participants had the option to provide their email address, which was not connected to their survey data, in order to enter a raffle to win one of 3 \$50 gift cards.

Results

Pearson correlations were conducted to test the relationships between sexuality and gender-based minority stress (DHEQ) with well-being (BBC), as well as self-compassion (SCS) and self-coldness (SCS-C) with well-being (BBC). A Pearson correlation was also conducted to test the relationship between mindfulness (FFMQ-15) and well-being (BBC) (see Table 4). There were significant positive correlations between self-compassion and well-being, and mindfulness and well-being. Meanwhile, there were significant negative correlations between sexuality and gender-based minority stress and well-being, and self-coldness and well-being.

Table 3

Descriptive Statistics of the SCS, DHEQ, BBC, and FFMQ-15

Variable	<i>M</i>	<i>SD</i>
Self-Compassion Scale Total	2.61	.71
SCS – Self-Kindness	2.53	.86
SCS – Common Humanity	2.54	.85
SCS – Mindfulness	2.79	.79
Self-Coldness Scale Total	3.75	.72
SCS – Self-Judgment	3.72	.89
SCS – Isolation	3.70	.87
SCS – Over-Identification	3.82	.79
Daily Heterosexist Experiences	2.03	.47
Well-Being	2.84	.66
Mindfulness	2.84	.56

Note. SCS = Self-Compassion Scale; DHEQ = Daily Heterosexist Experiences Questionnaire; BBC = BBC Well Being Scale; FFMQ-15 = Five Facet Mindfulness Questionnaire

Table 4

Correlation Matrix for the SCS, DHEQ, BBC and FFMQ-15

Scales	SCS	SK	CH	M	SCS-C	SJ	Iso	OI	DHEQ	BBC	FFM
									Q		Q-15
SCS											
SK	.887**										
CH	.797**	.510**									
M	.872**	.695**	.574**								
SCS-C	-.670**	-.666**	-.451**	-.576**							
SJ	-.678**	-.758**	-.381**	-.549**	.884**						
Iso	-.481**	-.427**	-.401**	-.399**	.814**	.557**					
OI	-.500**	-.437**	-.355**	-.492**	.819**	.600**	.525**				
DHEQ	-.166**	-.215**	-.040	-.151**	.314**	.303**	.250**	.229**			
BBC	.545**	.548**	.365**	.462**	-.575**	-.543**	-.482**	-.406**	-.370**		
FFMQ	.509**	.531**	.306**	.442**	-.553**	-.515**	-.397**	-.477**	-.233**	.533**	

SCS = Self-Compassion Scale; SK = Self-Kindness; CH = Common Humanity; M = Mindfulness; SCS-C = Self Coldness Scale; SJ = Self Judgment; Iso = Isolation; OI = Over-Identification; DHEQ = Daily Heterosexist Experiences Questionnaire; BBC = BBC Well Being Scale; FFMQ-15 = Five Facet Mindfulness Questionnaire

* $p < .05$

** $p < .01$.

Simultaneous multiple regression was conducted to determine the best linear combination of the components of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) for predicting well-being. The components of self-

judgment, common humanity, mindfulness, and over-identification were eliminated from the analysis in the interest of correcting for multicollinearity. The components of self-kindness and isolation were left in the model as predictor variables; while well-being was the dependent variable. The means, standard deviations, and intercorrelations can be found in Table 5. This combination of variables significantly predicted well-being $F(2,555) = 166.81, p < .001$, with both variables significantly contributing to the prediction. The adjusted R squared value was .37. This indicates that 37% of the variance in well-being was explained by the model. According to Cohen (1988), this is a large effect. The beta weights, presented in Table 6, suggest that self-kindness contributes most to predicting well-being and that isolation also contributes to this prediction.

Table 5

Means, Standard Deviations, and Intercorrelations for Well-Being and Predictor Variables (N = 558)

Variable	<i>M</i>	<i>SD</i>	1	2
Well-Being	2.84	.66	.55**	-.48**
Predictor variable				
1. Self-kindness	2.53	.86	-	-.43**
2. Isolation	3.71	.87	-.43**	-

* $p < .05$; ** $p < .001$.

Table 6

Simultaneous Multiple Regression Analysis Summary for Self-Kindness and Isolation Predicting Well-Being (N = 558)

Variable	<i>B</i>	<i>SEB</i>	β
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Self-Kindness	.319	.028	.419**
Isolation	-.228	.028	-.303**
Constant	2.88	.151	

Note. $R^2 = .38$; $F(2, 555) = 166.81$, $p < .001$

* $p < .05$

** $p < .001$.

Simultaneous multiple regression was conducted to test three hypothesized models. In the first model, self-compassion (SCS) was tested as a moderator of the relationship between well-being (BBC) and experiences of minority stress (DHEQ). This interaction was not statistically significant, $F(3, 554) = 30.04$, $p = .40$, $R^2 = .14$. In the second model, self-coldness (SCS) was tested as a moderator of the relationship between well-being (BBC) and experiences of minority stress (DHEQ). This interaction was not statistically significant, $F(3, 554) = 33.22$, $p = .88$, $R^2 = .15$. In the third model, mindfulness (FFMQ-15) was tested as a moderator of the relationship between well-being (BBC) and experiences of minority stress (DHEQ). This interaction was not statistically significant, $F(3, 554) = 29.80$, $p = .73$, $R^2 = .13$.

Discussion

The purpose of this study was to expand our understanding of how engaging in self-compassion may serve as a buffer against negative mental health outcomes related to experiences of minority stress that LGBT individuals face. The focus of this study was to explore possible interactions between the constructs of self-compassion, self-coldness, and mindfulness with measures of well-being and experiences of sexuality and gender-based experiences of minority stress, in addition to exploring how specific facets of self-compassion (self-kindness, common humanity, mindfulness) and self-coldness (self-judgment, isolation, overidentification) relate to well-being and minority stress. The results of the study did not support the notion that self-coldness, self-compassion, and mindfulness serve as moderators between experiences of

minority stress and well-being, though the self-kindness and isolation facets of self-compassion were found to be significant predictors of well-being.

While having a tendency to be kind toward oneself when experiencing hardships may be a useful coping strategy to employ, it may be that the effects of minority stress are damaging to the extent that self-compassion cannot fully mitigate the effects of minority stress on well-being for LGBT individuals. It may be that because self-compassion is generally thought to be helpful at times when a person feels self-critical (e.g. being harshly judgmental of oneself after making a mistake) that this strategy does not mitigate the effects of minority stress. Experiences of minority stress involve external events, such as someone else making hurtful statements or doing harm to the minority individual. It may be that other coping mechanisms are needed at these times, such as using a cognitive coping style. For example, following an experience of minority stress, an LGBT individual may benefit from reminding themselves that the event is due to issues of the other person or people involved, for example, driven by prejudicial attitudes. It may also be that self-compassion does not mitigate the effects of minority stress due to feelings of injustice related to such experiences. For example, it may be useful for an LGBT individual to experience feelings of justifiable anger following an experience of minority stress. Such feelings of anger could allow the individual to feel empowered, which could then contribute to adaptive ways of coping, such as standing up for oneself, thinking clearly about the other person's basis of behavior in prejudice, or taking other productive action.

Additionally, in the current study, we chose to look at well-being in particular, due to the established relationship between well-being and minority stress in the literature. However, it may be that the chosen measure of well-being did not fully tap into psychological distress that LGBT individuals experience. Future research would benefit from further exploring the

relationships between minority stress, self-compassion, and psychological distress in particular, to examine whether these relationships can be elucidated through focusing on psychological distress specifically, rather than overall well-being.

While previous studies looked at the relationship between self-compassion and well-being, they did not examine the relationship between specific *components* of self-compassion, minority stress, and well-being. Examining these relationships is important in clarifying the specific components of self-compassion that may play a role in the relationship between well-being and minority stress, as this can be beneficial in exploring ways of coping that can mitigate negative mental health outcomes that can result from experiences of minority stress. The findings from this study suggest that the components of self-kindness and isolation are related to well-being.

Working to extend kindness to the self in the face of difficulties was found to significantly predict well-being. Self-kindness as a predictor of well-being is important to consider in the context of experiences of minority stress that LGBT individuals may face. Individuals who have a tendency to extend kindness toward themselves when experiencing difficulties may allow them to effectively cope with difficult experiences, and thus may be less likely to experience negative health outcomes following those experiences. For example, a self-compassionate response to an experience of minority stress could include a statement to oneself such as “I’m feeling pain from that situation and I’m going to extend love and gentleness toward myself in this moment.” Extending kindness toward oneself may be particularly difficult for LGBT individuals due to feelings of shame about their gender or sexual identity. Additionally, LGBT individuals may have experienced criticism about their gender or sexual identity from others in their lives and/or from societal messages, which may make it difficult to generate self-

kindness toward themselves, particularly when experiencing difficulties resulting from minority stress. LGBT individuals who are able to extend kindness toward themselves in the face of minority stress may thus experience a greater sense of well-being that can mitigate the effects of minority stress on mental health outcomes.

Additionally, isolation was found to significantly predict well-being, and these were inversely related. The isolation component of self-compassion is conceptualized as feeling uniquely flawed or to blame in the context of making a mistake and/or experiencing difficulties. While it may lessen self-judgment for an individual to realize that suffering and personal failures are shared with others (Neff, 2003a), this strategy may be less useful after experiences of minority stress, as these events are externally based. Following an experience of minority stress, an LGBT individual may make attributions regarding why the experience occurred (e.g. whether the event was “their fault” versus “the fault of the other person”). LGBT individuals who experience feelings of self-blame regarding their minority status may wrongly attribute experiences of minority stress to something that is “their own fault,” which may contribute to negative health outcomes. Additionally, feeling uniquely flawed and isolated may be a particularly salient experience for LGBT individuals. The minority status of LGBT individuals may contribute to feeling uniquely flawed and isolated for various reasons, including, but not limited to, experiencing minority stress, concealing one’s identity, and having difficulty finding others who share similar experiences to one’s own. For LGBT individuals who conceal their identity or who are not completely out, feelings of being uniquely flawed and isolated may be particularly strong, as they may feel they cannot be authentic in their day-to-day lives and in their relationships with others. LGBT individuals conceal their gender and/or sexual identity for a multitude of reasons, including the need to keep themselves safe from discrimination and

harassment, the threat of losing a job, housing, and/or support from friends and family, and feelings of shame associated with their identity. To conceal one's own gender and/or sexual identity often results in LGBT individuals being unable to access support networks, which may contribute to negative mental health outcomes that are seen in this population. Further, LGBT individuals may experience worse health outcomes if they do not experience themselves to be part of a group. LGBT individuals who do not experience themselves as a part of a community may miss out on feelings of support and connection with others, which may contribute to negative health outcomes. While feelings of connectedness to the community were not analyzed in the current study, it may be useful to explore this area in future studies.

LGBT individuals also may experience stigma and shame as a result of their minority identity status, which can further intensify feelings of isolation. In our Western society, to be a minority individual is often equated with being “different,” which can contribute to feelings of isolation for individuals who occupy a minority status, and also may contribute to a tendency to negatively compare themselves to others who occupy a majority status. Such comparisons can contribute to feelings of shame that LGBT individuals may experience, which can be further intensified by the knowledge that individuals in the “majority” are granted privileges (e.g. acceptance in society and from others in their lives, freedom from fear and consequences of discrimination and harassment) that are often not accessible to individuals who occupy a minority status.

In the current sample, the relationship between self-compassion and well-being was driven primarily by individuals' levels of isolation (inverse relationship) and self-kindness (positive relationship), though significant correlations were found between all components of self-compassion and well-being. This study adds to the literature by demonstrating that there is a

significant relationship between self-compassion and well-being for LGBT individuals. Thus, interventions aimed at mitigating the harmful effects of minority stress may benefit from targeting self-compassion.

More research is needed to determine the specific facets and factors that promote coping skills and positive health outcomes for LGBT individuals. Self-compassion represents an area that may be applicable to LGBT individuals who experience difficulties coping with experiences of minority stress, particularly focusing on the facets of self-kindness and isolation. The facets of self-compassion, including mindfulness, common humanity, and self-kindness, represent areas that an LGBT individual may continue to struggle with throughout their lives. Research that continues to parse out specific facets of self-compassion may bring us closer to an understanding of which facets are effective for specific populations or characteristics of individuals.

Limitations

There were several limitations of the current study. First, the study was limited by relying on correlational statistics; thus, causality cannot be determined. Second, the study relied entirely on self-report, which may be subject to inaccuracy if respondents lack insight into their own ways of responding. Third, because the sample was collected online, it may have contributed to a “snowball sample” effect, in which participants of the study may have disseminated the survey to individuals in their lives with similar characteristics as their own. Additionally, because data were collected entirely online, it is possible that the participants have characteristics that may not fully represent the characteristics of the population (i.e. greater comfort in sharing about difficult experiences online, motivation to communicate about experiences online, etc.). The online nature of the current study may also be a limitation due to only including respondents who have the desire to complete a survey on the topic, and who are

willing and/or have the time and resources to complete the study. Additionally, because data were collected online, it is difficult to ensure that respondents actually met the inclusion criteria, and testing conditions were unable to be controlled. The relatively young mean age of the sample ($M = 22.4$) may also serve as a limitation, such that the data collected may not fully represent the experiences of middle-aged and elder LGBT individuals.

Future Directions

Future studies would benefit from including more diverse samples and utilizing an experimental design. Further exploration into the relationships between self-compassion, well-being, and minority stress could be continued by conducting self-compassion inductions in a randomized controlled trial design to see whether changes on self-compassion are able to produce changes in individuals' levels of distress related to experiences of minority stress. Clarifying the relationships between specific facets of self-compassion, psychological distress, and minority stress may further underscore the importance of utilizing self-compassion for LGBT individuals who experience difficulties coping with minority stress that may contribute to negative mental health outcomes that are seen in this population.

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Appendix A

Demographic Information

Before we begin, we would like to gather some information about who you are, as well as how you describe your gender identity and sexual orientation.

1. What is your age? _____
2. Do you consider yourself LGBTQIA+ or part of the queer or transgender spectrum?
 - a. Yes
 - b. No
3. Do you reside in the United States?
 - a. Yes
 - b. No
4. In which state do you currently live? Please enter the full name or two-letter abbreviation.
 - a. _____
5. What type of location do you live in?
 - a. City or Urban community
 - b. Rural community
 - c. Suburban community
 - d. Other (please specify): _____
6. How would you describe your gender? (Please select all that apply)
 - a. Man
 - b. Woman
 - c. Transgender

- d. Non-binary
 - e. Genderqueer
 - f. Intersex
 - g. Agender
 - h. Another gender _____
7. What group(s) do you belong to? (Please select all that apply)
- a. Black/African-American
 - b. Asian or Pacific Islander
 - c. European-American/White/Caucasian
 - d. Latino, Hispanic, or Chicano
 - e. Native-American/American-Indian
 - f. Multi-racial
 - g. Other: _____
8. What was your assigned sex at birth?
- a. Male
 - b. Female
 - c. Intersex
9. What is your current sexual identity?
- a. Gay
 - b. Lesbian
 - c. Bisexual
 - d. Straight/Heterosexual
 - e. Pansexual

- f. Queer
- g. Questioning
- h. Asexual
- i. Another sexual identity _____

10. What is your highest level of education?

- a. Middle school, some high school.
- b. High school degree, or equivalent (i.e., GED)
- c. Some college, no degree
- d. Associate's
- e. Bachelor's
- f. Graduate degree/professional degree (M.S./M.A., Ph.D., M.D., J.D., etc.)

11. What is your current relationship status?

- a. Married/domestic partner with same sex partner
- b. Married/domestic partner with opposite sex partner
- c. Married/domestic partner with non-binary partner
- d. Dating same sex partner(s) only
- e. Dating opposite sex partner(s) only
- f. Dating non-binary partner(s) only
- g. Dating same and opposite sex partners
- h. Dating same sex, opposite sex, and nonbinary partners
- i. Committed relationship with same sex partner
- j. Committed relationship with opposite sex partner
- k. Committed relationship with nonbinary partner

1. Single (not currently dating)

12. What is your yearly income (estimations or expected incomes are okay)?

a. _____

Appendix B

Daily Heterosexist Experiences Questionnaire (DHEQ)

The following is a list of experiences that LGBT people sometimes have. Please read each one carefully, and then respond to the following question: How much has this problem distressed or bothered you during the past 12 months?

0= Did not happen/not applicable to me

1= It happened, and it bothered me NOT AT ALL

2= It happened, and it bothered me A LITTLE BIT

3= It happened, and it bothered me MODERATELY

4= It happened, and it bothered me QUITE A BIT

5= It happened, and it bothered me EXTREMELY

Skip Question

1. Difficulty finding a partner because you are LGBT

2. Difficulty finding LGBT friends

3. Having very few people you can talk to about being LGBT

4. Watching what you say and do around heterosexual people

5. Hearing about LGBT people you know being treated unfairly

6. Hearing about LGBT people you don't know being treated unfairly

7. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don't know

8. Being called names such as "fag" or "dyke"

9. Hearing other people being called names such as "fag" or "dyke"

10. Hearing someone make jokes about LGBT people
11. Family members not accepting your partner as a part of the family
12. Your family avoiding talking about your LGBT identity
13. Your children being rejected by other children because you are LGBT
14. Your children being verbally harassed because you are LGBT
15. Feeling like you don't fit in with other LGBT people
16. Pretending that you have an opposite-sex partner
17. Pretending that you are heterosexual
18. Hiding your relationship from other people
19. People staring at you when you are out in public because you are LGBT
20. Worry about getting HIV/AIDS
21. Constantly having to think about "safe sex"
22. Feeling invisible in the LGBT community because of your gender expression
23. Being harassed in public because of your gender expression
24. Being harassed in bathrooms because of your gender expression
25. Being rejected by your mother for being LGBT
26. Being rejected by your father for being LGBT
27. Being rejected by a sibling or siblings because you are LGBT
28. Being rejected by other relatives because you are LGBT
29. Being verbally harassed by strangers because you are LGBT
30. Being verbally harassed by people you know because you are LGBT
31. Being treated unfairly in stores or restaurants because you are LGBT
32. People laughing at you or making jokes at your expense because you are LGBT

33. Hearing politicians say negative things about LGBT people
34. Avoiding talking about your current or past relationships when you are at work
35. Hiding part of your life from other people
36. Feeling like you don't fit into the LGBT community because of your gender expression
37. Difficulty finding clothes that you are comfortable wearing because of your gender expression
38. Being misunderstood by people because of your gender expression
39. Being treated unfairly by teachers or administrators at your children's school because you are LGBT
40. People assuming you are heterosexual because you have children
41. Being treated unfairly by parents of other children because you are LGBT
42. Difficulty finding other LGBT families for you and your children to socialize with
43. Being punched, hit, kicked, or beaten because you are LGBT
44. Being assaulted with a weapon because you are LGBT
45. Being raped or sexually assaulted because you are LGBT
46. Having objects thrown at you because you are LGBT
47. Worrying about infecting others with HIV
48. Other people assuming that you are HIV positive because you are LGBT
49. Discussing HIV status with potential partners
50. Worrying about your friends who have HIV

Appendix C

Kessler Psychological Distress Scale (K10)

These questions concern how you have been feeling over the past 30 days. Indicate the answer below each question that best represents how you have been.

1. During the last 30 days, about how often did you feel tired out for no good reason?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

2. During the last 30 days, about how often did you feel nervous?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

- a. None of the time
- b. A little of the time

- c. Some of the time
- d. Most of the time
- e. All of the time

4. During the last 30 days, about how often did you feel hopeless?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

5. During the last 30 days, about how often did you feel restless or fidgety?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

6. During the last 30 days, about how often did you feel so restless you could not sit still?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time

e. All of the time

7. During the last 30 days, about how often did you feel depressed?

a. None of the time

b. A little of the time

c. Some of the time

d. Most of the time

e. All of the time

8. During the last 30 days, about how often did you feel that everything was an effort?

a. None of the time

b. A little of the time

c. Some of the time

d. Most of the time

e. All of the time

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

a. None of the time

b. A little of the time

c. Some of the time

d. Most of the time

e. All of the time

10. During the last 30 days, about how often did you feel worthless?

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time

Appendix D

BBC Well-Being Scale

Not at all

Extremely

1

2

3

4

5

1. Are you satisfied with your physical health?
2. Are you satisfied with the quality of your sleep?
3. Are you satisfied with your ability to perform your daily living activities?
4. Are you satisfied with your ability to work?
5. Do you feel depressed or anxious?
6. Do you feel that you are able to enjoy life?
7. Do you feel you have a purpose in life?
8. Do you feel in control over your life?
9. Do you feel optimistic about the future?
10. Do you feel satisfied with yourself as a person?
11. Are you satisfied about your looks and appearance?
12. Do you feel able to live your life the way you want?
13. Are you confident in your own opinions and beliefs?
14. Do you feel able to do the things you choose to do?
15. Do you feel able to grow and develop as a person?
16. Are you satisfied with yourself and your achievements?
17. Are you satisfied with your personal and family life?
18. Are you satisfied with your friendships and personal relationships?

19. Are you comfortable about the way in which you relate to and connect with others?
20. Are you satisfied with your sex life?
21. Do you feel able to ask someone for help with a problem if you needed to?
22. Are you satisfied that you have enough money to meet your needs?
23. Are you satisfied with your opportunity for exercise and leisure activities?
24. Are you satisfied with your access to health services?

Appendix E

Drug and Alcohol Use Questions

The following question refers to current and past alcohol use. Consider a “drink” to be a 12oz. can or bottle of beer, a 5oz. glass of wine, a wine cooler, one cocktail, or a shot (1.25oz.) of hard liquor (like gin or vodka).

1. Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? _____

We would also like to ask you about current and past drug use. "Drug use" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). The following question does not include alcoholic beverages.

2. Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you use drugs? _____

Appendix F

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost
never
1

2

3

4

Almost
always
5

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 14. When something painful happens I try to take a balanced view of the situation.
- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix G

FFMQ-15: 15-item Five-Facet Mindfulness Questionnaire

Instructions

Please use the 1 (never or very rarely true) to 5 (very often or always true) scale provided to indicate how true the below statements are of you. Indicate the number of each statement which represents your own opinion of what is generally true for you. For example, if you think that a statement is often true of you, indicate '4' and if you think a statement is sometimes true of you, indicate '3'.

Never
or very
rarely true

1

2

3

4

Very often
or always true

5

1. When I take a shower or a bath, I stay alert to the sensations of water on my body.
2. I'm good at finding words to describe my feelings.
3. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
4. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
5. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
6. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
7. I have trouble thinking of the right words to express how I feel about things.
8. I do jobs or tasks automatically without being aware of what I'm doing.
9. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
10. When I have distressing thoughts or images I am able just to notice them without reacting.
11. I pay attention to sensations, such as the wind in my hair or sun on my face.

12. Even when I'm feeling terribly upset I can find a way to put it into words.
13. I find myself doing things without paying attention.
14. I tell myself I shouldn't be feeling the way I'm feeling.
15. When I have distressing thoughts or images I just notice them and let them go.

Appendix H

Qualitative Treatment/Mindfulness Experience Questions

1. Have you ever received mental health treatment, currently or in the past (including individual therapy, group therapy, etc.)? Please describe: _____

2. Are you familiar with or have you used any mindfulness-based practices (including mindfulness meditation, mindfulness-based stress reduction, etc.)? Please describe:

Appendix I

Outness and Concealment Scales

What percent of the people in this group do you think are aware of your sexual orientation and/or gender identity (meaning they are aware of whether you consider yourself gay, transgender, etc.)?

1. Members of your immediate family (e.g., parents and siblings)

0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%

2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)

0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%

3. People you socialize with (e.g., friends and acquaintances)

0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%

4. People at your work/school (e.g., coworkers, supervisors, instructors, students)

0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%

5. Strangers (e.g., someone you have a casual conversation with in line at the store)

0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%

How often do you avoid talking about topics related to or otherwise indicating your sexual orientation and/or gender identity (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of these groups?

1= Never

2= Half of the Time

3= Always

1. Members of your immediate family (e.g., parents and siblings)

2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)
3. People you socialize with (e.g., friends and acquaintances)
4. People at your work/school (e.g., coworkers, supervisors, instructors, students)
5. Strangers (e.g., someone you have a casual conversation with in line at the store)

Appendix J

Connection to the LGBT Community Questions

Please indicate the degree to which each statement describes your perception regarding the LGBT community.

1-----2-----3-----4-----5

None

A great deal

1. How much do you feel able to influence the actions, thoughts, and feelings of other LGBT people?
2. How much do other LGBT people influence your thoughts and actions?
3. How much do you feel your opinion matters to other LGBT people?
4. How much do you feel you can influence what the LGBT community is like?
5. How much do you care about what LGBT people think of your actions?
6. How much do the opinions of other LGBT people matter to you?
7. In general, how friendly do LGBT people feel toward each other?
8. In general, how thoughtful are LGBT people toward each other?
9. In general, how well do LGBT people get along?
10. In general, how warm do LGBT people feel toward each other?
11. In general, how much of a sense of camaraderie do LGBT people feel with each other?
12. How often do you feel that you are a member of the LGBT community?
13. How often do you feel like you belong in the LGBT community?
14. How often do you feel a part of the LGBT community?
15. How much do you feel that you help other LGBT people when they need help?
16. How much do you feel that your needs are met by the LGBT community?

17. How much do you feel that you can get help from the LGBT community if you need it?
18. How much do you feel that an LGBT community exists?
19. How much do you feel that a community exists for lesbians?
20. How much do you feel that a community exists for gay men?
21. How much do you feel that a community exists for bisexual people?
22. How much do you feel that a community exists for transgender/genderqueer people?

1. You feel you're a part of your city/town's LGBT community.

- a. agree strongly
- b. agree
- c. neither agree nor disagree
- d. disagree
- e. disagree strongly

2. You feel you're a part of the online LGBT community.

- a. agree strongly
- b. agree
- c. neither agree nor disagree
- d. disagree
- e. disagree strongly

3. Do you have five or more people that you can talk to about LGBT-related issues (either in person or online)?

a. Yes, I have five or more people that I can talk to about LGBT-related issues

b. No, I have less than five people that I can talk to about LGBT-related issues

c. No, I have no one that I can talk to about LGBT-related issues

4. When you experience stress, to whom do you turn? _____