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Mindfulness, Coping, and Psychological Well-being Among Diverse Populations

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ABSTRACT

Racial minority populations in the United States have increased in the past decade. The purpose of this study was to examine how mindfulness and other coping methods affect stress levels among a diverse population. One hundred-thirty-two participants took an online or paper survey including a General Health Questionnaire, Psychological well-being and physical health symptoms, and a Five Facet Mindfulness Questionnaire. Results show African Americans report more religious and overall mindfulness coping, and Hispanics report lower levels of wellbeing and lower active coping including mindfulness. There was a positive correlation between mindfulness and well-being and a negative correlation between mindfulness and maladaptive coping. Hispanics have lower psychological well-being reports than African Americans and Caucasians. Since mindfulness was linked to psychologically well-being, it is likely that adults were using it as a strategy to counteract avoidant and maladaptive coping skills. These findings extend our understanding of mindfulness to previously overlooked minorities.

INTRODUCTION

Racial minority populations have increased over the past decade. Hispanics have become the largest and fastest growing ethnic minority group in the United States. According to the 2012 Census, of the total population they make up 19%, and between 2000 and 2010, they accounted for more than 50% of the total population growth (Cheng & Mallinckrodt, 2015). With the racial and ethnic minorities increasing, specifically the Hispanic population, there is a profound need to better understand the factors and coping strategies that contribute to the mental health of these populations. Studies have shown a correlation between racial discrimination, stress, and negative coping strategies (Polanco-Roman, Danies, & Anglin, 2016; Torres, & Vallejo, 2015; Villegas-Gold, & Yoo, 2014). However, there has been very little research on the use of mindfulness as a coping strategy in non-Caucasian populations.

Stress

Stress is defined as the interaction between stimulus and the responses it creates (Woods-Giscombé, & Lobel, 2008). When an

individual is exposed to stimuli they perceive as demanding and/or threatening and they do not believe they have the capacity to manage the event, stress occurs. Being exposed to constant stressful situations that drain an individual's ability to cope may lead to feelings of anger, anxiety, fear, frustration, and hopelessness. Unsuccessful coping may result in a physiological stress response that affects the immune, nervous, endocrine, and cardiovascular systems (Butcher, Hooley, & Mineka, 2014) and lowers the overall health of the person.

Stress Among Racial Minorities

Carter and Reynolds (2011) found that incidents of racial/ethnic discrimination that accumulate in African American's lives can be experienced as traumatic since they often happen suddenly, are beyond the control of the person, and have the potential to be psychologically stressful. Discriminatory events that create emotional stress can promote physiological stress. For example, compulsive focus on the possible threat of ethnic discrimination is associated with higher levels of

stress and worry. Stress and worry have been linked to negative health.

Utsey, Chae, Brown, and Kelly (2002) showed that there is a significant difference between Asian American, African American, and Hispanic American participants when psychological well-being was compared to race-related stress. Polanco-Roman, Danies, and Anglin cited a study by Carter and Forsyth (2010) that found that 78 % of racial/ethnic-minority adults who reported direct experiences with racism stated that the events were stressful, and 44 % reported feeling stressed for a long period of time after the event. Polanco-Roman et. al. (2016) found no significant difference in racial discrimination between males and females. They did, however, find that females were more likely to engage in active coping rather than passive coping. There are a variety of ways in which individuals respond, cope, and adapt to stress and emotional distress. These include hypervigilance, avoidance, or numbing, and are known as dissociative symptoms.

Engagement, Disengagement, and Alcoholic Coping

Villegas-Gold and Yoo (2014) examined different engagement and disengagement coping strategies in Hispanic college students. They defined engagement as any attempts to actively manage the stressful situation or event through social support, cognitive restructuring, expression of emotion, and problem solving. They also defined disengagement coping as attempts to be removed mentally, emotionally, and physically from stressors; examples include problem avoidance, self-criticism, wishful thinking, and social withdrawal. They found that only problem solving (behavioral and cognitive strategies designed to eliminate the source of stress by changing the situation) was strongly linked with higher intrapersonal well-being. They also discovered that self-criticism (blaming oneself for the situation and criticizing oneself), wishful thinking (cognitive strategies that include denial that an event occurred, reframing, or symbolically altering the situation), and social withdrawal (withdrawing from family and friends) were associated with lower personal well-being. This is consistent with other studies that suggest that negative coping strategies can

lead to alcohol and substance abuse, thus lowering personal well-being.

Bodenlos, Noonan, and Wells (2013) found that stress levels are positively associated with alcohol use and alcohol-related problems. They also found that males reported more usage of alcohol than females, indicating that males could experience more stress or have lower levels of stress coping skills.

Cheng and Mallinckrodt (2015) theorized that among Hispanic college students, more discrimination led to higher stress levels and high consumption of alcohol. Previous research (Rodríguez-Esquivel, D., Webb-Hooper, M., Baker, E. A., & McNutt, M. D. (2015); Torres & Vallejo (2015)) shows that Hispanics reported greater avoidance/numbing and hyperarousal than non-Hispanic Whites. As a result of ethnic discrimination, a Hispanic can experience recurrent emotional stress. Stress taxation can lead to significant depletion of an individual's physiological, cognitive, and emotional coping resources, compromising the ability to effectively manage stressful situations. The study conducted by Torres and Vallejo (2015) found two things: alcohol usage was higher in Hispanics born in the United States as compared to those born in other countries, and alcohol usage among Hispanic males was linked with reaction to discrimination. This suggests alcohol abuse is used to numb or avoid the feelings of stress. The Centers for Disease Control and Prevention stated that one of the risk factors for suicide is a history of alcohol and substance abuse.

Coping Strategies: Suicide and Religion

Emerging racial and ethnic minority adults (ages 18-25) have a heightened risk for suicide when compared to Caucasian emerging adults. The Centers for Disease Control reported that in 2010, between 24 and 32% of suicides among Asian, Black, and Hispanic individuals were in young adults aged 18 to 29, compared with 15% of suicides among similarly aged Caucasian individuals. Additionally, the Center reported that among Hispanic high school students, 18.9% seriously considered attempting suicide, 15.7% of students made a plan, and 11.3% actually attempted suicide. The Center stated that this was consistently higher

than Caucasian and African American students. There is evidence to suggest that avoidant strategies such as acceptance and resignation, while common, prove to be more harmful when compared with more active approaches like problem-solving or seeking support (Polanco-Roman, Danies, & Anglin, 2016). Avoidant strategies tend to lead to alcohol and substance abuse, which are known to be comorbid with other harmful, often self-destructive disorders like depression.

Utsey, Chae, Brown, and Kelly (2002) found that African Americans reported experiencing higher levels of race-related stress; however, when comparisons test was performed, they found that compared to Asian Americans, African American participants had significantly higher psychological well-being scores than Asian American participants. Their study found that African Americans scored significantly higher on the quality of life and psychological well-being scale when compared with Hispanics and Asian Americans. African Americans may seek social and psychological support from their ethnic and spiritual community in response to racial stressors.

Spiritual beliefs are often important in forming perceptions of self, others, and the world. Reinert, Campbell, Bandeen-Roche, Sharps, and Lee (2015) found that both Caucasian and African American women were more religious than men and more likely to use religious coping when facing stress. However, Sherman, Harris, and Erbes' (2015) meta-analysis and case study found that survivors of trauma could also face spiritual and/or religious challenges such as blaming their higher power, thinking they are being punished for sinning, or completely distancing themselves from their faith. Sherman, et. al (2015) suggested that intrusive memories and flashbacks can be distressing because of their interruptions in daily life. In addition, intrusive memories may disrupt spiritual practices (e.g., prayer, meditation), leading to further distance from religious practices and the loss of a potentially useful coping skill.

One coping skill Sherman, et. al (2015) suggested for veterans with intrusive memories and flashbacks was mindfulness techniques

because mindfulness requires mental discipline and focus; it has been shown to help veterans either reduce intrusive symptoms or more effectively redirect mental activity during or after distressing events. However, veterans who have difficulties with flashbacks or intrusive memories may struggle, since it could prove difficult to focus on breathing or to empty one's mind of intrusive thoughts without a main point of focus. For these veterans, Sherman, Harris, and Erbes (2015) suggest that a point of focus may help keep intrusive thoughts at bay. Mindfulness and yoga approaches that invite participants to become aware of and slow breathing may lower stress levels that in turn increase the spirituality, psychological, and physiological well-being of an individual.

Mindfulness

Mindfulness is a 2,500-year-old practice recently introduced in the West, and it has been associated with reduced stress in adults. Mindfulness is usually defined as directing one's attention so acceptance of the present moment experience can occur (Baer, Smith, & Allen, 2006; Bluth, & Blanton 2014; Boatright, & McIntosh, 2008; Bodenlos, Noonan, & Wells, 2013; Bodhi, 2011). Baer, Smith, and Allen (2006) created a survey to measure four mindfulness skills: observing, describing, acting with awareness, and accepting without judgment. Mindfulness focuses on the relationship with thoughts, feelings, and sensations in the present moment. Bluth and Blanton (2014) revealed that higher mindfulness levels, as measured by the Children and Adolescent Mindfulness Measure (CAMM), increased self-compassion and lowered perceived stress. Mindfulness as stated by Call, Miron, and Orcutt (2014), can be thought of as a skill set used to adapt the experience of stress and anxiety through the development of self-regulation by paying attention to the present moment and acceptance of internal and external emotions, thoughts, and experiences.

Mindfulness and Coping

Mindfulness prompts a state of conscious presence where the person has an accepting and nonjudgmental attitude towards events. Mindfulness has been associated with improved emotional well-being and social

functioning of adolescents (Bluth, & Blanton, 2014; Edwards, Adams, Waldo, Hadfield, & Biegel (2014). Higher levels of mindfulness have been associated with less reactivity to threatening emotional stress, positive self-regulation, better awareness and comprehension of experiences and emotions, higher acceptance of emotions, and a stronger ability to find an answer to troubling thoughts.

Bodenlos, Wells, Noonan, and Mayrsohn (2015) examined the mindfulness facets that are similar to the mindfulness skills with the addition of no reactivity to inner experience (the tendency to allow thoughts and feelings to come and go). They found that students who reported alcohol and substance abuse had lower levels of acting with awareness, were more judgmental, and were more reactive than those with no history of alcohol and substance abuse. Bodenlos, Noonan, and Wells (2013) found that higher mindfulness levels were negatively associated with stress and other negative emotions in adults and college students. Both studies found that certain facets of mindfulness such as acting with awareness and describing thoughts and/or feelings were negatively associated with alcohol use in college students. Both studies found that males consumed more alcohol in a week than females. Females reported more stress than males. Mindfulness levels did not differ greatly between gender, and men scored higher in no reactivity to inner experience than women. The results of Bodenlos, et al. (2015) indicate that the awareness and not judging facets of mindfulness are related to positive functioning and are associated with better health. The authors suggested that mindfulness based interventions with college students must continue to ensure specific facets are developed. The findings suggest that acting with awareness and no judgment play the biggest role in emotional and social health.

Carmody, Reed, Kristeller, and Merriam (2008) found that a person had a greater sense of control if they were capable of bringing mental processes under control and directing them in a positive way. They found that when thoughts and feelings do not overwhelm the person, psychological and physiological well-

being was being reported. Their study also showed that decreases in medical symptoms and psychological stress were related to an increase in mindfulness. It is possible that through mindfulness, one can reduce mental preoccupation with everyday stressors and thus can increase overall psychological, physiological, and spiritual well-being.

Mindfulness and Suicide

Collins, Best, Stritzke, and Page (2016) conducted a study in which they sought to understand the relationship between mindfulness and suicide. They discovered that students who had been exposed to mindfulness interventions had lower stress levels and that mindfulness increased overall persistence in the face of perceived burdensomeness and thwarted belongingness (theorized to be possible components of suicidal behavior and suicide completion). The study shows that mindfulness acted as an acute form of resilience that protected against interpersonal difficulties. Students who had received 10 minutes of mindfulness interventions before the study showed constantly less desire to quit the study across time compared to the control group. This agrees with the idea that mindfulness enhances persistence in adversity. Mindfulness does not prevent the experience of hardship, but rather can be used as a coping mechanism. These findings with other research show that even short periods of mindfulness training can reduce emotional reactivity. By being mindful, a person learns that he/she does not have to problem-solve immediately; instead, by staying in the present, the person learns to step back and dissociate from maladaptive coping and thinking.

PRESENT STUDY

Most mindfulness studies that relate to stress and coping have focused on Caucasian adult participants (Baer, Carmody, & Hunsinger, 2012; Bodenlos, Noonan, & Wells, 2013; Bodenlos, Wells, Noonan, & Mayrsohn, 2015; Collins, Best, Stritzke, & Page, 2016; Greeson, et al. 2015; Hathaway & Tan 2009). Not many studies focus on the stress levels, coping strategies, and mindfulness skill levels of other racial and ethnic minorities. This study was

designed to help determine benefits from mindfulness skill training and teaching among different racial/ethnic groups. Males and females of multiple racial and ethnic backgrounds (Caucasian, African American, and Hispanics) will take part in the study. It is anticipated that the higher mindfulness levels are, the less stress and maladaptive coping the person will report. Additionally, it is expected that females of all racial backgrounds will report higher levels of stress. African American females will report more religious coping; Caucasians will report more mindfulness coping; and Hispanics will report higher stress levels, lower levels of mindfulness, and lower levels of active coping.

MATERIALS & METHODS

There were 132 participants (97 female and 34 male). Participants were age 18–64 years-old. There were 68 Caucasian, 27 African American, 29 Hispanic, and 8 others. After obtaining approval by Winthrop University's institutional review board, participants were recruited by using several different recruitment strategies: email, social networks, and word of mouth. All participants were given an informed consent, and all participation was voluntary. Participants filled out a series of self-report surveys either online or on paper that took approximately 15–20 minutes to complete.

MEASURES

Demographic Characteristics

Background data and lifestyle information were collected, including age, gender, ethnicity, college class, major, and grade point average, and religion.

The General Health Questionnaire

The 12-Item General Health Questionnaire (GHQ-12) asks the participants questions such as: have you been able to concentrate on whatever you're doing, lost much sleep, felt constantly under strain, and been losing confidence in yourself, etc. Each one assesses the severity of a mental problem over the past few weeks using a 4-point Likert-type scale (from 0 not at all to 3 a lot more than usual). High scores indicate worse health.

Psychological well-being and Physical Health Symptoms

This is a coping scale on how well people deal with stress. It consists of 24 questions asking how often an individual engages in coping activities such as smoking, daydreaming, exercise, avoiding the problem, and seeking religious guidance when stressed. It is 5 point Linkert scale (1 never to 5 always). Halverson, Bliese, Moore, Castro (1995) used the psychological well-being and physical health symptoms on soldiers deployed for Operation "Uphold Democracy."

Five Facet Mindfulness Questionnaire

The Five Facet Mindfulness Questionnaire (FFMQ) is a 39-item questionnaire used to examine individual's mindfulness. Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) created the questionnaire to examine five mindfulness subscales: observing, describing experience, acting with awareness, not judging the experience, and non-reactivity to inner experience. The FFMQ uses a Likert method (1 never or very rarely true to 5 very often or always true) to determine the rate with which each mindfulness facet occurs and to conclude the total mindfulness level. Questions include: I watch my feelings without getting lost in them; When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it; and I disapprove of myself when I have irrational ideas. The higher the overall scores, the higher levels of mindfulness are represented.

RESULTS

Hypothesis One: The higher mindfulness levels are, the less stress and more maladaptive coping the person will report

This hypothesis was supported. Running a Pearson correlation test showed there was a positive correlation between mindfulness and well-being ($r(132) = .461, p = .000$) and a negative correlation between mindfulness and maladaptive coping ($r(132) = -.207, p = .017$).

Hypothesis Two: Females will report greater stress and less wellbeing than males

The second hypothesis was not supported. A T-test revealed there was a not a significant

difference in the scores for gender and wellbeing ($t(129) = -.211, p > .05$.)

Hypothesis Three: African American Females will Report a Higher Level of Religious Coping

This hypothesis was partially supported. A One-Way Anova test revealed there was a significant difference in race, though not gender, when reporting levels of religious coping. $F(3, 117) = 5.91, p < .05$. Tukey Post Hoc test revealed that African Americans showed more religious copings ($M = 7.1154, SD = 2.355$) than Caucasians ($M = 4.89, SD = 2.79$) and Hispanics ($M = 4.62, SD = 2.26$). African American males reported more religious coping ($M = 7.29, SD = 1.98$) than African American females ($M = 7.05, SD = 2.52$), though not significantly.

Hypothesis Four: Caucasians will report higher levels of overall mindfulness

This hypothesis was not supported. A One-Way Anova test revealed there was not a significant difference between race and mindfulness. $F(3, 121) = .647, p > .05$. African Americans showed more overall mindfulness ($M = 24.68, SD = 4.72$) and Hispanics showed the least overall mindfulness ($M = 23.43, SD = 4.07$).

Hypothesis Five: Hispanics will report lower wellbeing, lower mindfulness, and more avoidant and maladaptive coping.

This hypothesis was not supported. A One-Way Anova was performed and it showed that between race and wellbeing there was an approaching significance $F(3, 121) = 2.499, p = .063$. The test showed that African Americans reported higher levels of wellbeing ($M = 32.77, SD = 5.88$) and lower levels of maladaptive coping ($M = 10.48, SD = 2.83$). Hispanics reported lower levels of wellbeing ($M = 28.34, SD = 6.28$) and higher levels of avoidance coping ($M = 12.17, SD = 3.15$). The wellbeing reports for Caucasians was ($M = 31.10, SD = 6.27$) and they had the highest levels of maladaptive coping ($M = 11.61, SD = 2.57$) reported.

Additional data found

Additional data found that there is a high correlation between age and overall mindfulness

($r(130) = .204, p = .020$) and the less avoidance coping ($r(130) = -.316, p = .000$). The nonjudgement facet of mindfulness was shown to be most effective and positively correlated with age ($r(130) = .213, p = .015$) and overall wellbeing ($r(132) = .480, p = .000$). Nonjudgement was also negatively correlated with avoidant coping ($r(132) = -.268, p = .002$) and maladaptive coping ($r(132) = -.186, p = .033$). There was not a significant correlation between the nonjudgement facet of mindfulness and religious coping ($r(132) = .169, p = .053$).

DISCUSSION

This present study examined the relationship between mindfulness; different forms of coping like avoidant, active, maladaptive, and religious; and psychological wellbeing. Our results show that higher levels of active coping are associated with psychological well-being. Our results further show that though active coping can be used for psychological wellbeing, mindfulness as a coping mechanism can have a highly significant effect on wellbeing. The higher the mindfulness levels, the more psychological wellbeing was reported. People with higher levels of reported mindfulness also showed lower levels of avoidant and maladaptive coping. Results support research from Collins, Best, Stritzke, and Page (2016) that shows that by being mindful, a person learns that he/she does not have to problem-solve immediately; instead, by staying in the present, the person learns to step back and dissociate from maladaptive coping and thinking.

Research from Bodenlos, Noonan, and Wells, (2013); Bodenlos, Wells, Noonan, and Mayrsohn, (2015); and Woods-Giscombé and Lobel, (2008) report that females showed higher levels of stress and thus lower wellbeing. Our results suggest there is no significant difference between males and females in psychological wellbeing; additionally, our results show that males report slightly lower psychological wellbeing than females. Stress reduction and well-being promotions can be tailored for both genders.

Greeson, Smoski, Suarez, E. C., Brantley, Ekblad, Lynch, and Wolever, (2015);

Hathaway, and Tan, (2009); and Johnson, Williams, and Pickard, (2016) all reported that higher positive religious coping, that is seeking religious guidance and praying, lowers stress and promotes wellbeing. Reinert, Campbell, Bandeen-Roche, Sharps, and Lee (2015) reported that females tend to use more religious coping than males. Our results support the research that states that religious coping promotes wellbeing. Our research findings show that African Americans report significantly higher levels of religious coping followed by Caucasians and Hispanics. Our results show there is no significant difference between gender and religious coping; however, African American males report slightly higher religious coping than African American females. Caucasian males reported the lowest religious coping, right below Hispanic females. This indicates that perhaps religious or spiritual faith has an impact on psychological well-being.

The majority of mindfulness studies that relate to coping and wellbeing have focused on Caucasian adult participants (Baer, Carmody, & Hunsinger, 2012; Bodenlos, Noonan, & Wells, 2013; Collins, Best, Stritzke, & Page, 2016), in particular females. This would indicate that Caucasians would have more mindfulness than African Americans or Hispanics. Our results suggest, though not significantly higher, that African Americans show greater mindfulness levels than the other two ethnic groups. In fact, Caucasians reported slightly higher maladaptive coping than African Americans and Hispanics.

We hypothesized Hispanics would report significantly lower mindfulness and wellbeing levels and higher avoidant coping. Our results found that Hispanics, in fact, did report lower mindfulness and wellbeing levels and higher avoidant levels though not significantly different. One possible theory is that we needed more Hispanics' input.

Our results also found that the nonjudgement facet of mindfulness (to allow reality or what is there, to be as it is without judging, avoiding, changing, or escaping it) was associated with better overall wellbeing. This makes sense. In today's society, where judgements are done quickly and mostly without

thought, nonjudgement about self, others, and situations can impact a person's view on life and overall well-being. Psychologists should promote a nonjudgement viewpoint on life. There was no significant difference between the nonjudgement facet and religiousness, which suggests that one need not be religious to be nonjudgmental. This suggests that perhaps we need to focus on developing this facet in all populations. Additionally, older is wiser. The results showed the more years of life a person has, the more overall mindfulness and the less avoidance coping they had.

This study has limitations. First, one of the authors did not put two survey questions on the online version of the survey. Additionally, self-report measures are also a weakness of this study.

In conclusion, our results add to the literature that supports mindfulness as a coping method to improve psychological wellbeing. Additionally, we found that all groups could benefit from mindfulness training to promote wellbeing. Mindfulness training should be promoted within the Hispanic community who reported the lowest levels of wellbeing. Our next step is to translate the survey into Spanish and get a wider Hispanic population. We will also focus on different mindfulness facets and see what makes a person have higher nonjudgmental levels. Through mindfulness training like full body relaxation, mediation, or simply teaching how to be more aware and not so judgmental, psychological well-being can be improved.

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