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Self-esteem mediates the relationship between mindfulness and well-being

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ABSTRACT

The relationship between mindfulness and well-being has received considerable importance in positive psychological research. The aim of the present study was to examine whether self-esteem mediates the relationship between mindfulness and well-being. A sample of 318 Indian undergraduate university students in the age range of 18–23 years completed self-report measures of mindfulness, self-esteem, affect and mental well-being. Correlation results indicated that mindfulness was associated with self-esteem, affect, and mental well-being and self-esteem was associated with affect and mental well-being. Analysis using Structural Equation Modeling (SEM) showed that self-esteem fully mediated the relationship between mindfulness and positive affect and mental well-being. Furthermore, self esteem partially mediated the relationship between mindfulness and negative affect. Moreover, a multi-group analysis showed that the mediational model was not moderated by gender. The limitations and implications of the results are discussed.

1. Introduction

Mindfulness is commonly defined as a form of nonjudgmental and nonreactive awareness of present-moment experiences, including emotions, cognitions, and bodily sensations, as well as external stimuli such as sights, sounds, and smells (Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007; Kabat-Zinn, 2005). Mindfulness is also conceptualized as a psychological trait that refers to the tendency to be mindful in everyday life (Brown & Ryan, 2003). Levels of mindfulness may also be enhanced through meditation or mindfulness training (Baer et al., 2008; Falkenstrom, 2010). Attempts have been made in the past ten years on the empirical examination of the concept and applications of mindfulness.

Mindfulness has been identified as one of the most strongly established factors contributing to well-being (Baer et al., 2008; Brown & Ryan, 2003). It is evident from several past studies focusing on how mindfulness and well-being interact (Chambers, Gullone, & Allen, 2009; Howell, Digdon, & Buro, 2010; Shapiro, Carlson, Astin, & Freedman, 2006). Mindfulness allows individuals to perceive thoughts and events the way they are and keep them away from judging it critically (Brown et al., 2007). Mindfulness helps individuals to get rid of automatic thoughts & unhealthy behavior and promote self regulated behavior (Ryan & Deci, 2001). This self regulated behavior tends to create recurring experiences of positive affect. Research studies have demonstrated close association between mindfulness and well-being (Giluk, 2009; Harrington, Loffredo, & Perz, 2014; Haver, Akerjordet, Caputi, Furunes, & Magee, 2015; Schutte & Malouff, 2011; Short, Mazmanian, Oinonen, & Mushquash, 2015; Wenzel, Versen, Hirschmüller, & Kubiak, 2015). Studies have also shown that an increase in mindfulness through interventions such as meditation training results in increase of individuals' well-being (Aikens et al., 2014; Falkenstrom, 2010; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008).

Originally, self-esteem was defined as a one-dimensional construct, which refers to a person's general sense of worth (Rosenberg, 1965). Self-esteem is an important construct and is related to a variety of positive psychological outcomes, including psychological adjustment, positive emotion, and prosocial behavior (Leary & MacDonald, 2003). Self-esteem can be enhanced by using well-designed interventions (Robins, Trzesniewski, & Donnellan, 2012). Randal, Pratt, and Bucci (2015) in a review of mindfulness and self-esteem, found a significant relationship between mindfulness and self-esteem. The reason for the association can be attributed to the fact that higher mindfulness makes an individual less engrossed by negative feelings and thoughts that represent low self-esteem (Pepping, O'Donovan, & Davis, 2013). Deci and Ryan (1980) suggested that attention and awareness of mind engage the individual in a behavior that is in line with their needs and interest and thus the individual is less likely to get surrounded by harsh and critical feelings. Increased awareness and describing through mindfulness may encourage people to maintain attention on present experiences, making them less likely to experience negative beliefs or critical thoughts, further enhancing self-esteem. Some preliminary

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evidence suggests that mindfulness is associated with self-esteem (Brown & Ryan, 2003; Michalak, Teismann, Heidenreich, Strohle, & Vocks, 2011; Rasmussen & Pidgeon, 2011; Thompson & Waltz, 2008).

Research findings have demonstrated that people with low self-esteem, experience virtually every negative emotion more often than those with high self-esteem (Goswick & Jones, 1981; Leary, 1983; Taylor & Brown, 1988). High self-esteem acts as a cushion for people against feelings of anxiety, it enhances coping, and promotes physical and mental health (Greenberg et al., 1992; Taylor & Brown, 1988). High self-esteem enhances positive affect by promoting personal adjustment and by buffering the person against stress and other negative emotions, whereas low self-esteem is associated with depression, anxiety, and maladjustment (Leary, Tambor, Terdal, & Downs, 1995). Well-being has been found to be a correlate of self-esteem across a number of studies (Brown & Marshall, 2001; Kong, Zhao, & You, 2013; Krieger, Hermann, Zimmermann, & Grosse, 2015; Lin, 2015a, 2015b).

Based on the preceding rationale and available literature showing that mindfulness contributes to self-esteem (Brown & Ryan, 2003; Rasmussen & Pidgeon, 2011; Ryan & Deci, 2001), and that self-esteem contributes to well-being (Kong et al., 2013; Lin, 2015a, 2015b), in this study, self-esteem was hypothesized to mediate the relationship between mindfulness and well-being. Thus, mindfulness would predict higher levels of self-esteem, which would in turn predict enhanced well-being. This will allow clinicians and researchers to develop interventions that specifically address and target underlying processes. To our knowledge, no study has been encountered to examine the mediation effect of self-esteem on the relationship between mindfulness and well-being. Besides, this study will also contribute to mindfulness literature by making an effort to explain the potential mechanism by which mindfulness influences well-being. The present study investigated the mediating effects of self-esteem on the relationship between mindfulness and well-being in a sample of Indian undergraduate students through SEM. Based on the previous studies, we proposed four possible hypotheses: (1) Mindfulness may significantly predict well-being; (2) mindfulness may significantly predict self-esteem; (3) self-esteem may significantly predict well-being and (4) self-esteem may mediate the influence of mindfulness on well-being.

2. Method

2.1. Participants

318 undergraduate students from an Indian university volunteered to take part in the study. In the sample, 232 were males and 86 were females. The mean age of the sample was 20.3 years (standard deviation = 1.3 years).

2.2. Measures

2.2.1. Mindfulness

Trait mindfulness was assessed through the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), which consists of 15 brief statements. Participants were asked to express their agreement on a six point Likert-type scale ranging from 1 = almost always, to 6 = almost never. It includes items such as, "I tend to walk quickly to get where I'm going without paying attention to what I experience along the way" and "I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there". Excellent test–retest reliability, good internal consistency, and good convergent and discriminant validity have been found with the MAAS (Brown & Ryan, 2003).

2.2.2. Self-esteem

The Rosenberg Self-Esteem Scale (RSES) was administered to assess self-esteem of the participants (Rosenberg, 1965). The RSES consists of 10 items. The Respondents were asked to express their agreement on a four point Likert type scale ranging from 1 = strongly disagree to 4 = strongly agree. It includes items such as, "I am able to do things as well as most other people." and "I take a positive attitude toward myself." The RSES has good levels of reliability and validity (Kong, Zhao, & You, 2012; Zhao, Kong, & Wang, 2012, 2013).

2.2.3. Positive and negative affect

Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988) was administered to assess positive and negative affect of the participants. PANAS consists of 10 affective adjective words for positive affect and negative affect respectively. Participants were asked to indicate how they generally feel on a five-point Likert scale ranging from 1 = very slightly or not at all to 5 = extremely. For positive affect words such as "enthusiastic", "active", and "alert" and for negative affect words such as "guilty", "ashamed", and "distressed" have been used respectively.

2.2.4. Mental well-being

Mental well-being was measured with the short version of the Warwick–Edinburgh Mental Well-being Scale (SWEMWBS; Stewart-Brown et al., 2009). This scale has 7 items that consist of positive phrases and covers positive facets of mental health and well-being (Stewart-Brown, 2013). Participants were asked to indicate to what extent they are feeling each experience on a five-point Likert scale ranging from 1 = none of the time to 5 = all of the time. Sample items include, "I've been feeling relaxed" and "I've been dealing with problems well".

2.3. Procedure

The researcher instructed the participants for filling the surveys in the classroom environment. Participants completed surveys consisting of the MASS, RSES and PANAS & SWEMWBS. The researcher assured the participants of the confidentiality of their responses. A trained research assistant was also available throughout the process to respond to any queries raised by the participants. It took approximately 15 min for the students to complete the surveys.

2.4. Data analysis

SEM procedure was used to investigate the impact of self-esteem on the relationship between mindfulness and well-being. The two-step procedure recommended by Anderson and Gerbing (1988) was used to analyze the mediation effects. The measurement model was first tested to assess whether each of the latent variable was represented by its indicators. If the measurement model turns out satisfactory, then the structural model was tested using the maximum likelihood estimation in AMOS 18.0 program. Three item parcels for mindfulness and two item parcels for each of the self-esteem, positive affect, negative affect and mental well-being factors were formed to control inflated measurement errors caused by multiple items for the latent factor. These parcels were created using an item-to-construct balance approach (i.e. successively assigning highest and lowest loading items across parcels (Kong, Wang, & Zhao, 2014; Little, Cunningham, Shahar, & Widaman, 2002). Different goodness-of-fit indices were used to investigate the adequacy of model fit to the observed data: Chi square statistics; root-mean-square error of approximation (RMSEA) of. 06 or less; standardized root-mean-square residual (SRMR) of .08 or less; and comparative fit index (CFI), best if above .95 (Hu & Bentler, 1999).

3. Results

3.1. Preliminary analysis

Means, standard deviations, reliability estimates (Cronbach's alpha coefficients), and correlations for all measures are displayed in Table 1. All measures were significantly correlated.