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Predicting Adult LGBTQ Happiness: Impact of Childhood Affirmation, Self-Compassion, and Personal Mastery

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Numerous studies report childhood affirmation affects adult lesbian, gay, bisexual, transgender, and queer (LGBTQ) mental health. Mechanisms underlying this relationship, however, are unclear. Using attachment theory, this study explored relationships among childhood warmth and safeness, self-compassion, personal mastery, and subjective happiness in an adult LGBTQ sample (N = 523). Hypotheses tested contributions of continuous variables to the prediction of adult LGBTQ happiness, and whether self-compassion and personal mastery serially mediated the relationship between childhood affirmation and adult happiness. Results were confirmatory; however findings suggest the primary role of self-compassion as a mediator and that mastery contributed most to the prediction of happiness. Counseling implications are discussed.

KEYWORDS *childhood affirmation, happiness, LGBT, personal mastery, self-compassion*

Affirming childhood experiences play a critical role in the mental health and well-being of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people (e.g., American Psychological Association Taskforce on Gender Identity and Gender Variance [APA-TF], 2009; Goldfried & Goldfried, 2009; Needham & Austin, 2010). Researchers have found that LGBTQ young adults experiencing family acceptance evidence greater self-esteem, have more peer support, and report better general health than those with less

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family acceptance (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Numerous researchers have also found that adolescent and young adult sexual minority mental health was facilitated by supportive parenting (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Hershberger & D'Augelli, 1995; Holahan, Valentiner, & Moos, 1994). In addition, research suggests that negative or nonsupportive environments in and outside the family are associated with negative mental health outcomes for LGBTQ persons, including conditions of bullying (Greene & Britton, 2014; Rivers, 2004), and other instances of social oppression. Further, youth who perceive less family support also report more suicidal thoughts, greater suicide attempts, higher symptoms of depression, more illegal drug use, and a higher likelihood to engage in unprotected sex than peers experiencing some or no rejection from their family (Liu & Mustanski, 2012; Ryan, Huebner, Diaz, & Sanchez, 2009).

In total, these studies support the conclusion that nurturing and protective environments are associated with positive outcomes of greater self-esteem, happiness, and a lower psychopathology in LGBTQ populations. Although similar effects are found in the general population (e.g., Mikulincer & Shaver, 2007), study results for LGBTQ persons are indicative of the ameliorating effects of childhood affirmation given common and accumulative experiences of sexual- and gender-identity minority harassment, maltreatment, discrimination, and victimization. As such, these studies are consistent with the minority stress model, wherein emotional support may ameliorate the minority stress associated with a hostile heterosexist, homophobic, biphobic, and transphobic culture (Meyer, 2003). Although numerous investigations have focused on family acceptance of adolescent or young adult sexual or gender identity minority status, it may be of equal importance to consider the relationship between positive outcomes, like LGBTQ adult subjective happiness, and the felt lived experience of childhood preceding self-definition of sexual- and/or gender-identity minority status. Clinical evidence is available of childhood influences affecting LGBTQ psychological development long before identity solidification occurs (e.g., Isay, 1989). Further, felt childhood safety relates not only to the absence of threat-associated nascent differences, but also to the presence of specific affiliative indicators of affection, valuation, and praise (Richter, Gilbert, & McEwan, 2009). Indeed, LGBTQ recalled experiences of childhood as safeguarding and emotionally cherishing may be fundamental to coping with the sometimes arduous process of identity and parental acceptance (Heatherington & Lavner, 2009). Given the importance of emotional support on LGBTQ development (Needham & Austin, 2010), the value of recalled felt experience of childhood before LGBTQ identity solidification, and the possibility for felt warmth and safety to override future interpersonal hostilities in families and schools, and thereby influence adult LGBTQ psychological well-being, the relationship between childhood affirmation, and adult LGBTQ subjective happiness warrants further investigation.

Although retrospective studies have been criticized for potential bias effects as a function of congruency between current mood states and childhood memories (Podsakoff, MacKenziw, Lee, & Podsakoff, 2003), a review of the literature by Brewin, Andrews, & Gotlib, 1993 largely calls this conclusion into question. Further support for the use of retrospective methods is suggested by indications of reliability of recalled childhood victimization in sexual minorities (Rivers, 2001). Thus, measurement of recalled childhood experiences of affirmation in sexual and gender identity minorities and adult LGBTQ happiness, as employed in this study, was deemed appropriate, particularly given the difficulties inherent in prospective methodological assessment of LGBTQ childhood experiences before identity has been solidified.

However, mechanisms underlying relationships between childhood affirmation and adult LGBTQ happiness are at present unclear. How does childhood affirmation influence adult LGBTQ happiness? One theoretical explanation of relationships between positive childhood valuation and adult happiness is attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973, 1988). Two factors of interest as articulated by attachment theory that may bridge the relationship between childhood affirmation and adult LGBTQ happiness are self-compassion and personal mastery.

Self-compassion is theoretically related to attachment models that describe internalizations of kindness and concern through relational security (Bowlby, 1973; Gilbert, 2009; Neff & McGehee, 2010). As such, attachment models predict that childhood experiences of warmth and security facilitates the development of self-compassion, as one responds to oneself as one was once responded to by supportive caretakers (Gilbert, 2009). Defined by a state of mindfulness wherein one is "open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, [and] taking an understanding, nonjudgmental attitude toward one's inadequacies and failures" (Neff, 2003, p. 224), self-compassion has been found to relate to well-being (Barnard & Curry, 2011) and happiness (Neff, Rude, & Kirkpatrick, 2007) in the general population. The capacity for self-compassion and its relationship to subjective happiness in sexual- and gender-identity minorities may be particularly poignant because of the environmental stressors of discrimination and familial stressors of stigmatization related to LGBTQ minority status. These stressors may manifest in shame or beliefs associated with negative cultural internalizations about one's minority identity (Greene & Britton, 2013; Kaufman & Raphael, 1996; Meyer, 2003). Thus, histories of emotional support in childhood and youth may facilitate self-compassion and thereby promote positive adult psychosocial outcomes (Crews, 2012).

Attachment theory also provides a useful explanatory model for understanding personal mastery. According to the theory, attachment and exploration are two inextricably linked primary motivational systems supporting infant to adult survival and development (Elliot & Reis, 2003). Exploration

can expose the infant to risk or harm, bringing her back to attachment figures for soothing and safety, to be then followed by continued exploration (Edwards, 2002). Although attachment allows for self-compassion as a consequence of an internalized system of protection, nurturance, and sensed safety (Gilbert, 2009), exploration and consequent beliefs in personal mastery orient discovery and management of the environment, including primary caretakers. As such, attachment security facilitates self-compassion that, in turn, facilitates mastery through expectations of environmental predictability and control (Gillath, Shaver, & Mikulincer, 2005; Mikulincer & Shaver, 2007). Evidence of the relationship between secure attachment and mastery has been found in indicators of confidence in skills and competencies (Bartholomew & Horowitz, 1991); capacities to manage stress while sustaining self-efficacy, optimism, and control (Mikulincer & Florian, 2001); reduced concern over self-worth or egoistic needs (Mikulincer, 1998); and increased achievement motives and mastery goals (Elliot & Reis, 2003). Mastery as a consequence of secure attachment and self-compassion is also suggested by evidence of greater confidence in addressing another's distress and managing one's own affective reactions to interpersonal demands allowing for increased prosocial behavior (Mikulincer et al., 2001; Westmaas & Silver, 2001). Personal mastery is also a crucial element of LGBTQ resiliency. For example, personal mastery is a factor in the prediction of mental health problems, trauma symptoms, and depression in transgender youth (Grossman, D'Augelli, & Frank, 2011).

In light of recommendations for more research that focuses on the role of positive support for LGBTQ persons potentially ameliorating minority stress (e.g., Chrisler, Smischney, & Villarruel, 2014), the following research study was conducted on childhood affirmation and LGBTQ adult happiness. More specifically, the purpose of this study is to elucidate relationships among early memories of feelings of warmth and safeness, self-compassion, personal mastery, and subjective happiness in an LGBTQ sample, while controlling for variables of identity, age, and income. These demographic variables were chosen given prior research on known factors related to subjective happiness (e.g., Diener, Suh, Lucas, & Smith, 1999; Easterlin, 2001) and to investigate happiness across LGBTQ populations.

Clarification of the contributions of these variables to the prediction of LGBTQ subjective happiness may have important counseling implications. If early memories of warmth and safeness, self-compassion, and personal mastery contribute to subjective happiness in LGBTQ people, then intervention strategies aimed at facilitating and enhancing supportive childhood interpersonal relationships, instructing in self-compassion, and developing beliefs of personal mastery through self-empowerment may be recommended with greater confidence toward the goal of promoting LGBTQ happiness. Further, if self-compassion followed by personal mastery mediates the relationship between childhood warmth and safeness and subjective happiness in sexual and gender minorities, a greater understanding of the underlying

mechanisms bridging these variables becomes available. Serial mediation implies a causal model such that early experiences of warmth and safeness cause capacities for self-compassion, which then influence mastery, and then predict subjective happiness. By testing the mediating role of self-compassion and mastery, a more nuanced understanding of the substrate of emotionally securing and nurturing environments and their impact on adult sexual- and gender-identity minority's subjective well-being specific to subjective happiness can be determined. In summary, we hypothesized the following:

1. LGBTQ subjective happiness is predicted by childhood warmth and safeness, self-compassion, and personal mastery, over and above sexual and gender identity minority subgroup, age, and income.
2. The relationship between childhood warmth and safeness and LGBTQ subjective happiness is serially mediated by self-compassion and personal mastery, such that childhood warmth and safeness affects self-compassion, which in turn influences personal mastery, which in turn affects subjective happiness.

METHOD

Participants

To be included in this study, participants had to identify as lesbian, gay, bisexual, transgender, or queer-identified, and be age 18 years or older. Five-hundred and twenty-three LGBTQ persons participated in this study. Total participants included approximately 34% who self-identified as lesbian/gay women, 24% who self-identified as gay men, 17% who self-identified as bisexual, 12% who self-identified as transgender, and 13% who self-identified as queer. Age range consisted largely of younger adults, with an average age of 27 years and a standard deviation of 10.63 (range 18 – 80 years). Ethnic/racial identity was predominantly non-Hispanic White (68%), with 7% Asian-American, 1% American Native or Alaskan Native, 1% Hawaiian or Other Pacific Islander, 5% Black or African American, 10% Hispanic or Latino/a, 8% Multiracial, and 1% unidentified. Income ranges were biased toward the lower end of the spectrum, with 47% earning under \$10,000, and an additional 15% earned between \$10,000 and \$19,000 annually. Occupational status included 35% employed for wages or self-employed, 52% students, 5% unemployed, 3% self-employed, 2% retired, and 2% disabled, and 1% volunteers.

Measures

EARLY MEMORIES OF WARMTH AND SAFENESS SCALE

Early memories of warmth and safeness was measured by the Early Memories of Warmth and Safeness Scale (EMWSS; Richter et al., 2009). The EMWSS

is designed to measure feelings of warmth, safeness, and caring during childhood. Directions to the instrument ask for agreement or disagreement to statements referring to emotional memories of one's childhood. Examples of the 21-item scale include statements like "I felt secure and safe" and "I felt comfortable turning to people important to me for help and advice" with participants responding on a 5-point scale, ranging from 0 (*no, never*) to 4 (*yes, most of the time*). Cronbach's alpha for the scale was .97 in the normative study, and the scale was validated by correlations with the Early Life Experiences Scale (ELES; Gilbert, Cheung, Grandfield, Campey, & Irons, 2003), the EMBU short form (Swedish acronym translated as "My memories of upbringing"; Perris, Jacobsson, Lindström, Von Knorring, & Perris, 1980), the Activation and Safe/Content Affect Scale (Gilbert et al., 2008), the Forms of Self Criticism and Reassuring Scale (Gilbert, Clarke, Hemple, Miles, & Irons, 2004), and the Depression Anxiety and Stress Scale (DASS21; Anthony, Bieling, Cox, Enns & Swinson, 1998), all directionally related to the EMWSS as expected. Cronbach's alpha for the EMWSS in the current study was .97.

SELF-COMPASSION SCALE—SHORT FORM

Self-compassion was measured by the Self-Compassion Scale – Short Form (SCS-SF; Raes, Pommier, Neff, & Van Gucht, 2011). The SCS-SF was created from the Self-Compassion Scale and is defined by the ability to hold one's feelings of suffering with a sense of warmth, connection, and concern (SCS; Neff, 2003). The SCS-SF is composed of 12 items from subscales of self-kindness, self-judgment, isolation, common humanity, over-identification, and mindfulness (Neff, 2003). Items include statements of "I try to see my failings as part of the human condition" and "I try to be understanding of and patient towards those aspects of my personality I don't like," which are rated on a scale of 1 (*almost never*) to 5 (*almost always*). Total scale score alpha for the normative study was .86, and the correlation between the SCS and the SCS-SF was .98. The shortened version also demonstrated the same factor structure as the original full scale, with a general higher order factor of self-compassion and six second-order factors corresponding to the six facets of the original subscales. Cronbach's alpha for the SCS-SF in this study was .87.

PERSONAL MASTERY SCALE

Personal mastery was measured by the Mastery Scale (MS; Pearlin & Schooler, 1978). *Mastery* is defined as the extent to which one believes life chances are under one's personal control or are fatalistically governed (Pearlin & Schooler, 1978). The instrument consists of seven items and includes the

following: “There is really no way I can solve some of the problems I have” and “Sometimes I feel that I’m being pushed around by life” (both reverse scored). Items are endorsed from *strongly agree* to *strongly disagree*, on a 4-point scale. The score range is from a low of 7 to a high of 28. The scale has demonstrated adequate internal consistency ($\alpha = .76$), and good construct validity, as indicated by factorial consistency and association with measures of depression and self-esteem (Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin & Schooler, 1987). The MS has been widely used, evidencing relationships among perceived personal control, stress, and health (e.g., Haidt & Rodin, 1999; Lachman & Weaver, 1998; Moser & Dracup, 1995; Pham, Taylor, & Seeman, 2001), and with sexual- and gender-identity minorities (Grossman et al., 2011; Greene & Britton, 2012). MS Cronbach’s α in this sample was .77.

SUBJECTIVE HAPPINESS SCALE

Subjective happiness was measured by the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999), a 4-item measure of global subjective happiness. The instrument was developed and validated in 14 studies with a total of over 2,000 participants. Each of the four items is rated on a 7-point Likert-type scale, and includes questions like “Compared to my peers, I consider myself: 1 (*less happy*) – 7 (*more happy*)” and “Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?” (1 = *not at all* – 7 = *A great deal*). Cronbach’s alpha ranged in U.S. samples from .81 to .91, with all items loading on a single factor, and test–retest reliability ranging from .55 to .90 from 3 weeks to 1 year. Convergent validity was assessed by comparing scores on the SHS with the Affect Balance Scale (Bradburn, 1969), the Delighted-Terrible Scale (Andrews & Withey, 1976), the Global Happiness Item (Bradburn, 1969), the Recent Happiness Item (Stewart, Ware, Sherbourne, & Wells, 1992), and the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). Cronbach’s alpha for the SHS for this study was .88.

Procedure

Following Institutional Review Board approval an Internet survey was conducted between June 2012 and June 2013. Survey participants were recruited from Internet websites across the United States. As an incentive to participate, they were also offered enrollment in a random raffle drawing at the conclusion of the study to win one of ten \$10 gift cards or one \$50 gift card for which they needed to provide an e-mail address that was erased at the conclusion of the study and raffle. Participants completed an online

questionnaire that included scales to assess early memories of warmth and safeness, self-compassion, mastery, and subjective happiness. The questionnaire also requested information about a number of sociodemographic variables, including sexual- and gender-identity minority group identity, racial/ethnic identity, age, and income.

Data was initially cleaned of participants who self-identified as cisgender (consistent gender and sex assignment at birth) heterosexual versus heterosexual and transgender, and outliers were assessed and eliminated from the data set. The expectation/maximum (EM) procedure was used to test the null hypothesis that missing data were randomly occurring (Schlomer, Bauman, & Card, 2010). In addition to descriptive and correlational analyses with the data set corrected for missing values, multiple hierarchical linear regressions were conducted to determine the amount of variance contributed by variables to the dependent variable using the enter method for sexual and gender identity subgroup, age, and income at Step 1, followed by the enter method for all continuous predictors at Step 2, as ordered according to theoretical flow of childhood experience, self-compassion, and personal mastery. Demographic variables were entered first to control for these difference when testing for contributions of continuous variables. Dummy variables were created to determine the amount of contribution to the prediction equation from sexual orientation and gender identity group identification, (gay, bisexual, transgender, queer), with lesbian identity arbitrarily chosen as the comparison subgroup.

Serial mediation analysis was conducted through PROCESS (Hayes, 2013), using bootstrapping to test mediation effects. Bootstrapping allows one to gain statistical power without assuming multivariate normality when testing mediation (Mallinckrodt, Abraham, Wei, & Russell, 2006). Direct and indirect effects were generated after resampling from observed cases 10,000 times (each sample with $N = 523$) to calculate a value for the tested mediation effects of self-compassion and then personal mastery on the relationship between early memories of warmth and safeness and subjective happiness (Preacher & Hayes, 2008). A 95% confidence interval was used to test the fit of the hypothesized model.

RESULTS

Table 1 presents means, standard deviations, and percentage of missing data for the scales along with intercorrelations among study variables, including subjective happiness, childhood warmth and safeness, personal mastery, and self-compassion. Missing data ranged from a low of 15.5% (childhood warmth and safeness) to a high of 21.4% (personal mastery) across variables (see Table 1). Missing data was treated through expectations/maximization, or EM algorithm. EM is a maximum likelihood procedure addressing the

TABLE 1 Descriptive Statistics for Measures Used in the Study ($N = 523$)

Measures	1	2	3	4
1. SHS	—			
2. EMWSS	.33**	—		
3. SCS-SF	.52**	.36**	—	
4. PM	.56**	.27**	.45**	—
X	9.46	66.83	-2.11	10.13
SD	4.88	18.64	7.68	2.88
% Missing	18.7%	15.5%	20.7%	21.4%

SHS = Subjective Happiness Scale; EMWSS = Early Memories of Warmth and Safeness Scale; SCS-SF = Self-Compassion Scale – Short Form; PM = Personal Mastery Scale.

* $p < .05$, ** $p < .01$.

relationships between missing data and unknown parameters of the data set. Using IBM SPSS 22, EM was preceded by first testing the null hypothesis that missing data were randomly distributed by employing Little's MCAR test. Little's Completely Missing at Random Test (MCAR) test was nonsignificant ($\chi^2 = 24.47$, $df = 21$, $p = .27$), suggesting missing data were randomly occurring and were unrelated to any variables under study. As such, EM was conducted, and was used to replace missing data.

All variables were significantly positively correlated. Subjective happiness was positively correlated to childhood warmth and safeness ($r = .33$, $p < .01$), self-compassion ($r = .52$, $p < .01$), and personal mastery ($r = .54$, $p < .01$). Childhood warmth and safeness and self-compassion ($r = .36$, $p < .01$) and personal mastery ($r = .25$, $p < .01$), and self-compassion and personal mastery ($r = .43$, $p < .01$) were also correlated.

Multiple linear regression was used to test the hypothesis that childhood warmth and safeness, self-compassion, and personal mastery contributed to the prediction of subjective happiness, after controlling for sexual and gender identity subgroups, age, and income. As indicated in Table 2, subjective happiness, after controlling for demographic variables, was significantly predicted by childhood warmth and safeness, self-compassion, and personal mastery ($R^2 = .41$; adjusted $R^2 = .40$), $F(9, 513) = 39.81$, $p < .001$, with childhood warmth and safeness ($b = .03$, $t = 2.97$, $p < .01$), self-compassion ($b = .21$, $t = 8.35$, $p < .001$), and personal mastery ($b = .63$, $t = 9.72$, $p < .001$) significant. Review of continuous variables shows personal mastery contributes most to the prediction of adult LGBTQ subjective happiness, followed by contributions from self-compassion, and childhood warmth and safety. Continuous variables were entered after controlling for sexual/gender identity subgroup, age, and income, with all covariates nonsignificant, but for transgender as compared to lesbian identity, which approached significance ($b = -1.87$, $t = -1.92$, $p = .055$) (see Table 2).

A serial mediation model (see Figure 1) was used to test the hypothesis that self-compassion and personal mastery serially mediated the relationship

TABLE 2 Summary of Multiple Hierarchical Regression Predicting Subjective Happiness

Criterion Step	Variables	<i>b</i>	<i>t</i>	<i>R</i> ²	ΔR^2	Sig. ΔF	<i>df</i>
SHS							
1	Constant	9.71	14.74	.01		.32	6, 516
	Gay/lesbian	-0.65	-1.20				
	Bisexual/lesbian	-0.81	-1.32				
	Transgender/lesbian	-1.87	-1.92#				
	Queer/lesbian	-0.48	-0.71				
	Age	-0.01	-0.19				
	Income	0.11	1.17				
2	Childhood	0.03	2.97**	.41	.40	.001	9, 513
	Self-compassion	0.21	8.35**				
	Personal mastery	0.63	9.72**				

SHS = Subjective Happiness Scale.
 #*p* < .10, **p* < .05, ***p* < .01.

between childhood warmth and safeness and adult subjective happiness, with sexual and gender identity, age, and income as covariates. The serial mediation model was analyzed using the PROCESS (Hayes, 2012) macro for SPSS, as the PROCESS macro aids in the application of bootstrapping methods recommended by Preacher and Hayes (2008) for testing mediation hypotheses. Bootstrapping is considered advantageous over the more traditional Sobel test (Sobel, 1982) because it does not assume normal sampling

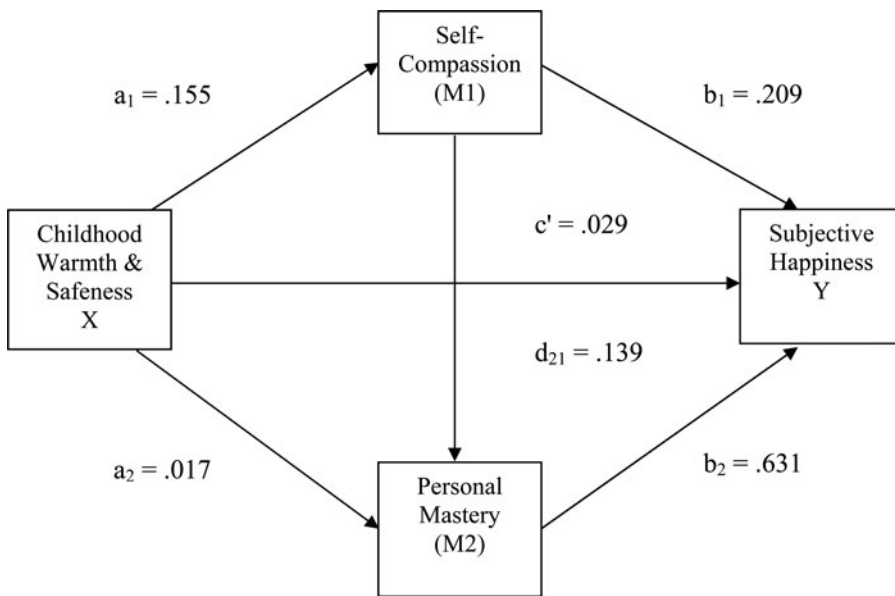


FIGURE 1 Serial Mediation Model, with Sexual/Gender Identity, Age, and Income as Covariates

distribution and provides more statistical power (Preacher & Hayes, 2008). In addition, unlike the causal steps approach, the bootstrapping method does not require significant individual paths analysis to test for mediation. Serial mediation suggests “a causal chain linking the mediators, with a specified direction of causal flow” (Hayes, 2012, p. 14). For example, childhood warmth and safeness could increase self-compassion which could increase personal mastery and thus increase subjective happiness (i.e., childhood warmth and safeness → self-compassion → personal mastery → subjective happiness). To test for serial mediation, happiness was entered as the outcome variable, childhood warmth and safeness as the predictor variable, sexual and gender identity, age, and income as covariates, and self-compassion (M1) and mastery (M2) as serial mediators.

As indicated by Table 3, the first indirect effect is childhood affirmation on happiness through self-compassion ($X \rightarrow M1 \rightarrow Y$) estimated as $a1b1 = .155(0.209) = 0.0326$, with confidence interval above zero [0.215, 0.0453]. Thus, those with affirmative childhoods experienced greater self-compassion, and this increased self-compassion was associated with greater subjective happiness. In addition, serial mediation was confirmed, with childhood affirmation influencing self-compassion, which affects personal mastery, which in turn influences subjective happiness ($X \rightarrow M1 \rightarrow M2 \rightarrow Y$). Estimated as $a1d21b2 = .155(0.139)0.631 = .014$, this specific indirect effect is significantly positive because the bootstrap confidence interval is above zero [0.009, 0.0120]. The third indirect effect of childhood affirmation influencing personal mastery which then affects subjective happiness ($X \rightarrow M2 \rightarrow Y$) was also significant. Estimated as $a2b2 = .012(0.631) = .011$, the 95% confidence interval was again above zero [0.002, 0.020]. The total indirect effect, estimated as the sum of all specific indirect effects, was 0.057, and is also different from zero because the bootstrap confidence interval does not contain zero [0.041, 0.073]. A comparison of indirect effects indicates that the simple mediation effect of self-compassion relative to personal mastery is significantly different ($a1b1 - a2b2 = .022$, 95% CI [0.008, 0.032]), as is the simple mediation effect of self-compassion relative to serial mediation ($a1b1 - a1d21b2 = .019$, 95% CI [0.00, 0.038]). This would suggest that childhood affirmation has a larger effect on happiness through self-compassion than personal mastery, and a larger effect in isolation, relative to the serial effect of childhood affirmation through its effect on self-compassion, which in turn influences personal mastery, and then influences happiness. The confidence interval of the other simple contrast ($a1d21b2 - a2b2$), comparing serial mediation to simple mediation by mastery included zero, indicating its indirect effects were not statistically different from each other.

TABLE 3 Summary of Serial Mediation Analysis

Antecedent	M1 (Self-Compassion)			M2 (Mastery)			Y (Happiness)				
	Coeff.	SE	<i>p</i>	a2 d21	Coeff.	SE	<i>p</i>	<i>c'</i> b1	Coeff.	SE	<i>p</i>
X (Childhood) M1 (Self-Compassion)	0.155	0.020	<000		0.017	0.007	.023		0.029	.070	<000
M2 (Mastery)									0.209	0.029	<000
Constant	-15.629	1.840	<000						0.631	0.070	<000
Gay/lesbian	-0.343	0.761	0.652	iM2	9.223	0.700	.000	i γ	2.234	1.120	.047
Bi/lesbian	-0.551	0.891	0.536		-0.559	0.285	.050		-0.120	0.418	.774
Trans/lesbian	-0.958	1.602	0.550		-0.580	0.313	.065		-0.302	0.460	.512
Queer/lesbian	-0.614	1.040	0.555		-1.317	0.598	.028		-0.155	0.984	.862
Age	0.132	0.040	0.001		-0.701	0.362	.053		0.161	0.567	.777
Income	-0.108	0.150	0.472		0.006	0.145	.689		-0.023	0.012	.239
					0.106	0.053	.046		-0.015	0.088	.862
	$R^2 = .155$			$R^2 = .222$			$R^2 = .411$				
	$F(7, 515) = 9.886, p < 000$			$F(8, 514) = 13.366, p = < 000$			$F(9, 513) = 43.700, p < 000$				

DISCUSSION

This study examined relationships among childhood warmth and safeness, self-compassion, personal mastery, and subjective happiness in an LGBTQ sample. The goals of this study were twofold. The first was to determine if childhood warmth and safeness, self-compassion, and personal mastery contributed to the prediction of adult LGBTQ subjective happiness, over and above identity subgroup, age, and income. The second goal of this study was to test whether self-compassion and personal mastery serially mediated the relationship between childhood warmth and safeness and adult LGBTQ subjective happiness, after controlling for identity subgroup, age, and income. As a consequence, this study adds to current knowledge of the impact of childhood support on positive outcomes for LGBTQ persons and attempts to expand this knowledge by explaining psychological mechanisms underlying relationships between childhood affirmation and adult LGBTQ subjective happiness.

Results indicated that feelings associated with childhood warmth and safeness, self-compassion, and personal mastery predict LGBTQ adult subjective happiness over and above contributions made by identity subgroup, age, and income. This result supports and extends research on the minority stress model by demonstrating that positive environmental factors of childhood warmth and safeness, as well as coping capacities of self-compassion and belief in personal mastery are instrumental in promoting subjective happiness in adult sexual and gender identity minorities. Results are also consistent with prior research on social support and mental health in the general population, with evidence of relationships among positive early memories, self-compassion, personal mastery, well-being (Edwards, 2002; Mikulincer & Shaver, 2007; Neff & McGehee, 2010; Richter et al., 2009), and negative consequences on mental health of inadequate childhood support (Koenen, Roberts, Stone, & Dunn, 2010).

Importantly, personal mastery offered the greatest contribution to LGBTQ subjective happiness. That personal mastery contributed most to the prediction of LGBTQ subjective happiness further suggests the salience of self-empowerment to the psychological well-being of sexual and gender identity minorities, as a function of perceived control over life circumstances (Perris et al., 1980), an ability to mobilize internal and external resources to diminish threat (Caplan, 1981), and the sociopolitical power to elicit desired outcomes (Marshall & Lang, 1990). Results also support prior research on the negative effects of reduced mastery for sexual- and gender-identity minorities, including associations with trauma and depression in transgender youth (Grossman et al., 2011), shame, and negative self-identity in sexual minorities (Greene & Britton, 2012), and sexual and physical abuse and negative physical and mental health in lesbian, bisexual and Two-Spirit American Indian and Alaskan Natives (Lehavot, Walters, & Simoni, 2009).

Assessed contributions to the prediction of personal mastery in this study included income and sexual/gender-identity minority status variables, with transgender relative to lesbian subgroups evidencing lower personal mastery, combined with childhood affirmation and self-compassion. Thus, results suggest that beliefs of personal mastery are subject to historical trauma as well as current conditions of social oppression. This is consistent with findings of increased social oppression and therefore perhaps less personal mastery, associated with transgender minority status (e.g., Factor & Rothblum, 2007), and those of lower socioeconomic resources (Lachman & Weaver, 1998; Pearlin et al., 1981).

Results also suggest that self-compassion and personal mastery serially mediate the relationship between childhood warmth and safety and LGBTQ adult subjective happiness, but that self-compassion alone has a greater effect on the relationship between childhood affirmation and adult happiness when compared to serial mediation effects of self-compassion and personal mastery. Thus, this study supports and extends prior findings of self-compassion's role as a bridge between childhood support and subjective well-being in the general population (Haidt & Rodin, 1999; Wei, Liao, Ku, & Shaffer, 2011). Interpretation of results of mediation between childhood affirmation and adult LGBTQ happiness suggest how vital early close interpersonal relationships of felt safety and emotional support are to the establishment of self-compassion, and influential to adult LGBTQ subjective happiness. Through childhood contact with others that provides a sense of connectedness, comfort, care, security, and feelings of being understood, it is suggested that sexual- and gender-identity minority person's self-compassion evolves as an internalization of positive care that, in turn, facilitates adult LGBTQ subjective happiness. Related to other evidence of relationships between positive outcomes of self-identity and self-compassion in sexual minorities (Crews, 2012), these results reiterate the value of self-compassion across sexual- and gender-identity minority status and suggest how self-affirmation may be established as a result of childhood emotional validation in LGBTQ persons. However, though results recommend childhood affirmation as fundamental to self-compassion and later adult LGBTQ happiness, childhood experiences are not the only factor of import influencing self-compassion. Results of the prediction of self-compassion suggest that, in addition to childhood warmth and safeness, aging may also facilitate increased self-compassion for those who are LGBTQ. Thus, these results offer suggestive evidence of the continuing development of LGBTQ self-compassion in adulthood, in addition to its establishment through childhood validation. As such, results indicated the utility of encouragement of self-compassion in childhood and adulthood as a means of promoting LGBTQ happiness.

Implications for LGBTQ counseling services includes developing programs to help families and schools to provide affirming environments and

safety in support of children exhibiting gender variation and LGBTQ youth. Parents and other family members of LGBTQ youth can be offered affirmative resources to help them in understanding how best to support their children's development, as well as information pertaining to warning signs of psychosocial problems of shame, depression, isolation, and withdrawal that may place children at risk. It is recommended that adult LGBTQ counseling service assess affirming or devaluing memories of childhood, within and outside the family system, to evaluate needs for trauma and self-esteem-related interventions. Development of self-compassion, as a component underlying LGBTQ adult subjective happiness, is recommended as a salient treatment strategy. It is speculated that those sexual- and gender-identity minority adults with histories of inadequate warmth, care, and safety within their early childhood environments may have more difficulty responding with self-compassion when faced with personal limitations, failures, problems in living, memories of childhood difficulties, or social discrimination, and require additional research investigation. As such, sexual and gender minority clients in counseling may benefit from corrective emotional experiences through reprocessing of childhood-related emotionally distressing events, combined with counselor emotional support and unconditional regard as a means of internalizing positive and compassionate reactions to distress through the therapeutic dyad.

Specific recommendations regarding interventions to develop self-compassion in sexual- and gender-identity minorities include generating and expanding upon images of perfect nurturers (Parnell, 1999) or parts of themselves experienced as nurturing (Gilbert & Irons, 2005). This may offer LGBTQ clients new possibilities of responsiveness through which they may frame experience and attend to their emotional needs, as well as encouraging strategies for self-soothing (Lee, 2005). In addition, creating imagery of distancing from critical inner voices can also facilitate skills that deescalate emotional reactivity and support self-regulation. Instruction in empathy and compassion to the self may be particularly important with depressed LGBTQ clients who can be preoccupied with concern about others, often to their own detriment or self-neglect. Treatment strategies that also facilitate reprocessing of early traumatic memories in a self-compassionate way, including Eye Movement Desensitization and Reprocessing (EMDR) (Parnell, 1999), and sensorimotor psychotherapy (Ogden, Minton, & Pain, 2006) are also recommended to counselors and therapists providing mental health services to LGBTQ persons impacted by interpersonal victimization and developmental injuries.

Achieving personal mastery in mental health treatment can be promoted through an egalitarian relationship between counselor and client that focuses on individual strengths, social contexts, social justice, and sociopolitical advocacy (American Counseling Association, 2014). Counselor attention

to multiculturalism, gender issues, and heteronormative bias related to sexual orientation are crucial to the facilitation of LGBTQ client mastery (Anderson, 2013). As a consequence of often-restricted behavioral choices and freedoms faced by LGBTQ clients, safety and warmth within the counseling setting allows for experimentation and exploration of new ways of being, thereby increasing the potential for happiness. Counselors and therapists are encouraged to educate themselves with regard to the specific needs, resources, and concerns of LGBTQ persons, with the underlying goal of furthering client self-mastery. Indeed, it may be asserted that resolution of symptoms associated with disempowerment and trauma are essential to LGBTQ-affirmative counseling and psychotherapy.

Numerous limitations are identified in this study. As a correlational study, causal inferences may not be drawn from this study, and though implied by hierarchical multiple regression and mediation analyses, are only suggestive. Further study with longitudinal methods is recommended to adequately test the predictions derived from the present research. It is unclear if retrospective measurement of early memories of warmth and safeness accurately reflects LGBTQ childhood histories. An additional limitation of this study is sampling bias, potentially influencing results. Representative sampling of socioeconomic level is problematic, with this study skewed to the lower end of the economic continuum, and appears related to the large proportion of participants who were students. Future research might explore additional mediators influencing the relationship between early memories of warmth and safeness and LGBTQ subjective happiness and well-being, as well as distinguishing among developmental age and components of support among parental figures, peers, teachers, and others. Finally, testing of treatment interventions assessing self-compassion is encouraged and underlined as particularly important as counselors attempt to provide evidence-based practice interventions that encourage the well-being and happiness of LGBTQ-identified clients.

In conclusion, this study further contributes to our understanding of LGBTQ subjective happiness. Childhood warmth and safeness, self-compassion, and personal mastery significantly contribute to LGBTQ subjective happiness, with personal mastery most contributory. Further, self-compassion and personal mastery serially mediate the relationship between childhood warmth and safeness and adult LGBTQ subjective happiness, but self-compassion alone has the largest effect between them. The importance of LGBTQ-affirmative counseling treatment strategies that include self-compassion and personal mastery through family education, early intervention programming, and policy change to support individual differences in general, and youth and adults who self-identify as sexual- and gender-identity minorities in particular, is regarded as crucial to the promotion of LGBTQ happiness.

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