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Psychological Distress as Mediator Between Perceived Stigma and Relationship  
Satisfaction Among Sexual Minorities

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A thesis  
presented to  
the faculty of the Department of Psychology  
East Tennessee State University

In partial fulfillment  
of the requirements for the degree  
Master of Arts in Psychology

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by

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May 2012

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Keywords: Perceived Stigma, Psychological Distress, Relationship Satisfaction, Sexual  
Minorities

## ABSTRACT

### Psychological Distress as Mediator Between Perceived Stigma and Relationship Satisfaction Among Sexual Minorities

by

Desta A. Taylor

Stigma is a multi-faceted construct that permeates the daily lives of sexual minorities including perceptions of self and social interactions. While research findings are ubiquitous on the negative mental health outcomes of living with a stigmatized identity (Link & Phelan, 2001), little is known about how perceived stigma may influence relationship satisfaction among sexual minorities. The present study investigated the relationship between perceived stigma and relationship satisfaction and whether psychological distress served as a mediating mechanism. Furthermore, a unique aspect of this study is its examination of multiple domains of stigma. Results indicated that sexual minorities experienced more perceived discrimination, public stigma, and self-stigma than heterosexuals as well as were less out about their sexuality. Main results did not support psychological distress as mediator but did reveal that self-stigma was significantly related to decreased relationship satisfaction among sexual minorities. Future research should focus on further elucidating the relationship between self-stigma and relationship satisfaction.

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CHAPTER 1  
INTRODUCTION

*Overview*

Sexual minorities (i.e., lesbians, gay men, bisexuals) face unique stressors in day-to-day life because of their stigmatized status (Meyer, 2003). Research on their stigma has included perceived discrimination, or unfair treatment, as well as internalized homophobia, and mental health outcomes, including distress. However, less research has focused on the relationship between stigma and romantic relationship outcomes among sexual minorities. Indeed, psychological distress may also play an important role in relationship satisfaction due to perceived stigma. This thesis extended prior work and proposed that psychological distress serves as a mediator between perceived stigma and relationship satisfaction among sexual minorities. Thus the study built on previous literature by examining multiple aspects of perceived stigma (perceived discrimination, public stigma, and self-stigma) in addition to examining the influence that psychological distress could have in explaining the link between perceived stigma and relationship satisfaction. Below, a brief background of stigma is discussed followed by definitions and current literature regarding perceived stigma, psychological distress, and relationship satisfaction. Included in the literature review is support for the proposed relationships among study variables as well as for mediation, culminating in the hypotheses, study design, results, and discussion.

### *Multiple Dimensions of Stigma*

Stigma is a multidimensional construct. Goffman (1963) defined stigma as a characteristic or trait that dehumanizes an individual “from a whole and usual person to a tainted discounted one” (p.3). Commonly stigmatized features may be hidden from others, requiring stigmatized individuals to divulge the stigma to others. Many stigmatized identities fall into this category, known as concealable stigma, such as sexual orientation, mental disorders, terminal illnesses, and some types of tattoos (Fife & Wright, 2000; Link, 1987; Martin & Dula, 2010; Quinn & Chaudoir, 2009). Other types of stigma may not be as easily concealed, such as race or gender (Quinn & Chaudoir). Stigma also is considered to be three primary components: stereotypes, prejudice, and discrimination. Stereotypes are an oversimplification or generalization about traits or characteristics of a stigmatized group. Agreeing with stereotypes leads to prejudice, which is defined as agreeing with the stereotype coupled with an adverse emotional reaction to that stigmatized group (i.e. fear, anger, anxiety). Once adverse emotional responses are established individuals may begin to avoid stigmatized persons due to negative emotions experienced in their presence. Avoiding stigmatized groups by refusing job or housing opportunities and avoiding areas where stigmatized groups frequent is defined as discrimination (Corrigan & Watson, 2002). Individuals can be stigmatized by others and can stigmatize themselves. As Corrigan, Watson, and Barr (2006) have outlined in research surrounding stigma against mental illness, stigma may permeate both the public and an individual’s self-image. Public stigma is the degree to which society or the general population hold negative and stereotypic beliefs while self-

stigma is the degree individuals hold these beliefs toward themselves (Corrigan, 2004; Corrigan & Watson, 2002; Corrigan, et al., 2006).

Given the complexity of the stigma construct, the present thesis examines multiple aspects of perceived stigma that includes perceived discrimination, self-stigma, as well as public or public stigma, the degree to which stigmatized individuals anticipate or believe they might be discriminated against or stereotyped (Major & O'Brien, 2005; Pinel, 1999). For example, in 1987 Link reported that after receiving the diagnosis of a mental illness many individuals public a diminished sense of self (i.e., self-stigma) as well as a fear of being rejected by those around them and by the community (i.e., public stigma). In the present paper *perceived stigma* refers to a combination of self-stigma or how much an individual stigmatized himself or herself, and “public stigma” or how much a individual feels he or she will be stigmatized (treated unfairly or different) by the general public (Corrigan & Watson, 2002).

In the past perceived stigma has been reported by a myriad of minority groups including the female gender, mentally ill, and prison inmates (Brown & Pinel, 2003; Pinel, 1999; Winnick & Bodkin, 2008). For instance, Brown and Pinel (2003) studied perceived stigma in the form of stigma consciousness, or the degree to which individuals feel others will hold stigmatized perceptions about them based on their stigmatized identity (i.e. female gender), and reported that women with high levels of stigma consciousness performed worse on math tests than women with low levels. In addition, individuals with a mental illness who report high levels of perceived stigma are more likely to drop-out of treatment as well as are less likely to stay on a medication regimen

(Sirey et al., 2001). Furthermore, after receiving a psychiatric diagnosis many patients felt more stigmatized by others and reported lower levels of life satisfaction (Rosenfield, 1997). In a sample of current prison inmates Winnick and Bodkin reported that inmates felt that when released they anticipated barriers or difficulties in attaining employment and/or education as well as a desire for secrecy and withdrawal from the local community and society (2008).

Other examples of perceived stigma may be found in literature regarding ethnicity and perceived discrimination. As stated, a component of perceived stigma is the degree to which stigmatized individuals perceived that others will treat them differently than nonstigmatized members of society. In a sample of ethnic minorities Cassidy, O'Connor, Howe, and Warden (2004) reported that perceived discrimination (defined by anticipated or perceived instances of prejudice and/or discriminatory behavior) predicted psychological distress and that minority women were more likely to report heightened levels of anxiety and depression (psychological distress) than minority men. However, the study did not include a measure of self-stigma, so no inferences can be made about minority women's stigmatized beliefs towards themselves.

#### *Perceived Stigma and Discrimination among Sexual Minorities*

Reports of sexual minorities in the population have been inconsistent. For example, in 1990 *Newsweek* (Marshall, 1991) reported that 25% of Americans were homosexual. While another study reported only 3.5% disclosed being a sexual minority (Gates, 2011). Historically, scientific inquiry has accepted the seminal work of Kinsey as

a basis for discussions on homosexuality because it uses the most scientifically based methods for obtaining prevalence estimates of sexual minorities (Diamond, 1993; Sell Wells, & Wypij, 1995). Unfortunately, even the Kinsey study did not use a random sample; therefore, conservative use of homosexuality estimates is suggested (Diamond, 1993). Consequently, many researchers have noted that a reliable source for identifying accurate pervasiveness of sexual minorities is needed (Aldhous, 1992; Diamond, 1993; Sellet al., 1995). Ultimately, as no reliable sources for the prevalence of sexual minorities exist, the context of the source must be considered when reporting estimates of this population. No matter how the number originated, most contemporary research reports the 10% figure when referring to the homosexual population (Sellet al., 1995).

Previous research has suggested that lesbians, gays, and bisexuals are more likely than individuals with a heterosexual sexual orientation to experience stigma in the form of discrimination, both over a life time and in their day-to-day lives (Mays & Cochran, 2001; Ragins & Cornwell, 2001). Using a U.S. national probability sample, Herek (2009) reported that gay men experience the most discrimination and hate crimes. Furthermore, Herek also found that over a third of sexual minorities sampled believe that they are treated or thought of differently because of their sexual orientation, and over half of the sample reported at least one incidence of public stigma (fear of unfair treatment). Mays and Cochran (2001) reported that among homosexuals and bisexuals nearly three quarters reported experiencing some form of discrimination over a lifetime, which is much higher than their heterosexual counterparts. In a qualitative study by Mays, Cochran, and Rhue (1993) black lesbians were interviewed about their experience pertaining to perceived

discrimination and sexual orientation discrimination. In 2009 Herek reported 20% of sexual minorities due to their sexual orientation reported some form of personal or property crime, roughly 50% experienced verbal abuse, and 10% reported being denied a job or housing opportunity.

Other evidence for stigma in the form of discrimination can be found as well (Ragins & Cornwell, 2001). For example, sexual minority adolescents encounter more sexual harassment and bullying than their heterosexual peers report and experience diminished closeness from their classmates and partners (Williams, Connelly, Pepler, & Craig, 2005). Ragins and Cornwell reported homosexuals experience higher levels of work-related discrimination and felt less supported by their organization than heterosexual employees. Perceived workplace discrimination may be rooted in the disclosure of sexual orientation (Cain, 1991; Herek, 1991, 1998; Herek & Capitanio, 1996). Homosexual employees may not disclose their sexual orientation in order to “pass” as heterosexuals in their profession (Schneider, 1987).

Some discrimination occurs through the legal system. Although most recently the “don’t ask don’t tell law” was dissolved giving sexual minorities the right to serve in the military without repercussions, many legislations and individual acts still limit sexual minorities’ rights as citizens and discriminate against them in their daily lives (Garamone, 2011). For instance in the military, although sexual minorities may enlist openly, under Article 125 of the Uniform Code of Military Justice Acts of “unnatural carnal copulation with someone of the opposite or same sex” may be subject a court-martial (2012). The most obvious is that fact that sexual minorities are not allowed to legally marry; this

matter is discussed in more detail below. At divorce or custody hearings, being a member of a sexual minority is typically cited in to court as a reason to not grant visitation or to deny custody altogether (Purcell & Hicks, 1996). Even though improvements are being slowly made with passing of hate crime protection laws(Purcell & Hicks, 1996), sexual minorities still face discrimination and ill-treatment from a variety of causes ranging from private to governmental. Overall, many of these acts of discrimination derive from commonly held stigmas and stereotypes about sexual minorities such as most sexual minorities suffer from mental illness (Meyer, 2003; Purcell & Hicks, 1996). For the purpose of this thesis, perceived stigma included perceived discrimination, public stigma, and self-stigma.

### *Theoretical Applications Explaining Perceived Stigma*

Theories have been posited to explain stigma and its influence on sexual minorities. One explanation for the prejudicial and stigmatizing treatment of sexual minorities is contact theory. While the general theory was first proposed by Allport (1954), Herek explains contact theory related to heterosexual and homosexual interactions and relationships; in other words, the less interaction heterosexual individuals have with homosexual individuals the more heterosexuals stigmatize sexual minorities; and, when heterosexuals have more contact with homosexual individuals they tend to experience less prejudice and report fewer stigmatizing thoughts and behaviors (2007). This theory has been supported by Herek and Capitano's 1996 study that

concluded the more individuals encounter homosexual individuals the less prejudicial and stigmatizing beliefs they hold towards sexual minorities.

Discrimination or merely the awareness of stereotypes or that stigma exists against those holding stigmatized identities is enough for internalized stigma to develop among those who also hold stigmatized identities (Link, 1987). That is, internalizing stigma may prompt homosexuals to harbor negative attitudes toward themselves. Herek, Gillis, Cogan, and Glunt have referred to such self-beliefs among sexual minorities as internalized stigma (1997), while others label this self-stigma (Corrigan, 2004; Corrigan & Watson, 2002; Corrigan et al., 2006). A related construct to self-stigma among sexual minorities is internalized homophobia, which is also labeled in literature as internalized homonegativity, internalized homophobia, and internalized stigma (Meyer, 2003; Williamson, 2000). Internalized homophobia is defined as sexual minorities' belief, or internalization, of prejudicial views held by others towards stigmatized sexual orientations (Williamson, 2000). Internalized homophobia has been associated with a plethora of negative outcomes similar to those found with perceived stigma ranging from poorer physical health, increases psychopathological symptoms, and relationship issues (D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Mohr & Fassinger, 2006; Williamson, 2000).

Pinel (1999) discussed the effects of perceived stigma of sexual minorities in the form of stigma consciousness and concluded that gay men were more likely to report elevated levels of perceived stigma than other sexual minorities. This difference could be explained by the increased likelihood of gay males to feel more stigmatized because they

experience more prejudice and discrimination than other sexual minorities (Mohr & Fassinger, 2006). Furthermore, the stigma against homosexuality and the edifying of heterosexism is taught early (Frable, Wortman, & Joseph, 1997). Thus, sexual minorities may endorse negative cultural attitude long before they identify as gay. As the gay identity becomes personally relevant, so do the cultural stereotypes and negative beliefs (Link, 1987).

In 2003 Meyer published a meta-analysis on mental health among sexual minorities. Although homosexuality has not been a diagnosable mental illness for decades (since the 1970s), the association with mental illness still remains a consequence of the hostile social environment complete with stereotypes and stigma associated with sexual minorities. Sadly, the negative association with mental illness and sexual minorities has led to heightened levels of stigma that has, in turn, created more psychological distress (Bailey 1999; Gilman et al., 2000). Thereby due to their membership in a socially unacceptable stigmatized group, sexual minorities are forced to deal with stressors surrounding a hostile environment (Meyer, 2003). In a conceptual model Meyer (2003) proposed antigay behaviors increase minority stress by increasing internalized homophobia (i.e. I am mentally ill because I am gay.), desire to conceal stigmatized identity, and sensitivity, or expectations of being rejected by others. This increased level of stress, in turn, increases psychological distress among sexual minorities as well as attenuates mental health. Fear or perceptions of rejection and/or negative treatment by others are the key components to perceived stigma. Furthermore, as Major and O'Brien(2005) pointed out in a model for stigma, reactions and perspectives to

stigmatizing acts and anticipated acts of discrimination are vital to understanding stigma. As stigma is a chronic stressor, how a stigmatized individual adjusts and copes with his or her stigmatized identity will influence the impact stigma will have on lives. This is in line with minority stress theory that illustrates stress from stigmatization is an aspect of living with stigmatized identity makes one vulnerable to stress and may cause an individual to internalize stereotypes (Meyer, 2003). Furthermore, as sexual minorities develop their sexual identities, the stress of living with a stigma and how these views reflect on them may influence their outlook on life (Mohr & Fassinger, 2006).

#### *Perceived Stigma, Discrimination, Psychological Distress, and Sexual Minorities*

Psychological distress may play a key role in the lives of sexual minorities, as they report experiencing more psychological symptoms than their heterosexual counterparts (Gilman, et al., 2000). Because researchers have not agreed on a standardized definition, psychological distress has been assessed in the past work typically by combining various psychosocial components (e.g., self-esteem, self-efficacy, anxiety) and mental health (depression, anxiety, psychological disorders) components to create a “psychological distress” variable (e.g., Beals & Peplau, 2005; Markowitz, 1998; Quinn & Chaudoir, 2009). For the purpose of this study psychological distress was determined using the Kessler Psychological Distress Scale (K10; 2002), which combines anxiety and depression symptoms to measure psychological distress. As such, anxiety and depression are the focus of the literature review for psychological distress.

As stated, psychological distress by many definitions is higher among sexual minorities than heterosexuals. In 2001 using data from a national survey of sexual minorities, Gilman et al. reported sexual minorities on average described higher incidences of mood disorders, anxiety disorders, and substance abuse than heterosexual participants. Furthermore, Gilman et al. also stated that homosexuals experienced higher rates of suicidal attempts and thoughts when compared to their heterosexual counterparts. Interestingly, sex differences were found among sexual minorities and psychological symptoms reported. Gay males and bisexual males were more likely to report depressive symptoms, while lesbians and bisexual women reported more anxiety symptoms (Cochran, Sullivan, & Mays, 2003).

Consistently perceived stigma has been associated with increased levels of psychological distress that covers a broad spectrum of psychosocial and mental health factors including anxiety and depression (Markowitz, 1998; Mays & Cochran, 2001); however, perceived stigma may also permeate other facets of individuals' lives that potentially could aggravate psychological distress indirectly. As Corrigan (2004) pointed out individuals with poor mental health strive to avoid the label of "mentally ill" because it diminishes individual perceptions of self-worth and also alienates sufferers from social opportunities, which can also add to psychological distress

As Goffman (1963) suggested, stigmatized individuals have a heightened level of awareness and sensitivity in their relations with the majority group (i.e. nonstigmatized) thus increased levels of anxiety. Furthermore, individuals with a concealable stigma may

find social interactions highly stressful because every interaction could potentially be a chance for others to discover their stigmas (Smart & Wegner, 1999). When applied to sexual minorities, daily social interactions with others have the potential to increase anxiety and distress twofold by creating an opportunity to be stigmatized by others and, if the individual is not open about his or her sexual orientation, every social interaction is a prospective “outing” of his or her concealed identity. This is supported by Pachankis and Goldfried (2006) who reported homosexual males report higher levels of anxiety in social interactions and feared receiving negative evaluations if others discovered their sexual orientation.

As Mireshghi and Matsumoto suggested, the more sexual minorities recognize their culture or society as being heterosexist the higher the levels of stress and depression they experience (2008). In a study by Wayment and Peplau (1995), lesbians with strong support and acceptance by those around them reported higher levels of well-being, suggesting that those who feel less accepted by others would have lower levels of well-being. And, individuals who felt less supported and more devalued by those close to them reported lower levels of life satisfaction and higher levels of psychological distress (Beals & Peplau, 2005). Furthermore, stigma has been suggested to increase psychological distress that diminishes life satisfaction (Markowitz, 1998). Due to the unwelcoming environment sexual minorities are in, many expect to experience negative treatment once others discover their stigmatized identities (Meyer, 2003). Moreover, as sexual minorities are not accepted members of society (Herek & Berrill, 1992), they are vulnerable to

attacks that could potentially increase psychological distress (Garnets, Herek, & Levy, 1990).

These findings fit with the present thesis focused on perceived stigma and psychological distress. Stigma may explain distress for homosexuals. Social interactions have been suggested as a source of anxiety for sexual minorities (Goffman, 1963, Meyer, 2003, Panchankis & Goldfried, 2006). As social interactions may pose a threat of prejudice and discrimination, many sexual minorities may be preoccupied with fear of negative assessments by others (Panchankis & Goldfried). This idea fits with minority stress theory that suggests living with a stigmatized identity creates stress due to a hostile environment (Meyer 2003).

Hatzenbuehler, Nolen, and Dovidio (2009) outlined a model of the damaging effects stigma (stigma was defined as Goffman's definition as a dehumanizing mark or trait but focused on a sample of African Americans and sexual minorities) has on mental illness that incorporated much of the literature on perceived stigma and psychological distress. However, their model did not include multiple aspects of perceived stigma, which is a key aspect of stigma because holding stigmatized identity increases sensitivity to stigmatizing event/behaviors (Goffman, 1963). Hatzenbuehler and colleagues concluded that sexual minorities experienced increased levels of stress on the same days as stigmatizing events and felt more isolated than other stigmatized groups examined in the study. Furthermore, they found that rumination and social isolation mediated the relationship between stigma and psychological distress (2009). Although the present

study does not examine support and isolation, this work highlights the implications of relational factors and stigma among sexual minorities. This research outlines two key components to the proposed model first by explaining how perceived stigma may aggravate psychological distress among sexual minorities and second by addressing the importance of social support for stigmatized individuals. In particular, if sexual minorities feel more isolated than other stigmatized groups, this could pose a serious threat to social support that could potentially further isolate sexual minorities thus increasing psychological distress.

*Perceived Stigma, Discrimination, Relationship Satisfaction and Sexual Minorities*

The main objective of the present research was to examine relational satisfaction in the context of stigma among sexual minorities. Sexual minorities differ little from heterosexuals in many aspects of romantic relationships, particularly in relationship satisfaction, or the overall feeling of contentment an individual feels toward his or her romantic relationship (Means-Christensen, Snyder, & Negy, 2003). In a review of the current literature regarding sexual minority romantic relationships, Peplau and Fingerhut (2007) outlined that contrary to themes in popular media, it has been documented that many lesbians and gay men establish long-lasting and meaningful relationships. Furthermore, they explain that same sex and heterosexual couples score similarly in love, satisfaction, and relationship adjustment. These researchers also state that same sex relationships may enjoy a more egalitarian split of household or financial provider

responsibilities, debunking the idea that same sex relationships mimic heterosexual “husband and wife” marriages.

Although homosexual couples and heterosexual couples differ little in relationship dynamics, they may differ in stigma that can impact relationships. That homosexuality is not as fully accepted in society as heterosexuality causes homosexual individuals and couples to face prejudice and discrimination. As Herek, Kimmel, Amaro, and Melton (1991) discuss, sexual minorities face many inequalities not only at the social level but at the cultural and governmental levels as well. Sexual minorities still face housing and job discrimination. Furthermore, until recently sexual minorities in the military faced being discharged if others discover their sexual orientation (Herek et al., 1991). In support of the inequality that sexual minorities encounter, Lannutti (2005) pointed out that without having the opportunity to marry many sexual minorities feel like second-class citizens. The legalization of gay marriage would not only permit an expression of commitment and love but also increase equality between heterosexual and homosexual couples (Lannutti, 2005). Thus unlike heterosexual couples, homosexual couples must deal with the antigay crime and/or behaviors, prejudices, and discrimination of living with a stigmatized identity. Therefore, sexual minority relationships appear to face a unique obstacle as stigma and perceptions and reactions to stigma may permeate romantic relationships from the beginning (Savin-Williams & Diamond, 2000).

Perceived stigma may diminish relationship satisfaction (Mohr & Fassinger, 2006; Slade, O'Neil, Simpson, & Lashen, 2007). Mohr and Fassinger (2006) reported that among sexual minorities, individuals with high levels of relationship satisfaction report lower levels of perceived stigma and internalized homonegativity (which could be considered self-stigma). This suggests a negative association between relationship satisfaction and perceived stigma such that perceived stigma could diminish relationship satisfaction. Building on minority stress theory, in journal entries collected by Braitman, Lewis, Derlega, and Wilson, (2008) lesbian women expressed feelings and encounters of rejection, discrimination (including public stigma), perceived situations where they may have been stigmatized against, and feeling different from others (self-stigma). Also, lesbians who reported high incidences of discrimination had more depressive symptoms. In line with the current thesis's hypotheses, this qualitative study illustrates how the components of perceived stigma permeate daily aspects of lesbians' lives.

A related construct that may aid in understanding the model proposed in the current thesis is internalized homophobia, internalizing society's negative impressions and views towards homosexuality. As a conceptual component of minority stress theory (Braitman, et al., 2008; Meyer, 2003) internalized homophobia may aid in explaining the influence of perceived stigma on psychological distress. As internalized homophobia and stigma consciousness (perceived stigma) are both considered facets of one's sexual identity development for sexual minorities that influence relationship quality (Mohr & Fassinger, 2006), they could potentially be interrelated. Therefore, it may be possible that internalizing more homophobic attitudes may make one more susceptible to perceived

stigma that in turn could potentially harm romantic relationships. For example, as Balsam and Symanski (2005) found that those who reported experiences of discrimination and heightened levels of internalized homophobia reported poorer relationship quality.

Another theory that may explain the influences of stigma on relationship satisfaction is investment theory. Investment theory outlines a cost and reward model to assess relationship satisfaction and continued involvement in the relationship. The more an individual has invested in the relationship the higher overall satisfaction he or she will feel. However, costs (i.e. financial issues, external influences) diminish satisfaction which has the potential to diminish commitment to the relationship (Rusbult, 1983). Although this model has only been assessed with heterosexual couples (Rusbult, 1983), the cost and reward paradigm of investment theory may be key to understanding the influences of stigma on sexual minorities' romantic relationships. As stigmatization can lead to discriminatory acts such as being denied employment and housing opportunities, hate crimes, and derogatory behaviors and comments (Herek, 2009, Major & O'Brien, 2005), such factors would add to the cost of maintaining a relationship and have the potential to reduce satisfaction. The question posed by the present research is if perceived stigma links to diminished relationship satisfaction.

Another potential explanation for a link between perceived stigma and relationship satisfaction is stereotype threat. As stereotype threat suggests stigmatized individuals once confronted with a task or situation that has the potential to confirm a negative stereotype will act in way to confirm that stereotype in a self-fulfilling prophecy

(Steele & Aronson, 1995). A well-documented stereotype is sexual minority romantic relationships are dysfunctional (Peplau & Fingerhut, 2007). Therefore, sexual minorities with high degrees of perceived stigma may internalize this notion that sexual minority relationships are dysfunctional thereby reporting diminished relationship satisfaction.

Yet another theoretical explanation involves rejection sensitivity. Individuals who are sensitive to rejection misinterpret neutral behaviors in others as acts of rejection (Downey & Feldman, 1996), and eventually self-fulfill these prophecies by acting in a manner that causes significant others to reject them (Downey, Freitas, Michaelis, & Khouri, 1998). As individuals with high levels of perceived stigma are sensitive to perceived acts of maltreatment by others (Pinel, 1999), they may carry this hypersensitivity to maltreatment into their romantic relationship in the form of rejection sensitivity. For instance by misconstruing ambiguous behaviors as rejection by his or her romantic partner one is thereby acting in a way that causes his or her partner to reject him or her thus diminishing relationship satisfaction.

Related, perceived stigma may diminish relationship satisfaction by the fact that perceived stigma can have an adverse influence on support seeking and support receipt. Couples seem to describe higher levels of satisfaction when social involvement and disclosure were similar between partners (Beals & Peplau, 2001). In a model proposed by Williams and Mickelson fear of rejection partially mediated the relationship between perceived stigma and indirect support seeking methods (2008). Also, Williams and Mickelson reported that these indirect support seeking methods were associated with

more unsupported responses for social networks (friends and family). Furthermore, perceived stigma has been linked to diminished levels of disclosure (Slade et al., 2007). As previous literature suggests, attenuated social involvement and disclosure are associated with intensified feelings of perceived stigma from others (Slade et al., 2007). Theoretically, lack of support seeking and receipt paired with depreciated degrees of disclosure could potentially harm romantic relationships because individuals who perceive themselves as highly stigmatized may not feel they can trust or confide in those around them (Folkman et al., 1986).

Another possible explanation for the influence of perceived stigma on relationship satisfaction incorporates examining moral experiences of stigmatized individuals. As Yang and colleagues (2007) posit individuals marked with a stigma worry about what could be lost or affected because of social perceptions and behaviors towards them. Sexual minorities may feel anxious or concerned about others discovering their sexual orientation and worry that negative reactions to their stigmatized identity may harm personal and professional lives such as romantic intimate relationships, thus increasing perceived stigma. These increased levels of perceived stigma and distress have the potential to cause strife in romantic relationship and also have the potential for individuals to act in such a way that diminishes relationship satisfaction.

Some final research potentially relevant for the present study is that focused on the political climate surrounding sexual minority marriage. With only few states recognizing gay marriage, sexual minorities are hindered from expressing commitment

and devotion for one another the same way heterosexual couples do. Thereby, many same-sex couples cohabitate instead of marry (Kurdek, 2005). Couples who cohabitate face a unique set of challenges. For instance, cohabiters report higher levels of depression than their married counterparts. This is explained by higher levels of instability reported by cohabitating couples especially over long periods of time (Brown, 2000). However when cohabitating couples have plans to marry in the future relationship, security levels rise to be similar to married couples (Brown & Booth, 1996). This implies that when sexual minority couples have the option to marry they also have the potential to promote relationship security thus diminishing depressive symptoms.

### *The Present Study*

The present study addressed the explanatory role of distress in the relation between perceived stigma and relationship satisfaction. Minimal work that supports Meyer (1995, 2003) has directly examined these ideas. Frost and Meyer (2009) proposed in a structural equation model that internalized homophobia and other correlates (e.g. outness, community connectedness, and depression) would negatively affect relationship quality by promoting relationship problems. Results indicated that all factors directly related to increased relationship problem scores; and that depression partially mediated internalized homophobia and relationship problems. The current thesis expanded the findings by using a more detailed model that incorporates potential control variables such as outness as well as a global indicator of psychological distress and multiple indicators of

perceived stigma,(public stigma and self or internalized stigma in addition to perceived discrimination).

In summary, previous research has outlined that sexual minorities experience more stigmatizing treatment by others when compared to their heterosexual counterparts, thereby perceiving they will be stigmatized by others in the future and reporting internalized or self-stigma. Although prior literature shows homosexuals and heterosexuals report no significant difference in relationship satisfaction, stigma and prejudice permeate their daily lives and potentially impact their romantic relationships. Therefore, it is possible that perceived stigma predicts diminished relationship satisfaction and may be partially explained by increased psychological distress that results from stigma. In this way psychological distress may mediate perceived stigma and relationship satisfaction. A mediator is a variable that explains the relationship between an independent variable and dependent variables. Baron and Kenny (1986) described the precise way to test mediation that includes analyzing all pathways in a causal model. Presumably there are significant relations between the independent variable and dependent variables. After including the mediator in the model the main relations found between independent and dependent variables decrease to non-significance, thereby providing evidence that the mediator is a mechanism explaining the relationship.

Specifically, it was hypothesized that:

(H1) Sexual minorities would report more self-stigma, public stigma, and perceived discrimination than heterosexuals.

(H2) Sexual minorities would report more psychological distress than heterosexuals.

(H3) Sexual minorities and heterosexuals would not differ in overall relationship satisfaction given the previous literature showing no difference between heterosexual and sexual minority couples in relationship satisfaction (See Fingerhut and Peplau (2007) for a review).

(H4) Self-stigma, public stigma, and perceived discrimination would be positively related to psychological distress among sexual minorities.

(H5) Self-stigma, public stigma, and perceived discrimination would be negatively related to relationship satisfaction among sexual minorities.

(H6) Psychological distress would be negatively related to relationship satisfaction.

(H7) Psychological distress would mediate the relation between perceived stigma (self-stigma, public stigma, and perceived discrimination) and relationship satisfaction for sexual minorities (See Figure 1).

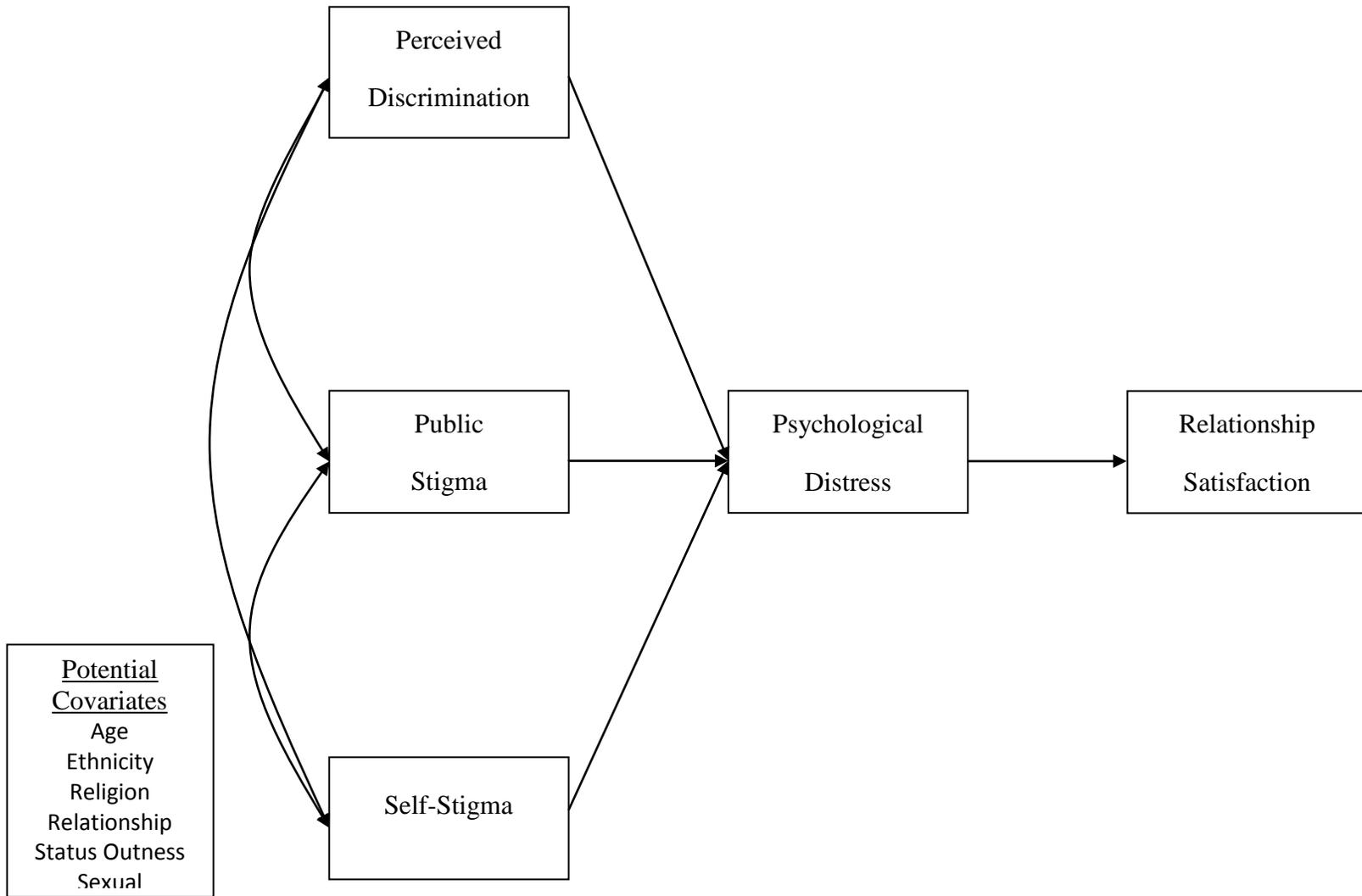


Figure 1. Proposed Mediation Model

Finally, although specific hypotheses were not offered, because this study incorporated multiple dimensions of stigma, the above hypotheses were also able to elucidate whether a particular dimension played a stronger role in the relationship process.

## CHAPTER 2

### METHOD

#### *Participants and Procedure*

The study was conducted using secondary data analysis of existing survey data from the study entitled “The Study of Attitudes toward Sexual Orientation.” The survey was administered via an online survey system (Survey Monkey). The survey was open to the general population and to those who are current students at ETSU. Students at ETSU were offered modest course credit in a psychology course for completing the study.

Rigorous steps were taken to clean the data prior to analysis. Initially, all participants who finished the survey in less than 30 minutes were scrutinized. A 30-minute cutoff was established because in trial runs took approximately an hour to complete the entire survey. Participants in this group were individually examined for odd responses to open-ended items or general inattention (answering a series of items with the same response). This procedure revealed that participants stopped taking the survey instead of rushing through haphazardly to finish. As a result, no questionable data were deleted from the original dataset. But only those with complete data were included in the present study analyses. Next as participants had the option to specify their sexual orientation instead of choosing from a list, participant-specified sexual orientation that could be coded into a group were recoded to heterosexual, bisexual, or homosexual. For instance, three participants disclosed being transgendered but clearly stated a sexual orientation (i.e. heterosexual, bisexual, lesbian) and were coded into their respective

sexual orientation groups. Others who could not be placed in a group (i.e. asexual, queer, etc.) were coded as missing data (N=78) as they did not adequately fit into one sexual orientation leaving 1,647 participants out of 1,725 who disclosed sexual orientation.

For the purpose of the present thesis, only participants currently in a relationship were included (given the focus on relationship satisfaction). Thus this subsample consisted of 909 (228 males, 677 females) individuals aged 18 to 78 ( $M = 24.51$ ,  $SD=10$ ). Overall, a majority of participants were currently in college 792 (87.1%). The average education was 14.18 ( $SD=2.39$ ) suggesting participants had at least a year and a half of college on average. Sexual minorities comprised 372 (17.1%) of the sample, while the rest of the sample disclosed being heterosexual (724). Most of the sample consisted of 1-Caucasians (806), while the remainder consisted of: 2-African American (32), 5-Hispanic (25), 6-Other (26), 3-Asian (14), and 4-Native American (1). Regarding childhood geographic location, the participants primarily disclosed being raised in rural (440) or suburban (313) settings with others less being raised in urban areas (146). Religious affiliation was collapsed into seven overarching religious categories: Christian (583), Nonreligious (159), Spiritual (143), Jewish (3), Buddhist (3), Hindu (3), and Muslim (2).

In addition, as four of the hypotheses involved only sexual minorities currently in relationships, descriptive statistics on sexual minorities participants in a relationship ( $n=149$ ) were conducted. Of these individuals, 103 were female and 46 were male, while 98 were homosexual and 51 were bisexual. Age of participants ranged from 18-78

( $M=29.95$ ,  $SD=12.38$ ) and the average level of education was approximately 3 years of college ( $M=16.05$ ,  $SD=3.13$ ) with most in college 98 (65.8). Religious affiliation was similar to those reported by the total sample: Christian (40), Nonreligious (50), Spiritual (54), Jewish (1), and Buddhist (3). A majority of the subsample grew up in suburban (61) or rural (60) areas with fewest from urban areas (26). Regarding ethnicity, most of the subsample was comprised of Caucasians (127), while the remainder consisted of: African American (5), Hispanic (17), Other (10), and Native American (1). Please see Table 1 for sample descriptives for the total sample and by sexual orientation.

Table 1.

*Demographics for Sample. (Relationship Only)*

Demographics	Total=909			Heterosexual=724			Sexual Minorities=149		
	M	SD	n(%)	M	SD	n(%)	M	SD	n(%)
Age	24.51	10		23.36	9.09		29.95	12.38	
Education	14.18	2.39		14.13	2.02		16.05	3.13	
College Student									
Yes			792(87.1)			673(93)			98(65.8)
No			110(12.1)			49(6.8)			51(34.2)
Missing			2(.8)			2(.3)			---
Sex									
Female			677(74.5)			551(76.1)			102(68.5)
Male			228(25.1)			172(23.8)			46(30.9)
Missing			2(.4)			1 (.1)			1 (.7)
Race									
Caucasian			806(88.7)			648(89.5)			127(85.2)
African Am.			32(3.5)			27(3.7)			5(3.4)
Other			26(2.9)			14(1.9)			10(6.7)
Hispanic			25(2.8)			17(2.3)			6(4)
Asian			14(1.5)			14(1.9)			---
Native Am.			1(.1)			---			1(.7)
Missing			4(.6)			4(.6)			---
Geographic Location									
Rural			440(48.4)			366(50.6)			60(40.3)
Suburban			313(34.4)			237(32.7)			61(40.9)
Urban			146(16.1)			116(16.0)			26(17.4)
Missing			7(1.1)			5(.7)			2(1.3)
Religion									
Christian			583(64.1)			532(73.5)			40(26.8)
Nonreligious			159(17.5)			98(13.5)			50(33.6)
Spiritual			143(15.7)			83(11.5)			54(36.2)
Jewish			3(.3)			2(.3)			1(.7)
Buddhist			3(.3)			---			3(2)
Hindu			3(.3)			3(.4)			---
Muslim			2 (.2)			2(.3)			---
Missing			5(1.4)			4(.6)			1(.7)

### *Instruments*

*Demographics* were collected on age, education, ethnicity, religion, relationship status, outness, and sexual orientation. Religion was collected using a broad range of orientations that were collapsed into major denominations (i.e. Christian, Hindu). For relationship status, participants were asked to indicate if they were: single, in a committed relationship, cohabitating, married, separated, divorced, or widowed. Participants also reported about their ethnicity (Native American, Caucasian/White, African American, Asian, Hispanic, or other), and sexual orientation (heterosexual, bisexual, homosexual, or other).

*Outness* was tested for use as a covariate. Outness was measured by the Outness Inventory (OI), an 11-item scale designed to assess the degree to which individuals are open with others regarding their sexual orientation. Given the nature of heterosexism, individuals are assumed heterosexual until shown otherwise. Therefore, it should be emphasized that heterosexuals will have an easier time coming out than sexual minorities. Participants responded to questions regarding relationships with people in different domains of their life (e.g. parents, work peers, extended family, new and old friends) by indicating whether the individual knows about their sexuality using a 7-point, Likert-type scale. Answers on the scale are anchored by 1-(person definitely does not know about your sexual orientation status) and 7-(person definitely does know about your sexual orientation status and it is OPENLY talked about). This measure is scored by averaging items to get a 3-subscale measures “Out to Family” is an average of items 1, 2,

3 and 4; “Out to World” is an average of items of 5, 6, 7, and 10; “Out to Religion” is combined of items 8 and 9. The three subscales are then combined to create the “Overall Outness” measure. Previous research has shown the Outness Inventory to be reliable and valid (Mohr & Fassinger, 2000). Mohr and Fassinger (2000) found that the subscales on the Outness Inventory internally reliable, reporting the following values: “Out to Family” ( $\alpha = .79$ ), “Out to World” ( $\alpha = .74$ ), and “Out to Religion” ( $\alpha = .97$ ). For the current study, the OI displayed strong internal consistency( $\alpha=.88$ ).

*Perceived discrimination* was measured using a modified version of the Perceived Discrimination Scale (Williams & Collins, 1995; modified by Kessler, Mickelson, & Williams, 1999) that consists of 20 items targeted at assessing how individuals feel they are treated because of their concealable identity ranging from “Not hired for job.” to “You are threatened or harassed.” Participants were asked to respond on a 7-point Likert scale anchored by 1-Not at all likely to 7-very likely. Content validity of the perceived discrimination scale was supported by strong face validity as all of the items overtly pertained to discrimination. Criterion validity of this measure was evidenced by its ability to predict major depression (Kessler et al., 1999). The measure also included three items added by Quinn and Chaudoir (2009) to gear the survey more towards college students (i.e. Roommates not wanting to get to know you better; Current friends stop hanging out with you). A Cronbach’s alpha of ( $\alpha = .95$ ) showed a high internal consistency of the measure (Quinn & Chaudoir, 2009). The three items included from the Quinn and Chaudoir (2009) were added for exploratory purposes; therefore, a Cronbach’s Alpha for this study were calculated and reported in the results. To calculate perceived

discrimination, items were averaged to obtain the mean score. Using mean scores aids in buffering scores from unanswered items thus offering a more accurate representation of a participant's degree of perceived discrimination. Therefore, whenever possible mean scores will be used to represent variables. Including the three items from Quinn and Chaudior (2009), the measure illustrated strong internal consistency ( $\alpha=.98$ )

*Perceived stigma* was measured using eight items (adapted from Mickelson, 2001) to determine self and public or felt stigma perceptions about sexual orientation. Participants were asked to answer about their feeling and emotions regarding their sexual orientation. The Perceptions measure contains two subscales consisting of four questions each. *Self-stigma* included items like "I have felt odd/abnormal because of my sexual orientation," while *public-stigma* included items such as "I have been excluded from work, school, and/or family functions because of my sexual orientation." All answers were recorded on a 5-point Likert scale ranging from 1-definitely disagree to 5-definatley agree and not applicable. Mean scores will be calculated to represent participants' level of perceived stigma. In previous literature this measure has shown high internal consistency ( $\alpha = .76$ ) as well as consistent test-retest reliability of  $\alpha = .78$  (Mickelson, 2001). Content validity was established via face validity as all items pertained to perceived stigma. Furthermore, this scale has been used in different groups to accurately predict perceived stigma including low-income women, women with partner violence, and parents of children with special needs (Mickelson, 2001, Mickelson & Williams, 2008; Williams & Mickelson, 2008). Overall the Perceived Stigma Scale displayed strong reliability ( $\alpha=.87$ ). The

Public Stigma subscale also displayed strong internal consistency ( $\alpha=.94$ ); although, the Self-Stigma subscale had a lower internal consistency ( $\alpha=.64$ ), it is still adequate.

*Psychological Distress* was assessed using the K10 (Kessler et al., 2002). The K10 was developed to measure nonspecific psychological stress by isolating levels of anxiety and depression in the past 4 weeks (30 days). The K10 consists of 10 items gradually increasing in degree of severity regarding psychosocial and psychological factors targeted at assessing recent psychological distress (During the last 30 days, about how often did you feel nervous?, During the last 30 days, about how often did you feel that everything was an effort?, During the last 30 days, about how often did you feel depressed?). Items were scored on a 5-point Likert scale (0-None of the time to 4-All of the time). To attain a psychological distress score, the total will be calculated for the 10 total items. In previous work, the measure displayed a strong internal consistency with a Cronbach's alpha of  $\alpha = .93$  (Kessler et al., 2002). Convergent construct validity is evidenced by accuracy of DSM-IV diagnoses of depression and/or anxiety (Fassaert et al., 2009). In line with previous research, the K10 exhibited strong reliability ( $\alpha=.91$ ).

*Relationship Satisfaction* was examined using the *Dyadic Adjustment Scale, modified*. The Dyadic Adjustment Scale is a 32-item scale aimed at examining relationship satisfaction across various types of relationships (i.e. married, cohabitating, same-sex, etc.) (Spanier, 1976). However, 2 "yes/no" items were omitted "Not showing love" and "too tired for sex" as well as an item regarding the participant's feelings about the future of the relationship, resulting in a modified 29-item scale. The items in the study are

scored using Likert Scales. Items 1-15 are scored on a 6-point Likert scale anchored by 0-Always Disagree to 5-Always Agree. Items 16-22 are also scored on a 6-point Likert scale (0-Never to 5-All of the time). Item 23 is scored on a 5-point scale (0-Never to 4-Everyday). Item 24 is scored on a 5-point scale (0-None of the time to 4-All of the time). Items 25-28 are scored on a 6-point scale anchored by 0-Never to 5-More often. The final item is scored on a 7-point Likert scale (0-Extremely Unhappy to 6-Perfect). Items 16, 17, and 20-22 are reversed coded (See Appendix for overview). The scale is comprised of four subscales that can be total to obtain an overall score. The Dyadic Consensus scale isolated one's overall feelings of views or goals shared by his or her partner. The Affectional Expression scale examines his or her feeling of physical affection in his or her relationship. The Satisfaction scale examines overall how happy one is when spending time with his or her partner. The Dyadic Cohesion scale assesses how well one interacts with his or her partner. Overall, the scale is comprised of four subscales that have been found to be reliable in prior research: Dyadic Consensus ( $\alpha=.90$ ), Dyadic Satisfaction ( $\alpha=.94$ ), Dyadic Cohesion ( $\alpha=.86$ ), and Affectional Expression Subscale ( $\alpha=.73$ ). Combined the measure displays strong internal consistency ( $\alpha=.96$ ) (Spanier, 1976). In 2006 Graham, Lui, and Jeziorski conducted a meta-analysis of studies using the Dyadic Adjustment which included calculating new Cronbach's alphas. Overall, the four subscales showed similar although slightly lower internal consistencies: Dyadic Consensus ( $\alpha=.87$ ), Dyadic Satisfaction ( $\alpha=.85$ ), Dyadic Cohesion ( $\alpha=.79$ ), and Affectional Expression Subscale ( $\alpha=.71$ ). The combined measure expresses a strong internal consistency of Cronbach's alpha ( $\alpha=.92$ ). Furthermore, Graham and

colleagues also discussed how over the 91 articles used in the meta-analysis the scale has been used successfully in multiple languages (i.e. Chinese, French, and Turkish) and across a diverse range of relationships, which suggests strong criterion validity. Previous studies used the sum of all items to determine relationship satisfaction (See Graham, Lui, and Jeziorski for an overview, Goodwin, 1992). Therefore, the current thesis use the sum total of the Dyadic Adjustment Scale to represent relationship satisfaction. The DAS displayed strong reliability similar to previous uses ( $\alpha=.94$ )

Also, the final item in the Dyadic Adjustment Scale regarding overall happiness with one's relationship was used as a separate indicator of relationship satisfaction. As Goodwin (1992) reported this single item is highly correlated with the total measure and is just as representative of relationship satisfaction as it can differentiate between well-adjusted and distressed couples.

### *Analyses*

Prior to any analyses, the database was cleaned to ensure accurate representation of the sample, as described above. Also, Cronbach's alphas and descriptive analyses were conducted for each measure. Hypotheses 1-3 were tested using independent samples t-tests that compared mean differences between sexual minorities and heterosexual on the variables self-stigma, public stigma, perceived discrimination, psychological distress, and relationship satisfaction. Hypotheses 4-7 were analyzed using a series of hierarchical linear regressions as outlined by Baron and Kenny (1986). In the first regression, psychological distress was regressed onto self-stigma, public stigma, perceived

discrimination. Second, relationship satisfaction was regressed onto self-stigma, public stigma, and perceived discrimination. In the final regression, relationship satisfaction was regressed onto self-stigma, public stigma, and perceived discrimination while controlling for psychological distress. As previously mentioned, both the total DAS and a one-item indicator of relationship satisfaction were tested. Prior to analyses a power analysis was conducted to determine the sample size needed to reach adequate statistical power given the study hypotheses. Sample size was determined using G\*Power. Based on a significance level of .05, medium effect size, and 11 predictors, 137 participants were needed to reach adequate power. The current sample size (N=149) met this statistical requirement.

## CHAPTER 3

### RESULTS

Results of analyses testing hypotheses 1-3 revealed some differences between heterosexual and sexual minorities (See Table 2 for measure means and correlations). There were mean differences in outness ( $t=8.64, p<.001$ ), perceived discrimination ( $t = -15.09, p<.001$ ), public stigma ( $t=-21.73, p<.001$ ), self-stigma ( $t = -15.65, p<.001$ ); heterosexuals reported higher levels of outness (heterosexuals= 6.15, sexual minorities=4.95) while sexual minorities reported more perceived discrimination (heterosexuals=1.65, sexual minorities=3.4), self-stigma (heterosexuals=2.01, sexual minorities=3.37), and public stigma (heterosexuals=.67, sexual minorities=3.4). There were no significant mean differences for psychological distress and relationship satisfaction. See Table 3 overview.

Table 2.

#### *Descriptive Statistics and Correlations for Main Study Variables*

Measure Demographics	M	SD	1	2	3	4	5
DAS	138.68	19.44	.15**	-.14**	-.17**	-.19**	-.33**
One-Item Indicator	5.26	1.28	.28**	-.05	-.16	-.06	-.23**
<b>Predicting Variables</b>							
1. Outness	5.90	1.46		-.29**	-.25**	-.24**	.09**
2. Public Stigma					.62**	.62**	.12**
3. Self-Stigma	2.28	1.00				.41**	.17**
4. Perceived Discrimination	1.98	1.42					.17**
5. K10	2.04	.71					

Note. \*\* $p<.01$

Table 3.

*Mean Differences in Main Study Variables Between Heterosexuals and Sexual Minorities*

t-Tests			
	<i>t</i>	Heterosexuals	Sexual Minorities
Outness	8.64***	6.15	4.95
K10	.673	2.04	2.00
Perceived Discrimination	-15.09***	1.65	3.4
Public Stigma	-21.73***	.67	3.4
Self-Stigma	-15.65***	2.01	3.37
DAS	-.56	138.51	139.51
One-Item Indicator	1.55	5.43	5.27

Note. \*\*\* $p < .001$

Prior to testing hypotheses 4-7, preliminary tests were conducted to determine which variables (if any) to use as statistical controls. Two simultaneous regressions were conducted to isolate any variables that may have a relation with relationship satisfaction (total score and one-item). Results indicated that for the DAS composite score none of the potential covariates (ethnicity, sex, outness, religion, and education) were significantly related. The one-item indicator only outness and race were significantly related and therefore used as statistical controls in analyses of the one-item indicator of relationship satisfaction.

In line with Baron and Kenny (1986), a series of hierarchical regressions were used to test for mediation. First, the DAS composite score was regressed on perceived discrimination, public stigma, and self-stigma. Results indicated only self-stigma was significantly and negatively related to relationship satisfaction ( $b = -4.38$ ,  $SE = 1.65$ ,  $p < .009$ ) (See Table 4). As a true test of mediation requires the direct relation between the predictor and outcome to be significant (as one can only explain relationships with

mediators when there is a significant relation overall), mediation was examined for self-stigma only. However, results of analysis regressing psychological distress on self-stigma revealed a non-significant relationship ( $b=.05$ ,  $SE=.06$ ,  $\beta=.08$ ,  $p=.37$ ). As mediation requires a significant relationship between the predicting variable and mediator (Baron & Kenny, 1986), psychological distress as a mediator between self-stigma and DAS composite score could not be tested.

Table 4.

*Stigma-Related Predictors of Relationship Satisfaction (DAS Total)*

Predictor	b	SE	$\beta$
Perceived Discrimination	-.49	1.4	-.03
Public Stigma	-.08	1.68	-.01
Self-Stigma	-4.39	1.64	-.22**

Note.  $R^2=.05$

\*\* $p<.01$

Next, the same method was used to test mediation for the one-item indicator of relationship satisfaction. As initial analyses suggested outness and race as potential control variables, these were included as covariates in a sequential regression analysis (block 1). The one-item relationship satisfaction variable was regressed on perceived discrimination, public stigma, and self-stigma. Results indicated no significant relationships. As such, mediation analyses were not tested (See Table 5).

Table 5.

*Stigma-Related Predictors of Relationship Satisfaction (One-Item Indicator)*

Predictor	b	SE	$\beta$
Perceived Discrimination	-.01	.09	-.01
Public Stigma	-.05	.11	-.04
Self-Stigma	-.17	.11	-.13

## CHAPTER 4

### DISCUSSION

Minority Stress Theory has established that minorities are subjected to unique stressors in daily life due to stigma (Meyer, 2003). Sexual minorities experience a wide range of stigma, from discrimination, to anticipated discrimination (public stigma), to self-stigmatization. Although stigma has been linked with negative mental health outcomes, little empirical work has been done to examine the potential link between stigma and relationship satisfaction. This study examined the relation between stigma and relationship satisfaction and whether psychological distress served as a mediator of the relation. Overall, results partially support stated hypotheses.

In line with expectations, sexual minorities reported a higher prevalence of perceived discrimination as well as both self-stigma and public stigma than heterosexuals. However, contrary to expectations, no differences were observed for reported levels of psychological distress. Additionally, though self-stigma was significantly related to decreased relationship satisfaction, psychological distress did not mediate this relation. Further, neither perceived discrimination nor public stigma was significantly related to relationship satisfaction.

Findings that sexual minorities reporting higher levels of perceived discrimination, self-stigma, and public stigma are in line with previous literature (Herek, 2009; Mays & Cochran, 2001; Ragins & Cornwell, 2001). As stated previously, sexual minorities face specific challenges and barriers due to their stigmatized identities (Meyer,

2003; Purcell & Hicks, 1996). Furthermore, as Link (1987) outlined, once one adopts a stigmatized identity, he or she often internalize cultural stereotypes pertaining to that stigma. Due to unfair treatment and stereotypes regarding sexual minorities, those who are not heterosexual may perceive as well as anticipate negative social interactions (Major & O'Brien, 2005).

No significant differences were found in psychological distress and relationship satisfaction between sexual minorities and heterosexuals. Previous literature has shown sexual minorities experience more psychological distress than heterosexuals, primarily as a product of continually living with a stigmatized identity (Gilman et al., 2000). Thus the present finding is contrary to previous literature. The reasons that sexual minorities are usually found to have greater psychological distress maybe explained by, Minority Stress Theory (Meyer, 2003), which notes that sexual minorities are vulnerable to experiencing more instances of prejudices and discrimination than heterosexuals due to their stigma status. Meyer's theory also states that due to stigma sexual minorities experience more stress than heterosexuals. Yet, in this study sexual minorities' level of psychological distress was not significantly different from heterosexuals'.

Although Minority Stress theory cannot explain the nonsignificant findings of public stigma and perceived discrimination on psychological distress and relationship satisfaction, significant findings are partially in line with and could be explained by Minority Stress theory (Meyer, 2003), as sexual minorities are vulnerable to more instances of prejudices and discrimination due to their stigma status. Therefore, they may

have perceived more events and situations as stigmatizing than heterosexuals due to prior encounters of stigma. However, Meyer's theory also states that due to their stigma, sexual minorities experience more stress than heterosexual, which was not supported because no significant differences were found between heterosexual and sexual minorities in psychological distress. Furthermore, as public stigma and perceived discrimination would not predictors of relationship satisfaction this is not supported by Meyer's Theory that outlines that stigma would cause added stress in multiple facets of stigmatized individuals' lives. One possible explanation for this unexpected finding is that current sample participants – who were primarily college students – were buffered in their distress or had the coping capacity to handle stigma. For example, researchers have suggested that abnormal adult attachment can lead to interpersonal rejection as well as negative competencies about their personal competence and the ability to recognize their right to be loved (Lopez, Mitchell, & Gormley, 2002). Other researchers have suggested that college students have more access to social support and social capital (Pascarella, Pierson, Wolniak, & Terenzini, 2004). Therefore, normal attachment styles and social capital may buffer the stigma associated with being a sexual minority. Additionally, college students have been found to make effective use of coping strategies such as social support and adaptation in order to reduce various types of stress (Cohen & Willis, 1985).

Another possibility may be that the present study did not examine the appropriate measure of distress. Much literature references depressive and anxiety-related symptoms among sexual minorities. Therefore, a global indicator of psychological distress may not accurately capture the type of mental stress that sexual minorities are experiencing. It

could be that stigmatizing events may increase anxiety or depressive symptoms that a more complex mental health indicator may grasp. Moreover, psychological stress may not be the appropriate dependent variable. Stigma may influence coping skills, general stress, or adjustment that may influence other facets of daily life (i.e. romantic relationships). Thus, future research should examine other potential mediating or moderating factors that may explain the negative impact stigma may have on romantic relationships or other aspects of one's life.

Another objective of this study was to examine how components of perceived stigma may relate to relationship satisfaction among sexual minorities. This area of interest was spurred by considering Investment Theory, which suggests stressors, or "costs," diminish satisfaction with relationships (Rusbult, 1983). Although no significant difference was found for relationship satisfaction, this was somewhat expected due to previous findings which showed relationship satisfaction between sexual minorities and heterosexuals are found to be more similar than different (Fingerhut & Peplau, 2007; Means-Christensen et al., 2003). However, while results indicated public stigma and perceived discrimination had no significant relation with relationship satisfaction levels, increased self-stigma was significantly related to decreased relationship satisfaction. Thereby, the more perceived self-stigma sexual minorities' experience, the less satisfied they are with their romantic relationships. Considering this finding in context of Investment Theory (Rusbult, 1983), it may be that sexual minorities that internalize societal stigma and feel ashamed and embarrassed also see more costs to their relationships, thereby diminishing perceived satisfaction.

The link between self- stigma and diminished relationship satisfaction also appear aligned with findings by Yang and colleagues (2007) in that stigmatized individuals, out of fear that their stigmatized identity will harm what they hold most dear to them will begin to act in manner of self-fulfilling prophecy. In this vein sexual minorities with high levels of self-stigma may begin to unconsciously sabotage their own romantic relationships due to fear that their stigmatized identity will harm their relationship.

One possibility may involve the testing of the three stigma indicators simultaneously. Given that perceived discrimination, public stigma, and self-stigma are similar in nature (though not overlapping), it remains possible that unique variance was difficult to detect. As shown in the bivariate correlation table, correlations among the variables ranged from .4 to .6 – indicating relatively high correlations and the possibility that they were competing with each other (so to speak) for the variance accounted for in psychological distress. Further, the bivariate relations between these stigma indicators and distress were relatively small to start (correlations ranging from .12 to .17). Thus, although the three indicators were examined simultaneously in an effort to understand which was most strongly related to psychological distress, unique variance may not have detected most likely due to the inter-correlations among stigma indicators.

Another possibility is the current sample was not as out, thus were successful in hiding their stigmatized identity. Sexual minorities who can successfully pass as heterosexuals may experience less public stigma and perceived discrimination because others are assuming they are heterosexual. Being able to successfully hide one's sexual orientation may also explain why self-stigma scores were higher considering self-stigma

lacks a public component and focuses on sexual minorities' perceptions of their own sexual orientation. Future research should further examine the role of outness has in formulation and sustainment of public stigma.

Surprisingly, perceived discrimination and public stigma were not significantly related to relationship satisfaction. Although sexual minorities reported more perceived discrimination and public stigma than heterosexuals and self-stigma was linked with decreased satisfaction, it is unclear why these variables would not be significant contributors to relationship outcomes. It may be that the important component of stigma for one's satisfaction in a primary relationship is the extent to which an individual internalizes a negative image of sexual minorities. Although decades of research point to the harmful consequences of discriminatory acts and the anticipation of that unfair treatment due to stigmatized identities (Cain, 1991; Herek, 2000, 2009; Purcell & Hicks, 1996; Ragins & Cornwell, 2001), those public-related experiences may not be as directly relevant for intimate relations as compared to one's agreement with unfair treatment and shame.

Perhaps even more surprising, psychological distress was not significantly related to stigma dimensions. And, as such, psychological distress did not mediate stigma's relation with relationship satisfaction. Prior literature has established and supported the relations tested in the proposed mediation model, as discussed above. All components of perceived stigma have been associated with adverse outcomes for psychological distress and relationship satisfaction (Corrigan, 2004; Markowitz, 1998; Mays & Cochren, 2001;

Mohr & Fassinger, 2006; Slade et al., 2007). Why was stigma not significantly related to psychological distress?

### *Implications and Future Research*

In sum, this study evidenced that sexual minorities perceive more instances of public stigma, self-stigma, and discrimination than heterosexuals. As sexual minorities are not fully accepted members of society, they are vulnerable to prejudice and discrimination (Herek et al., 1991; Lannutti, 2005). Thus they may begin to anticipate or expect others to discriminate against them which would lead them to perceive more events as stigmatizing (Major & O'Brien, 2005). Ultimately, self-stigma may contribute to decrements in relationship satisfaction among sexual minorities. One's personal ownership of stigma appears to play a unique role in how satisfied one is with his or her intimate relationship.

Future research should examine means to attenuate perceived stigma as well as stigma in general toward sexual minorities. One avenue could be increasing societal knowledge and communication with sexual minorities. Following the guidelines of Contact Theory, by increasing heterosexuals' contact with and understanding of sexual minorities, it maybe possible to diminish prejudice and stigma (Herek & Capitano, 1996; Panchankis & Goldfried, 2006). Therefore, by increasing knowledge about sexual minorities and the struggles of living with a stigmatized identity paired with increased social interactions with sexual minorities could diminish prejudice and discriminatory treatment (Herek & Capitano, 1996). Given Meyer's (2003) conclusion that sexual

minorities often develop sexual identity in a stigmatizing environment, reductions in stigma within society might not only reduce discrimination itself but also might indirectly impact self-stigma through increasing self-acceptance among sexual minorities.

As prior literature has outlined that sexual minorities' romantic relationships are very similar to heterosexual romantic relationships (See Fingerhut & Peplau, 2007 for an overview), future researchers should seek to incorporate more literature examining heterosexuals' romantic relationships. This may offer unique insight into sexual minorities relationships and may further elucidate not only how stressors may influence romantic relationships across different sexual minorities but, in particular, how stigma impacts sexual minorities' relationships. It could be that a common factor is influenced by stigma that, in turn, diminished relationship satisfaction.

Thereby, future research should also isolate mediating and moderating factors of stigma and relationship satisfaction. For instance, psychological distress scores in the current sample were relatively low which could have influenced current findings. It could be that only high degrees of psychological distress may cause a stronger negative relationship between components of perceived stigma and relationship satisfaction, thus psychological distress could moderate the relationship. One potential mediator worth examining could be general stress. As Minority Stress Theory outlines that stigma causes unique stressors to sexual minorities (Meyer, 2003), these stressors may not flow into one specific area but cause stress in multiple areas. Therefore, isolating sexual minorities overall or general level of stress may offer insight into relationship of stigma and

relationship satisfaction. Furthermore, as previous literature outlines that stigma against sexual minorities is ubiquitous to poorer mental health (e.g. Gilman, et. al, 2000), a more complex and in depth measure (i.e. Beck Depression/Anxiety Inventories) of components of psychological distress may better isolate the components of psychological distress that are impacted by stigma.

Additional work might be done directly with sexual minorities to assist with coping in a stigmatized world. Specifically, interventions aimed at reducing self-stigmatization might lead to better adjustment and enhanced relationship satisfaction. One potential avenue to explore may be Acceptance and Commitment Therapy (ACT), which emphasizes nonjudgment and consciously living in a manner that is aligned with one's goals (Hayes, Strosahl, & Wilson, 2012). Also, recent research on self-compassion shows that inducing self-compassion or kindness toward the self combined with the common humanity in any suffering may diminish negativity and enhance self-views (Terry & Leary, 2011, Neff, 2011). These areas may be applied to reduce self-stigma. Finally, future clinical work might be informed by further elucidating the relation between self-stigma and relationship satisfaction. That is, by isolating mediating or moderating factors that may contribute to or explain this relationship, we may better understand how to intervene.

Further research is needed to elucidate the role religion may play in stigma among sexual minorities. Although religion was not a main study variable, demographics revealed that while heterosexual were predominately Christian, sexual minorities were

more likely to be Spiritual. Given that Christian beliefs are often negative toward sexual minorities, religion may be potential moderator of stigma and adverse outcomes where sexual minorities who are Christian may be more likely to self-stigmatize. Furthermore, once an individual assumes a stigmatized identity he or she internalize cultural stereotypic beliefs (Link, 1987); therefore, those with strong Christian beliefs may develop higher degrees of stigma that may lead to worse adverse outcomes.

Finally, to further understand the dynamics of stigma, psychological distress, and relationship satisfaction among sexual minorities a series of One-Way ANOVAs were conducted between bisexuals, heterosexuals, and homosexuals in relationships to better advise future research. Results indicated significant mean differences between groups among main study variables. Among heterosexual, bisexuals, and homosexuals in romantic relationships, there was a significant mean difference in outness  $f(2,112.95)=51.90, p<.001$ . Heterosexuals reported a significantly difference main effect between bisexuals (MD=2.09,  $p<.001$ ) and homosexuals (MD=-.73,  $p<.001$ ). There was also a significant main effect between homosexuals and bisexuals (MD=1.35,  $p<.001$ ). A significant difference was found between groups in public stigma  $f(2,150.73)=267.41, p<.001$ . There was significant main effect between heterosexuals and bisexual (MD=-1.61,  $p<.001$ ) as well as homosexuals (MD=2.41,  $p<.001$ ). A significant main effect was also found between homosexuals and bisexuals (MD =.80,  $p<.001$ ).

There was a significant mean difference between groups in self-stigma  $f(2,134.64)=120.12, p<.001$ . Significant main effects were isolated between:

heterosexuals and bisexuals ( $MD=-1.11$ ,  $p<.001$ ), and heterosexuals and homosexuals ( $MD=-1.49$ ,  $p<.001$ ). There was a significant mean difference between sexual orientations in perceived discrimination  $f(2,864)=121.73$ ,  $p<.001$ . Significant main effects were observed between heterosexuals and bisexuals ( $MD=-1.53$ ,  $p<.001$ ) and heterosexuals and homosexuals ( $MD=-1.87$ ,  $p<.001$ ). There was a significant mean difference between groups among psychological distress  $f(2,860)=3.10$ ,  $p<.05$ . Significant main effects were found between homosexuals and bisexuals ( $MD=-.29$ ,  $p<.05$ ). There was also a significant mean difference between sexual orientation among the one item indicator of relationship satisfaction  $f(2,850)=3.71$ ,  $p<.05$  while no mean differences were found among the DAS Total. Significant main effects were observed between heterosexuals and bisexuals ( $MD=.47$ ,  $p<.05$ ).

These results indicate that future research should examine bisexuals separately from homosexuals. Considering only bisexuals showed significant mean differences between heterosexuals and bisexuals in psychological distress and relationship satisfaction, it could be the dynamics of bisexuals' relationships differ from heterosexuals and homosexuals which showed no differences. Therefore, future research should not only further examine relationship dynamics of bisexuals but conduct the current thesis's main hypotheses using only bisexuals. As these exploratory analyses suggest, homosexuals do not differ from heterosexuals in psychological distress and relationship satisfaction. Therefore, homosexuals' lack of differences may be dragging down significant associations among bisexuals.

### *Limitations*

Study findings should be considered in light of limitations as well. One potential limitation is the possible homogeneity of the sample, which primarily consisted of Caucasian, Christian females from rural or suburban areas. As homosexual males are more likely to experience prejudice and discrimination than homosexual or bisexual women (Herek, 2000), experiences and perceptions of stigma may not have been as distressing for homosexual or bisexual women as homosexual males. Thus, these findings may not fully represent the entire spectrum of the LGB community.

Another potential limitation and threat to internal validity involves the cross-sectional nature of the data. That is, these data were gathered at one point in time and were survey-based. Thus, the temporal relations cannot be determined. This is particularly important to consider with the finding that self-stigma related to lower relationship satisfaction. Although self-stigma might lead to decrements in satisfaction, the reverse may also be true. If relationship satisfaction is low, sexual minorities may begin to blame themselves for the unhappy relationship. This could be reinforced by the stereotype that homosexuality is a psychological abnormality and that it is the basis of dysfunctional relationships (Meyer, 1995). As the relationship quality declines, this may reinforce and exacerbate perceptions of self-stigma. Therefore, sexual minorities may be more likely to blame themselves for poor relationship satisfaction than external factors.

The thesis procedures should also be considered as a possible limitation that could threaten both internal and external validity. First, as discussed in more detail above, these

data were from a larger survey that was quite long. Fatigue may have been a factor as participants may have not finished the survey due to fatigue or boredom. Furthermore, the items were not randomized, meaning they appeared in the same order for every participant. In particular the psychological distress measure was located after the stigma and discrimination measures, participants may have reported higher levels of distress as they may have been already thinking of stressful events from the stigma and discrimination items. The ordering of measures may have influenced participants' answers thus answers may not accurately reflect participants' perceptions,

Another threat to external validity was that length of relationship was not examined. Sexual minorities who have established long-term relationships may have learned to cope with the stressors of living with a stigmatized identity or may not feel very stigmatized in general. Those with high degrees of public and self-stigma may not be able to form long lasting relationships so the mediating relationships proposed in this thesis may only pertain to sexual minorities in newly formed relationships. Furthermore, sexual minorities high in public stigma may avoid romantic relationships to protect themselves against stigmatizing events.

A final limitation could be that the study did not account for multiple identities or multiple stigmatized identities. The survey asked participants to answer questions with their sexual orientation in mind. However, it may be that the effect of stigma is greater among particular groups based on culture. African American culture for example holds particularly negative attitudes about homosexuality (Lewis, 2003). Further, sexual

minority status is just one aspect of the lives of individuals and of college students. To elaborate, African American sexual minorities may hold more stigmatizing attitudes about themselves and perceive more events as stigmatizing than Caucasian sexual minorities as they would be expecting more stereotypic attitudes. It may be that the centrality of one's sexual orientation moderates the effects of perceiving stigma (e.g., Sellers et al., 2003). Thus, these possibilities may have diluted the impact of stigma. Future research should examine potential moderators of the impact of sexual stigma.

In conclusion, this thesis found that sexual minorities experienced more public stigma, self-stigma, and perceived discrimination than heterosexuals, but that they did not report higher levels of psychological distress or lower levels of relationship satisfaction. An additional important finding was that self-stigma had a unique association with decreased relationship satisfaction among sexual minorities.

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APPENDIX

MEASURES

*Demographics*

Sex:

1 \_\_\_ Male

2 \_\_\_ Female

Age: \_\_\_

How would you classify the area in which you grew up?

\_\_\_ Rural

\_\_\_ Urban

\_\_\_ Suburban

Race: 1 Alaskan/Native American

2 African American

3 Asian

4 Caucasian/White

5 Hispanic

6 Other

Sexual orientation:

1 Heterosexual

2 Bisexual

3 Homosexual (lesbian or gay)

4 Other, Please Specify: \_\_\_\_\_

Relationship Status:

1 Single

2 Committed Relationship

3 Cohabiting

4 Married

5 Separated

6 Divorced

7 Widowed

Education:

How many years of school did you complete? Mark highest grade completed.

Grade: 7 8 9 10 11 12 or GED high school equivalent

College: 1 2 3 4 5

Graduate School: 1 2 3 4 5 6 7

Are you currently a college student?

1 Yes

2 No

### *Outness Inventory*

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below.

- 1 = Person definitely does NOT know about your sexual orientation status
- 2 = Person might know about your sexual orientation status, but it is NEVER talked about
- 3 = Person probably knows about your sexual orientation status, but it is NEVER talked about
- 4 = Person probably knows about your sexual orientation status, but it is RARELY talked about
- 5 = Person definitely knows about your sexual orientation status, but it is RARELY talked about
- 6 = Person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- 7 = Person definitely knows about your sexual orientation status, and it is OPENLY talked about
- 0 = Not applicable to your situation; there is no such person or group of people in your life

1. mother	1	2	3	4	5	6	7	0
2. father	1	2	3	4	5	6	7	0
3. siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4. extended family/relatives	1	2	3	4	5	6	7	0
5. my <u>new</u> straight friends	1	2	3	4	5	6	7	0
6. my work peers	1	2	3	4	5	6	7	0
7. my work supervisor(s)	1	2	3	4	5	6	7	0

8. members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10. strangers, new acquaintances	1	2	3	4	5	6	7	0
11. my <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0

*Perceived Discrimination Scale*

If others knew about your sexual orientation, how often do you think the following would occur?

1-Not at all likely

7-very likely

1. Not hired for a job.
2. Not given a promotion.
3. Denied/received inferior service (e.g. plumber, mechanic).
4. Discouraged by teacher from seeking higher education.
5. Denied a bank loan.
6. Hassled by police.
7. Fired from a job.
8. Prevented from renting/buying home.
9. Denied a scholarship.
10. Denied/received inferior medical care.
11. Forced to leave neighborhood.
12. People act as if you are inferior.
13. People act as if you are not smart.
14. People act as if they are afraid of you.
15. Treated with less courtesy than others.
16. Treated with less respect than others.
17. Receive poor service in stores/restaurants.
18. People act as if you are dishonest.
19. You are called names or insulted.
20. You are threatened or harassed.

Quinn questions added to cater to college students

Current friends would stop hanging out with you.

Friends would avoid you.

Roommates would not want to get to know you better.

*Perceptions*

The following are questions about feelings and emotions you have had about your sexual orientation. These feelings and emotions are natural and experienced by many individuals. Please indicate how much you agree with the statements using the following scale:

<u>Definitely</u> <u>Disagree</u>	<u>Somewhat</u> <u>Disagree</u>	<u>Neither Agree</u> <u>Nor Disagree</u>	<u>Somewhat</u> <u>Agree</u>	<u>Definitely</u> <u>Agree</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

I have felt odd/abnormal because of my sexual orientation.

\_\_\_\_\_

There have been times when I have felt ashamed because of my sexual orientation

\_\_\_\_\_

I have never felt self-conscious when I am in public.

\_\_\_\_\_

People have treated me different because of my sexual orientation.

\_\_\_\_\_

I never have felt embarrassed because of my sexual orientation.

\_\_\_\_\_

I feel others have looked down on me because of my sexual orientation.

\_\_\_\_\_

I have found that people say negative or unkind things about me behind my back because of my sexual orientation.

\_\_\_\_\_

I have been excluded from work, school, and/or family functions because of my sexual orientation.

\_\_\_\_\_

*K10*

Please indicate how often you have experienced these feelings during the past 30 days.

None of the time	A little of the time	Some of the time	Most of the time	All of the time
0	1	2	3	4

1. During the last 30 days, about how often did you feel tired for no good reason?
2. During the last 30 days, about how often did you feel nervous?
3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?
4. During the last 30 days, about how often did you feel hopeless?
5. During the last 30 days, about how often did you feel restless or fidgety?
6. During the last 30 days, about how often did you feel so restless you could not sit still?
7. During the last 30 days, about how often did you feel depressed?
8. During the last 30 days, about how often did you feel that everything was an effort?
9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?
10. During the last 30 days, about how often did you feel worthless?

*Dyadic Adjustment Scale*

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

0-Always Disagree

1-Almost Always Disagree

2-Frequently Disagree

3-Occasionally Disagree

4-Almost Always Agree

5-Always Agree

1. Handling family finances
2. Matters of recreation
3. Religious matters
4. Demonstrations of affection
5. Friends
6. Sex relations
7. Conventionality(correct or proper behavior)
8. Philosophy of life
9. Ways of dealing with parents or in-laws
10. Aims, goals, and things believed important
11. Amount of time spent together
12. Making major decisions
13. Household tasks
14. Leisure time interests and activities
15. Career decisions

0-Never      1-Rarely      2-Occasionally      3-More Often  
Than Not

4-Most Of The Time      5-All Of The Time      6-NA

1. (R) How often do you discuss or have you considered divorce, separation, or terminating your relationship?
2. (R) How often do you or your mate leave the house after a fight?
3. In general, how often do you think that things between you and your partner are going well?
4. Do you confide in your mate?
5. (R) Do you ever regret that you married? (or lived together).
6. (R) How often do you and your partner quarrel?
7. (R) How often do you and your mate "get on each other's nerve

0-Never 1-Rarely 2-Occasionally 3-Almost Every Day 4-Every Day

8. Do you kiss your mate?

0-None Of Them      1-Very Few Of Them      2-Some Of Them      3-Most Of  
Them      4-All Of Them

9. Do you and your mate engage in outside interests together?



## VITA

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