

Outness, Community Connection, and Psychological Well-Being Among LGBQ Adults

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ABSTRACT

Identifying as lesbian, gay, bisexual, or queer (LGBQ) presents unique risk factors for psychological well-being. The present study examined relationships between LGBQ outness, connection to the gay community, and psychological well-being. The study utilized a cross-sectional secondary data analysis of baseline data of all LGBQ adults ($N=396$) from Project STRIDE. Data collection included telephone or face-to-face interviews and online self-reporting. Outness to straight friends was positively associated with two of six psychological well-being domains. Outness to coworkers and health care providers were each positively associated with one domain. Connection to the gay community was positively associated with three domains. Study implications include the role of social support as a protective factor for sexual minority well-being. Study findings support the continued investigation of LGBQ well-being.

INTRODUCTION

Significance of the Study

- LGBQ individuals experience more chronic stress than heterosexual individuals and are more susceptible to poor physical and psychological health (Meyer, 2003; Office of Disease Prevention and Health Promotion, 2016).

Purpose of Research

- The purpose of this research is to study the relationship between sexual minority outness, connection to the gay community, and psychological well-being among LGBQ adults.

Research Questions

- What is the relationship between LGBQ outness and psychological well-being?
- What is the relationship between connectedness to the gay community and psychological well-being?

Hypotheses

- There is a positive relationship between LGBQ outness and psychological well-being among LGBQ adults.
- There is a positive relationship between connectedness to the gay community and psychological well-being among LGBQ adults.

LITERATURE REVIEW

Psychological Well-Being

- Psychological well-being was conceptualized through the multi-dimensional model of well-being (Ryff & Keyes, 1995).

Psychological Well-Being and Sexual Orientation

- LGBQ individuals experience more challenges to positive well-being outcomes than heterosexual individuals (Meyer, 2003).

Outness

- LGBQ outness varies across different social contexts (Solomon et al., 2015).

Connectedness to Gay Community

- Some studies found gay community connections strengthened LGB identity and supported psychological health (Salfas et al., 2019), while others found no relationship between connections to the gay community and LGB well-being (Rostosky et al., 2018).

Minority Stress Model

- Minority identity can act both as a cause of stress and as an effect modifier in such that the experience of a minority identity can increase or weaken the impact of an individual's stress (Meyer, 2003).

Gaps

- Previous research operationalized psychological well-being with a deficits-based lens, contributing to a gap in knowledge of positive affect and resiliency among LGBQ adults (Conlin et al., 2019).

Methodology

Research Design and Data Collection Methods

- The current study is a secondary data analysis of the data from Project STRIDE, a study conducted from 2004 - 2005.
- Project STRIDE assessed associations between minority identity, stress, and mental health.
- Participants completed face-to-face or over the phone interviews, which used computer-based and paper instruments.

Sampling and Sampling Method

- Project STRIDE consisted of 524 adults aged 18-59 years.
- The current study sample consists of a subset of 396 self-identified LGBQ participants. Participants ranged from 18-58 years old. Sample characteristics are displayed in Table 1.
- The original study used representative case quota sampling from purposively-selected sampling venues.

Measures

- Outness looked at the degree of sexual orientation disclosure to varying social groups and was measured using a 4-point scale. Responses ranged from 1 (out to none) to 4 (out to all).
- Connectedness to the gay community was measured using an eight-item scale adapted from Mills et al. (2001) based on "community cohesion." Responses were recoded, so higher scores represented closer connections to the gay community. The measure had good internal consistency.
- Psychological well-being is an 18-item scale adapted from Ryff and Keyes (1995). Psychological well-being consisted of six subscales (self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth). Meyer et al. (2016) conducted a factor analysis confirming the six-factor model fit.

RESULTS

One-Way Analysis of Variance (ANOVA)

- A one-way ANOVA compared the mean positive relations with others scores of participants from various out to straight friends groups. A significant difference was found ($F(3, 392) = 3.72, p = .01$). Bonferroni's post hoc test determined the difference between the out to straight friends groups. Participants who were out to no straight friends had significantly lower positive relations with others ($M = 4.36, SD = 1.40$) than participants who were out to all straight friends ($M = 5.26, SD = 1.32$). No other significant differences were found.

Kruskal-Wallis H Test

- A Kruskal-Wallis H test compared mean personal growth scores among participants from various out to straight friends groups. A significant difference was found ($H(3) = 9.80, p = .02$). Follow-up pairwise comparisons indicated that out to no straight friends participants ($Mean Rank = 137.22$) had significantly lower personal growth than out to all straight friends participants ($Mean Rank = 207.60$). No other significant differences were found.

- A Kruskal-Wallis H test compared mean autonomy scores among participants from various out to health care providers groups. A significant difference was found ($H(3) = 12.95, p = .01$). Follow-up pairwise comparisons indicated that out to some health care providers participants ($Mean Rank = 158.73$) had significantly lower autonomy than out to all health care providers participants ($Mean Rank = 210.84$). There were no significant differences in personal growth among out to none health care providers participants ($Mean Rank = 186.99$) or out to most health care providers participants ($Mean Rank = 151.33$) and the other groups. These results are displayed in Figure 1.

Table 1

Sample Characteristics ($N=396$)

Characteristic	f	%
Gender		
Male	198	50
Female	198	50
Age in years	$M=32.43$	$SD=9.24$
Race/Ethnicity		
White	134	33.8
Black/African American	131	33.1
Latino/Hispanic	131	33.1
Sexual Orientation		
Gay	178	44.9
Lesbian	111	28
Bisexual	71	17.9
Homosexual	16	4
Queer	15	3.8
Other LGB	5	1.3
In relationship now		
No	212	53.5
Yes	184	46.5
Employed working now		
No	163	41.2
Yes	233	48.8
Highest Education Level		
Less than high school	39	9.8
High school diploma	36	9.1
High school diploma equivalent	10	2.5
Some college	104	26.3
Associate's degree	16	4
Bachelor's degree	119	30.1
Some postgraduate work	19	4.8
Master's degree	42	10.6
Doctoral degree	9	2.3
Other	2	0.5

Spearman's Rho

Spearman's *rho* correlations were used to examine the relationships between connectedness to the gay community and environmental mastery, positive relations with others, and personal growth. Intercorrelations are displayed in Table 2.

- Environmental mastery. Results indicated a positive and statistically significant, but weak, association between connectedness to gay community and environmental mastery, $r_s(388) = .11, p < .05$.
- Positive relations with others. Results indicated a positive and statistically significant, but weak, association between connectedness to gay community and positive relations with others, $r_s(388) = .20, p < .01$.
- Personal growth. Results indicated a positive and statistically significant, but weak, association between connectedness to gay community and personal growth, $r_s(388) = .15, p < .01$.

Table 2

Intercorrelations for Connectedness to Gay Community and Psychological Well-being Domains

Variables	1	2	3
Connectedness to Gay Community	-		
1. Environmental Mastery	.11*	-	
2. Positive Relations with Others	.20**	.29**	-
3. Personal Growth	.15**	.34**	.40**

Note. * $p < .05$ ** $p < .01$.

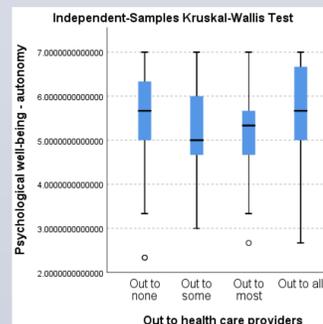


Figure 1. Differences in autonomy among study participants out to different groups of health care providers.

DISCUSSION

Key Findings

- There were few differences in psychological well-being among LGBQ adults.
- Those out to all health care providers had greater autonomy than those out to some health care providers.
- Those out to straight friends had more significant positive relations with others and personal growth than those out to no straight friends.
- Connectedness to the gay community had the most associations with psychological well-being. Connectedness to the gay community was positively associated with environmental mastery, positive relations with others, and personal growth.
- It is possible targeted venue sampling methods created sample bias contributing to fewer significant associations to psychological well-being for LGBQ adults.

Strengths

- Large sample size.
- Sampling techniques ensured equal distribution among gender and ethnic groups.
- Measured psychological well-being through positive attributes.

Limitations

- Quota sampling using targeted sampling venues.
- Online and face-to-face data collection methods.
- Excluded gender minorities.

Implications and Recommendations

- Supported relationships, such as connections to the gay community, highlighted areas of attention for social work practice on micro, mezzo, and macro levels.
- Advocacy efforts should focus on the creation of LGBQ-affirmative community resources that could support the psychological wellness of LGBQ individuals.
- Social workers should work closely with existing LGBQ community agencies to strengthen and support their efforts.
- The psychological well-being of LGBQ individuals is a worthwhile public health interest.
- Continuing to assess the psychological well-being of LGBQ individuals through wellness or a strengths-based lens is recommended.
- Further research is recommended to better understand the needs of this population.

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