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Both Sides of The Coin: Sexual Minority Perspectives on Relationships

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BOTH SIDES OF THE COIN: SEXUAL MINORITY PERSPECTIVES ON RELATIONSHIPS

A Dissertation

Presented to the Faculty of

Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PSYCHOLOGY

by

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This dissertation, by Quynh N. Tran, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University New England
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

BOTH SIDES OF THE COIN: SEXUAL MINORITY PERSPECTIVES ON RELATIONSHIPS

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This dissertation aimed to better understand sexual minority individuals' perceptions of how various minority stressors affect their interpersonal connections. In this study, *sexual minority* identity was defined as a sexual identity that was not the heterosexual, and was defined to include lesbian, gay, bisexual, asexual, pansexual, and queer. Gender identity was not a criterion for either inclusion or exclusion in this study. This phenomenological study used semistructured interviews to explore the perspective of six participants who identify with sexual minority identities. Interpretative Phenomenological Analysis (IPA) of the data resulted in five main themes: (a) Growth-fostering relationships promote well-being, (b) Perceived belongingness is a prerequisite to meaningful connection, (c) Participants experience different forms of discrimination, (d) Shame fosters disconnection, and (e) Despite challenges, participants draw from sources of resilience. Implications, limitations, and future research suggestions are explored. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: minority stress, shame, relationships, LGBA, sexual minority

Dedication

This dissertation is dedicated to my mother and father, Kim Chi Cao and Khiem Tran.

Without their love and sacrifice, I would not be where I am today.

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I did not achieve this project by myself.

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CHAPTER I: INTRODUCTION

Minority stress refers to stressors that are uniquely associated with being a member of a socially stigmatized group (Meyer, 2003). For example, in addition to general life stress, individuals who identify with minority sexual identities may experience added stressors due to their experience of heterosexist discrimination and stigma. Research has indicated that minority stressors (e.g., discrimination, stigma, prejudice) are associated with an elevated risk of adverse health outcomes in sexual minority individuals, including high rates of depression, anxiety disorders, substance abuse, suicidal ideation, and suicide attempts (Haas et al., 2011; King et al., 2008). Although the evidence is clear regarding the impact of minority stress on matters of health disparities, only a limited number of studies have examined the factors that explain the relationship between minority stress and health concerns.

Mereish and Poteat (2015) proposed a mediation model that highlights how relational mechanisms (i.e., shame and loneliness) help explain the relationship between minority stressors and adverse relational and health outcomes. In addition, other studies have found that positive connections serve as a protective factor against psychological distress and promote health (Austin & Goodman, 2017; Bartos & Landridge, 2019; Kamen et al., 2011). However, there are only a limited number of studies that have examined how minority stress contributes to relationship quality in sexual minority individuals, and few studies have specifically utilized a qualitative method. The primary aim of this study is to address this gap in the literature through exploration of sexual minority individuals' perceptions of how various minority stressors affect their interpersonal connections.

In this study, *sexual minority* identity was defined as a sexual identity that was not heterosexual, and was defined to include lesbian, gay, bisexual, asexual, pansexual, and queer.

Gender identity was not a criterion for either inclusion or exclusion in this study. For this dissertation, I have abbreviated lesbian, gay, bisexual, and asexual as "LGBA" to include the sexual identities of the participants in this study. However, I have preserved the acronyms used in prior research studies that I have reviewed, and the words of participants by using the language and acronyms of they use in their quotations.

CHAPTER II: LITERATURE REVIEW

Health Disparities in Sexual Minority Individuals

Evidence suggests that sexual minorities experience significant mental and physical health disparities. For example, a meta-analysis by King et al. (2008) showed that sexual minority individuals experience higher rates of depression, anxiety, post-traumatic stress disorder (PTSD), and eating disorders compared to majority individuals. These high rates of mental health concerns also showed a direct association with higher rates of physical health complaints, with sexual minority individuals reporting a higher rate of chronic pain, arthritis, and asthma compared to heterosexual individuals (Cochran & Mays, 2007). Some findings about health disparities in sexual minority individuals are suggestive of gender differences. For example, Cochran et al. (2003) found that men who identified as gay or bisexual showed a higher prevalence of depression, panic attacks, and psychological distress than men who identified as heterosexual. However, women who identified as lesbian or bisexual showed a higher prevalence of generalized anxiety disorder than women who identified as heterosexual. These findings illuminate the complexities of the interacting effects between the dimensions of gender identity and sexual identity, an area that needs more attention in future research on health disparities in sexual minority individuals.

Because of the psychological stressors they experience on a daily basis, sexual minority individuals may rely on negative coping strategies to receive temporary relief. Studies reveal an increased rate of substance abuse (Marshal et al., 2008), suicidal ideation, and nonsuicidal self-injury (House et al., 2011; McDermott et al., 2008; Mereish et al., 2019) in sexual minority individuals. A large-scale national survey study from the United States found that past-year substance use disorders were nearly four times greater among sexual minority adults who

reported experiencing discrimination than for sexual minority adults who did not report experiencing discrimination (McCabe et al., 2010). The experience of minority stress poses serious health risks to sexual minority individuals and necessitates attention among healthcare professionals.

The Minority Stress Model

One of the most prominent theoretical frameworks that explains these health disparities is the Minority Stress Model (MSTM; Meyer, 2003). According to Meyer's (2003) MSTM, in addition to normal, general daily stress, sexual minority individuals experience added social stress that is uniquely associated with their membership in a socially stigmatized group. These social stressors are conceptualized based on the *distal-proximal* factors framework. *Distal* factors refer to external stressors that are the direct results of a heterosexist oppression in society, including discrimination, prejudice, stigma, and general negative attitudes about sexual minorities. *Proximal* factors refer to the internalization of those negative attitudes, which include internalized stigma (i.e., internalized heterosexism), development of expectations for distal stress events (i.e., rejection sensitivity), and concealment of one's sexual identity (Meyer, 2003).

Studies affirm the existence of minority stressors in the lives of sexual minority individuals, such as the high rates of discrimination and hate-motivated violence. In a large national survey from the United States, two-thirds of sexual minority adults reported experiencing one or more types of discrimination over the previous year (McCabe et al., 2010). In addition, sexual minorities are exposed to a high rate of hate crimes. Herek et al. (2002) found that 20% of the sexual minority individuals surveyed reported having been victims of personal crimes or property crimes, and 50% reported having experienced verbal harassment based solely on their identities. Moreover, in addition to explicit discrimination, sexual

minorities can also experience subtle behaviors that communicate negative attitudes toward marginalized groups—a phenomenon known as *microaggression* (Nadal et al., 2016). Though much more subtle in nature, microaggression has been shown to be just as damaging to the mental health of sexual minority individuals, including increasing the risk of developing PTSD symptoms (Robinson & Rubin, 2016). Overall, the research findings in this area suggest that chronic social stress stemming from heterosexist discrimination, stigma, and prejudice increases the risk of adverse health outcomes in sexual minority individuals.

Extending the Minority Stress Model

Initially, the MSTM was proposed to explain matters of mental health disparities among sexual minority individuals (Meyer, 2003), and therefore, the MSTM in itself does not actually capture the general psychological processes that explain the relationship between minority stressors (e.g., discrimination, stigma, microaggression) and negative mental health outcomes in sexual minority individuals. For this reason, Hatzenbuehler (2009) extended the MSTM by proposing potential mechanisms to account for the association between discrimination and adverse mental health outcomes, including general psychological processes (e.g., emotional dysregulation) and importantly, processes specific to sexual minorities (e.g., internalized heterosexism). For example, chronic daily discrimination can lead to adverse health outcomes through a decrease in self-esteem or from social isolation.

Hatzenbuehler's (2009) psychological mediation framework has been empirically validated in several studies that look at different mediating factors that underlie the association between minority stressors and health disparities in sexual minority individuals. Feinstein et al. (2012) found that the relationship between discrimination and psychological distress is mediated by internalized heterosexism and rejection sensitivity. In their study, the authors found that

sexual minority individuals who reported experiencing more discrimination also tended to report feeling worse about their sexual identities than those experiencing less discrimination, and that they expected to experience similar discrimination in the future. Similarly, Mereish et al. (2019) found that the chronic stressors stemming from the expectation of rejection (a component of minority stress) mediate the association between heterosexist victimization and suicide risk in sexual minority individuals. Overall, these studies suggest a number of mediating factors that explain the relationship between minority stressors and health disparities in sexual minority individuals. However, in studies on sexual minority stress and mental health, most have tested isolated components of Meyer's model (e.g., Mays & Cochran, 2001; McCabe et al., 2010), rather than developing more comprehensive models that include mediators, as has been suggested by Hatzenbuehler. More research that accounts for the mediating variables as a way of explaining such relationships is warranted.

A Relational Understanding of Minority Stress

According to Relational-Cultural Theory (RCT), human connection is at the core of human growth and suffering (Jordan, 2011). A basic theoretical assumption is that people have natural inclinations toward forming relationships, and it is through the medium of relationships that people continuously learn and grow from one another. However, sociocultural oppression, as in the case of stigmatization, heterosexism, and discrimination, may lead to the experience of shame and humiliation in marginalized groups (Hartling et al., 2004), leading to individuals utilizing strategies of disconnection in order to maintain their survival. The three categories of strategies of disconnection include: "moving away" (e.g., withdrawal, hiding, silence, secrecy), "moving toward" (e.g., attempts to earn connection, appease, and please), and "moving against" (e.g., power-over, counter-humiliation, and aggression; Hartling et al., 2004). These strategies of

disconnection further facilitate disconnection and disempowerment, leading to negative relational and health consequences in the lives of individuals.

RCT suggests that people do not grow by themselves, but through building and maintaining growth-fostering relationships. That is, relationships that are characterized as having the "five good things" (p. 6): (1) A sense of zest or well-being; (2) Ability and motivation to take action in relationships and situations; (3) Increased knowledge of self and other; (4) Increased sense of worth; (5) A desire for more connections (Miller & Stiver, 1995). Additionally, growth-fostering relationships are characterized by mutual empowerment and mutual empathy. As such, relationships as deepen and become more fulfilling when both people participate in the shared learning and growing from each other (Miller & Stiver, 1995).

Mereish and Poteat (2015) were the first to develop and test a relational model of minority stress that bridges two established theories, MSTM and RCT, to better understand the processes by which minority stressors relate to psychological and physical distress. Drawing from the literature on RCT, the authors argued that minority stress is "inherently a relationally disruptive process" (Mereish & Poteat, 2015, p. 427), as the shame stemming from the experience of heterosexism discrimination and stigma has several negative relational and health effects. Although a number of studies have demonstrated the relationship between minority stressors and shame (Allen & Oleson, 1999; Sherry, 2007), these studies do not provide an explanation as to why this is the case. Mereish and Poteat's (2015) findings addressed this gap— their results indicate that the effects of proximal and distal stressors on psychological and physical distress were mediated through feelings of shame, as well as through the indirect associations of shame with poorer relationships and loneliness. The authors concluded that shame serves as the central relational mechanism through which minority stressors have a

negative association with health. Their results call for more special attention to be directed toward the relational processes (such as shame, feelings of loneliness, and quality of social support) in minority stress research.

Problem Statement

Minority Stress and Shame

Traditionally, shame was defined as a *self-conscious* emotion (Tangney & Fischer, 1995) due to the negative self-evaluation component of feeling shame. Relational-cultural theorists have criticized this traditional notion of shame, as it reinforces the idea of an independent and separate self (Jordan, 2010), and they have expanded the notion of shame to incorporate a relational perspective into the experience of shame. From an RCT framework, shame is conceptualized as a *relationally conscious emotion*, as shame causes us to reflect upon *the self-in-relationships*. Shame is experienced when a person perceives themselves as fundamentally flawed and inferior, which leads to feeling unworthy of connections and belongings. As such, people may employ strategies to protect themselves from the painful experience of shame, including isolating themselves or rejecting relationships altogether. In this way, shame is what drives disconnection (Hartling et al., 2004).

Since shame is rooted in a social context (Jordan, 2011), sexual minorities are vulnerable to experiencing shame, as they are members of stigmatized groups in society. In fact, several studies have documented the relationship between the various minority stressors and a high level of shame. For example, the determinants of shame were found to be heterosexist discrimination, relational threats, social rejection (Kim et al., 2011; Tangney & Dearing, 2002), and stigma (Neisen, 1993; Tangney & Dearing, 2002). Similarly, Mereish and Poteat (2015) found that both distal stressors (i.e., heterosexist harassment, discrimination, stigma) and proximal stressors (i.e.,

internalized heterosexism, expectation of rejection, and concealment) were associated with increased shame, leading to poor social relationships in sexual minority individuals. These findings are indicative of the relational processes that underly minority stress and adverse health outcomes in sexual minority individuals.

The experience of internalization (a proximal stressor) has been directly linked to shame. Allen and Oleson (1999) were the first to empirically link a stigma construct to shame in sexual minorities. In this study, in a sample of gay men, researchers found a significant relationship between shame and internalized heterosexism and a significant inverse relationship between internalized heterosexism and self-esteem. More recently, Sherry (2007) expanded on the participants from Allen and Oleson's (1999) study by including a larger sample size of both gay men and lesbian women. Sherry used the Harder Personal Feelings Questionnaire-2 to measure the trait of shame (Harder & Zalma, 1990) and reported a significant correlation between internalized heterosexism and shame in both gay men and lesbian women. Overall, these studies suggest that when sexual minority individuals internalize the negative attitudes and beliefs about their sexuality, they are more prone to experiencing shame.

More importantly, researchers have found that internalized heterosexism was the component of minority stress that was most predictive of adverse mental health outcomes, possibly due to the shame-producing effects of internalization (Meyer, 1995). Significant relationships were found between internalized heterosexism and five components of mental health-related distress: demoralization, guilt, relationship difficulties, suicidality, and traumatic stress responses. DiPlacido (1998) found similar results in a sample of lesbians and found a positive correlation between internalized heterosexism and several components of mental health, including having a negative affect and problematic alcohol consumption.

Shame Mediates Minority Stressors and Adverse Health Outcomes

Research has correlated shame with a host of relational and health difficulties. In terms of mental health, shame has been associated with an increased risk of depression (Kim et al., 2011), suicidal ideation (Hastings et al., 2000), anxiety (Dearing et al., 2005), and low self-esteem (Talsma et al., 2020). Shame has been found to increase cortisol levels (Dickerson et al., 2004), which is linked to adverse physical and mental health outcomes. Mereish and Poteat's (2015) findings suggest that shame is the underlying mechanism for the high suicidal risks in sexual minority individuals. In this study, they found that shame and rejection sensitivity were mediators of the association between heterosexist victimization and suicide risk in sexual minority individuals. Similarly, another study found that sexual minority adults were 2.5 times more likely to have attempted suicide throughout their lifetime (Rutherford et al., 2012).

Shame was also associated with an increased risk of substance use issues. Problematic alcohol and drug use were positively correlated with shame-proneness (Dearing et al., 2005; Hequembourg & Dearing, 2013). Although no studies so far have examined the direct relationship between shame and substance use issues in sexual minority individuals, it is very likely that shame serves to explain the high prevalence of substance use issues in these individuals; however, more empirically evidence is needed to support this hypothesis.

The experience of shame can be so painful that people will respond in destructive ways in order to escape or avoid it. Specifically, sexual minority individuals may choose to conceal their identities to avoid the emotional consequences of shame. Concealment may provide temporary relief since it may offer protection from heterosexist discrimination and stigma. However, the stress associated with identity concealment takes its own unique emotional toll, leading to adverse health consequences (Cole et al., 1996; Meyer, 2003; Pachankis, 2007). In addition,

extensive identity concealment hinders individuals from seeking affiliation with the minority groups that can often serve a protective function, allowing individuals to thrive even within the context of broader oppression (Meyer, 2003). Malterud and Bjorkman (2016) interviewed individual gay men and lesbian women about their experiences of concealing their sexual orientation and found that there was associated stress that stemmed from conscious efforts to conceal their identities (e.g., hiding their romantic relationships, subtle vagueness, changing or eliminating the pronoun or name of the partner in ongoing conversations, etc.). Similarly, Sedlovskaya et al. (2013) found that identity concealment leads to a more significant division between public and private selves, leading to psychological distress.

Although identity concealment has been linked to psychological distress, inconsistent results have been found regarding the effects of identity disclosure. Research on the disclosure of sexual minority identity has shown both positive and negative effects. Regarding the positive effects, "coming out" was associated with an increased risk of family rejection, especially in cultures in which gender norms are more strictly enforced (Apoorva & Thomas, 2016). Apoorva and Thomas' study (2016) found that lesbians from an Indian population experienced heightened interpersonal distress with their parents. More specifically, parents' usual reaction was to deny their daughters' sexuality or use violence to try to change them. This, in turn, led to potential health risks for the youths, which may have been caused or exacerbated by their parents' nonaccepting attitudes towards their children's sexual identity (Apoorva & Thomas, 2016). In a different, qualitative study, Emetu and Rivera (2018) interviewed a group of sexual minority adults. Their study found themes that reflect participants' feelings of estrangement and rejection after coming out. After disclosure, it is possible for friends, family, and other acquaintances to

distance themselves from the sexual minority individual (de Guzman et al., 2017; Mohr & Fassinger, 2000).

In contrast to the above studies, research has also found several benefits associated with identity disclosure. Wright and Perry (2006) found that sexual minority youths experienced less distress when they were more "out" to their social networks. McLaren (2009) found that when lesbian adults experienced a sense of belonging with the lesbian community, they also felt more connected to the general community, which was associated with decreased depression. The inconsistencies in the results of identity disclosure and health outcomes may reflect the variety of cultures involved and matters of intersecting identities. More research that extends identity disclosure to include various contextual factors is warranted.

Shame as The Drive Toward Disconnection

Research supports the general belief that social supports and social constraints are key factors that affect levels of distress among sexual minorities (e.g., perceived acceptance by family and friends; Crocker & Luhtanen, 2003; McGregor et al., 2001). Social support has been found to enhance coping for lesbian, gay, or bisexual (LGB) individuals experiencing minority stress (Cohen & Byers, 2015), as well as a resiliency factor for sexual minority individuals to promote psychological health (Ozbay et al., 2007). For example, a study of gay men found that greater social support was related to more positive attributions and less self-blame for discriminatory events (Burns et al., 2012). Accordingly, in a qualitative study of LGB couples' experiences, some couples reported feeling that talking about the stigma together and framing the stigma in positive ways seemed to strengthen the bond within their relationships (Frost, 2011).

Although evidence has shown that social support can serve as buffer against psychological distress, resulting in increased self-esteem (Austin & Goodman, 2017) and

psychological well-being (McLaren, 2009; Snapp et al., 2015; Wright & Perry, 2006), shame can serve as a barrier to accessing the protective factors of social connections. For example, shame was associated with increased expectations of rejection (Mereish et al., 2019; Pachankis et al., 2008). As a result, sexual minority individuals may choose to isolate themselves to avoid social repercussions against their identities (Herek et al., 2002). Shame has also been associated with interpersonal difficulties. These difficulties include interpersonal anxiety (Lutwak & Ferrari, 1997), fear of intimacy (Lutwak et al., 2003), social avoidance/distress and fear of negative social evaluation (Lutwak & Ferrari, 1997), and insecure attachment styles (Gross & Hansen, 2000; Lutwak & Ferrari, 1997). Importantly, shame was associated with feelings of burdensomeness, which, according to the interpersonal theory of suicide, is a major risk factor for suicide among the general individuals (Van Orden et al., 2010) and sexual minority individuals (Hill & Pettit, 2012; Woodward et al., 2014). In addition to causing a decrease in motivation to seek connections, the shame stemming from discrimination and self-blame can lead to decreased satisfaction with existing social circles (Burns et al., 2012). In one study, internalized heterosexism was positively correlated with fear of intimacy and negatively correlated with relationship quality (Szymanski & Hilton, 2013).

Furthermore, existing research consistently links minority stress to poor relational outcomes in same-sex couples (e.g., Frost & Meyer, 2009; Meyer & Dean, 1998; Otis et al., 2006; Ross & Rosser, 1996), and it has been made clear that chronic stress, in general, has a negative impact on relationship functioning (Randall & Bodenmann, 2009; Story & Bradbury, 2004). In addition, the daily chronic stressors stemming from minority stress are likely to result in various negative relational outcomes. Mohr and Fassinger (2000) found that one's own internalized stigma and stigma sensitivity was associated with lower relationship quality, and

partner reports of stigma sensitivity were also associated with lower relationship quality. Similarly, Guschlbauer et al. (2017) found that internalized heterosexism and sexual identity concealment were negatively related to emotional intimacy, which decreased relational satisfaction in a individuals of sexual minority couples. Internalized heterosexism also affects indicators of romantic relationship quality in sexual minority couples (Frost & Meyer, 2009; Meyer & Dean, 1998; Peplau & Fingerhut, 2007; Rostosky & Riggle, 2017). Notably, studies on relationships among sexual minority individuals focus almost primarily on romantic relationships, with few studies that look at nonromantic relationships.

There are a limited number of studies that examine the relational quality of peer relationships in sexual minority individuals. Studies that have examined this seem to have a split finding between in-group and out-group relationships, which is consistent with the MSTM. Snapp et al. (2015) found that feeling supported by sexual minority friends was associated with positive adjustment among a sample of sexual minority young adults. Notably, Paceley et al. (2017) found that both sexual minority and nonsexual-minority friends are able to provide support and protection against discrimination and harassment. They also found that youths tend to come to sexual minority friends for issues that are specific to sexual minorities, such as advice on finding healthy romantic relationships while navigating heterosexist society. Furthermore, sexual minority friends are able to provide greater closeness and intimacy and assistance with identity development (Paceley et al., 2017). One type of support specific to non-sexual minority friends is acceptance of their sexual minority identities, as non-sexual minority friends were not automatically assumed to provide such acceptance.

Conceptual Framework: A Relational Model of Minority Stress

Mereish and Poteat's (2015) relational mediator model of minority stress is grounded in two major theories including (a) minority stress model (MSTM; Meyer, 1995, 2003), and (b) relational-cultural theory (Jordan et al., 1991; Jordan, 2011; Miller, 2008; Miller & Stiver, 1995). The relational mediator model bridges two established theories, MSTM and RCT, in order to incorporate a relational explanation as to why the experience of minority stressors results in the increased risk of adverse health outcomes in sexual minority individuals. More details about the MSMT and RCT will be discussed in the following section.

Minority Stress Model (MSTM)

The MSTM (Meyer, 2003) posits that, in addition to general stressors, sexual minority individuals experience chronic social stressors unique to their stigmatized identities (e.g., discrimination, prejudice, and stigma), which put them at a greater risk for adverse mental health outcomes. In order to differentiate minority stress from general stress, Meyer (2003) asserted that minority stress is chronic and socially grounded and is characterized by daily intolerance in the lives of marginalized groups in society. Minority stress is conceptualized based on *distal-proximal* factors. *Distal* factors are stressors that stem from the oppressive social norms, such as discrimination, stigma, and the general negative attitude towards sexual minority identities. *Proximal* factors refer to the internalization of those negative attitudes, which results in a decrease in self-esteem, the expectation of rejection, and concealment of one's sexual minority identity (Meyer, 2003).

Relational-Cultural Theory (RCT)

RCT was developed out of the collaborative process of the scholars at the Stone Center of Wellesley College (Jordan & Hartling, 2002). The primary theoretical cornerstone of RCT is that

human connection is at the core of human growth and development (Jordan, 2011). A basic

theoretical assumption is that people have natural inclinations towards forming relationships, and

it is through the medium of relationships that we continuously learn and grow from one another.

Also, through past significant relationships, such as those with early primary caretakers, or

romantic partners, people construct what are called *relational images* and *self-images*—the

collection of ideas and experiences that we have about ourselves and relationships (Jordan,

2011). If those significant relationships are disruptive in nature, such as what commonly

experienced marginalized groups in society, people tend to develop unhealthy relational images

that drive disconnection. According to RCT, human suffering is the result of prolonged isolation,

stemming from unhealthy relational images, and self-images that develop as a result of a series

of relational traumas (Miller, 2008).

RCT provides the fitting theoretical language to describe the experience of marginalized

groups in society, such as individuals of sexual minority groups. Living in a heterosexist society,

the repeated exposure to being shamed through *power-over* relationships, people of sexual

minority identities may have internalized those negative attributes, leading to a host of both

negative health and relational outcomes. For example, they may choose to protect themselves

from connection and avoid relationships altogether or choose to reveal their stigmatized

identities in order to maintain attachment to other humans. As a result, RCT asserts that healing

takes place in the context of mutually empathic, growth-fostering relationships and that the goal

of development is the realization of increased relational resiliency over one's life span (Miller,

2008).

Statement of Purpose

The purpose of this study is to utilize Mereish and Poteat's (2015) relational model of minority stress as a framework to explore sexual minority individuals' perceptions of how various minority stressors affect their interpersonal connections. To date, studies that have used the MSTM have focused primarily on health disparities; it is only recently that the relational mechanisms of MSTM and health disparities have been explored. Furthermore, a limited number of studies that look at the association between minority stress and interpersonal connections have utilized mainly quantitative methods and usually examine a specific component of minority stress (e.g., discrimination, microaggression). This study aims to address the above-mentioned knowledge gap by utilizing a qualitative method to explore the effects of shame and minority stress on relational connections in sexual minority individuals.

Rationale and Significance of This Research

Clinical Significance

The study of minority stress and relational connections among sexual minority individuals is of practical importance to clinical psychology in working with this minority group. The role of minority stress has been well demonstrated in studies as contributing to health disparities in sexual minority individuals (Cochran & Mays, 2007; King et al., 2008; Marshal et al., 2008). Szymanski and Balsam (2011) found that sexual minority participants who experienced ongoing discrimination and hate crimes showed an increased risk of developing PTSD symptoms. The day-to-day distress of living in a heterosexist society can be so stressful that people can turn to substances to cope, as substance abuse is another major concern in sexual minority individuals (Cochran & Cauce, 2006). Hence, although sexual minority clients face types of similar stress as heterosexual clients, they also have unique stressors as members of a

stigmatized group (Meyer, 2003), which necessitate the attention from healthcare professionals in order to provide quality care.

Indeed, the lack of attention and knowledge of the unique minority stressors that are faced by sexual minority individuals pose a serious threat to their quality of care (American Psychological Association [APA], 2012; Proujansky & Pachankis, 2014). More specifically, the lack of knowledge and awareness of these issues may lead to discriminative acts from healthcare professionals, whether intentionally or unintentionally, which serves as the number one predictor of the avoidance of seeking care in sexual minority individuals (Sabin et al., 2015). As a result, this study is of clinical significance as it can provide clinical implications in the practice of psychotherapy with sexual minority individuals. Furthermore, this study's findings may further contribute to multicultural awareness and the training of future psychologists to work with these individuals.

Ethical Significance

The topic of minority stress and relational connections in sexual minority individuals has important ethical implications. *Ethics* is defined as "values, how we ought to behave, and what constitutes proper conduct" (Knapp et al., 2017, p. 3). In other words, ethics consists of a set of moral principles and guidelines in people's decision-making processes. Adherence to ethical practices is fundamental in the field of clinical psychology as individuals with mental health concerns represent a particularly vulnerable group in society that requires deliberate and conscious effort to ensure ethical practice and avoid doing harm.

According to the APA Standard 2.01b, psychologists are required to obtain the necessary knowledge and skills through training, consultation, or supervision when working with clients from diverse backgrounds (APA, 2012). Accordingly, when working with individuals who have

experienced added social stressors, it is ethically necessary that psychologists obtain the fundamental training and education to ensure competence, and this means learning about issues and challenges that are specific to sexual minority individuals. To furthermore support this mission, the *Practice Guidelines for LGB Clients* (APA, 2012) states, "Psychologists are urged to understand that societal stigmatization, prejudice, and discrimination can be sources of stress and create concerns about personal security for lesbian, gay, and bisexual clients" (p. 4). Importantly, the ethical implications of cultural sensitivity when working with sexual minority individuals extend beyond minimal practices to avoid legal consequences (Knapp et al., 2017). Cultural sensitivity means operating from a stance of curiosity and humility—having a sincere interest in learning more about the client's life, culture, and worldview (Knapp et al., 2017). In this regard, providers must also examine their own gender biases so that they can work more effectively with clients with diverse backgrounds.

Research Questions

Primary Question

How does the experience of minority stress affect the quality of work/school (e.g., colleagues, classmates, teachers), social (e.g., friends, neighbors), and family (e.g., parents, siblings, and partners) relationships in sexual minority individuals' lives?

Secondary Questions

1. From the participants' perspectives, in the context of cultural stigma and discrimination, what are the characteristics of positive relational connections vs. negative relational connections, and what are their associations with shame?

2. How do sexual minority individuals describe the effect of shame on the quality of their work/school (e.g., colleagues, classmates, and teachers), social (e.g., friends, neighbors), and family (e.g., parents, siblings, and partners)?

3. What are their perspectives on the roles of relational connection in coping with shame and minority stressors?

CHAPTER III: METHOD

The constructionism research paradigm guided my phenomenological study of how minority stress affects relational connections in sexual minority individuals. I will first outline the origins and theoretical tenets of the constructionism method of inquiry. Then, I will detail my research procedure, including the sample selection, data collection, analysis, and interpretation methods, as well as the rationale for each step. Finally, I will discuss how I will incorporate the four components of trustworthiness—credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985)—to ensure the verification of the results as well as review the necessary ethical procedures.

Constructionism Research Paradigm

The philosophical tenets of social constructionism guided my phenomenological study. As opposed to the positivist and postpositivist paradigms, which define reality (i.e., ontology) as singular and universal, constructionism asserts the existence of multiple, complex, and co-constructed realities (Guba & Lincoln, 1994). Guba and Lincoln (2005) argued that the concepts of "truth" and "reality" are not to be discovered but instead co-constructed (p. 176). As such, not one reality is the "correct" one; rather, the existence of multiple perspectives is accepted with the acknowledgment that there is no single objective reality to be known.

The constructionist assumption is that knowledge (i.e., epistemology) is subjective; therefore, the process of obtaining knowledge is "through the eyes of the participants" (Cohen et al., 2007, p. 21). Furthermore, constructionism rejects the idea that knowledge is value-free. Instead, the goal is to understand the multiple constructions and meanings of knowledge because people do not make interpretations of their worlds without the influence of social, historical and cultural backgrounds (i.e., a constructionist research paradigm seeks to understand social

phenomena in their context). The researcher-participant relationship is subjective, interactive, and interdependent, and the values of each party underlie all aspects of the inquiry (Guba & Lincoln, 2005).

In accordance with the epistemology and ontology positions of constructionism, constructionist researchers obtain primarily qualitative data from participants. The approach to qualitative data analysis is inductive (as opposed to deductive), with the researcher formulating patterns in the data to understand a phenomenon (as in phenomenological) or generate a theory (as in grounded theory; Creswell & Poth, 2018). Accordingly, data are mostly verbal instead of numerical and are collected through various methods, such as open-ended interviews, documents, or personal notes (Creswell & Poth, 2018). In alignment with the overarching constructionist research paradigm, in this phenomenological study, I utilized interpretative phenomenological analysis (IPA) to explore how minority stress affects relational connections in sexual minority individuals. The origins and theoretical tenets of IPA will be discussed in more detail in a later section.

Rationale for Research Inquiry

The purpose of the current study was to explore how the experience of minority stress affects personal relationships for individuals who identify with minority sexual identities. Because this study was primarily concerned with how participants make meaning of an experience, using IPA as the methodological framework was warranted. Further supporting the choice of IPA was my affiliation with the constructionism research paradigm and my subsequent subscription to its associated views regarding reality (i.e., ontology) and knowledge (i.e., epistemology). I view reality as being comprised of multiple complex and subjective viewpoints; thus, I see knowledge as the result of subjective meanings that people make through their daily

interaction with the social world. As such, the relationship between the participants and me was characterized by subjectivity, interactivity, and interdependence. The constructionist approach was fitting for my study because I intended to place the participant's subjective reality at the center of the exploration, and their meaning-making guided my data analysis.

IPA as the Methodological Framework

IPA is a qualitative research inquiry that aims to explore people's experiences and perspectives (Smith et al., 2009). As opposed to the preceding positivist and postpositivist paradigms, which seek to define knowledge through a universal and objective truth, IPA is rooted within a constructivist framework that grounds knowledge in subjective interpretations of everyday life. Therefore, IPA is phenomenological in that it aims to explore an individual's personal perspectives rather than finding an objective "truth." IPA is inductive in nature; the researcher aims to capture the meaning that participants place on their experience without preconceptions or hypotheses, and the participants are considered experts in the chosen phenomenon.

While IPA researchers do attempt to get as close to the participants' personal experiences as possible, they acknowledge that this goal cannot be fully achieved, because humans engage in interpretive practices. Within the IPA framework, researchers must include their own subjective interpretations of the phenomenon in the research process (Pietkiewicz & Smith, 2014). This view illuminates IPA's theoretical principle of the "double hermeneutic," or dual interpretation: "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2003, p. 53).

IPA also draws upon the fundamental theoretical principle of idiography—as opposed to monography—where the researchers "focus on the particular rather than the universal"

(Pietkiewicz & Smith, 2014, p. 8). In other words, IPA studies focus on in-depth analysis of every single case and examine the participants' individual perspectives in their unique contexts (Smith & Osborn, 2003) instead of making general claims. Due to this idiographic focus, samples in IPA studies are normally small and homogenous, aiming for depth instead of breadth (Smith et al., 2009).

As a general rule regarding the analytic procedure, IPA has a dual focus on the unique characteristics of individual participants (i.e., descriptive) and patterns of meaning across participants (i.e., interpretative; Smith & Osborn, 2003). Through a series of in-depth analyses of a reasonably homogenous response sample, the end product is a narrative account that depicts the convergence (i.e., similarities) and divergence (i.e., differences) among people's experiences with the phenomenon under investigation.

Participants

Sampling Strategies

This study utilized purposive sampling to recruit participants, and this method allowed me to intentionally select participants whose experiences and perspectives can elucidate the phenomenon under investigation. Furthermore, purposive sampling allowed me to maintain a homogenous sample, which was of significant emphasis in IPA studies due to its idiographic commitment. As a general rule, the number of participants in IPA studies should be small and homogenous to allow for in-depth data analysis (Smith et al., 2009). There is no ideal sample size in IPA studies; phenomenology researchers can seek interpretative information from samples that range from one person to an entire organization (Creswell & Poth, 2018). Notably, Smith and Osborne (2003) state that "three is an extremely useful number for the sample" (p. 57). Following their recommendation, I recruited a total of six participants to allow for reporting

on the rich details of individual cases, which can only be realistically achieved with a small sample, rather than making generalizations.

Eligibility

To be selected for this study, participants met the following criteria: (a) identify with a minority sexual identity (e.g., lesbian, gay, bisexual, queer, pansexual, asexual, or other individuals whose sexual identity is not heterosexual), (b) be 18–35 years of age, and (c) have had experience with minority stressors (e.g., discrimination, stigma, or concealment). The inclusion criteria allowed me to gain perspective on the phenomenon of interest, and the use of shared demographic information (geographic location and age) aimed to achieve a homogenous sample.

Recruitment

After gaining approval from the Institutional Review Board (IRB) to conduct the current study, I distributed a recruitment flyer (see Appendix B) in various public spaces, including the university campus where I worked as a practicum student. I also posted advertisements on social media, such as Facebook and Instagram groups and pages, as well as at local Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) organizations and other public spaces in a large city. The specific locations are listed in Appendix E.

On the posted recruitment flyer, interested participants were instructed to contact this study's email address or phone number. Once the participant made the initial contact and all their questions were answered, I emailed them the form to provide informed consent to participate in the research (see Appendix C), the consent for video recording (see Appendix D), and a basic demographic page to complete and return. This informed consent form included the invitation to participate, the inclusion criteria, the purpose of the study, the voluntary nature of participation, a

description of a small incentive in exchange for the participants' time, and this study's contact

information. After reaching a maximum of six participants, I removed all the posted flyers.

Interested participants who contacted me after the maximum sample size was achieved were

informed that they were put on a waitlist and would be contacted if someone decided to drop out.

Participants

The demographic information was collected through an open survey format prior to each

scheduled interview session. Six participants engaged in semistructured interviews. Ages ranged

from 25 to 30 years old, with a mean of 26. Two participants identified as Hispanic, and one

each identified as White, Asian-Chinese, West Asian-Iranian, and Black. Regarding sexual

identity, participants identified as gay (2), bisexual (2), lesbian (1), and asexual (1). Regarding

gender identity, two participants identified as cisgender men, three identified as cisgender

women, and one identified as genderqueer. Participant demographics are detailed in Table 3.1.

Table 3.1

Demographics of Participants

Participant	Age	Race/Ethnicity	Sexual Identity	Gender Identity
Participant 1	25	Hispanic/Mexican American	Gay	Cisgender Man
Participant 2	25	White	Lesbian	Cisgender Woman
Participant 3	28	Hispanic/Puerto Rican	Bisexual	Cisgender Woman
Participant 4	30	Asian/Chinese American	Asexual	Cisgender Woman
Participant 5	22	Black	Gay	Cisgender Man
Participant 6	26	West Asian/Iranian	Bisexual	Female and Genderqueer

Data Collection

During the phone interview, I explained the informed consent form to participate in research (see Appendix C), which outlined the study's purpose and process, as well as discussed the risks, benefits, and associated confidentiality of the experience and the option to withdraw at any time without penalty. I also discussed the consent for video recording (See Appendix D). Once participants indicated verbal understanding and agreement of the informed consent, I emailed them a fillable electronic version of the consent to participate in research and the consent to audio recording forms to sign, along with a demographic questionnaire.

The interview was conducted over a video conference platform and was video and audio recorded. The interview length was approximately 30 minutes. Upon completion of the interview, participants were sent a $25 Amazon gift card. All virtual interviews were one-on-one between each participant and me. I loaded the interview recordings onto a laptop and then transcribed each one verbatim for analysis.

Data Analysis

IPA was used for data analysis. As a phenomenological analytic approach, the primary aim of IPA was to provide a complete, detailed description and understanding of a particular human experience (Smith et al., 2009). Following these guidelines, I allowed the findings to emerge rather than imposing them upon the participants. I focused on keeping the data descriptions rich and faithful to the participants' realities by taking the necessary steps to ensure that my biases and presuppositions were accounted for as much as possible. This process included identifying and bracketing my biases and presuppositions through all research phases and minimizing their influence on the findings (Smith et al., 2009). Finally, I highlighted patterns of divergence and convergence across participant responses from the raw data.

Pietkiewicz and Smith's (2014) IPA data analysis model highlights conceptual patterns and describes the process I chose to prepare my investigation. The following steps guided my data analysis plan: (a) Multiple reading of the interview transcripts and notetaking, (b) organizing findings into emergent themes, and (c) seeking patterns and clustering similar themes based on a shared broad meaning.

Multiple Readings and Notetaking

I began the process by repeatedly reading all material from start to finish as I prepared for analysis. This process was parallel with the essential component of immersion in the data, as highlighted by Pietkiewicz and Smith (2014, p. 11). While reading my transcription, I took notes about any patterns and ideas that could potentially represent significant areas. This included areas of content, language, context, initial interpretive comments, and emotional responses. From the transcript, I identified significant statements that pertain directly to the research questions.

Organizing Notes into Emergent Themes

After carefully examining my notes and comments, I developed interpretive meanings for each significant statement by listing emergent themes from the raw data. This process illuminated the dual interpretative element of the IPA method because I created meanings out of the participants' meaning-making (Pietkiewicz & Smith, 2014).

Seeking for Patterns and Clustering Similar Themes Based on a Shared Broad Meaning

At this stage, the primary goal was looking for patterns in the emergent themes and grouping them into clusters (Pietkiewicz & Smith, 2014). After reviewing these themes, I carefully examined their similarities and differences to group them under descriptive labels that captured their broad meanings. The final list of clusters was comprised of themes and subthemes.

Issues of Trustworthiness

Issues of trustworthiness of the data are critical when using qualitative methods. Lincoln and Guba (1985) described the four concepts of trustworthiness in qualitative research as follows: (a) credibility, where trustworthiness was confidence in the 'truth' of the finding; (b) transferability, where the findings were applicable to other contexts; (c) dependability, where findings were consistent and could be replicated; and (d) confirmability, which is the neutrality and the extent to which the findings were shaped by participants without the researcher's interests or prior assumptions.

Credibility

Credibility is imperative to qualitative research to ensure that the participants' realities and the meanings of their experiences are identified and depicted accurately (Creswell & Miller, 2000). In this context, credibility is similar to internal validity in quantitative methods (Creswell & Poth, 2018). In this study, I ensured credibility through two approaches. I first utilized peer debriefing, which included discussing the emergent themes and findings with a peer who had familiarity with the current topic (Creswell & Miller, 2000). This person independently read the interview transcripts to gain a sense of the data before entering our debriefing session. The second step was member checking—the most significant method for ensuring credibility in quantitative methods (Lincoln & Guba, 1985). I consulted with the participants about the themes and clusters of themes that I drew from the raw data to obtain their feedback and comments in terms of how accurately the findings depicted their original meanings. If there were discrepancies along each step, I incorporated the feedback into my writing of the results to reflect the changes.

This method aligned with my study's constructionist paradigm: acknowledgment of the existence of multiple realities. By having the participants review the data, I could ensure that the results accurately represented their realities and thus added credibility to the interpretation of the raw data.

Transferability

Transferability is similar to the concept of generalization in quantitative research. Due to the qualitative nature of this study, the primary objective was not generalization beyond the phenomenon under investigation but rather development of an accurate and in-depth depiction of each participant's reality in relation to the phenomenon. Transferability can be enhanced through the provision of rich descriptions of the raw data (Creswell & Miller, 2000). This is different from the thin descriptions commonly seen in quantitative data, where the researcher mostly reports on simple and numerical results that strip away the otherwise valuable context of the participant's views. In using thick description, the data will be recounted in as much detail as possible, including the contextual information in the process of writing; the readers can then determine for themselves whether the findings are applicable to their own life contexts (Creswell & Miller, 2000).

Dependability

Dependability in this study was enhanced through the detailing of the methodological steps and procedures. This included making appropriate adjustments to the procedure throughout the research to ensure accuracy and consistency between the methods and the research activity.

Confirmability

Confirmability was enhanced through the use of reflexivity (Creswell & Miller, 2000), wherein the researcher suspends all preconceived notions and judgments prior to entering the

research process. I engaged in reflexivity through personal reflection and the disclosure of personal assumptions, beliefs, and biases that may influence my interpretations to engage with the data from an open and fresh perspective. Additionally, I used a journal to document any personal reactions I had during the interview process for cross-referencing during the analysis process and ensured that the data reflected the participants' thoughts and feelings rather than my own. Finally, I sought consultation from an external auditor to confirm that the emergent themes and clusters effectively represent the data (Mertens, 2015). This auditor reviewed my analysis and provided feedback and comments so that I could remain true to the data.

Ethical Considerations

There were three primary ethical considerations addressed in this study: (a) informed consent, (b) confidentiality, and (c) procedures to minimize harm.

Informed Consent

During the initial contact, participants received a document about informed consent, which was reviewed at the beginning of the interview. This document detailed the study's purpose, the timeline for both the interviews and research process, and the use of audio recording to ensure participants understood the nature of the research. This form also explained the risks and benefits of the study, and the participant's right to withdraw from the research at any time. The participants were encouraged to ask questions if something was unclear. A list of resources was also be provided to the participants, as well as my contact information, in case of an emergency or adverse event. Finally, signatures from both the researcher and participants were documented on the consent form, agreeing to the research parameters, and I informed participants up front about their option to obtain the research results.

Confidentiality

As a researcher, I tried to abide by a strict code of confidentiality. For example, demographic information was coded with numerical digits so it could not be traced back to the participants, and the consent form was kept completely separate from their demographic and interview files. The collected data were kept on my personal computer and were password protected, so only I had access. All data were electronic. Upon completion of the study, I will follow the minimum retention of records for three years before destroying the data. All quotes that were incorporated into the final narrative in the report were deidentified. The limits to confidentiality pertaining to mandatory reporting were explained to participants. For example, if the participant disclosed an intention to harm themself or someone else or gave me a reason to suspect child or elder abuse, participants were told I would be mandated to break confidentiality.

Protecting the Participants' Rights and Welfare

Since the current study required participants to reflect on their experience of minority stress, I initially predicted some emotional discomfort might arise and planned some preliminary steps to minimize the risk of harm to the participants. Participants were also given informed consent about the potential risk before participating. However, no adverse events occurred throughout my study. Finally, as a component of the informed consent form, the participants were provided a list of crisis hotline resources and local mental health professionals, along with the study's email address and phone, if the participants had any questions or concerns regarding the study.

Researcher's Bias and Assumptions

A study is influenced by the unique worldview of the researcher and is, therefore, influenced by the researcher's own thoughts, experiences, and objectivity (Denzin & Lincoln,

2008). To represent the lived experiences of the participants and their meaning-making as authentically as possible, I have disclosed my biases and assumptions below to allow readers to check on my efforts to stay true to the realities of the participants. In this section, I have outlined my purpose for conducting this study and have discussed how my personal and professional experiences may have influenced the way in which I perceived the data.

My inspiration to choose this dissertation topic stems from my passion for exploring relationships and social justice and raising the voices of marginalized individuals. Furthermore, I am fascinated by how people make meaning of themselves and relationships as well as how their sociocultural backgrounds are a factor in this process. Broadly speaking, the complexities of people's experiences will not be reflected in statistical numbers and norm-referenced data but rather through a meticulous examination of their understanding of their worldview regarding the medium of language. I am striving to more closely understand this topic as part of the purpose of this dissertation.

My personal sociocultural context plays a relevant role in shaping my position as a researcher. As a person with both sexual and racial minority identities, my personal experience of marginalization instills the power and inspiration to work toward raising the voice of marginalized communities. However, it is crucial to be aware of my biases to not over-identify with my participants' experiences nor to project my own experience on to my understanding of them. In my role as a therapist-in-training, I have been encouraged to reflect on my experiences and awareness of my own context-driven biases regarding how I interact with others. I strive to maintain this practice in my approach to research by taking notes in a reflection journal. Member-checking of interview transcripts will provide participants with the opportunity to correct inaccuracies and elaborate on the research questions, in addition to using a peer-review

process (see Procedure) as a check on my biases. Journaling, as Moustakas (1994) recommends, will occur throughout the discovery process and ensure a documented account of my association with the process.

Additionally, I have worked with clients who identified with minority sexual identities and listened to their perspectives, which have influenced how I formulated my own ideas about the answers my research questions. More specifically, I expected that participants would endorse having experienced minority stress and shame targeted at their sexual identities that would have negatively affected their relationships. However, I strived to remain open and curious about the participants' lived experiences. Accordingly, phenomenological research is an appropriate methodology for this study. The findings in this dissertation will aid in forming the groundwork for my professional journey as a clinical psychologist.

Summary

Research has indicated that minority stressors (e.g., discrimination, stigma, prejudice) are associated with an elevated risk of adverse health outcomes in sexual minority individuals (Haas et al., 2011; King et al., 2008). However, how relational mechanisms affect the relationship quality for sexual minority individuals remains unclear. Thus, this study aimed to explore the perspectives of sexual minority individuals on the effects of minority stress and shame on their interpersonal connections. Regarding methodology, the phenomenological method and the corresponding constructionist paradigm were used as the research framework for this study. I presented readers with my biases, assumptions, and personal and professional associations with the topic to demonstrate my openness to the formation of new understandings. Mereish and Poteat's (2015) relational mediator model of minority stress was used as the foundation upon

which future chapters will frame how sexual minority individuals make meaning about and understand interpersonal relationships.

CHAPTER IV: RESULTS

Overview

Several themes emerged from the qualitative analysis. A primary goal during my analysis process was not losing the individual voices while simultaneously capturing the similarities in the lived experiences across my participants. For this reason, while themes were consistent across multiple individuals, I occasionally listed some sub themes that were shared by only one or two participants. This process helped maintain more individualized data points that might have otherwise been consolidated or undervalued in the analysis process.

In answering the overall research questions regarding one's meaning-making about the impact of their sexual identity on interpersonal relationships, six overarching themes emerged:

1. Growth-fostering relationships promote well-being

2. Perceived belongingness is a prerequisite to meaningful connection

3. Participants experience different forms of discrimination

4. Shame fosters disconnection

5. Despite challenges, participants draw from sources of resilience

Theme 1: Growth-Fostering Relationships Promote Well-Being

The first theme described the quality and characteristics of relationships participants found to be growth-fostering. Three subthemes emerged around this topic: (a) actions speak louder than words, (b) growth-fostering connections have a positive impact on the self, and (c) people gravitate toward growth-fostering relationships.

Actions Speak Louder Than Words

Once asked to describe a growth-fostering relationship, participants spoke about their relationships with people from multiple areas of life, including family of origin, relatives, friends, classmates, and coworkers. One common theme among all six participants was the importance of demonstrating support through action. For example, a participant spoke about this experience:

My cousin is quick to defend me or whoever deserves to be defended in general. I know if I come out to a family member that I know that I can probably call her immediately to talk about it, or even have her there to support me because it's hard (participant 5).

Two participants perceived asking questions curiously as an act of support. One participant illuminated this point by describing the actions of her father:

He supports whatever I say or do, and he just accepts it and he is willing to ask questions. I know that some people don't want to ask questions because they are worried that they will offend me, or I might not want to be asked it. My dad would ask me questions in a manner that he wants to understand (participant 2).

Other actions that were perceived as supportive included (a) being seen beyond their sexual identity, (b) having a safe space to talk about an experience related to identity, and (c) having ongoing conversations about queer cultures. For example, participant 3 spoke about this experience: "my friend sees me beyond my sexuality. I like that because I'm more than just that. It is just a part of me."

On the other hand, actions could convey negative messages or a lack of support. More specifically, several participants remarked on the actions of others that were perceived as invalidating, such as making assumptions about participants' identities, refusing to use the

correct identity when being corrected, and having expectations not to discuss any identity-related topics. One participant added details about the assumptions people make based on her presentation, "people acted all surprised when they found out that I am attracted to women. They said that I look too feminine to look like a gay woman" (participant 2).

Growth-Fostering Connections Have a Positive Impact on the Self

All six participants described the experience of growth-fostering connection as feeling like they could be their authentic selves. For example, participant 2 said, "I can be myself around my friend because she accepts everything about me. Like I could tell her that I am not interested in guys, and she would be totally okay with that."

Other adjectives used to describe the impact of growth-fostering relationships included, but were not limited to, feeling heard, seen, alive, and safe. For example, participant 6 reflected, "I feel very comfortable around [friend], and it's nice it's very safe space for a lack of a better word, very safe, comfortable."

People Gravitate Toward Growth-Fostering Relationships

Because of the positive impact, five participants identified their inclination toward growth-fostering relationships during times of difficulty. One participant emphasized that she could ease into a conversation with her friends almost immediately, even when they live far apart and go for long periods of time without conversing. On the other hand, participants reported turning away from relationships that are not growth-fostering. For example, participant 3 reflected, "when people are so toxic and unaccepting, I prefer to not having them around in my life."

Theme 2: Perceived Belongingness is a Prerequisite to Meaningful Connections

All participants reflected on the role of belongingness in the quality of connections. Three subthemes emerged relating to this topic: (a) participants feel more understood around other sexual minority individuals, (b) attitudes about the LGBA community inform the quality of connection, (c) attitudes from the local environment impact perceived belongingness.

Participants Feel More Understood Around Other Sexual Minority Individuals

All participants discussed how they feel more understood and connected with other sexual minority individuals than with straight or cisgender people. One participant emphasized that "all my friends are gay" (participant 5). Similarly, another participant shared:

> You know, I feel there's more a sense of safety or security around other queer friends, maybe that comes with knowing that you are with other people who are like you. They can understand you, what you are going through, and who you are (participant 2).

While all participants shared themes of feeling more connected with other sexual minority individuals, two participants who identified as bisexual shared their difficulty to find belonging within the LGBA community. Participant 6 spoke about this experience:

> Being gay or straight is a bit clearer than being bi, it is always complicated. The stereotypes or stigma that bisexual people specifically have, because I feel like there is a lot of biphobia. People think it's not real, just pick a side.

Similarly, participant 2, who identifies as asexual remarked:

> You know I'm not only not fitting with the straight community but also in the queer community because as soon as you say, oh I'm asexual but then also you know you have had sex before or you are having sex and it becomes like well you know, are you really like just asking for attention.

Two participants noted that to feel a sense of belonging in the LGBA community reflected the higher stages of identity development. A participant spoke to his insecurity around other individuals who identified as queer:

> I feel more intimidated by those who are a member of the LGBA community because I'm always surveying our differences, and I always feel like I am less accomplish than others. I typically interact with older members; you know in their mid 20s or 30s. They have an established career. You know I wish I could be myself fully like them. Live on their own, be out and proud of who they are. Have a full time job and income. It is the idea that they have done something with activism. You know they have travelled and gone to different Pride events and having the courage to move out of their parents' house. I envy that quite a bit (participant 5).

One participant expressed a vision for a more cohesive community:

> My hope for the LGBTQ+ community is that I know times still kind of rough. I know that there is still a lot of fighting within the community, which I don't quite understand because I feel like we are all in the same boat (participant 3).

Attitudes About the LGBA Community Inform the Quality of Connection

When asked "how does your identifying as a member of the LGBA community play a role in your relationship with other people?" participants suggested that it depends on the people's attitudes towards the LGBA community. Several participants noted wanting to create a distance from those who demonstrated negative attitudes. On the other hand, five participants remarked their inclination towards relationships with those with positive attitudes.

Once asked more follow-up questions, participants shared different ways to learn about people's attitudes, including observing their treatment of other gay family members and how they commented on the news and on LGBA movies. For example, a participant reflected:

> I have been wanting to come out with them and so one night, I was home during the pandemic, we were watching a movie. It was a Robin Williams movie. I forget what it was called, I think it's called the Bird Cage maybe. His character was gay and is in a relationship with another man who is like a drag Queen and they own like a big drag bar and like we are watching it together and my parents are very accepting of everything going on in the film. And so it feels like I should be able to tell them (participant 6).

Attitudes from The Environment Impact Perceived Belongingness

Three participants reflected on how their level of belongingness is shaped by the attitudes towards the LGBA community in their environment. More specifically, one participant emphasized the increased sense of belongingness after his family decided to move to a more LGBA inclusive state. On the other hand, those who live in a conservative area reflected the difficulty of finding a safe space. Participant 3 illustrated this point by describing, "I live in Alabama, so that is probably important to set the frame. It is pretty bad where I am living about the anti-gay attitude."

More proximal to the participants, two participants commented that their college campus's accepting attitudes contributed to their sense of belongingness. For example, one participant reflected:

The school I went to was a progressive school. They had like LGBT programs and all

sort of different things to support that stuff so most of the people there were pretty much

cool with it or didn't really have an issue, so I felt like I was lucky and fortunate in that

regard (participant 3).

Theme 3: Participants Experience Different Forms of Discrimination

All participants endorsed experiencing discrimination at various points in their lives.

However, participants had varied experiences with the forms of discrimination. Some

participants experienced more direct discrimination, while others experienced a subtler form of

discrimination. Those who experienced a more direct form of discrimination recalled being the

target of overt acts of violence, such as bullying and name-calling. For example, participant 1

reflected, "I was being bullied in high school. People made fun of my sexuality in front of others,

and they would laugh about it." Those who experienced a subtler form of discrimination

reflected on microaggressions. For example, participant 2 shared her experience of receiving

"dirty looks" when she held her partner's hand. Others commented on their parents indirectly

calling LGBTQ+ identity sinful.

Three participants who identified as a queer person of color remarked on their

experiences of both racism and heterosexism. Participant 6, who identified as Latinx and

bisexual, spoke about this experience "I guess also growing up Hispanic. I have been around not

just racism but also homophobia. I hear people use slurs all the time."

Importantly, one participant noted that they experience more discrimination based on

their race than sexual identity, highlighting the differences between concealable and

non-concealable identities. One participant emphasized how their minority racial identity shapes

their sexual identity experience, "my parents are both Chinese immigrants, and so they don't tend to understand anything about LGBTQ+" (participant 4).

Theme 4: Shame Fosters Disconnection

All participants remarked on how shame drives disconnection. Three subthemes emerged around this topic: (a) participants define shame as a personal failure, (b) sources of shame are varied, and (c) shame negatively impacts oneself and relationships.

Participants Define Shame as Personal Failure

When asked the question, "What does shame mean to you?" although the answers seem to vary, they fall under the broad definition of the attribution to personal failure. For example, one participant defined shame as "shame is a failure. But the kind of failure that leads you to want to give up" (participant 5). Similarly, one participant described shame as "feeling like you are bad, even though you know you are not doing anything bad, because people do or say things that shame you" (participant 4).

Sources of Shame are Varied

Participants highlighted the various sources that bring up shame, including shameful comments as a child, enjoying sex with a queer partner, concealment, confusion about their identity, and being bullied. For example, participant 2 reflected, "I feel so much shame every time I know I am engaging in the pretense of enjoying sexual relations with people."

Shame Negatively Impacts Self and Relationships

Many participants remarked on the negative impact of feeling shame on their relationships. Two participants described feeling hypervigilant around their reportedly homophobic coworker. For example, participant 2 shared, "Around definitely my parents, and definitely my coworkers sometimes, especially if I find out they are you know extremely

homophobic you know just becomes like oh I can't let anything slip around this person. I am very anxious, as if I'm trying not to be made an example of something." Others delineated the impact of shame on the self, including fear and internalization. One participant discussed the impact of shame on elevated anxiety about the future, "I feel like the future is all going to be negative" (participant 4).

Participants Employed Various Means in Coping with Shame

Participants described multiple means of coping with shame, which included, but were not limited to, the following: (a) concealment, (b) cutting off, (c) distancing, and (d) substance use. For example, participant 3 reflected on her experience of turning to substances to cope, "I would like drink sometimes if I was feeling down or feeling depressed, which wasn't the best, obviously that is not the best thing to do. Before, I would drink to forget what people were saying to me, a way to try not to think about it."

Several participants spoke about the experience of concealing their identity to parents as a means of self-protection, and a few participants remarked on the emotional impact of concealment. For example, participant 5 reflected, "I knew I was gay very early, maybe in fifth grade. For the longest time, hiding who I am from my friends and parents was very draining. When I came to the point that I figured it was no longer worth it to keep hiding, I decided to come out to my friends."

Theme 5: Participants Named Sources of Resilience

Three participants discussed their varied experiences of building their sources of resilience. Some participants were able to talk about using activism and education as bringing people together. One participant emphasized the importance of standing up for other LGBA individuals. However, this same participant reflected on how difficult it was to educate

constantly while also experiencing discrimination herself. "It is tiring especially when people disagree. Everyone is entitled to their own views, but when it is harmful to who you are, it could be exhausting" (participant 6).

Three participants discussed identity pride during hardship. For example, one participant shared that they love who they are and will continue being who they are, regardless of the approval from others. Participant 3 reflected, "I just try to tell myself like whatever happens that person can either be a part of my life or not, and like it's not the end of the world if they can't accept me." In a similar vein, one participant attributed people's disapproval to their own insecurities.

One participant shared their experience of turning to supportive persons to cope with the impact of shame and discrimination. For example, participant 2 reflected:

> My family and with my dad and stuff they would always tell me like you are not doing anything wrong, you have done nothing wrong. Like I would have that support telling me like. What they are saying to you is wrong and what you are doing is not wrong and I would sort of take that and tell myself like if someone were to say that is wrong, I would say no.

Summary of Results

Overall, participants have varying experiences regarding how shame and minority stress impact their relationships. Participants attributed their growth-fostering relational experiences to factors that protect against shame while attributing their relational experiences that are not growth-fostering to factors that induce shame. Nearly all participants attributed shame to cultural oppression against their sexual minority identities. Finally, many participants shared their sources of resilience against cultural oppression.

CHAPTER V: DISCUSSION

This study was conducted in an effort to better understand the impact of minority stress and shame on the relational well-being of sexual minority individuals. Six participants engaged in semistructured interviews. The interview consisted of six basic questions with some scripted prompts to encourage more descriptive information from the participants about their experience (See Appendix A). However, the interviewer utilized prompts outside of scripts as needed in order to encourage clarification or deeper discussion, when warranted.

Interview data were analyzed using Interpretative Phenological Analysis (IPA). IPA is a qualitative research approach that examines how people make sense of their experiences (Smith et al., 2009). In a "dual interpretation process" (Pietkiewicz & Smith, 2014, p. 8), I aimed to make sense of the experiences shared by the participants in the interviews. Common themes among interviews were identified: (a) Growth-fostering relationships promote well-being, (b) Perceived belongingness is a prerequisite to meaningful connection, (c) Participants experience different forms of discrimination, (d) Shame fosters disconnection, and (e) Despite challenges, participants draw from sources of resilience.

Findings

This study is among the first to describe sexual minority individuals' perceptions of how various minority stressors affect their interpersonal connections. This dissertation provides insights into participants' understandings of how shame and perceived belongingness help explain the relationship between minority stressors and adverse relational and health outcomes. Taken together, findings have important implications for healthcare providers working with sexual minority individuals.

Consistent with past literature, this study suggested a high prevalence of cultural oppression against sexual minority individuals. Specifically, the results can be interpreted within the Minority Stress Theory's framework through the four general stressors sexual minority individuals tend to face, according to Meyer (2003). These include "experienced prejudicial events," "expectations of rejection due to stigma," "stress around sexual orientation concealment," and "internalized homophobia" (pp. 5–12). Regarding distal stressors, participants shared numerous experiences with being bullied, experiencing stigma, aggression such as name-calling, and being stared at on the street. Regarding proximal stressors, participants shared their history or current struggles with internalized heterosexism, concealment stress, and expectations of rejection from families and friends if they decided to disclose their sexual identity. In addition to the significant discriminatory events, findings revealed the frequent encounters of microaggressions that participants faced in daily life. Participants reported that interpersonal exchanges involving microaggressions were not perceived as discriminatory by the perpetrators. The perpetrator's lack of awareness or blunt denial, when confronted, can further cause or worsen the negative consequences for the target's mental health.

Results from this study also suggested that shame stemming from the experience of heterosexist discrimination and stigma has several negative relational and health effects. Many participants in this study felt like they had to watch their words and actions around families and friends with heterosexist beliefs. One participant further highlighted their belief that "the future [would] be negative" when they experienced shame. This finding is consistent with Candea and Szentagotai-Tătar's (2018) meta-analysis of 314 articles that found an association between shame and anxiety. Shame has also been associated with interpersonal difficulties, including interpersonal anxiety, fear of intimacy, social avoidance, distress and fear of negative social

evaluation, and insecure attachment style (Gross & Hansen, 2000; Lutwak & Ferrari, 1997; Lutwak et al., 2003).

My analysis suggested that many emotions accompany the experience of shame. As participants recounted experiencing shame when they had been judged and devalued by others, they shared that anger and revenge were sometimes defensive responses used in an attempt to protect themselves. For example, two participants shared that their family members' hurtful comments about their sexual identity made them want to reveal their identity even more in front of those family members to make them uncomfortable. Furthermore, shame further induced many other relationally-based emotions, including rejection, feeling different, and loneliness. Taken together, it explained why the common thread in participants' definition of "shame," was the attribution of "I am bad." This is consistent with relational-cultural theorists' defining shame as when a person perceives themselves as fundamentally flawed and unworthy of connections (Hartling et al., 2004).

Findings revealed that participants sometimes turned to negative coping strategies, such as substance use, to find temporary relief from shame, which further worsened their distress. Previous research has shown a similar finding. Because of the psychological stressors they experience daily, sexual minority individuals may rely on maladaptive coping strategies to receive temporary relief, explaining the increased rate of substance abuse (Marshal et al., 2008), suicidal ideation, and nonsuicidal self-injury (House et al., 2011; McDermott et al., 2008; Mereish et al., 2019; Velkoff et al., 2015) among sexual minority individuals.

A key finding was that relationships may be the source of both support and hardship. Families may offer solace or reject their LGBA members; peers may turn into friends or bullies; co-workers can be collaborative or become insulting. This finding is consistent with RCT, which

posits that resilience and psychological growth are rooted in relational connections facilitated through growth-fostering relationships (i.e., relationships characterized by authenticity, mutual empathy, and mutual empowerment; Jordan, 2010). On the other hand, relationships can also be a source of hardship if they are characterized by rejection, victimization, or discrimination based on sexual identity (Jordan, 2010). This can lead sexual minority individuals to internalize problematic interactions and develop negative relational images specific to their sexual identity, such as internalized heterosexism.

This study further revealed that a negative familial relationship is more harmful than other negative social relationships. If friends demonstrated heterosexist views, such as through their comments on policies or other actions, participants noted that it was easier to keep a distance or end the relationship than it was with family members. It was unlikely that people had a similar level of control in their familial relationships. Some participants explained that they still depended on their family for financial support, therefore were fearful of being cut-off or of retribution.

Factors that enhance growth-fostering relationships occurred on multiple interpersonal, community, and societal levels. Regarding the interpersonal levels, participants discussed that the most meaningful way to show support was through actions. Examples of perceived supportive actions from this study included speaking out against discrimination, asking questions in a curious manner, being seen beyond their sexual identity, having a safe space to talk about an experience related to identity, and having ongoing conversations about queer cultures. Regarding the community level, attitudes towards LGBA community from the environment impacted connections. For example, two participants shared that the acceptance culture on their college campuses enhanced their relationships.

Results indicated that having the opportunity to connect with similar others served as a protective factor, while being deprived of those opportunities may exacerbate the sense of marginalization. As such, this study found that participants benefitted from forming and maintaining relationships with other sexual minority individuals. One possible explanation is that connecting with someone who understands the unique challenges and oppressions that people face may buffer the negative impact of daily stigma and discrimination. This result is similar to Elmer's (2022) study of 7856 sexual minority adults that found that more connection with the LGBA community buffered the negative impact of discrimination.

That said, not all sexual minority individuals feel connected with the LGBA community at large. Results revealed that finding belongingness becomes even more complex for individuals who identify as bisexual. For example, participant 6, who identified as bisexual, shared their struggle to belong in both the heterosexual and gay communities. Similarly, a qualitative study showed that participants described their rejection from both heterosexual and LGBA communities as "disqualification," the experience of feeling disqualified from belonging to either community (Gonzalez et al., 2021).

Results from this study further suggest that within the LGBA community, LGBA people of color may experience multiple minority stressors, including being subjected to both heterosexism and racism. This finding appears consistent with prior literature that explores the sources and outcomes of intersecting identities and multiple oppression. For example, Kudler (2007) revealed that racial and ethnic minority individuals reported exclusion from LGBA community events and spaces. Similarly, Ward (2008) found that many major LGBA organizations can be perceived to be predominantly serving White sexual minority individuals.

To my surprise, while I did not explicitly ask about resilience, participants spoke about their sources of resilience at various points in the interview. One explanation could be that when participants were prompted to discuss the challenges directed at their identity, some participants also felt compelled to shed light on their resilience to convey their underlying feeling of pride and power. All too often, research over-emphasizes the risks and challenges that sexual minority individuals face, which can mask their inherent strengths. Particularly for sexual minority individuals, establishing a sense of resilience in response to challenging life events can help them manage prejudice and discrimination directed at their sexual identity. For example, participants in this study emphasized the importance of being proud of their experiences and establishing self-confidence related to their sexual identity. This finding is in line with previous research that has shown the complex ways sexual minority individuals navigate oppression, including developing a sense of pride.

For sexual minority young adults in college, participants named that the support and acceptance on their college campuses shaped their sense of resilience in response to identity-related challenges. Socially supportive college and campus environments are crucial in developing sexual minority college students' resilience. Relatedly, Woodford et al.'s (2014) study found that supportive campuses can improve sexual minority people's health. Similarly, resilience among sexual minority college students can mitigate their unique risk factors related to dropping out of college, such as feelings of social isolation and lack of institutional support for identity-related issues (Sanlo, 2004).

Many participants referred to activism and educating others as their sources of resilience. Furthermore, some even attributed their professional values and sources of empowerment to the activism and education of others. On the other hand, several participants mentioned that these

activities could simultaneously lead to burnout, especially among participants with minoritized sexual identity.

Implications

This study has practical implications for psychologists in working with sexual minority clients. First, as results suggested that a culture of inclusion and acceptance may enhance relationships, it is important that efforts are invested in making sure that sexual minority identities are included in intake forms and paperwork. More specifically, paperwork that allows for open-ended responses in the demographic sections of forms can provide sexual minority clients more agency in how they disclose and can communicate to them that providers are conscious of their identities. Additionally, the decoration of a psychologist's office space is just as vital. Psychologists can consider having pictures and magazines that feature LGBA-identifying individuals in the waiting area and office is another way to promote safety and inclusion.

Clinical practitioners should have a strong awareness and thorough understanding of the fears of discrimination that individuals with sexual minority identities faced and their impact on relational and health outcomes. Additionally, practicing queer-affirming therapies is necessary in working with sexual minority individuals. For example, practitioners work to create more affirming environments, learn how to respond to disclosures skillfully, attune to power dynamics and systemic oppression, and have resources and referral information readily available when requested.

More specifically, helping clients develop relationships with others who affirm their identities, including others in the LGBA community, may help lead to improved self-esteem, mental health, and increased motivation to find more affirming relationships. Noteworthy to

mention is that just because the client identifies as non-heterosexual does not mean that they inherently will have an interest in associating with only other sexual minority members. Clinicians should be cautious about making this assumption and instead be mindful to ask the LGBA client where they most desire a feeling of belonging. Once this is established, the clinician and client could collaborate on finding available community resources that align with the type of community the client is yearning for.

This study also has implications for the shared responsibility of institutions and communities in activism and advocacy. Providers should work to advocate for clients, inclusion of LGBA-related care, and policy change. Outreach and education efforts targeting the larger community could be general, such as discussing the importance of inclusion and the negative effects of stereotypes, discrimination, and prejudice against any minority person, or specific to sexual minority individuals. This could include providing education on proper terminology and debunking myths about sexual diversity, for example. Not only are these outreach and education efforts in line with psychologists' call to be social justice advocates and to empower individuals or groups experiencing prejudice, but they will ideally assist in creating even more opportunities for one to find a sense of belonging because of reduced stigma and discrimination. Training programs for psychologists should continue to facilitate a better understanding of how minority stress and shame manifest in clinical practice, as well as provide tools for providers to explore their personal assumptions about sexual minority individuals.

Limitations

This study has limitations that require consideration. First, participants were recruited using convenience-sampling methods. This recruitment strategy created a constrained sampling that captured only a particular subset of sexual minority individuals. Although sexual minority

individuals face similar challenges, there are likely unique aspects in each individual's experience. In other words, the generalizability of the results is limited.

For example, the sample of participants that participated may be skewed in some way and may not represent most LGBA individuals. It is possible that participants who were more comfortable than others with disclosing their sexual identity were more likely to volunteer to be interviewed. For this reason, the degree of one's readiness to discuss their identity experience may have influenced the data. Furthermore, the cross-sectional nature of the data being collected in a single interview coupled with the restricted age range is limiting, as capturing the breadth of the impact of shame and minority stress may rely heavily on one's developmental level and is likely subject to change throughout the lifespan.

Because of the semistructured interview format, social desirability bias could have affected how participants disclosed information based on the social stigma attached to their identities. In attempts to counteract negative stereotypes, participants in this study may have been biased to only report material that put them in a more favorable light. In the same vein of thought, the study interviewing format did not provide anonymity, adding to the possibility of being biased towards socially desirable answers.

My personal sociocultural context and the associated worldview may have impacted how I perceived and interpreted the data. Regarding my underlying assumption about social justice and equality, I believe that no person should be discriminated against because of their race, ethnicity, language, sexual identity, gender identity, religion, ability status, or socioeconomic status; everyone should be treated with equal respect and dignity. I likewise believe that people do not exist separately from the influence of their different values and contexts. Indeed, people's meaning-making is shaped by their sociocultural background and historical context. This may

have influenced my interpretation of the participants' interview data. Important to mention is that the current study did not address the effects of intersecting identities on relational outcomes. Many participants held multiple minority identities (e.g., ethnicity and sexual identity), and the additive effects of multiple identities were not directly examined in the narratives. Additionally, since the completion of this current study's interview data, there have been legislative and judicial decisions that have threatened the rights of sexual and gender minority individuals in the US. For this reason, If the data had been collected more recently, participants' levels of distress and perceptions regarding their relationships with others may have been different.

Future Research

Given that this study supported the idea that shame and minority stress impacted relationships, further research with a larger sample size involving these two constructs will likely be informative. Research assessing the impact of shame and minority stress on the specific relationship (i.e., romantic partner, parents, siblings) could also be educational as researchers attempt to truly understand the effects of these two constructs on relational outcomes among sexual minority individuals. Alternatively, research assessing the specific minority stressor (i.e., discrimination, stigma, internalization) on relational well-being could also be helpful.

Several participants discussed the role of shame in their lives. Future research could assess the role that minority stress and shame play in health and relational outcomes among individuals holding intersecting minority identities; such research has the potential to lead to important clinical implications.

Conclusion

Research has indicated that minority stressors (e.g., discrimination, stigma, prejudice) are associated with an elevated risk of adverse health outcomes in sexual minority individuals (Haas

et al., 2011; King et al., 2008). Mereish and Poteat (2015) proposed a mediation model that highlights how relational mechanisms (i.e., shame and loneliness) help explain the relationship between minority stressors and adverse relational and health outcomes. However, only a limited number of studies have examined how minority stress contributes to relationship quality in sexual minority individuals, and few studies have utilized a qualitative method.

The primary aim of this study was to address this gap in the literature through exploration of sexual minority individuals' perceptions of how various minority stressors affect their interpersonal connections. A key finding from this study suggested that shame stemming from the experience of heterosexist discrimination and stigma had several perceived negative relational and mental health effects. Furthermore, relationships were experienced as a source of either support or hardship related to the presence or absence of shame. These findings have clear implications for how psychologists can better support sexual minority individuals, in addition to practical implications for education and policy changes that promote mental health among sexual minority individuals.

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APPENDIX A: INTERVIEW QUESTIONS

1. How does identifying as a member of the LGBA community play a role in your relationship with other people?
    a. Do you feel differently around people who are members of the LGBA community and those who are not? Please explain/describe what you mean.

2. Members of the LGBA community are often stigmatized in society. However, some people might be supportive. Could you share your relationship with a person who is affirming and supports you and your identity?
    a. What did they do to affirm you?
    b. How do you feel around this person?
    c. What about this person makes you feel at ease?
    d. How freely can you be yourself around this person?

3. What about a person who has been non-affirming and unsupportive of you and your identity?
    a. How did you learn about their non-affirming and unsupportive attitude?
    b. How do you feel around this person?
        i. What about this person that makes you feel XXX?
    c. How freely can you be yourself around this person?

4. How do the people's attitudes about the LGBA community affect your relationships with them?
    a. How do your family-of-origin's attitudes about the LGBA community affect your relationships with them?
    b. How do your friends' attitudes about the LGBA community affect your relationships with them?
    c. How do your co-workers' (or classmates) attitudes about the LGBA community affect your relationships with them?

5. Minority stress is a feeling of tension that comes from being part of a group that is looked down upon in society. Have you had a time when you felt condemned or shamed because you are a member of the LGBA community?
    a. What does "shame" mean to you?
    b. Do you ever experience shame about your sexual identity?
        i. (If yes) How do you respond to feeling shame?
        ii. Do you use any coping strategies to cope with shame? Please explain/describe them.
    c. Are there relationships in your life where minority stress impacts the relationship?
    d. Are there relationships in your life where shame impacts the relationship?

6. Do you have any additional thoughts that you would like to share with me?

7. Do you have any questions?

APPENDIX B: RECRUITMENT FLYER

INVITATION TO PARTICIPATE IN A RESEARCH STUDY ON INTERPERSONAL RELATIONSHIPS IN SEXUAL MINORITY INDIVIDUALS

YOU MAY PARTICIPATE IF YOU

- Are between 18-30 years old
- Identify with a minority sexual identity (e.g., lesbian, gay, bisexual, asexual, queer, pansexual, or other individuals whose sexual identity is not the heterosexual majority)

WHAT WILL BE ASKED OF YOU

- A 30-minute zoom conversation with the researcher

POTENTIAL BENEFITS

- You will receive a $20 Amazon gift card, if you participate in the study
- Your answers may help others, such as other LGBA individuals, psychologists, counselors, educators, and social workers understand how minority stress and shame affect your life and relationships with family, friends, and co-workers

POTENTIAL RISKS & YOUR RIGHTS

- You will be asked questions about your relationships, which could make you feel uneasy.
- However, you are encouraged to skip any question that makes you feel uncomfortable. You can also stop answering questions or withdraw from the study at any time

APPENDIX C: CONSENT TO PARTICIPATE IN RESEARCH

Introduction. This consent form explains the purpose of this study, what is involved if you choose to take part, and any risks or benefits to being part of the study. Please feel free to ask questions you may have at any time. If you decide to be part of this study, you will be asked to sign this form, and you will get a copy.

Purpose. This study will explore how minority stress (a feeling of tension that comes from being part of a group that is looked down upon in society) affects relationships for sexual minority individuals. You are invited to be a part of the study if you identify with a minority sexual identity (e.g., lesbian, gay, bisexual, asexual, queer, pansexual, or individuals whose sexual identity is not the heterosexual majority), live in the New England area, and are between the ages of 18-30 years. To be part of this study, you will be asked to answer questions about how minority stress and shame affect your life and relationships with family, friends, and co-workers.

Procedures. If you volunteer for this study, I will make an appointment to speak with you by phone for up to one hour. One month later, I will send you an email or arrange another phone call to state what I understood about your life and relationships from our earlier conversation. It will be helpful if you tell me about anything I did not understand correctly, and what you liked and disliked about the study, to help me understand you, your life, and your challenges better.

Risks. I want to ask personal questions about your relationships and feelings about those relationships, which could make you feel uneasy. If there is a question that you want to skip, please tell me. You can also end your participation at any time before I analyze the data.

Compensation for Participation. If you are a part of the study, you will receive a $20 Amazon gift card. After all interviews are completed, you will receive the gift card in the mail.

Other Potential Benefits. You may enjoy telling me about yourself and your life, and your answers may help others, such as other sexual minority individuals, psychologists, counselors, educators, and social workers, understand the experience of LGBA people in relationships.

Confidentiality. Everything that you tell me will be kept confidential. Your name will not be connected to your answers. I will record our phone call and later type everything that we say on a paper called a transcript. The transcript will not have your name on it; instead, it will have a number. I will review the transcript to decide what seems most important from your answers. I will keep the paper with your name separate from your answers and destroy the recordings.

All study materials will be stored on a personal computer that requires a password an in a folder that requires a password. I will be the only person who knows the password. Your answers will only be used for my research and will only be read by me. However, in writing my research, I will include anonymous quotes from participants.

Limits to Confidentiality. There are limits to confidentiality. As a researcher, I must report to the people necessary to prevent harm if you talk about harming yourself or someone , and if you

talk about abuse of a child or an older person, I must report that to child protective services or other authorities in your state.

Your Rights as a Participant. You are a volunteer in this study. You can decide to be part of it or not or you can decide to stop answering questions at any time. If you decide to stop, you will not be punished in any way, and it will not hurt your relationship with either the researcher or Antioch University New England. Participating or not is entirely your choice.

Resources. If you have any questions about the research procedures or your rights as a volunteer, contact the Chair of the Antioch University New England Human Research Committee, or Antioch University New England's Provost

Contact Information. Any questions about this study can be shared with me (the Primary Researcher) Quynh Tran

Please choose one box below and sign your name and date in the spaces provided.

☐ I consent to be in this study; I understand that I am a voluntary; and I would like to schedule an interview.

☐ I would like to leave this study; I do not wish to participate.

Signature of Participant _____   Date _____

Signature of Researcher _____   Date _____

APPENDIX D: CONSENT FOR VIDEO RECORDING

This study includes the video recording of your interview with the researcher. Your name and other information about who you are will not be part of the recording or the written transcript. Only the researcher will be able to view to the recordings.

The tapes will be typed by the researcher and erased once the interviews are checked to make sure all wording is correct. Some of the things that you say may be used in a paper written by the researcher; however, your name and other information about who you are will not be in any papers that are written after this study is complete.

By signing this form, I am allowing the researcher to video record me as part of this research. I also understand that this consent for recording is effective until the following date: May 30th, 2026. On or before that date, the tapes will be destroyed.

Signature of Participant: _____Date: _____

Signature of Researcher: _____Date: _____

APPENDIX E: RECRUITMENT LOCATIONS

1. **Public spaces**: Mills No 5 (Lowell, MA), JajaBelles's Coffee Shop (Nashua, NH), YMCA (Boston, MA; Keene, NH), Boston Public Library (Boston, MA)

2. **Social media groups**: Boston Community Bulletin Board, Massachusetts Community Bulletin Board, LGBT Real Talk Radio, LGBT Advocate, LGBT Pride Support, Queer Exchange Boston, Boston's LGBTQ & Friends

3. **LGBTQ+ organizations**: Fenway Health (Boston, MA), Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth (BAGLY) (Boston, MA)