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# The Relationship of Minority Stress with the Mental Health of LGBTQ College Students on a Christian Campus with Non-Affirming Policies

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ABSTRACT

One foundational concept of the Minority Stress Model (Meyer, 2003) is that the stress is based on persisting social processes and structures. Consequently, research to further the available pool of empirical evidence on how institutions based in the dominant culture affect minorities is needed and valuable. This study seeks to examine the effects of dimensions of minority stress on the mental health outcomes of LGBTQ students at a Christian university with a non-affirming school policy. Further, this study is interested in how gratitude affects the impact that minority stress has on mental health as a potential protective factor. Participants were 24 LGBTQ students at Abilene Christian University who completed demographic questions and eight measures to assess mental health outcomes and minority stressors. The measures were distributed via an online survey system. Findings from this study confirm past research regarding the minority stress model's impact on mental health. Evidence was also found showing that gratitude could be a potential protective factor for sexual minorities. Implication of the findings, limitations, and future directions are discussed.

# The Relationship of Minority Stress with the Mental Health of LGBTQ College Students on a Christian Campus with Non-Affirming Policies

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This work is dedicated to Sophia, Laurel, Lynlea, and Emersyn, my beautiful little sisters.

Always know that you have the power to do anything you are willing to put effort into.

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# CHAPTER I

# INTRODUCTION

In recent decades, mental health professionals have grown increasingly interested in the mental and physical wellbeing of lesbian, gay, bisexual, transexual, queer, and questioning individuals. Research efforts have focused on discovering disparities within the sexual and gender minority populations in terms of representation, socioeconomic resources, opportunity, and mental health outcomes. As psychologists' understanding of the LGBTQ community has deepened, researchers have identified many personal and structurally leveled hardships in society that do not apply to heterosexual people (Meyer, 1995, 2003; Pakula et al., 2016; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). These disparities have been shown to exist in many different countries, communities, and cultures around the world.

## LGBTQ Mental Health

Those in the LGBTQ community commonly report higher levels of negative mental health outcomes and a lower quality of life than heterosexuals (Eres et al., 2021; Meyer, 1995, 2003; Pakula et al., 2016; Woodford et al., 2015). For example, sexual and gender minorities have been found to have elevated levels of depression and anxiety compared to the general population (Borgogna et al., 2019; Eres et al., 2021; Lewis et al., 2003; Su et al., 2016; Talbott, 2012). This population is at a greater risk of having DSM-V defined mental disorders (Grant et al., 2013; Pakula et al., 2016). LGBTQ people tend to report higher levels of loneliness and social isolation than their straight counterparts

(Eres et al., 2021), which is associated with suicidal ideation (Kittiteerasack et al., 2020). These disparities are caused in part by a complex interaction of moderating and mediating factors that make a simple solution to preventing poor mental health unattainable.

Sexual minorities are at a higher risk than the heterosexual population of being discriminated against due to their sexual identity (Meyer, 1995, 2003; Rankin et al., 2010; Su et al., 2016; Talbott, 2012; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). Discrimination against one's sexuality has been shown to indirectly increase depressive and anxious symptoms (Cronin et al., 2020; Kelleher, 2009; Parra & Hastings, 2020; Tebbe et al., 2021; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). Sexual identity distress is intertwined with psychological distress, and they are predictive of each other (Kelleher, 2009). One of the highest risks sexual minorities face is suicidal ideation and actions at a much higher rate than their straight counterparts (Talbott, 2012). Predictably, lifetime history of attempted suicide is also more prevalent. Lifetime suicidal ideation has been found to correlate with increased levels of social discrimination, stress, and loneliness (Kittiteerasack et al., 2020). Loneliness may be more common in the LGBTQ community as sexual minorities are disproportionately single and more commonly live alone even when in a relationship (Eres et al., 2021).

**LGBTQ Populations and the Minority Stress Model**

One of the most popular frameworks used by mental health professionals to understand the additive effects minority status has on chronic stress is known as the Minority Stress Model (Meyer, 1995, 2003; Mongelli et al., 2019). The Minority Stress Model provides a conceptualization for the complex interaction of internal and external

stressors that affect minorities uniquely. It was postulated by Ilan Meyer as a way to explain the higher prevalence of mental disorders in LGBTQ populations compared to heterosexuals. Social stress particularly affects minorities because of social and cultural structures based in the dominant culture that discriminate against them that are not harmful to everyone (Meyer, 1995, 2003; Pakula et al., 2016; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014).

Research has found that minority stressor levels have predictive power associated with mental health outcomes (Cronin et al., 2020; Lea et al., 2014; Mongelli et al., 2019). For example, sexual minorities are at a higher risk of social isolation than heterosexuals (Eres et al., 2021). Studies have found that as ratings of gay-related stress increase so do those of depressive symptoms (Kelleher, 2009; Lewis et al., 2003). Biological evidence has even been found using salivary cortisol intercepts and diurnal slopes that shows the connection between minority stress and depression (Parra et al., 2016). Sexual minorities report more stressful lives and a weaker sense of belonging than heterosexual people do (Pakula et al., 2016), which is associated with increased loneliness (Eres et al., 2021). Minority stress and psychological inflexibility have been shown to be moderately related (Weeks et al., 2020). Psychological inflexibility is the proclivity to fall into the same maladaptive pattern when having a psychological reaction and is associated with general distress, depression, anxiety, somatization, and self-concealment (Leleux-Labarge et al., 2014) as well as substance misuse and suicidality (Weeks et al., 2020).

### *Discrimination Events*

Discrimination based on one's sexual or gender identity varies in the magnitude of its overtness, hostility, and intimacy (Woodford, Han et al., 2014; Woodford, Kulick et

al., 2014). It can occur in many forms including microaggressions, prejudice, derogatory interactions, and physical abuse. Historically, these discrimination events have been structurally-rooted and often condoned or enforced by religious and/or government institutions.

Perceived discrimination based on sexual identity has been shown to be directly associated with greater psychological distress (Meyer, 1995, 2003; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). Sexual victimization is correlated with lower self-esteem and higher levels of anxiety and depression (Michaels et al., 2015; Seelman et al., 2020; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). Discrimination on the basis of sexuality has also been found to increase hopelessness, which leads to negative mental health outcomes (Tebbe et al., 2021).

Another way the relationship between discrimination and mental health can be impacted is through sense of belonging, which has a direct relationship with anxious symptoms (Tebbe et al., 2021). Heterosexist discrimination can lead to depression, anxiety, and suicidal ideation (Cronin et al., 2020; Kelleher, 2009; Parra & Hastings, 2020; Tebbe et al., 2021). Discrimination from friends and family has had significant associations with poor physical health symptoms (Figueroa & Zoccola, 2015). Being a victim of homophobic physical abuse is a risk factor for higher psychological distress and having a lifetime suicide attempt (Lea et al., 2014). LGBTQ harassment has been found to increase rates of internalized homophobia (Michaels et al., 2015).

### *Perceived Stigma*

*Perceived stigma* refers to the stressful anticipation of discrimination and awareness of societal beliefs and prejudices. This minority stressor is partially an internal

and external process as personal beliefs are informed by feedback from the environment. For example, sexual minorities face consistent social stress over their identity (Meyer, 1995, 2003). Having to conceal one's sexual identity is a social stressor that heterosexuals do not have to worry about as their identity is accepted by the dominant culture. *Stigma consciousness* refers to the personal belief one has about the degree to which their minority status permeates their life experiences. Research has shown that as stigma consciousness rises so do depressive, anxious, and suicidal symptoms (Cronin et al., 2020; Kelleher, 2009; Lewis et al., 2005).

Perceived stigma in LGBTQ people has been shown to be related to higher rates of depression, anxiety, and suicidal ideation (Lea et al., 2014). Expectation of rejection based on sexual or gender identity has also been shown to have a positive correlation with negative mental health factors like depression, anxiety, and suicidal ideation (Kaniuka et al., 2020; Kelleher, 2009; Klundt et al., 2021).

***Internalized Homophobia***

Internalized homophobia, also referred to as *internalized homonegativity* or *internalized heterosexism*, represents how minority stress manifests psychologically among LGBTQ persons. Specifically, stigmas held and expressed by the majority population are held and directed towards the self (Meyer, 2003). Through this process, LGBTQ individuals judge themselves in ways taught by their environment and the dominant culture that can lead to self-loathing and personal scrutiny. Higher rates of internalized homophobia have been shown to correlate with issues during sexual identity development and self-esteem (Peterson & Gerrity, 2006). Sexual identity distress is associated with greater negative mental health outcomes (Kelleher, 2009; Su et al., 2016).

Depression, anxiety, and stress have been found to be higher in those with elevated internalized homophobia (Boppana & Gross, 2019; Heiden-Rootes et al., 2018; Kaysen et al., 2014; Michaels et al., 2015). Internalized homophobia is also positively related to increased psychological distress (Cronin et al., 2020; Lea et al., 2014; Kaysen et al., 2014), perceived rates of discrimination (Michaels et al., 2015), and suicide ideation/attempts (Kittiteerasack et al., 2020; Meyer, 1995). Lastly, there is physiological evidence that connects increased internalized homonegativity with higher rates of depression through diurnal cortisol levels (Parra et al., 2016).

Internalizing heterosexist stigma is associated with higher levels of hopelessness, which elevates depression and anxiety (Tebbe et al., 2021). Minority stressors also impact the LGBTQ community through self-acceptance. Self-acceptance is negatively related to internalizing heterosexist stigma (Camp et al., 2020). Lower rates of self-acceptance in LGBTQ individuals have been shown to correlate with higher perception of minority stressors and psychological distress (Camp et al., 2020; Su et al., 2016, Woodford, Kulick et al., 2014; Woodford et al., 2018). Internalized homophobia and negative mental health outcomes are also affected by a sense of belonging, which is associated with higher rates of depressive and anxious symptoms (Eres et al., 2021; Pakula et al., 2016; Tebbe et al., 2021). Furthermore, internalized homophobia is associated with the use of maladaptive coping techniques in LGBTQ women, which is directly related to depression and anxiety (Kaysen et al., 2014).

**LGBTQ Populations in Higher Education**

Although as a whole society is moving towards acceptance of LGBTQ peoples, college campuses still harbor an unsafe environment for these students in which

discrimination is experienced more frequently for them (Rankin et al., 2010, Woodford, Han et al., 2014; Woodford, Kulick et al., 2014). Heterosexist harassment on college campuses is a risk factor for lower self-esteem, depression, and anxiety (Seelman et al., 2020; Woodford, Han et al., 2014; Woodford, Kulick et al., 2014; Woodford et al., 2015; Woodford et al., 2018). Levels of self-esteem have been shown to be related to identity development (Peterson & Gerrity, 2006). Sexual minority students report lower levels of safety and belongingness (Wilson & Liss, 2020) presumably due to additional social and internal stressors. For example, self-concealment has been found to be positively related to psychological distress, anxiety, depression, somatization, in gay college students (Leleux-Labarge et al., 2014). LGBTQ students in higher education have been found to have worse subjective well-being and overall mental health outcomes than heterosexual students on campus (Grant et al., 2013; Klundt et al., 2021; Seelman et al., 2020).

Sexual minority students report higher rates of psychiatric diagnoses such as major depressive disorder and social anxiety disorder (Grant et al., 2013). Significantly increased levels of anxiety and depression are found in non-heterosexual students (Klundt et al., 2021; Wilson & Liss, 2020). Sexual minority students self-report being overweight and unattractive at significantly higher rates (Grant et al., 2013). In one study, fear of not being accepted by college peers was the strongest predictor of depression, anxiety, and academic distress (Klundt et al., 2021). Minority stress can impact LGBTQ students by diminishing their senses of safety and belonging (Wilson & Liss, 2020). This is concerning because sexual minority students are at a higher risk for suicide than others (Klundt et al., 2021).

Minority stress is perpetuated by higher education institutions through their adherence to dominant social norms. Compared to heterosexual students, sexual minority students report lower levels of comfort with their campus climate, more frequent thoughts of leaving their school, and less satisfaction with LGBTQ campus resources and curriculum (Rankin et al., 2020). Institutional factors that are related to psychological well-being and heterosexist discrimination include domestic partner benefits, freedom for transgender students to go by their name of choice, LGBTQ-related courses, and number of LGBTQ student organizations (Rankin et al., 2010; Woodford et al., 2018). Anti-discriminatory policies have been shown to be associated with less anxiety and stress as well as greater pride and self-esteem (Woodford et al., 2018).

**LGBTQ Populations in Christian Higher Education**

Although religiosity has been shown to have a positive effect on mental health, this effect has been found to be significantly weaker for LGBTQ individuals as well as increase internalized homophobia (Klundt et al., 2021). Religiously conservative colleges and universities are traditionally invalidating of sexual and gender minorities and often have discriminatory policies towards them. Due to these non-affirming policies toward LGBTQ persons, these institutions are unique locations where additional minority stressors can compound their psychological distress.

Levels of religious conservatism in colleges have been found to have an inverse relationship with how accepting that institution is of sexual minority students (Heiden-Rootes et al., 2018). Lack of support from others is correlated with lower rates of self-acceptance (Camp et al., 2020), and as previously mentioned, fears of not being accepted on campus are associated with more depression, anxiety, and academic distress (Klundt et

al., 2021). Lower rates of LGBTQ college acceptance are also linked to elevated levels of internalized homophobia (Heiden-Rootes et al., 2018).

## The Present Study: The Relationship of Minority Stress with the Mental Health of LGBTQ College Students on a Christian Campus with Non-Affirming Policies

One of the foundational concepts of the Minority Stress Model is that the stress is based on persisting social processes and structures. This is separate from general stressors, which are caused by personal circumstances while minority stress is chronic (Meyer, 2003). For this reason, it should be important for researchers to further their understanding of how institutions based in the dominant culture affect minorities. Institutions are able to impact individuals through their policy and legislation, which is molded by popular society. This makes it crucial to examine current public and institutional policies for potential negative effects they could be having on vulnerable populations. Faith-based institutions vary in the degree to which they endorse the moral legitimacy of same-sex relations outside of a union between a man and a woman. For the purposes of this study, a 'non-affirming' school is one with an official stance against same-sex marriage or acting upon non-heterosexual urges.

A recent article by Tebbe et al. (2021) about the impact of policies upon sexual minorities found that awareness of anti-trans legislative efforts in the respective state of each participant significantly increased feelings of hopelessness and the negative impact of discriminatory experiences as well as decreased sense of belonging. Such a finding has relevance for LGTBQ students enrolled at Christian universities with non-affirming policies given that students at schools with inclusive policies regarding gender identity and sexual orientation experience lower levels of discrimination, less psychological

distress, and higher self-acceptance (Woodford, Kulick et al., 2014; Woodford et al., 2018). This is consistent with what previous research has found on Christian campuses such as a lack of support for LGBTQ students (Heiden-Rootes et al., 2018), lower rates of self-acceptance (Camp et al., 2020), and an increase in internalized homophobia (Heiden-Rootes et al., 2018; Klundt et al., 2021).

Overall, then, and guided by the Minority Stress Model proposed by Meyer (2003) regarding social burdens specific to the LGBTQ community, the purpose of this study was to examine the impact of minority stressors at a Christian university with a non-affirming school policy on mental health outcomes of sexual minority students. The study involved asking LGBTQ students at Abilene Christian University to complete an online survey assessing different facets of mental health and minority stress. ACU is a Christian university in Abilene, TX, with a non-affirming policy regarding same-sex behavior and marriage. Overall, it was predicted that high levels of minority stress among participants would be associated with poorer mental health outcomes and higher psychological distress.

Beyond these predictions, the proposed study was also interested in exploring possible protective factors for LGBTQ individuals on Christian college campuses. Following recent work in the area of positive psychology, gratitude was selected as a possible protective factor. For example, gratitude is important because it has been found to reduce rates of suicidal ideation in sexual minorities (Kaniuka et al., 2020; Meyer, 2003). In one study by Kaniuka et al. (2020), gratitude was shown to significantly correlate with lower depression, less anticipated discrimination, more self-compassion, and higher flourishing in the LGBTQ population. Through these variables, gratitude is

able to reduce suicidal ideation from multiple facets. This makes gratitude one of the promising therapeutic focuses for mental health care professionals to make suicide less prevalent within the LGBTQ community. Consequently, a final prediction of the study was that, while minority stress was expected to be associated with lower well-being, it was also predicted that gratitude would be predictive of greater well-being among LGBTQ students, even on a non-affirming Christian campus.

# CHAPTER II

# METHODS

## Procedure and Participants

Participants were LGBTQ students enrolled at Abilene Christian University. A sample of 24 participants were collected with 50% being bisexual, 37.5% being lesbian, and 12.5% being pansexual. Of the sample, 17 were Caucasian, 4 were Hispanic/Latino, 2 were African American, and 1 was Asian or Pacific Islander. A total of 83.3% of participants identified as female, 12.5% as non-binary, and 4.2% as bigender with 12.5% being transgender. Participants were recruited through student organizations and peer affiliation networks. Participants were instructed to complete an online survey via Google Forms assessing psychological distress, subjective well-being, sense of belonging, hopelessness, gratitude, perceived heterosexist discrimination, stigma consciousness, and internalized homophobia.

## Measures

### *Psychological Distress (MHI-5)*

The Mental Health Inventory (Veit & Ware, 1983) is a 38-item measure of psychological distress and well-being. Five of the items from this inventory have been used as both a subscale in the Short Form-36 (Ware & Sherbourne, 1992) and a stand-alone scale known as the Mental Health Inventory-5. Items are intended to assess general mental health including positive affect, depression, and anxiety (Ware & Sherbourne, 1992). The MHI-5 was answered with a Likert scale of 1 (all of the time) to 6 (none of

the time). Scores range from 5 to 30 but are converted to a scale from 0 to 100, with higher scores being associated with more optimal mental health. The first and third questions were reverse scored because they are assessing how often positive emotions are felt. Some example items are "During the past month, how much of the time were you a happy person?" and "How much of the time, during the past month, have you been a very nervous person?" Evidence has been provided for validity using clinical interviews (Berwick et al., 1991). The Cronbach's alpha for the Mental Health Inventory-5 was .80. The entire MHI-5 can be found in Appendix B.

***Subjective Well-Being (SWLS)***

The Satisfaction with Life Scale (Diener et al., 1985) is a 5-item scale designed to measure the cognitive component of life satisfaction. Participants answered on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Scores range from 5 to 35, with scores above 30 being extremely satisfied and scores lower than 10 being extremely dissatisfied. Two example items are "In most ways my life is close to the ideal" and "I am satisfied with my life." The SWLS has been found to be valid and reliable for a wide range of people (Pavot et al., 1991) with convergent and discriminant validity (Pavot & Diener, 1993). This scale also has a high internal consistency and test-retest reliability with a coefficient alpha of .87 (Diener et al., 1985). The Cronbach's alpha for the Subjective Well-Being Scale was .89. The entire SWLS can be found in Appendix C.

***Sense of Belonging (SOBI-P)***

The Sense of Belonging Instrument (Hagerty & Patusky, 1995) consists of two subscales: the SOBI-A and SOBI-P. The SOBI-P is an 18-item scale designed to measure psychological sense of belonging rather than one's ability or desire to belong. This

instrument utilizes a Likert scale from 1 (strongly disagree) to 4 (strongly agree). Scores range from 18 to 72, with higher scores indicating a lower sense of belonging. Example items from this scale include "I feel like an outsider in most situations," "I don't feel that there is any place where I really fit in this world," and "I feel left out of things." Evidence has been shown for the internal consistency and test-retest reliability of the SOBI-P (Hagerty & Patusky, 1995). The Cronbach's alpha for the Sense of Belonging Inventory was .94. This entire scale can be found in Appendix D.

***Hopelessness (HHH-H)***

The Helplessness, Hopelessness, and Haplessness Scale (Lester, 1998, 2001) consists of three subscales. The Hopelessness scale is a 10-item measure that isolates the hopelessness of an individual from traits like helplessness. Participants answered on a 6-point Likert scale ranging from 1 (strongly agree) to 6 (strongly disagree). Four of the items were reverse scored. Scores range from 10 to 60, with higher scores correlating positively with levels of hopelessness. Some example items from the scale are "I am confident that I will complete college," "In the future, I expect to succeed in what concerns me most," and "I can look forward to more good times than bad times." This measure has been found to have good internal consistency and construct validity with a college sample and a Cronbach alpha of 20.5 with a standard deviation of 6.1 (Lester, 2001). The Cronbach's alpha for the Helplessness, Hopelessness, and Haplessness Scale-Helplessness Subscale was .86. The entire HHH-H can be found in Appendix E.

***Gratitude (GQ-6)***

The Gratitude Questionnaire-6 (McCullough, 2002) is a 6-item scale designed to measure one's disposition toward gratitude. This instrument is rated on a 7-point Likert

scale ranging from 1 (strongly disagree) to 7 (strongly agree). Items 3 and 6 were reverse-scored because they assess a lack of gratitude. Scores range from 6 to 42, with higher scores interpreted as an elevated feeling of gratitude. Two example items are "I have so much in life to be thankful for" and "I am grateful to a wide variety of people." The GQ-6 has been shown to have discriminant validity and internal consistency (McCullough, 2002). The Cronbach's alpha for the Gratitude Questionnaire-6 was .89. The entire questionnaire can be found in Appendix F.

***Heterosexist Discrimination Events (HHRDS)***

The Heterosexist Harassment, Rejection, and Discrimination Scale (Szymanski, 2006) is a 14-item instrument that contains three sub scales. This scale was created to examine the relationship between heterosexist events and psychological distress in lesbians. Participants answered on a 6-point Likert scale from 1 (never happened) to 6 (almost all of the time) with higher scores indicating high levels of heterosexist discrimination. Some example items from the scale are "How many times have you been treated unfairly by your family because you are a lesbian," "How many times have you been treated unfairly by teachers or professors because you are a lesbian," and "How many times have you be treated unfairly by strangers because you are a lesbian?" This measure has been found to have good internal consistency with an alpha score of .9 (Szymanski, 2006). The Cronbach's alpha for the Heterosexist Harassment, Rejection, and Discrimination Scale was .92. The entire HHRDS can be found in Appendix G.

***Stigma Consciousness (SCQ)***

The Stigma Consciousness Questionnaire (Pinel, 1999) is a 10-item scale intended to measure an "individual's perceptions of the probability of being stereotyped"

and encompasses both personal experiences in the dominant culture and beliefs about how they are viewed as a minority. This questionnaire was answered on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree) with higher scores interpreted as higher stigma consciousness. Given changes in the terminology to describe sexual minorities since the publication of the SCQ, item wordings were changed for some items by replacing *homosexual* with *gay* or *LGTBQ people* and *heterosexual* with *straight people*. Some example items from the SCQ are "Stereotypes about LGBTQ people have not affected me personally," "Being an LGBTQ person does not influence how people act with me," and "Most straight people have a problem viewing LGBTQ people as equals." This scale has been shown to have test-retest reliability and a Cronbach's alpha of .81 with a sample of gay men and lesbian women (Pinel, 1999). The Cronbach's alpha for the Stigma Consciousness Questionnaire in this study was .85. The entire SCQ can be found in Appendix H.

***Internalized Homophobia (IHS)***

The Internalized Homophobia Scale (Wagner et al., 1994) is a 20-item scale designed to measure how internalized and applied heterosexist cultural ideas are in gay men. The IHS was scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Scores range from 20 to 100, with greater scores indicating higher internalized homophobia. Example items from this scale include "I wish I were heterosexual," "Whenever I think a lot about being gay, I feel critical of myself," and "Homosexuality is deviant." In one study, this measure was found to have high convergent validity and high internal consistency with a Cronbach's alpha of .92

(Wagner, 2010). The Cronbach's alpha for the Internalized Homophobia Scale in this study was .86. The entire IHS can be found in Appendix I.

CHAPTER III

RESULTS

## Descriptive Statistics

The descriptive statistics for all scales used in the survey questionnaire (MHI-5, SWLS, SOBI-P, HHH-Hopelessness, GQ-6, HHRDS, SCQ, and IHS) can be found in Table 1.

**Table 1**

*Descriptive Statistics of Scales Measuring Psychological Distress, Subjective Well-Being, Sense of Belonging, Hopelessness, Gratitude, Discriminatory Experiences, Stigma Consciousness, and Internalized Homophobia*

| | Mean | *SD* |
|---|---|---|
| Mental Health Measures | | |
| Psychological Distress | 18.50 | 4.70 |
| Subjective Well-Being | 21.50 | 6.78 |
| Sense of Belonging | 42.08 | 12.63 |
| Hopelessness | 46.29 | 7.37 |
| Gratitude | 35.42 | 6.29 |
| Minority Stressors | | |
| Discriminatory Experiences | 29.91 | 13.45 |
| Stigma Consciousness | 33.75 | 11.61 |
| Internalized Homophobia | 54.41 | 6.68 |

## Correlations Between Mental Health Measures and Minority Stressors

The goal of the study was to examine the impact of minority stressors at a LGBTQ non-affirming Christian university on the well-being and distress levels of sexual minority students. Minority stress was predicted to be negatively correlated with subjective well-being and positively correlated with psychological distress. Furthermore,

the factors of the Minority Stress Model outlined by Meyer (1995, 2003) were expected to have significant relationships with the dimensions of mental health measured in this study. The correlations between the mental health measures employed and minority stressors can be found in Table 2. As can be seen in Table 2, there was a significant negative correlation between subjective well-being and stigma consciousness, but no other minority stress variable.

Stigma consciousness was also negatively correlated with sense of belonging and hopefulness. Psychological distress was not found to have any significant relationships with the measures of minority stress. As can also be seen in Table 2, the only other significant relationship between a minority stress and the mental health measures was a negative correlation between experiences of heterosexist discrimination and sense of belonging.

**Table 2**

*Correlation Matrix Between Mental Health Measures and Minority Stressors*

| Mental Health Measures | Discriminatory Experiences | Stigma Consciousness | Internalized Homophobia |
|---|---|---|---|
| Psychological Distress | .08 | .08 | .31 |
| Subjective Well-Being | -.23 | -.44* | -.30 |
| Sense of Belonging | -.40* | -.49** | -.32 |
| Hopefulness | -.16 | -.35* | -.11 |
| Gratitude | -.13 | -.16 | .02 |

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

## Regression Analyses Using Minority Stressors and Gratitude to Predict Mental Health Measures

To compare the relative predictive impact of gratitude upon the mental health of the LGBTQ participants, alongside the measures of minority stress, a series of regression analyses were conducted.

### Predicting Psychological Distress

The regression analysis for minority stressors and gratitude predicting psychological distress can be found in Table 3. As is shown in Table 3, the overall prediction was not significant.

***Table 3***

*Minority Stressors and Gratitude Predicting Psychological Distress*

| Predictors | Standardized Beta Weights | *p*-value |
|---|---|---|
| Gratitude | -.34 | .167 |
| Discriminatory Experiences | .28 | .378 |
| Stigma Consciousness | .18 | .569 |
| Internalized Homophobia | .43 | .107 |

$R^2 = .24$, $F(4,16) = 1.25$, $p = .331$

### Predicting Subjective Well-Being

In the second analysis, gratitude and the minority stress measures were used to predict Subjective Well-Being Scale ratings. This regression analysis can be found in Table 4. The overall prediction was significant, accounting for 61% of the variance of subjective well-being ratings. An analysis of the individual beta weights revealed that gratitude was a significant predictor of ratings on the SWLS. Collectively, the minority stress ratings, by contrast, were not significant.

***Table 4***

*Minority Stressors and Gratitude Predicting Subjective Well-Being*

| Predictors | Standardized Beta Weights | *p*-value |
|---|---|---|
| Gratitude | .55 | .004 |
| Discriminatory Experiences | -.12 | .582 |
| Stigma Consciousness | -.24 | .308 |
| Internalized Homophobia | -.31 | .106 |

$R^2 = .61$, $F(4,16) = 6.17$, $p = .003$

**Predicting Sense of Belonging**

The regression analysis for minority stressors and gratitude predicting sense of belonging ratings can be found in Table 5. As is shown in Table 5, the overall prediction was significant with the predictors accounting for 66% of the variance for sense of belonging. Analyzing the individual beta weights showed that gratitude was again a significant predictor. Internalized homophobia was also observed to be a significant predictor of SOBI-P scores. Discriminatory experiences and stigma consciousness were non-significant.

***Table 5***

*Minority Stressors and Gratitude Predicting Sense of Belonging*

| Predictors | Standardized Beta Weights | *p*-value |
|---|---|---|
| Gratitude | .50 | .005 |
| Discriminatory Experiences | -.40 | .071 |
| Stigma Consciousness | -.11 | .594 |
| Internalized Homophobia | -.43 | .022 |

$R^2 = .66$, $F(4,16) = 7.78$, $p = .001$

**Predicting Hopelessness**

In the final regression analysis, gratitude and minority stress measures were used to predict hopelessness. This regression analysis can be found in Table 6. The overall

prediction was significant, and accounted for 68% of the variance for ratings on the hopelessness subscale of the Helplessness, Hopelessness, and Haplessness Scale. An analysis of the individual beta weights again revealed that gratitude was a significant predictor of hopelessness. However, the ratings for the minority stress variables were non-significant.

***Table 6***

*Minority Stressors and Gratitude Predicting Hopelessness*

| Predictors | Standardized Beta Weights | *p*-value |
|---|---|---|
| Gratitude | -.67 | .000 |
| Discriminatory Experiences | -.15 | .467 |
| Stigma Consciousness | .37 | .085 |
| Internalized Homophobia | .02 | .901 |

$R^2 = .68$, $F(4,16) = 8.50$, $p = .001$

# CHAPTER IV

# DISCUSSION

## Overview of Findings

### Minority Stress

As previously mentioned, empirical research for non-heterosexual and transexual people is valuable because there is a deficit of relevant research for that population. As outlined by Meyer (2003), the Minority Stress Model posited that sexual minorities experience additional stressors that are present exclusively to them because they are not a part of the dominant culture (Meyer, 1995; Mongelli et al., 2019). Following this framework, the intention of this study was to analyze the effects of three dimensions of minority stress (discrimination events, stigma consciousness, and internalized homophobia) on various factors of mental well-being factors for LGBTQ students at a Christian university with a non-affirming school policy. It was hoped that this could provide empirical data on sexual minorities attending religious universities and provide potential methods for reducing the unique disparities they face. It is important to note that the exact sources of discrimination this population faces are not possible to identify in this study. Minority stress can originate from policy, childhood experiences, regional pressures in states like Texas that are traditionally non-affirming, peer and faculty interactions, and general societal factors. Based on previous findings, including those of Tebbe et al. (2021), which found awareness of non-affirming legislation affects mental

health and minority stress, it was hypothesized that minority stress would have a negative impact on the mental health outcomes of LGBTQ students in this type of environment.

Overall, the correlations observed in this study showed that minority stress related to mental health in expected ways. Significant negative correlations were found between stigma consciousness and subjective well-being, sense of belonging, and hopefulness as well as between discriminatory experiences and sense of belonging. Although no other correlations were significant, all others, except for that between internalized homophobia and gratitude, trended toward anticipated relationships.

### Gratitude

Along with replicating the results of previous research on sexual minority stress, this study sought to explore the impact s of gratitude alongside minority stress in predicting overall mental well-being. This was done with the desire to explore possible avenues for more efficient and effective treatments for sexual minorities dealing with minority stress. Past research has shown that gratitude in LGBTQ individuals can lower depression, anticipated discrimination, and suicidal ideation as well as increase self-compassion and flourishing (Kaniuka et al., 2020; Meyer, 2003). Based on these findings, it was hypothesized that gratitude would significantly predict mental health independently of minority stress. Overall, gratitude was revealed to be, in contrast to minority stress, the single most reliable predictor of both mental health and social belonging among the LGBTQ participants.

## Limitations

The major limitation in this study was the restricted sample size of 24 students. This was most likely caused by the relatively small population of students at Abilene

Christian University, especially considering that gay students may be less likely to attend a non-affirming school or be open about their sexuality. This limited sample size resulted in no participant identifying as "male" or "gay." The study mainly includes female, bisexual, and white with some Hispanic, lesbian, and non-binary people. Due to the limitations in sample size, the study sample was not representative of the population's demographics. Another limitation was the exclusion of age as a demographic variable. This limited our understanding of the sample and made consideration of sexual identity development difficult as is discussed further.

## Overview

As previously mentioned, the methods of measurement employed in this research were deployed via an online survey using eight scales. The scales used during this study were the Mental Health Inventory (Veit & Ware, 1983), the Satisfaction with Life Scale (Diener et al., 1985), the Sense of Belonging Instrument psychological state subscale (Hagerty & Patusky, 1995), the Helplessness, Hopelessness, and Haplessness Scale's subscale for hopelessness (Lester, 1998; 2001), the Gratitude Questionnaire-6 (McCullough, 2002), the Heterosexist Harassment, Rejection, and Discrimination Scale (Szymanski, 2006), the Stigma Consciousness Questionnaire (Pinel, 1999), and the Internalized Homophobia Scale (Wagner et al., 1994).

Overall, the findings of this study support the Minority Stress Model and previous research on minority stress's effects on the overall well-being of LGBTQ individuals. Discriminatory experiences were associated with a lower sense of belonging. Stigma consciousness was negatively correlated with subjective well-being, sense of belonging, and hopefulness. No significant relationships were found between internalized

homophobia and the mental health variables; however, the data trended towards a correlation between internalized homophobia and negative mental health outcomes. Although the minority stress variables had significant, negative relationships with some of the factors of mental health, many relationships were non-significant, and no minority stressor alone had significant predictive power over mental health.

There were, however, significant results found when gratitude was added along with the minority stress variables as a predictor of most mental health measures. The only measure that had a non-significant regression was when predicting for psychological distress. When predicting for subjective well-being, gratitude was the only variable with a significant beta weight, having a moderate, positive relationship. Both gratitude and internalized homophobia were significant predictors of sense of belonging, but the relationship between sense of belonging and gratitude was stronger and much less likely to be due to chance. Sense of belonging had a positive relationship with gratitude and a negative relationship with internalized homophobia, both of which were of moderate strength. Finally, when predicting hopelessness, gratitude had a significant relationship that was strong and negative. This is consistent with prior research findings that gratitude is beneficial for mental health outcomes in the LGBTQ population.

## Implications of the Study

### Future Directions

Continued research in the intersection of positive psychology and LGBTQ mental health is recommended because of its potential to reduce disparities that the population faces. Based on this study, gratitude has a greater impact on the mental health of sexual minorities in college than minority stress. More research should be conducted with larger

sample sizes that are representative of the total population, attention to including people with all sexual and gender orientations, and a more heterogenous sample. Further research could include experimental studies comparing the impacts of gratitude-based interventions to standard empirical treatments on LGBTQ individuals. Additionally, other positive psychology variables should be tested as potential protective factors against the effects of minority stress.

Future research should also consider sexual identity development as a potential moderating factor on the relationship between minority stress and mental health. Much is not understood about how sexual identity is related to stress and health or how consistent the rate of its development is across varying populations. One possible way identity development may impact the experience of minority stress is through internalization. For example, if sexual minorities internalize stress from a young age and externalize more as they advance in sexual identity development, then those in earlier stages would be anticipated to experience internalized homophobia more frequently or intensely than other factors of minority stress. This is because it is the most proximal of the dimensions of minority stress. As one's sexual identity developed further, it could be expected that they start to experience more distal stressors like stigma consciousness and heterosexist discrimination. Additional research in this area could provide more context for the experiences and behaviors of sexual minorities.

**Clinical Implications**

Findings from this study indicate that gratitude may have a more drastic effect on mental health than clinicians previously considered. Since gratitude had a greater impact on measures of mental health than internalized homophobia, experiences of

discrimination, or stigma consciousness, it should be an important consideration for any counselors treating non-heterosexual clients. Traditional models of psychotherapy have treated minority stress in patients by practicing positivistic self-talk, identifying maladaptive cognitions/processes, and exploring internal constructs/mechanisms that reflect perceived voices from society. However, if gratitude accounts for more of the variance in psychological distress than minority stressors, this could be a more effective area to focus therapeutic efforts. Gratitude-based interventions have the potential to benefit the everyday lives of sexual minorities, particularly those in non-affirming environments. Counselors can incorporate gratitude into their practices through journaling, communicating thankfulness to others, meditation, and more. Gratitude journaling is an opportunity to reflect each day on the aspects in life that one is grateful for which has been shown to raise positive affect (Emmons & Stern, 2013). Gratitude is a quality of mindfulness, so therapies like mindfulness-based cognitive therapy are another method for increasing this trait. This is an important area of research because of the disproportionately high rate of suicide in the LGBTQ population.

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# APPENDIX A

## IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
*Educating Students for Christian Service and Leadership Throughout the World*

**Office of Research and Sponsored Programs**
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

January 7, 2022

Ethan Smetana
Department of Psychology
ACU Box 28011
Abilene Christian University

Dear Ethan,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
"Do You Know the Policy?: The Moderating Effects of Non-affirming LGBTQ Policies at a Christian University on Minority Stressors, Mental Health Outcomes, and Gratitude",

(IRB# 21-202 )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

## APPENDIX B

### The Mental Health Inventory-5 (MHI-5)

Following are the items included in the Mental Health Inventory-5. All items were answered on a 6-point Likert scale ranging from “All of the time” to “None of the time.”

1. During the past month, how much of the time were you a happy person?
2. How much of the time, during the past month, have you felt calm and peaceful?
3. How much of the time, during the past month, have you been a very nervous person?
4. How much of the time, during the past month, have you felt downhearted and blue?
5. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?

## APPENDIX C

### The Satisfaction with Life Scale (SWLS)

Following are the items included in the Satisfaction with Life Scale. All items were answered on a 7-point Likert scale ranging from “Strongly agree” to “Strongly disagree.”

1. In most ways, my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far, I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

### Scoring

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied

## APPENDIX D

### The Sense of Belonging Instrument (SOBI-P)

Following are the items included in the Sense of Belonging Instrument subscale SOBI-P. All items were answered on a 4-point Likert scale ranging from “Strongly disagree” to “Strongly agree.”

1. I often wonder if there is any place on Earth where I really fit in.
2. I am just not sure if I fit in with my friends.
3. I would describe myself as a misfit in most social situations.
4. I generally feel that people accept me.
5. I feel like a piece of a jig-saw puzzle that doesn’t fit into the puzzle.
6. I would like to make a difference to people or things around me, but I don’t feel that what I have to offer is valued.
7. I feel like an outsider in most situations.
8. I am troubled by feeling like I have no place in this world.
9. I could disappear for days, and it wouldn’t matter to my family.
10. In general, I don’t feel a part of the mainstream of society.
11. I feel like I observe life rather than participate in it.
12. If I died tomorrow, very few people would come to my funeral.
13. I feel like a square peg trying to fit into a round hole.
14. I don’t feel that there is any place where I really fit in this world.

15. I am uncomfortable that my background and experiences are so different from those who are usually around me.
16. I could not see or call my friends for days, and it wouldn't matter to them.
17. I feel left out of things.
18. I am not valued by or important to my friends.

## APPENDIX E

### The Helplessness, Hopelessness, Haplessness Scale - Hopelessness Subscale (HHH-H)

Following are the items included in the Helplessness, Hopelessness, Haplessness subscale for hopelessness. All items were answered on a 6-point Likert scale ranging from "Strongly agree" to "Strongly disagree."

1. I am confident that I will complete college.
2. I look forward to the future with hope and enthusiasm.
3. I don't expect to get what I really want.
4. I have enough time to accomplish the things I most want to do.
5. In the future, I expect to succeed in what concerns me most.
6. All I can see ahead of me is unpleasantness rather than pleasantness.
7. When I look ahead to the future, I expect I will be happier than I am now.
8. It is very unlikely that I will get any real satisfaction in the future.
9. I can look forward to more good times than bad times.
10. I never get what I want, so it's foolish to want anything.

## APPENDIX F

### The Gratitude Questionnaire-6 (GQ-6)

Following are the items included in the Gratitude Questionnaire-6. All items were answered on a 7-point Likert scale ranging from “Strongly agree” to “Strongly disagree.”

1. I have so much in life to be thankful for.
2. If I had to list everything that I felt grateful for, it would be a very long list.
3. When I look at the world, I don’t see much to be grateful for.
4. I am grateful to a wide variety of people.
5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
6. Long amounts of time can go by before I feel grateful to something or someone.

## APPENDIX G

### The Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)

Following are the items included in the Heterosexist Harassment, Rejection, and Discrimination Scale. Items from the three subscales (Harassment and Rejection, Workplace and School Discrimination, and Other Discrimination) were combined to form a single questionnaire. All items were answered on a 6-point Likert scale ranging from "Never happened" to "Almost all of the time."

1. How many times have you been treated unfairly by teachers or professors because you are a sexual minority?
2. How many times have you been treated unfairly by your employer, boss, or supervisors because you are a sexual minority?
3. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are a sexual minority?
4. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are a sexual minority?
5. How many times have you been treated unfairly by strangers because you are a sexual minority?
6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists,

pediatricians, school principals, gynecologists, and others) because you are a sexual minority?

7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such things at work that you deserved because you are a sexual minority?
8. How many times have you been treated unfairly by your family because you are a sexual minority?
9. How many times have you been called a heterosexist name like dyke, lesbo, or others?
10. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are a sexual minority?
11. How many times have you been rejected by family members because you are a sexual minority?
12. How many times have you been rejected by friends because you are a sexual minority?
13. How many times have you heard anti-LGBTQ remarks from family members?
14. How many times have you been verbally insulted because you are a sexual minority?

## APPENDIX H

### The Stigma Consciousness Questionnaire (SCQ)

Following are the items included in the Stigma Consciousness Questionnaire. All items were answered on a 7-point Likert scale ranging from “Strongly agree” to “Strongly disagree.”

1. Stereotypes about LGBTQ people have not affected me personally.
2. I never worry that my behaviors will be viewed as stereotypical of LGBTQ people.
3. When interacting with straight people who know of my sexual preference, I feel like they interpret all my behaviors in terms of the fact that I am gay.
4. Most straight people do not judge LGBTQ people on the basis of their sexual preference.
5. My being gay does not influence how LGBTQ people act with me.
6. I almost never think about the fact that I am gay when I interact with straight people.
7. My being an LGBTQ person does not influence how people act with me.
8. Most straight people have a lot more homophobic thoughts than they actually express.
9. I often think that straight people are unfairly accused of being homophobic.
10. Most straight people have a problem viewing LGBTQ people as equals.

# APPENDIX I

## The Internalized Homophobia Scale (IHS)

Following are the items included in the Internalized Homophobia Scale. All items were answered on a 5-point Likert scale ranging from “Strongly disagree” to “Strongly agree.”

1. LGBTQ orientations are a natural expression of sexuality in humans.
2. I wish I were heterosexual.
3. When I am sexually attracted to another sexual minority, I do not mind if someone else knows how I feel.
4. Most problems that sexual minorities have come from their status as an oppressed minority, not from their sexual orientation per se.
5. Life as a LGBTQ person is not as fulfilling as life as a heterosexual.
6. I am glad to be LGBTQ.
7. Whenever I think a lot about being LGBTQ, I feel critical about myself.
8. I am confident that my sexual orientation does not make me inferior.
9. Whenever I think a lot about being LGBTQ, I feel depressed.
10. If it were possible, I would accept the opportunity to be completely heterosexual.
11. I wish I could become more sexually attracted to the opposite sex.
12. If there were a pill that could change my sexual orientation, I would take it.
13. I would not give up being LGBTQ even if I could.
14. LGBTQ orientations are deviant.

15. It would not bother me if I had children who were LGBTQ.

16. Being LGBTQ is a satisfactory and acceptable way of life for me.

17. If I were heterosexual, I would probably be happier.

18. Most LGBTQ people end up lonely and isolated.

19. For the most part, I do not care who knows I am LGBTQ.

20. I have no regrets about being LGBTQ.