EXAMINING KEY PREDICTORS OF RESILIENCE AND WELL-BEING AMONG LGBQ+ INDIVIDUALS

By

SARAH E. CONLIN

A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

2019
To Emily
ACKNOWLEDGMENTS

First, I would like to thank my advisor, Dr. Martin Heesacker, for helping me through every step of this dissertation and many other milestones throughout my graduate career; and for being a highly supportive, flexible, and trusting mentor, and inspiring creativity. I would also like to thank Dr. Bonnie Moradi, for serving as a supportive and knowledgeable committee member, and serving as a mentor and role model for many of my other research, teaching, and service pursuits. Additionally, I would like to thank my committee members Dr. Alyssa Zucker and Dr. Kate Ratliff for their consistent support and thoughtful feedback, informed by their areas of expertise. And, I would like to thank Dr. Jeff Farrar for the flexibility in serving as a stand-in committee member during my dissertation proposal. Moreover, I would like to thank Dr. Ryan Duffy for his encouragement of my research endeavors throughout my graduate career; I have learned so much about the research process through projects in collaboration with his lab. I would also like to thank all of the faculty and staff at the Counseling and Wellness Center (CWC) for several great practica experiences; my experiences at the CWC have been extremely valuable in informing and guiding my research throughout my time at UF.

I would like to thank Rich Douglass for being my most consistent peer collaborator, statistics consultant, supporter, and most importantly, friend. I would also like to thank my internship cohort members for their support and motivation during the final phases of my dissertation. And, I would like to thank all of my other friends and family members for their continued support throughout all aspects of my graduate work. Finally, I would like to thank and dedicate this project to Emily, for the constant support across this and all projects, for keeping me motivated when I needed it, and for everything else.
TABLE OF CONTENTS

**ACKNOWLEDGMENTS** .......................................................................................................................... 4

**LIST OF TABLES** ................................................................................................................................. 7

**LIST OF FIGURES** ............................................................................................................................... 8

**ABSTRACT** ............................................................................................................................................... 9

**CHAPTER**

1 **INTRODUCTION** .................................................................................................................................. 10

   - Theoretical Framework ....................................................................................................................... 11
     - Minority Stress ................................................................................................................................. 11
     - Kwon’s Model of Resilience ........................................................................................................... 12
   - Empirical Support ................................................................................................................................. 13
     - The Link Between Resilience and Wellbeing .................................................................................. 13
     - Additional Research: Crisis Competence and Positive Aspects Theories ......................................... 14
     - Proposed Predictors .......................................................................................................................... 16
     - Two Forms of Well-being ................................................................................................................ 22
   - The Present Study ................................................................................................................................. 22
     - Hypotheses ........................................................................................................................................ 23

2 **METHOD** ............................................................................................................................................. 26

   - Procedure ............................................................................................................................................... 26
   - Participants ............................................................................................................................................ 26
     - Recruitment ....................................................................................................................................... 26
     - Demographic Characteristics .......................................................................................................... 27
   - Measures ................................................................................................................................................ 29
     - Life Satisfaction ................................................................................................................................. 29
     - Social Support ................................................................................................................................... 29
     - Mastery ............................................................................................................................................. 29
     - Emotional Openness .......................................................................................................................... 30
     - Hope ................................................................................................................................................... 30
     - Self-Compassion ................................................................................................................................. 31
     - Resilience .......................................................................................................................................... 31
     - Meaning in Life ................................................................................................................................. 32
     - Discrimination ................................................................................................................................. 32

3 **RESULTS** ............................................................................................................................................. 34

   - Preliminary Analyses ............................................................................................................................ 34
   - Testing the Hypothesized Models ........................................................................................................ 34
Measurement Models ......................................................................................................................... 35
Structural Models ................................................................................................................................. 36
Indirect Effects ...................................................................................................................................... 37
Alternate Models ................................................................................................................................. 38

4 DISCUSSION ..................................................................................................................................... 43
Supporting Findings ............................................................................................................................... 43
Diverging Findings ................................................................................................................................. 44
  Emotional Openness ............................................................................................................................ 44
  Support and Discrimination ............................................................................................................... 44
  Additional Links .................................................................................................................................. 46
Resilience: its Role and Conceptualizations ........................................................................................ 46
Practical Implications ............................................................................................................................ 47
Limitations and Future Directions ......................................................................................................... 47
Conclusion ............................................................................................................................................ 50

APPENDIX

MEASURES .......................................................................................................................................... 51

LIST OF REFERENCES ......................................................................................................................... 58

BIOGRAPHICAL SKETCH .................................................................................................................... 66
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td>Demographic Characteristics</td>
<td>28</td>
</tr>
<tr>
<td>3-1</td>
<td>Descriptive Statistics and Bivariate Correlations of All Observed Study Variables ($n = 461$)</td>
<td>41</td>
</tr>
<tr>
<td>3-2</td>
<td>Correlations of Measurement Model Latent Variables ($n = 461$)</td>
<td>42</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>1-1</td>
<td>Hedonic Well-being: Hypothesized Model</td>
<td>24</td>
</tr>
<tr>
<td>1-2</td>
<td>Eudaimonic Well-being: Hypothesized Model</td>
<td>25</td>
</tr>
<tr>
<td>3-1</td>
<td>Hedonic Well-being: Final Structural Model</td>
<td>39</td>
</tr>
<tr>
<td>3-2</td>
<td>Eudaimonic Well-being: Final Structural Model</td>
<td>40</td>
</tr>
</tbody>
</table>
EXAMINING KEY PREDICTORS OF RESILIENCE AND WELL-BEING AMONG LGBQ+ INDIVIDUALS

By
Sarah E. Conlin
August 2019

Chair: Martin Heesacker
Major: Counseling Psychology

Research on mental health among lesbian, gay, bisexual, queer, and other non-exclusively heterosexual (LGBQ+) populations has disproportionately focused on stress and psychopathology, as opposed to resilience and well-being (Kwon, 2013). Kwon (2013) proposed the only known model of resilience among LGBQ+ individuals. The present study was informed by Kwon’s (2013) model. Structural equation modeling (SEM) was used to examine the direct and indirect effects through resilience of five key protective factors – mastery, hope, self-compassion, emotional openness, and social support – on (a) hedonic and (b) eudaimonic well-being outcomes among an LGBQ+ sample. Additionally, I examined the direct and indirect effects of heterosexist discrimination. Findings demonstrated support for many of the unique, direct effects of key protective factors on resilience and hedonic and eudaimonic well-being outcomes. Yet, this study did not find support for unique indirect effects of protective factors on hedonic and eudaimonic well-being via resilience. These diverging findings highlight the need for refinement of theory surrounding resilience and well-being among LGBQ+ populations.
CHAPTER 1
INTRODUCTION

Meyer’s (2003) minority stress model theorized that lesbian, gay, bisexual, and other nonexclusively heterosexual (LGBQ+) people are at increased risk for psychological distress due to societal prejudice, stigma, and discrimination. Meyer’s model also proposed that coping strategies may buffer the effects of stressors and promote psychological health in spite of them (Meyer, 2003, 2015). Thus far, research has focused disproportionately on negatively-valenced outcomes and psychopathology among LGBQ+ populations (Kwon, 2013; Vaughan & Rodriguez, 2014). Research on LGBQ+ health has lacked attention to resilience – and positively-valenced health outcomes more broadly – despite calls from scholars to examine resilience and well-being (Kwon, 2013; Lyons, 2015; Meyer, 2015).

Kwon’s (2013) introduced the only known model of LGBQ+ resilience and well-being, which posited that “lower reactivity to prejudice” (Kwon, p. 372) mediates the links between protective factors, or qualities theorized to protect against stress, and psychological health among LGBQ+ individuals. It is important to note that in the face of stress, some forms of reactivity (e.g., anger) may be adaptive responses and not necessarily dysfunctional (Moradi, 2012). It follows that non-reactivity is not necessarily functional. The present study was informed by Kwon’s model, and assessed the mediating role of resilience, defined broadly in the present study as the ability to “bounce back” from stress, in the protective factors-well-being link (Smith et al., 2008). Yet, Kwon’s (2013) model did not assess for resilience directly, instead conceptualizing resilience instead as a process (vs. an outcome). The present conceptualized resilience as an outcome and measured resilience directly, following recommendations from scholars for increased attention to resilience as an outcome among LGBQ+ populations (Lyons, 2014, 2015).
The one known study to date that has empirically tested Kwon’s (2013) model used perceived discrimination (the Everyday Discrimination Scale; Williams, Yu, Jackson, & Anderson, 1997) as an approximation of “lower reactivity to prejudice” (Fowler, 2017). However, this scale is most often conceptualized in the literature to assess discrimination itself, as opposed to one’s reactivity to it (e.g., a sample question is “you have been called names of insulted because of your sexual orientation”; see Douglass, Conlin, Duffy, & Allan, 2017). Moreover, Kwon’s (2013) model proposed three key protective factors among LGBQ+ people: social support, emotional openness, and hope/optimism. However, more recent empirical research has suggested key protective factors among LGBQ+ populations above and beyond these three (e.g., La Duke, 2016; Lyons, 2015).

Thus, the present study introduced a fuller examination of key predictors of resilience and well-being, informed by Kwon’s (2013) model. Specifically, I proposed that resilience would mediate the protective factors-well-being link, considering the following protective factors: mastery, hope/optimism, self-compassion, emotional openness, and social support. Following previous theory and research suggesting negative effects of discrimination on well-being (Meyer, 2003), I also examined the direct and indirect effects of heterosexist discrimination. Finally, I examined the direct links between protective factors and well-being outcomes (i.e., life satisfaction and life meaning, respectively).

Theoretical Framework

Minority Stress

Meyer’s (2003) minority stress theory (MST) theorized that LGBQ+ people are at increased risk for mental health concerns due to heterosexism, which manifests via distal and proximal stressors. Distal stressors are external events, such as discrimination and prejudice, whereas proximal stressors are internal processes, including internalized heterosexism,
expectations of rejection, and identity concealment. Hatzenbuehler (2009) expanded upon the tenets of MST in his Psychological Mediation Framework and proposed that proximal stressors mediate the links between discrimination and mental health outcomes. A wide body of literature has examined and largely supported the tenets of the MST and the Psychological Mediation Framework, including the propositions that environmental stressors (e.g., discrimination) are linked to distress, and that internal processes mediate the discrimination-distress links (e.g., Newcomb & Mustanski, 2010; Douglass, Conlin, Duffy, & Allan, 2017; Velez, Moradi, & Brewster, 2013). Meyer’s (2003) MST also argued that coping strategies, or protective factors, may attenuate these links and increase the likelihood of positive health outcomes. However, relatively few empirical studies have focused on positively-valenced outcomes, and even fewer have examined resilience directly (Lyons, 2015). Studies that have examined coping or protective factors have generally tested their potential moderating roles in minority stress links (e.g., the discrimination-distress link; Breslow et al., 2015; DeBlaere et al., 2013; Meyer, 2003).

**Kwon’s Model of Resilience**

Kwon (2013) offered a complimentary approach and a breakthrough in the literature on LGBQ+ mental health outcomes by proposing a model of LGBQ+ resilience. Kwon’s (2013) model proposed that (a) social support, (b) emotional openness, and (c) hope/optimism promote psychological health among LGBQ+ individuals via lower reactivity to prejudice. Additionally, he proposed that social support directly influences well-being. Kwon’s (2013) model did not directly attend to stressors, but instead theorized the mechanism through which key protective factors influence psychological health. One limitation of Kwon’s (2013) model is that it excluded some protective factors that more recent research has suggested may be particularly important (e.g., mastery; LaDuke, 2016). Another limitation is that this model hypothesized a direct link to well-being outcomes with only one protective factor: social support. Yet, more recent research
has suggested direct links between multiple protective factors and well-being outcomes (LaDuke, 2016). Again, Kwon’s (2013) model also conceptualized resilience as a process; the literature on LGBQ+ mental health lacks attention to direct assessment of resilience (Lyons, 2014, 2015). Thus, the present study examined a fuller model of protective factors and directly assessed for resilience among LGBQ+ individuals.

Empirical Support

The Link Between Resilience and Wellbeing

A variety of empirical studies have demonstrated positive associations between resilience and well-being outcomes. These studies have focused on two major forms of well-being: hedonic and eudaimonic well-being (Ryan & Deci, 2001). Hedonic well-being is conceptualized as happiness and pleasurable emotions such as satisfaction, while eudaimonic well-being is conceptualized as meaning, self-actualization, growth, and/or living in accordance with one’s values (Ryan & Deci, 2001; Ryff, 1989). The majority of research examining resilience and well-being has focused on general, or non-LGBQ+-specific, samples. Fewer studies have attended to resilience specifically among LGBQ+ samples, and even fewer have measured resilience directly among LGBQ+ samples. Instead, resilience is often conceptualized as a process, as opposed to an outcome that is directly measured (Kwon, 2013). Yet, researchers have more recently called for increased attention to resilience as a unique outcome (Lyons, 2014, 2015).

General samples. A number of diverse studies among non-LGBQ+-specific samples have found positive correlations with resilience and indicators of positive subjective well-being – a form of hedonic well-being – including life satisfaction (Satici, 2016; Upadyaya, Vartiainen, & Salmela-Aro, 2016) and positive affect (Satici, 2016; Smith, Tooley, Christopher, & Kay, 2010).
Researchers have also demonstrated negative correlations between resilience and negative affect among non-LGBQ+-specific samples (Satici, 2016; Smith, Tooley, Christopher, & Kay, 2010).

Similarly, studies among non-LGBQ+-specific samples have found indicators of eudaimonic well-being to correlate positively with resilience. Specifically, studies have demonstrated positive links between resilience and meaning in life, a key indicator of eudaimonic well-being (Ryan & Deci, 2001). To illustrate, Blackwell (2016) and Smith, Tooley, Christopher, & Kay (2010) found positive correlations between resilience and meaning (or purpose) in life among non-LGBQ+-specific samples.

**LGBQ+-specific samples.** Recently, Emlet, Shiu, Kim, & Fredriksen-Goldsen (2017) found that resilience was a significant, positive predictor of quality of life among a sample of HIV-positive, older gay and bisexual men. Additional studies examined distress (as opposed to well-being) and found negative links between resilience and distress among LGBQ+ samples. For instance, Lyons, Leonard, & Bariola (2015) found a strong, inverse association between resilience and distress among a large, community-based sexual minority sample. Breslow et al. (2015) also found a strong, negative correlation between resilience and psychological distress among transgender participants, the majority of whom identified with a non-heterosexual sexual orientation. Although these studies examined unique experiences of LGBQ+ individuals, they used general measures of resilience, including the Brief Resilience Scale (BRS; Smith et al., 2008).

**Additional Research: Crisis Competence and Positive Aspects Theories**

It is noteworthy that there are distinct, but relevant, areas of literature on LGBQ+ well-being that have informed the present study. These areas of research suggest LGBQ+ resilience, but do not directly assess resilience.
**Crisis competence.** One early area of the literature that sparked interest in resilience among LGBQ+ individuals is *crisis competence theory* (Friend, 1991). Friend (1991) proposed that older gay or lesbian individuals may actually cope *better* than their heterosexual counterparts, due to having navigated and managed the stigma attached to their identities throughout their lives. This theory proposes that LGBQ+ individuals are resilient, and the theory set the stage for later research to examine specific factors that promote resiliency among this population (i.e., protective factors). This theory is similar research on *post-traumatic growth*, which suggests that difficult life experiences may result in growth and other positively-valenced outcomes, such as increased sense of meaning (Tedeschi & Calhoun, 2004).

**Positive aspects.** Another key area of the literature LGBQ+ well-being is research on the “positive aspects” of being a gay man, lesbian woman, or bisexual individual (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). This research examined specific “positive aspects” of LGB identification that may promote well-being among this population. Researchers qualitatively examined these positive aspects, similar to protective factors, and uncovered themes (Riggle et al., 2008; Rostosky et al., 2010). Many of their themes overlap with proposed predictors from Kwon’s (2013) model and other research on LGBQ+ well-being (e.g., LaDuke, 2016). For instance, many of these themes highlighted various aspects of *social support* among gay, lesbian, or bisexual individuals, including themes of belonging to a community, families of choice, and forming connections with others (Riggle et al., 2008, Rostosky et al., 2010). Other themes alluded to additional protective factors, such as the importance of *hope* (e.g., the theme of serving as a positive role model for others), *emotional openness* (e.g., the theme of gaining insight into oneself), and *mastery* (e.g., the theme of activism/advocacy, which reflects agency; Riggle et al., 2008, Rostosky et al., 2010).
Proposed Predictors

Taken together, previous literature has suggested that LGBQ+ individuals are resilient, and that specific protective factors promote resilience. An important caveat to the literature on resilience is that although LGBQ+ may be resilient, we do not want to suggest that LGBQ+ people must be resilient or that they are expected to be (Meyer, 2015). Yet, we also do not want to ignore the capacity for resilience or the factors that promote well-being among this population.

Kwon’s (2013) model was developed with previous literature in mind, and again, included three key protective factors: social support, emotional openness, and hope/optimism. Additional research has revealed key predictors above and beyond these three, suggesting the need for refinement of theory (e.g., LaDuke, 2016; Lyons, 2015). Thus, the present study examined five key, empirically-supported protective factors: mastery, hope/optimism, self-compassion, emotional openness, and social support. The present study also examined the potential negative impact of heterosexist discrimination (Meyer, 2003).

Mastery. Meyer (2015) proposed that mastery is a key protective factor that may promote individual-level resilience and well-being. Mastery is defined as one’s sense of control over their life, or their perceived personal agency (Turner & Roszell, 1994; Meyer, 2015). Personal mastery, as assessed in the present study, can be distinguished from environmental mastery (Ryff, 1989) because environmental mastery refers specifically to one’s ability to exert control over their external world.

LaDuke (2016) examined several empirically-supported protective factors among a sample of 170 sexual minority adults to determine their relative influence on well-being, and her findings supported Meyer’s (2015) assertion. Booted regression tree analyses suggested that mastery was one of the most important protective factors examined (LaDuke, 2016). LaDuke (2016) examined two positively-valenced well-being outcomes: quality of life and satisfaction.
with life. Of the protective factors tested, results suggested that mastery accounted for the highest amount of variance in quality of life, and the third-highest amount of variance in satisfaction with life (LaDuke, 2016).

Other studies have also suggested that mastery may be an important protective factor for diverse groups of LGBTQ+ individuals (Buttram, Surratt, & Kurtz, 2014; Emlet et al., 2017; Spencer & Patrick, 2009; Wight, LeBlanc, de Vries, & Detels, 2012). To illustrate, Wight et al. (2012) found that personal mastery partially mediated links between minority stress and positive affect among a sample of mid-life and older gay men. Moreover, Spencer and Patrick (2009) examined mastery among a sample of lesbian and gay adults and found that it mediated the link between sexual orientation status and well-being, such that well-being differences between heterosexual and minority participants significantly lessened with the inclusion of it and other protective factors. Buttram et al. (2014) found that personal mastery was inversely associated with distress among their sample of sexual minority African-American/Black women sex workers. Additionally, Emlet et al. (2017) found an independent, positive link between mastery and quality of life among their sample of older, HIV-positive gay and bisexual men.

Finally, research among non-LGBTQ+-specific samples has supported the direct link between mastery and resilience. For example, Wolfe and Ray (2015) found, among women and men who had experienced traumatic events, that mastery and resilience were positively correlated, with a medium effect size. Additionally, Burns, Anstey, & Windsor, (2011) found a strong, positive bivariate correlation between mastery and resilience among a large community sample of Australian adults.

**Hope.** Hope is one of three key resilience factors considered in Kwon’s (2013) model, conceptualized as an optimistic outlook toward the future. Snyder et al. (1991) conceptualized
hope as containing two distinct components, agency (i.e., sense of control) and pathways (i.e., routes), related to one’s future. Findings from LaDuke (2016) supported Kwon (2013) and found hope to be another key protective factor among sexual minority participants. Specifically, hope explained the greatest amount of variance in participants’ reported satisfaction with life and the second-highest amount in reported quality of life (LaDuke, 2016). Additional support for hope as a protective factor comes from Kwon and Hugelshofer (2010), who found that among LGBTQ+ participants who experienced high workplace discrimination, high levels of hope positively predicted life satisfaction over time (compared to low hope participants with high discrimination). Moreover, Freitas, D’Augelli, Coimbra, and Fontaine (2016) examined familial (as opposed to individual) optimism among their sample of LGBTQ+ youth in Portugal and found optimism to be positively associated with well-being outcomes. Finally, Fowler (2017) also found hope/optimism to positively predict well-being among an LGBTQ+ sample.

Research among non-LGBTQ+-specific samples has also suggested that hope may be directly associated with resilience. To illustrate, Youssef and Luthans (2007) found, across two studies of adults in the workplace, that optimism and hope correlated positively with resilience, with effect sizes ranging from medium-large. Moreover, Herrero (2014) found a moderate, positive correlation between hope and resilience among a sample of first-year U.S. college students.

**Self-compassion.** Returning to LaDuke’s (2016) study of relative influence, her findings suggested that self-compassion – defined as a combination of self-kindness, sense of common humanity, and mindfulness; in addition to lack of self-judgment, isolation, and over-identification with perceived negative aspects of one’s experiences (Neff, 2003) - was another key protective factor among sexual minority participants. Specifically, self-compassion
accounted for the third-highest amount of variance in quality of life and the fifth-highest (out of 11) in satisfaction with life. Moreover, it accounted for much of the variance with respect to indicators of distress, including the highest amount of variance in anxiety and the second-highest in depression (both inversely). Additionally, Liao, Kashubeck-West, Weng, and Deitz (2015) found that self-compassion mediated the link between reported discrimination and psychological distress among a sample of 265 sexual minority adults. Finally, Jennings and Tan (2014) found that self-compassion significantly linked with life satisfaction among a sample of adult gay men.

Research supporting the direct resilience-self-compassion link includes findings that resilience positively correlated with self-compassion among samples of health care professional trainees and first-year medical residents, respectively (Kemper, Mo, & Khayat, 2015; Olson, Kemper, & Mahan, 2015). Moreover, McArthur et al. (2017) found a strong, positive association between resilience and self-compassion among veterinary medicine students.

**Emotional openness.** Kwon (2013) included emotional openness as one of three primary protective factors in his model. Emotional openness is conceptualized to include components of emotional *expression*, or willingness to express emotions outwardly, and emotional *processing* (Stanton et al., 2000). Emotional processing can be defined as “an adaptive coping strategy of acknowledging and understanding emotional reactions and the legitimacy of such reactions” (LaDuke, 2016, p. 43). Additionally, although LaDuke (2016) did not conclude that openness was one of the key protective factors, she found that it ranked fourth in her test of relative influence on satisfaction with life. Following Kwon’s (2013) model and because satisfaction with life is theorized to be a key component of subjective well-being (Diener, 1984; Lent, 2004), emotional openness is included in the present study.
Beals, Peplau, and Gable (2009) found, among a sample of lesbians and gay men, that emotional openness was positively associated with satisfaction with life, mediating the link between orientation disclosure and daily satisfaction. However, it did not predict well-being 2 months later in their sample, possibly due to a third factor of rumination (Beals et al., 2009).

Additionally, Pachankis and Goldfried (2010) found, among their sample of gay men, that an expressive writing task—which encouraged emotional openness—was associated with increased, next-day positive affect compared to control participants. Additionally, participants in the expressive writing condition reported significantly more openness about their orientation at 3-month follow-up. Finally, Tse and Kwon (2017) found emotional openness to inversely predict depression among a sample of gay men, particularly among those low in extraversion.

Supporting the direct link between emotional openness and resilience, Greenbaum and Javdani (2017) found—in one of the few empirical studies investigating this link—that a non-LGBQ+-specific sample of youth involved in the juvenile justice system experienced significant increases in reported resilience following engagement in an expressive writing task, compared to control participants.

**Social support.** Social support, defined broadly as a perceived sense of support from one’s social network, is arguably the most consistent protective factor that has emerged from the literature (Kwon, 2013). LaDuke (2016) found social support—measured using a general (non-LGBQ+-specific) support measure—to explain the second-highest amount of variance in satisfaction with life among LGBQ+ participants, in addition to the fourth-highest in quality of life. Moreover, Detrie and Lease (2007) found social support to positively predict all six dimensions of psychological well-being among a sample of LGBQ+ youth (one of which is purpose in life). Additional empirical studies have found similar positive associations between
social support and various forms of well-being among sexual minority samples (Beals et al., 2009; Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2014; Keleher, Wei, & Liao, 2010; Sheets & Mohr, 2009).

With respect to the support-resilience direct link, findings from a nationwide survey of Australian lesbian women ($n = 1,314$) and gay men ($n = 1,479$) examined predictors of resilience and suggested that variables related to social support were key protective factors for both gay men and lesbian women. To illustrate, for gay men, LGBTQ+ community participation and support-seeking from a partner or family member were positively associated with resilience, whereas hiding one’s orientation, thus inhibiting these forms of support, was inversely related to resilience (Lyons, 2015). For lesbian women, concealment was also inversely related to resilience, whereas support-seeking from family and heterosexual friends were positively associated with resilience (Lyons, 2015).

**Discrimination.** Following the tenets of Meyer’s (2003) Minority Stress Model, LGBTQ+ people face unique stressors related to societal stigma surrounding their identities, and again, these stressors can be categorized as either distal or proximal stressors. Discrimination is conceptualized as a distal stressor, or an external event stemming from this societal stigma. Research has supported Meyer’s theory that minority stressors, including experiences of anti-LGBQ+ discrimination, are inversely associated with indicators of well-being. Specifically, past studies have suggested significant, negative links between distal stressors such as discrimination and indicators such as life satisfaction, life meaning, and positive affect (Mohr & Sarno, 2016; Riggle, Rostosky, & Danner, 2009; van der Star & Branstrom, 2015). Yet, other research has failed to substantiate the directly link between discrimination and positively-valanced outcomes, including positive affect and life satisfaction, supporting the need for further examination of
protective factors that may contribute to resilience despite stigma (Douglass et al., 2017). Previous research has also largely supported the significant, positive link between discrimination, or similar distal stressors, and negative affect among LGBQ+ samples (Conlin, Douglass, & Ouch, 2017; Douglass, Conlin, Allan & Duffy, 2017; Mohr & Sarno, 2016; Rostosky, Riggle, Horne, & Miller, 2009; Swim, Johnston, & Pearson, 2009). Moreover, Breslow et al. (2015) examined the discrimination-resilience link directly and found a significant, negative correlation between discrimination and resilience among a transgender sample. The present study aims to advance empirical research on resilience among the LGBQ+ community, taking into account the potential impact of minority stress (i.e., discrimination).

**Two Forms of Well-being**

Hedonic and eudaimonic well-being are considered two primary, yet distinct, components of well-being (Ryan & Deci, 2001). The majority of past research focuses on either hedonic (e.g., satisfaction with life; LaDuke, 2016) or eudaimonic well-being outcomes (e.g., purpose or meaning in life; Detrie & Lease, 2007). Again, *hedonic* well-being refers to happiness and pleasurable emotions such as satisfaction, whereas *eudaimonic* well-being refers to meaning, self-actualization, growth, or living in accordance with one’s values (Ryan & Deci, 2001; Ryff, 1989). These distinct components of well-being also differentially impact the work of counseling psychologists, including goals of therapy (Lent, 2004). Thus, the present study assessed hedonic and eudaimonic outcomes independently.

**The Present Study**

The present study examined an empirically-supported model of resilience and well-being among LGBQ+ individuals, informed by Kwon’s (2013) model. Specifically, I hypothesized that resilience would mediate the links between protective factors and well-being outcomes among LGBQ+ adults. The following protective factors were examined: mastery, hope, self-
compassion, emotional openness, and social support, in addition to the risk factor of heterosexist discrimination (Beals et al., 2009; Kwon, 2013; LaDuke, 2016; Meyer, 2003). The well-being outcomes examined included: (a) life satisfaction, an indicator of hedonic well-being, and (b) life meaning, an indicator of eudaimonic well-being (Ryan & Deci, 2001).

**Hypotheses**

Hypothesized models are presented in Figures 1-1 and 1-2, respectively. Informed by Kwon’s (2013) model and additional empirical research (Beals et al., 2009; Jennings & Tan, 2014; Kwon & Hugelshofer, 2010; LaDuke, 2016; Pachankis & Goldfried, 2010; Spencer & Patrick, 2009), I hypothesized that all five proposed protective factors would positively link to both hedonic and eudaimonic well-being outcomes through resilience. Following the tenets of Meyer’s (2003) Minority Stress Model and Hatzenbuehler’s (2009) Psychological Mediation Framework, I hypothesized that discrimination would negatively link to hedonic and eudaimonic well-being outcomes both directly and indirectly through resilience.

Additionally, based upon more recent research (e.g., LaDuke, 2016), I hypothesized positive, *direct* links between each proposed protective factor and hedonic and eudaimonic well-being outcomes. Finally, I examined an alternative model that proposed full mediation of each protective factor through resilience – following past research linking each factor directly to resilience (Burns et al., 2011; Greenbaum & Javdani, 2017; Herrero, 2014; Kemper et al., 2015; Lyons, 2015; McArthur et al., 2017; Olson et al., 2015; Wolfe & Ray, 2015; Youssef & Luthans, 2007). This alternative model eliminated all direct associations between protective factors and hedonic and eudaimonic well-being outcomes, respectively.
Figure 1-1. Hedonic Well-being: Hypothesized Model
Figure 1-2. Eudaimonic Well-being: Hypothesized Model
CHAPTER 2

METHOD

Procedure

Prior to data collection, this study received University of Florida Institutional Review Board (IRB) approval for all study procedures. All participants were required to review and provide informed consent prior to beginning the present study. Participants completed all study measures via the online software Qualtrics. Responses were recorded anonymously, and the presentation order of each measure was randomized across participants. Participants provided demographic information at the conclusion of the survey (Table 2-1). Using Daniel Soper’s a-priori sample size calculator (Soper, 2017), I estimated that approximately 500 participants would be an ideal sample size for the present study. The final sample size was $n=461$ participants, after participants who failed an attention check assessment were removed from the dataset.

Participants

Recruitment

M-Turk. The present study included 461 LGBQ+ participants, recruited primarily through Amazon’s Mechanical Turk (M-Turk). M-Turk is a data collection website in which participants who complete online surveys – or Human Intelligence Tasks (HITs) as termed by M-Turk – are compensated for their time in Amazon credits. M-Turk participants were compensated $0.30 for the present survey, which took approximately 20 minutes to complete on average. Research has examined M-Turk as a data collection method, and has suggested that M-Turk participants are comparable to other recruitment methods, such as undergraduate and community populations (Buhrmester, Kwang, & Gosling, 2011; Goodman, Cryder, & Cheema, 2013). Buhrmester et al. also suggested that M-Turk participants are typically internally motivated to
complete HITs, such as for enjoyment. Additional research has suggested that M-Turk may have some benefits over traditional, college-student populations, including that M-Turk participants may be more likely to read carefully (Ramsey, Thompson, McKenzie, & Rosenbaum, 2016).

**Social media.** Reddit – a social media website which includes discussion threads geared specifically toward LGBQ+ populations – was also used to recruit participants for the present study. Both M-Turk and social media methods have been used successfully to recruit LGBQ+ populations across previous research (Douglass et al., 2017; Douglass, Velez, Conlin, Duffy, & England, 2017; Liao, Kashubeck-West, Weng, & Deitz, 2015; Smith, Sabat, Martinez, Weaver, & Xu, 2015). Social media platforms in particular are commonly used to recruit populations traditionally considered ‘hard-to-reach’, such as diverse groups of LGBTQ+ individuals (Martinez et al., 2014).

**Demographic Characteristics**

Recruitment inclusion/exclusion criteria specified that participants must (a) be at least 18 years of age, (b) reside in the U.S. and speak English, and (c) identify as lesbian, gay, bisexual, queer, or another non-exclusively heterosexual identity (e.g., pansexual, asexual). The two-step procedure adapted from the Williams Institute (2014) was used to assess participants’ (a) sex assigned at birth and (b) gender identity. Demographic characteristics are provided in Table 2-1.
Table 2-1. Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (n)</td>
<td>461</td>
<td></td>
</tr>
<tr>
<td>Mean age (years)</td>
<td>29.52 (SD=10.23)</td>
<td></td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>294</td>
<td>63.77</td>
</tr>
<tr>
<td>Male</td>
<td>165</td>
<td>35.79</td>
</tr>
<tr>
<td>Intersex</td>
<td>1</td>
<td>0.22</td>
</tr>
<tr>
<td>Gender Identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>251</td>
<td>54.45</td>
</tr>
<tr>
<td>Man</td>
<td>146</td>
<td>31.67</td>
</tr>
<tr>
<td>Non-binary, genderqueer, or</td>
<td>57</td>
<td>12.36</td>
</tr>
<tr>
<td>gender non-conforming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans woman</td>
<td>12</td>
<td>2.60</td>
</tr>
<tr>
<td>Trans man</td>
<td>9</td>
<td>1.95</td>
</tr>
<tr>
<td>Another gender identity</td>
<td>5</td>
<td>1.08</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/European</td>
<td>355</td>
<td>77.01</td>
</tr>
<tr>
<td>American/Caucasian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African/African-American/Black</td>
<td>27</td>
<td>5.86</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>24</td>
<td>5.21</td>
</tr>
<tr>
<td>Hispanic/Latinx/Latinx American</td>
<td>22</td>
<td>4.77</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>20</td>
<td>4.34</td>
</tr>
<tr>
<td>American Indian/Native</td>
<td>5</td>
<td>1.08</td>
</tr>
<tr>
<td>American/First Nation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another Race/Ethnicity</td>
<td>4</td>
<td>0.87</td>
</tr>
<tr>
<td>Arab American/Middle Eastern</td>
<td>2</td>
<td>0.43</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td>171</td>
<td>37.09</td>
</tr>
<tr>
<td>Exclusively lesbian or gay</td>
<td>112</td>
<td>24.30</td>
</tr>
<tr>
<td>Pansexual</td>
<td>56</td>
<td>12.15</td>
</tr>
<tr>
<td>Mostly lesbian or gay</td>
<td>53</td>
<td>11.50</td>
</tr>
<tr>
<td>Asexual</td>
<td>32</td>
<td>6.94</td>
</tr>
<tr>
<td>Mostly heterosexual</td>
<td>20</td>
<td>4.34</td>
</tr>
<tr>
<td>Another orientation identity</td>
<td>17</td>
<td>3.69</td>
</tr>
</tbody>
</table>
Measures

Life Satisfaction

I assessed life satisfaction using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). This scale consists of 5 items and participants respond via a 7-point Likert scale (Strongly disagree-Strongly agree). Sample items include: “I am satisfied with my life” and “the conditions of my life are excellent.” This scale was scored by computing the mean of all items, yielding a composite score. Higher scores indicate higher levels of reported satisfaction. This scale has demonstrated validity and high internal consistency (α = .87; Diener et al., 1985). The present study also demonstrated high internal consistency (α = .91) for this scale.

Social Support

I measured social support using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). This scale consists of 12 items and participants respond using a 7-point Likert scale (Very strongly disagree-Very strongly agree). This scale was scored by averaging all items. Higher scores represent higher levels of support. This scale contains three subscales: (a) family, (b) significant other/“special person,” and (c) friends. Sample items include: “I can talk about my problems with my family,” “There is a special person around when I am in need,” and “I can count on my friends when things go wrong.” This scale has demonstrated validity and high internal consistency (α = .88; Zimet et al., 1985). The present study also demonstrated high internal consistency (α = .93) for this scale.

Mastery

I assessed personal mastery using the Pearlin Mastery Scale (Pearlin & Schooler, 1978). This scale is composed of 7 items and participants respond using a 4-point Likert scale (Strongly
disagree—Strongly agree). This scale was scored by averaging all items. Higher scores indicate higher levels of personal mastery. Sample items include: “I can do just about anything I really set my mind to do” and “I often feel helpless in dealing with the problems of life (reverse-scored).” This scale has demonstrated validity and acceptable internal consistency ($\alpha = .76$; Pearlin & Schooler, 1978). In the present study, this scale demonstrated good internal consistency ($\alpha = .85$).

**Emotional Openness**

I measured emotional openness using the Emotional Approach Coping Scale (Stanton et al., 2000). The scale consists of two sub-scales: emotional processing and emotional expression. Each sub-scale consists of 4 items and participants respond using a 4-point Likert scale (*I usually don’t do this at all—I usually do this a lot*). This scale was scored by computing the mean of all items. Higher scores indicate higher levels of openness (processing and expression). Sample items include: “I acknowledge my emotions” (processing) and “I take time to express my emotions” (expression). The scale has demonstrated validity and good internal consistency ($\alpha = .88$ for the total scale in a study by Gomes, 2012; Stanton et al., 2000). The present study also demonstrated good internal consistency ($\alpha = .89$) for this scale.

**Hope**

I assessed hope using the Hope Scale (adult version; Snyder et al., 1991). This scale consists of two sub-scales of 4 items each, in addition to 4 filler items. The Hope subscales are: (1) agency and (2) pathways. The scale consists of 12 total items and participants respond using a 4-point Likert scale (*Definitely false—Definitely true*). This scale was scored by calculating the mean of all items. Higher scores indicate higher levels of hope. Sample items include: “My past experiences have prepared me well for my future” (agency) and “I can think of many ways to get the things in life that are most important to me” (pathways). Snyder et al. (2001) demonstrated
validity and acceptable internal consistency for this scale (α = .74-84 for the full scale). The present study demonstrated high internal consistency, excluding the filler questions which are not used for scoring (α = .90).

Self-Compassion

I assessed self-compassion using the Self-Compassion Scale (SCS; Neff, 2003). The scale consists of six sub-scales: (1) self-kindness, (2) self-judgment (reverse-scored), (3) common humanity, (4) isolation (reverse-scored), (5) mindfulness, and (6) over-identification (reverse-scored). The full scale consists of 26 items and participants respond using a 5-point Likert scale (Almost never-Almost always). This scale was scored by averaging all items. Higher scores indicate higher levels of self-compassion. Sample items include: “I’m kind to myself when I’m experiencing suffering” (self-kindness); “When times are really difficult, I tend to be tough on myself” (self-judgment; reverse-scored), “I try to see my failings as part of the human condition” (common humanity), “When I fail at something that’s important to me I tend to feel alone in my failure” (isolation; reverse-scored), “When something painful happens I try to take a balanced view of the situation” (mindfulness), and “When I’m feeling down I tend to obsess and fixate on everything that’s wrong” (over-identification; reverse-scored). Neff (2003) demonstrated validity and good internal consistency for this scale (α = .92 for the full scale score). The present study also demonstrated high internal consistency for this scale (α = .95).

Resilience

I measured resilience using the Brief Resilience Scale (BRS; Smith et al., 2008). This scale is composed of 6 items and participants respond using a 5-point Likert scale (Strongly disagree-Strongly agree). This scale was scored by computing the mean of all items. Higher scores indicate higher levels of resilience. Sample items include: “I tend to bounce back quickly after hard times” and “It is hard for me to snap back when something bad happens” (reverse-
scored). This scale has demonstrated validity and good internal consistency ($\alpha = .80$-$91$; Smith et al., 2008). In the present study, this scale also demonstrated good internal consistency ($\alpha = .90$).

**Meaning in Life**

I assessed meaning in life using the Presence subscale of the Meaning in Life Questionnaire (MLQ; Steger, Frazier, Oishi, & Kaler, 2006). This scale is composed of 5 items and participants respond using a 7-point Likert scale (*Absolutely untrue*-*Absolutely true*). This scale was scored by computing the mean of all items. Higher scores indicate higher levels of reported meaning in life. Sample items include: “I understand my life’s meaning,” and “My life has a clear sense of purpose.” Steger et al. (2006) demonstrated validity and good internal consistency for this scale, ranging from $\alpha = .80$s to .90s. The present study demonstrated high internal consistency for this scale ($\alpha = .92$).

**Discrimination**

I assessed heterosexist discrimination using the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006). I modified the original scale to assess for discrimination based on “sexual orientation” broadly (as opposed to specific sexual orientation identities, such as gay or lesbian identities; see Dorton, 2016 and Rummell & Tokar, 2016 for a similar modification). The scale consists of three sub-scales: (1) harassment and rejection, (2) workplace and school discrimination, and (3) other discrimination. The full scale is composed of 14 items and participants respond using a 6-point Likert scale, representing how often (*Never*-*Almost all of the time*) an event has happened to them over the course of their life. This scale was scored by averaging all items. Higher scores indicate higher levels of reported discrimination. Sample items include: “How many times have you been treated unfairly by your employer, boss, or supervisors because of your sexual orientation,” “How many times have you been treated
unfairly by your family because of your sexual orientation?,” and “How many times were you
denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that
you deserved because of your sexual orientation?” Szymanski (2006) demonstrated validity and
good internal consistency reliability for this scale among a lesbian sample (α = .90 for total scale;
subscales ranged from .78-.89), and others have confirmed reliability among more diverse
samples (e.g., Dorton, 2016 and Rummell & Tokar, 2016). The present study demonstrated high
internal consistency for this scale (α = .94).
CHAPTER 3
RESULTS

Preliminary Analyses

First, I excluded participants from the data who self-identified as exclusively heterosexual \( n = 62 \), and next, I excluded participants who failed an attention check question \( n = 67 \). I then screened for univariate outliers, which include standardized \( z \)-scores greater to or less than \(|3.29|\) for a given variable (Judd & McClelland, 1989). There was one univariate outlier, which is expected in a sample of this size and thus was not removed (Osborne & Overbay 2004). I also screened for multivariate outliers, which include scores with a significant \( p < .001 \) Mahalanobis distance at their \( \chi^2 \) value (Tabachnick & Fidell, 2013). There were no multivariate outliers in the present sample. Next, I assessed the data for normality. All study variables were normally distributed, with skewness values less than \(|3|\) and kurtosis values less than \(|10|\) (Weston & Gore, 2006). With respect to item-level missing data, 79 of the 461 participants in the present sample had at least 1 missing item. I conducted Little’s Missing Completely at Random (MCAR) test using to determine whether the items were missing at random. The test was non-significant \( \chi^2(5660) = 5458.17, p = .97 \), suggesting that the items were missing completely at random. Thus, some model-level indicators included missing data. To address missing data at the model-level, I used full information maximum likelihood estimation (FIML) to address missing data across observed indicators. FIML produces estimates for data points with added error based on all data, reducing bias (unlike other, more biased options such as mean substitution; Tabachnick & Fidell, 2013).

Testing the Hypothesized Models

To test the hypothesized models, I used structural equation modeling (SEM) in AMOS (Arbuckle, 2014). With respect to fit indices, I examined chi-square \( (\chi^2) \), the Comparative Fit
Index (CFI), and the Root Mean Square Error of Approximation (RMSEA). Fit indices should be considered in light of model complexity (Hu & Bentler, 1999; Tabachnick & Fidell, 2013).

Recommended criteria for the CFI and RMSEA range from less to more conservative (i.e., CFI ≥ .90; RMSEA ≤ .10 to CFI ≥ .95; RMSEA ≤ .08). A significant $\chi^2$ typically signals poor fit; the $\chi^2$ test is sensitive to sample size (Hu & Bentler, 1999; Tabachnick & Fidell, 2013; Weston & Gore, 2006).

I constructed parcels for the measures within my models that contained more than five items and were not already comprised of sub-scales (i.e., resilience and mastery scales), and used sub-scales for the remainder of the scales comprised of over five items. Benefits to parceling include improvements to model fit, reliability, and normality (Bandalos, 2002; Little, Cunningham, Shahar, & Widaman, 2002; Nasser & Wisenbaker, 2003). I created parcels using exploratory factor analyses (EFA) to create equal factor loadings for each parcel (three per latent variable) via the rank-order method. To illustrate, I first selected the items that were ranked first and last with respect to factor loadings, then second and next-to-last, and so on (Weston & Gore, 2006).

**Measurement Models**

First, I assessed the measurement models to examine the correlations among factors and to determine how well observed indicators loaded onto latent variables (Weston & Gore, 2006). In the measurement models, all variables within each model were significantly correlated with one another. The hedonic well-being (i.e., life satisfaction) model demonstrated good fit, $\chi^2 (223) = 642.40$, $p < .001$, CFI = .94, and RMSEA = .06, 90% CI [.06, .07], $p < .001$. All indicator variables in this model loaded onto their associated latent factors at .63 or above. The eudaimonic well-being (i.e., life meaning) model also demonstrated good fit, $\chi^2 (223) = 634.15$, $p < .001$, CFI = .94, and RMSEA = .06, 90% CI [.06, .07], $p < .001$. All indicator variables in this
model loaded onto their associated latent factors at .59 or above. Descriptive statistics and the bivariate correlations among all observed study variables are reported in Table 3-1. Correlations among measurement model latent variables are reported in Table 3-2.

**Structural Models**

Next, I tested the structural models, which assessed all hypothesized relations for each outcome variable (i.e., life satisfaction and life meaning).

**Hedonic well-being.** The hedonic model demonstrated good fit, \( \chi^2 (229) = 685.90, p < .001 \), CFI = .94, and RMSEA = .07, 90% CI [.06, .07], \( p < .001 \). Mastery, hope, self-compassion, and emotional openness each demonstrated significant, direct effects with resilience (\( \beta = .33, SE = .13, p < .001; \beta = .38, SE = .06, p < .001; \beta = .35, SE = .08, p < .001; \) and, \( \beta = -.30, SE = .11, p < .05 \), respectively). Emotional openness was the only predictor that demonstrated a significant, negative relation with resilience. Mastery, hope, and self-compassion demonstrated significant, positive relations with resilience. Finally, both support and discrimination did not demonstrate significant effects with resilience (\( p = .15 \) and \( p = .77 \), respectively).

Hope and support each had significant, positive direct effects with life satisfaction (\( \beta = .49, SE = .09, p < .001 \); and, \( \beta = .30, SE = .07, p < .001 \), respectively). Mastery, self-compassion, discrimination, and emotional openness did not significantly relate to life satisfaction in this model (\( p = .50, p = .39, p = .07, p = .12 \), respectively). Resilience also did not significantly relate to life satisfaction, but neared the \( p < .05 \) cut-off at \( p = .05 (\beta = .12) \). See Figure 3-1 for depiction of the hedonic model.

**Eudaimonic well-being.** The eudaimonic model demonstrated good fit, \( \chi^2 (228) = 677.38, p < .001 \), CFI = .94, and RMSEA = .07, 90% CI [.06, .07], \( p < .001 \). Mastery, hope, self-compassion, and emotional openness each demonstrated significant direct effects with resilience (\( \beta = .31, SE = .13, p < .001; \beta = .39, SE = .06, p < .001; \beta = .35, SE = .08, p < .001; \) and, \( \beta = -.20, \)
Emotional openness was again the only predictor that demonstrated a significant, negative relation with resilience. Mastery, hope, and self-compassion demonstrated significant, positive relations with resilience. Finally, both support and discrimination did not demonstrate significant effects with resilience ($p = .16$ and $p = .78$, respectively).

Self-compassion, hope, support, and discrimination each had significant, direct effects with life meaning ($\beta = .13, SE = .14, p < .05$; $\beta = .45, SE = .10, p < .001$; $\beta = .13, SE = .08, p < .05$; $\beta = .08, SE = .06, p < .05$, respectively). In contrast to study hypothesis, the direct link between discrimination and life meaning was positive. Mastery and emotional openness did not significantly relate to life meaning in this model ($p = .17$ and $p = .41$, respectively). Resilience also did not significantly relate to life meaning ($p = .95$). See Figure 3-2 for depiction of the eudaimonic model.

**Indirect Effects**

Because Amos (Arbuckle, 2014) does not provide unique indirect effect estimates, I calculated indirect effects using RMediation (Tofighi & MacKinnon, 2011). Following standard procedures, effects were considered significant when 95% confidence intervals (CI) did not include zero (Field, 2009). The indirect effects of mastery ($\beta = .10, SE = 0.06, 95\% CI [-0.002, 0.22]$), hope ($\beta = 0.04, SE = 0.03, 95\% CI [-0.001, 0.01]$), support ($\beta = -0.01, SE = 0.01, 95\% CI [-0.04, 0.005]$), emotional openness ($\beta = -0.05, SE = 0.04, 95\% CI [-0.13, 0.002]$), self-compassion ($\beta = 0.08, SE = 0.04, 95\% CI [-0.002, 0.17]$), and discrimination ($\beta = 0.00, SE = 0.00, 95\% CI [-0.018, 0.01]$) to life satisfaction via resilience were non-significant (i.e., all CIs included zero). Similarly, the indirect effects of mastery ($\beta = 0.01, SE = 0.02, 95\% CI [-0.04, 0.03]$), hope ($\beta = 0.01, SE = 0.03, 95\% CI [-0.06, 0.04]$), support ($\beta = 0.00, SE = 0.01, 95\% CI [-0.01, 0.01]$), emotional openness ($\beta = 0.00, SE = 0.01, 95\% CI [-0.03, 0.03]$), self-compassion ($\beta = 0.01, SE = 0.01, 95\% CI [-0.04, 0.03]$), and discrimination ($\beta = 0.00, SE = 0.00, 95\% CI [-0.01, 0.01]$) to life satisfaction via resilience were non-significant (i.e., all CIs included zero).
0.02, 95% CI [-0.05, 0.04]), and discrimination ($\beta = 0.00$, SE = 0.002, 95% CI [-0.004, 0.01]) to life meaning via resilience were all non-significant.

**Alternate Models**

Finally, I examined two empirically-supported alternate models. Both hedonic and eudaimonic models were examined as full mediation models, removing direct effects from each protective factor to each well-being outcome. Model fit declined for both alternate models (i.e., *hedonic model*: $\chi^2 (235) = 856.19$, $p < .001$, CFI = .91, and RMSEA = .08, 90% CI [.07, .08], $p < .001$; *eudaimonic model*: $\chi^2 (234) = 842.33$, $p < .001$, CFI = .92, and RMSEA = .08, 90% CI [.07, .08], $p < .001$). Thus, the original, hypothesized structural models were retained.
Note: Standardized weights are provided. Protective factor exogenous variables were correlated. * p < .05, ** p < .001

Figure 3-1. Hedonic Well-being: Final Structural Model
Note: Standardized weights are provided. Protective factor exogenous variables were correlated. * p < .05, ** p < .001

Figure 3-2. Eudaimonic Well-being: Final Structural Model
### Table 3-1. Descriptive Statistics and Bivariate Correlations of All Observed Study Variables ($n = 461$)

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mastery</td>
<td>.65**</td>
<td>.57**</td>
<td>.37**</td>
<td>.45**</td>
<td>-.30**</td>
<td>.58**</td>
<td>.55**</td>
<td>.53**</td>
<td></td>
</tr>
<tr>
<td>2. Hope</td>
<td>.54**</td>
<td>.48**</td>
<td>.48**</td>
<td>-.16**</td>
<td>.61**</td>
<td>.65**</td>
<td>.62**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Compassion</td>
<td>.43**</td>
<td>.31**</td>
<td>-.10*</td>
<td>.66**</td>
<td>.56**</td>
<td>.56**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Emotional Openness</td>
<td>.40**</td>
<td>-.01</td>
<td>.29**</td>
<td>.37**</td>
<td>.46**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Social Support</td>
<td>-.21**</td>
<td>.28**</td>
<td>.53**</td>
<td>.46**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Discrimination</td>
<td>-.15**</td>
<td>-.13**</td>
<td>-.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Resilience</td>
<td>.52**</td>
<td>.46**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Life Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.65**</td>
</tr>
<tr>
<td>9. Life Meaning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Mean       | 2.72 | 5.49 | 2.83 | 2.70 | 4.94 | 2.13 | 3.02 | 4.09 | 4.31 |
| SD         | .61  | 1.30 | .75  | .71  | 1.28 | .96  | .93  | 1.53 | 1.51 |

*Note: *p < .05, **p < .001.*
Table 3-2. Correlations of Measurement Model Latent Variables \((n = 461)\)

\[
\begin{array}{ccccccc}
\text{Measure} & 1 & 2 & 3 & 4 & 5 & 6 & 7 \\
1. Mastery & .77** & .50** & .47** & .53** & -.28** & .65** & \\
2. Hope & .63** & .61** & .60** & -.15** & .69** & \\
3. Self-Compassion & .61** & .33** & -.025 & .60** & \\
4. Emotional Openness & .54** & .00 & .35** & \\
5. Social Support & -.17** & .32** & \\
6. Discrimination & - & .12** & \\
7. Resilience & - & - & - & \\
\end{array}
\]

*Note. \(*p < .05, **p < .001.*
CHAPTER 4
DISCUSSION

The present study demonstrated support for many of the unique, direct effects of key protective factors on resilience and hedonic and eudaimonic well-being outcomes. Yet, in contrast to hypotheses, this study did not find support for the unique, indirect effects of key protective factors on hedonic and eudaimonic well-being via resilience. These diverging findings highlight the need for refinement of theory on resilience among LGBQ+ populations. Moreover, this research offers unique insights into the experiences of minority populations (i.e., LGBQ+ populations), that can also offer insight about general populations. For instance, insight into resilience as a construct is important for knowledge generation more broadly, within and outside of minority populations.

Supporting Findings

In support of study hypotheses and Kwon (2013), social support demonstrated significant unique, direct, positive relations with indicators of psychological health (i.e., hedonic and eudaimonic well-being outcomes). Social support demonstrated a stronger unique relation with hedonic well-being (i.e., life satisfaction) than with eudaimonic well-being (i.e., life meaning). Hope/optimism orientation is another key resilience factor considered in Kwon’s (2013) model. Although the present study did not find a significant, unique indirect effect of hope on psychological health, hope demonstrated the strongest significant, unique direct link with both hedonic and eudaimonic well-being outcomes in the present study. This finding suggests that hope may be particularly beneficial for LGBQ+ individuals, likely due to the unique minority stressors that this population may face (Meyer, 2003). For instance, if an individual conceals their LGBQ+ identity – concealment is a key stressor considered in Meyer’s minority stress model - hope could be particularly important for their well-being, such as through hope that they
may be able to share their identity in the future. This finding also supports research from LaDuke (2016), who similarly found hope to explain the greatest amount of variance (out of all protective factors considered) in life satisfaction among an adult LGBQ+ sample.

Also in support of study hypotheses, self-compassion demonstrated a significant positive, unique, direct link with life meaning, a key indicator of eudaimonic well-being. Finally, (a) mastery, (b) hope, and (c) self-compassion each demonstrated significant positive, unique, direct links with resilience across both models, with medium effect sizes.

**Diverging Findings**

**Emotional Openness**

In contrast to study hypotheses, emotional openness demonstrated a significant, unique negative link with resilience across both models. Fowler (2017) found a similarly unexpected, positive link between emotional openness and discrimination in his study of LGBQ+ resilience. Fowler theorized that individuals who are more attuned to their emotions may also be more aware of or sensitive to negative experiences, which could risk lower levels of resilience. Statistical reasons for this contrasting finding, such as multicollinearity and suppression, must also be considered and are a likely explanation, as the bivariate correlation between resilience and emotional openness in the present study was significant and positive (Table 3-1). Future research should continue to investigate the links between emotional openness, resilience, and well-being to better understand its role and refine theory accordingly.

**Support and Discrimination**

In contrast to study hypotheses, social support did not demonstrate significant, unique relations with resilience in either structural model. Heterosexist discrimination also did not demonstrate significant, unique relations with resilience or life satisfaction in the final structural models. As mentioned previously, some past research has similarly failed to substantiate the
unique direct link between discrimination and positively-valanced outcomes, including life satisfaction (Douglass et al., 2017).

With respect to social support, support may not significantly relate to resilience above and beyond the effects of other key protective factors, such as mastery, hope, and self-compassion. Moreover, following research from Lyons (2015), it may be that certain forms of social support predict resilience, while other forms of support do not. Social support may also be one factor that is important to examine by group (i.e., lesbian, gay, and bisexual populations separately; Lyons, 2015). Lyons (2014) found differences between gay men and lesbian women with respect to the resilience-support link. To illustrate, Lyons (2014) found that among gay men, resilience was linked to support in the forms of: being in a romantic relationship, having other gay friends, support from family or romantic partner, and LGBT community participation. On the other hand, for lesbian women, seeking support from family and from heterosexual friends was associated with resilience in their study (Lyons, 2014).

Yet, statistical explanations for these non-significant unique links are again also very important to consider and are a likely explanation for these non-significant unique links. Bivariate correlations demonstrated a significant, positive link between support and resilience, and a significant negative link between discrimination and resilience in the present study (Table 3-1).

In the eudaimonic model, discrimination demonstrated a unique positive relation with life meaning, although the effect size was small. This finding is in line with previous research on post-traumatic growth, which suggests that difficult life experiences have the capacity to result in positive changes, including increased sense of meaning (Tedeschi & Calhoun, 2004). This finding also aligns with crisis competence theory (Friend, 1991), which theorizes that LGBQ+
individuals may cope better than their heterosexual counterparts, due to having navigated and managed the stigma attached to their identities throughout their lives. However, the bivariate correlation between discrimination and life meaning was non-significant, so again, statistical effects, such as multicollinearity, in the final structural models must also be considered (Table 3-1).

Additional Links

Mastery and self-compassion demonstrated insignificant, unique direct links with life satisfaction, and mastery and emotional openness demonstrated insignificant, unique direct links with life meaning. The present study suggests that these predictors may become insignificant above and beyond the unique effects of other key protective factors with respect to these links. Similarly, resilience demonstrated insignificant, unique direct relations with both hedonic and eudaimonic well-being outcomes. Finally, as mentioned previously, statistical factors such as suppression effects and multicollinearity must also be considered.

Finally, all unique, indirect effects in the present study were insignificant. The insignificant mediation findings suggest that resilience may be better conceptualized as a unique indicator of well-being, and thus, an outcome variable instead of a mediator.

Resilience: its Role and Conceptualizations

Following the findings of the present study, future studies may seek to examine resilience as a unique well-being outcome variable, as opposed to a mediator in the protective factors-well-being link. Moreover, resilience has been conceptualized differently in the literature (Fletcher, & Sarkar, 2013), and thus, future research may seek to distinguish between different forms of resilience. For instance, individual-level vs. group-level resilience may differentially affect protective factors and outcomes (Windle, Bennett, & Noyes, 2011). The present study conceptualized individual-level resilience broadly as the ability to “bounce back” from stressful
events (Smith et al., 2008). Future studies may also seek to assess resilience, or emotional reactions, in a more nuanced way (Becerra, Preece, Campitelli, & Scott-Pillow, 2017).

**Practical Implications**

The findings of the present study suggest that clinicians should work with LGBQ+ clients to develop clear goals in therapy, particularly related to well-being outcomes. Specifically, findings suggest that protective factors *differentially* relate to well-being outcomes; thus, by developing a clear goal, practitioners may focus on promoting relevant protective factors in their work. For example, results suggest that it is important to know whether a particular client seeks to feel more satisfied with their life, find more meaning, or become more resilient, among other outcomes. Then, clinicians may focus on the specific protective factors that may relate most strongly with the outcome their client is seeking (i.e., social support and life satisfaction). Findings also suggest that certain protective factors may be particularly important across different outcomes for LGBQ+ populations—such as hope.

Overall, results from the present study suggest that clinicians should be attentive to their clients’ identities and sociocultural contexts, following the tenets of *multicultural-feminist theories* (Conlin, 2017; Enns, 2012). When working with LGBQ+ clients in particular, findings suggest that clinicians should attend to protective factors that promote well-being and the capacity for resilience. A *strengths-based approach*, particularly when working with clients from marginalized populations, also aligns well with the tenets of modern feminist therapy (Conlin, 2017; Enns, 2012).

**Limitations and Future Directions**

One limitation of the present study is that data was correlational. Thus, no conclusions can be reached regarding causality. In the future, longitudinal studies will be beneficial for reaching casual conclusions regarding the links examined in the present study. As mentioned
previously, another limitation of the current study was multicollinearity, as some of the predictor variables were highly correlated (please see Tables 3-1 and 3-2). Another limitation of the present study was the lack of diversity of the sample. For instance, the majority of the sample identified as cisgender and White, and the mean age of the sample was under 30 years old. This sample was also restricted to participants currently residing in the United States and those who speak English. To increase generalizability, future studies should seek to intentionally recruit more diverse samples, such as with respect to age (i.e., older adults), gender identity, national origin, and race/ethnicity. Additionally, this study did not have a comparison group of heterosexual participants, which could be beneficial in future research in order to identify protective factors unique to LGBQ+ individuals. An additional limitation of the present study was the amount of compensation (i.e., $0.30 to complete the MTurk survey; no compensation for social media participants). Future research should aim to compensate participants based off of minimum wage laws, considering social justice implications of compensation practices.

Moreover, as discussed previously, the present study conceptualized resilience on the individual-level and defined resilience as the ability to “bounce back” from stressful events (Smith et al., 2008). Future studies may seek to attend to group-level resilience and to assess multiple elements of reactivity to stress, such as activation, intensity, and duration of emotional responses (Becerra et al., 2017). Additionally, the measure of resilience used in the current study was a general measure, and not specific to LGBQ+ populations or experiences. Future studies may seek to attend more specifically to the unique experiences of this population, including through assessment of reactivity to anti-LGBQ+ prejudice, or rejection sensitivity (see Meyer, 2003).
Similarly, most assessments used in the present study were general (vs. LGBQ+-specific), following Kwon (2013). Future studies may seek to attend more specifically to LGBQ+ experiences, including when assessing social support (i.e., using an assessment specific to support within the LGBQ+ community). Future studies may also seek to differentiate between support within and outside of the LGBQ+ community and examine whether these various types of support differentially relate to well-being outcomes. Additionally, future research is needed to evaluate measures of social support within the LGBQ+ community in the literature, and scale development studies could be an important future direction in expanding our assessments of social support within the LGBQ+ community. For example, more specific assessments could provide information related to whether or not members of the LGBQ+ community tend to seek support from friends within or outside of the community. Moreover, future studies may seek to examine subscales of social support assessments separately to determine if certain forms of support (e.g., friends, versus family) may be particularly important among this population.

The present study followed the tenets Kwon’s (2013) model with respect to the distinction between predictor and outcome variables. One limitation of this conceptualization is that some of the predictor variables (e.g., hope, self-compassion, mastery) could also be conceptualized as indicators of well-being, as opposed to predictors (Ryff, 1989). Moreover, the results of this study suggested that resilience may be better conceptualized as a unique well-being outcome, as opposed to a mediator in the protective factor-well-being link. Future research and theory should seek to clarify the distinction between indicators versus predictors of well-being.

Finally, research examining therapy outcomes will be beneficial in the future, particularly related to assessment of specific interventions targeting protective factors among LGBQ+ clients.
Qualitative research will also be helpful in the future in order to continue to generate theory and guide future quantitative studies. Taken together, a key future direction is refinement of theory on resilience and well-being among LGBQ+ populations.

**Conclusion**

Findings from the present study suggested that protective factors differentially relate to well-being outcomes among LGBQ+ individuals, and that some protective factors may be particularly beneficial among this population. Results did not substantiate unique, indirect links to well-being outcomes (i.e., indicators of hedonic and eudaimonic well-being) via resilience, and instead suggested that unique, direct links may be particularly important. Findings also suggested that resilience may be better conceptualized as a unique well-being outcome variable, as opposed to a mediator of the protective factor-well-being link. Overall, the findings from this study can inform future research and refinement of theory on resilience and well-being among LGBQ+ individuals.
APPENDIX
MEASURES

1. The Heterosexist, Harassment, Rejection, and Discrimination Scale
(HHRDS; Szymanski, 2006; modified, see Dortan, 2016 for similar modifications):

Instructions: Please think carefully about your life as you answer the questions below. Read each question and then circle the number that best describes events in the PAST YEAR, using these rules.

Select “1”—If the event has NEVER happened to you
Select “2”—If the event happened ONCE IN A WHILE (less than 10% of the time)
Select “3”—If the event happened SOMETIMES (10–25% of the time)
Select “4”—If the event happened A LOT (26–49% of the time)
Select “5”—If the event happened MOST OF THE TIME (50–70% of the time)
Select “6”—If the event happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers or professors because of your sexual orientation?

2. How many times have you been treated unfairly by your employer, boss, or supervisors because of your sexual orientation?

3. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because of your sexual orientation?

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 of your sexual orientation?

5. How many times have you been treated unfairly by strangers because of your sexual orientation?

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, dentists, caseworkers, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because of your sexual orientation?

7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because of your sexual orientation?

8. How many times have you been treated unfairly by your family because of your sexual orientation?

9. How many times have you been called a heterosexist name or slur?
10. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your sexual orientation?

11. How many times have you been rejected by family members because of your sexual orientation?

12. How many times have you been rejected by friends because of your sexual orientation?

13. How many times have you heard heterosexist remarks from family members?

14. How many times have you been verbally insulted because of your sexual orientation?

2. The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985):

Instructions: Below are five statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item by selecting the appropriate number, using the scale below. Please be open and honest in your responding.

1 = Strongly disagree
2 = Disagree
3 = Slightly disagree
4 = Neither agree or disagree
5 = Slightly agree
6 = Agree
7 = Strongly agree

Items:
1. ___In most ways my life is close to 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 “Benchmarks”:
31 – 35 = Extremely satisfied
26 – 30 = Satisfied
21 – 25 = Slightly satisfied
20 – Neutral
15 – 19 = Slightly dissatisfied
10 – 14 = Dissatisfied
5 – 9 = Extremely dissatisfied
3. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988):

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1 = Very strongly disagree
2 = Strongly disagree
3 = Mildly disagree
4 = Neutral
5 = Mildly agree
6 = Strongly agree
7 = Very strongly agree

Items:
1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Scoring:
Items and subscales relating to source of support:
Significant Other subscale: Items 1, 2, 5, and 10
Family subscale: Items 3, 4, 8, and 11
Friends subscale: Items 6, 7, 9, and 12

4. The Pearlin Mastery Scale (Pearlin & Schooler, 1978):

1 – Strongly Disagree
2 – Disagree
3 – Agree
4 – Strongly Agree

Items:
How strongly do you agree or disagree with the following statements:
1. I have little control over the things that happen to me. (R)
2. There is really no way I can solve some of the problems I have. (R)
3. There is little I can do to change many of the important things in my life. (R)
4. I often feel helpless in dealing with the problems of life. (R)
5. Sometimes I feel that I’m being pushed around in life. (R)
6. What happens to me in the future mostly depends on me.
7. I can do just about anything I really set my mind to do.

5. The Emotional Approach Coping Scale (Stanton et al., 2000):

1 - I usually don’t do this at all
2 - I usually do this a little bit
3 - I usually do this a medium amount
4 - I usually do this a lot

Items:

**Emotional Processing**
1. I take time to figure out what I’m really feeling.
2. I delve into my feelings to get a thorough understanding of them.
3. I realize that my feelings are valid and important.
4. I acknowledge my emotions.

**Emotional Expression**
1. I let my feelings come out freely.
2. I take time to express my emotions.
3. I allow myself to express my emotions. I feel free to express my emotions.

6. The Hope Scale (Adult; Snyder et al., 1991):

Instructions: Read each item carefully. Using the scale shown below, please select the number that best describes you and put that number in the blank provided.

1 = Definitely False
2 = Mostly False
3 = Somewhat False
4 = Slightly False
5 = Slightly True
6 = Somewhat True
7 = Mostly True
8 = Definitely True
Items:
___ 1. I can think of many ways to get out of a jam.
___ 2. I energetically pursue my goals.
___ 3. I feel tired most of the time.
___ 4. There are lots of ways around any problem.
___ 5. I am easily downed in an argument.
___ 6. I can think of many ways to get the things in life that are important to me.
___ 7. I worry about my health.
___ 8. Even when others get discouraged, I know I can find a way to solve the problem.
___ 9. My past experiences have prepared me well for my future.
___10. I’ve been pretty successful in life.
___11. I usually find myself worrying about something.
___12. I meet the goals that I set for myself.

Scoring:
Items 2, 9, 10, and 12 make up the agency subscale.
Items 1, 4, 6, and 8 make up the pathway subscale.

7. The Self-Compassion Scale (SCS; Neff, 2003):

Instructions: Please read each statement carefully before answering and indicate how often you behave in the stated manner, using the following 1-5 scale (1 – Almost Never; 5 – Almost Always):

How I typically act toward myself in difficult times….

1. I’m disapproving and judgmental about my own flaws and inadequacies.
2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I’m feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I’m down and out, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I’m intolerant and impatient towards those aspects of my personality I don’t like.
12. When I’m going through a very hard time, I give myself the caring and tenderness I need.
13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition.
16. When I see aspects of myself that I don’t like, I get down on myself.
17. When I fail at something important to me I try to keep things in perspective.
18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.
19. I’m kind to myself when I’m experiencing suffering.
20. When something upsets me I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I’m experiencing suffering.
22. When I’m feeling down I try to approach my feelings with curiosity and openness.
23. I’m tolerant of my own flaws and inadequacies.
24. When something painful happens I tend to blow the incident out of proportion.
25. When I fail at something that’s important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don't like.

8. The Brief Resilience Scale (BRS; Smith et al., 2008):

Instructions: Please indicate the extent to which you agree with each of the following statements by using the following scale:

1 = strongly disagree
2 = disagree
3 = neutral
4 = agree
5 = strongly agree

Items:

1. I tend to bounce back quickly after hard times
2. I have a hard time making it through stressful events (R)
3. It does not take me long to recover from a stressful event
4. It is hard for me to snap back when something bad happens (R)
5. I usually come through difficult times with little trouble
6. I tend to take a long time to get over set-backs in my life (R)

9. The Meaning in Life Questionnaire (MLQ; Presence subscale; Steger, Frazier, Oishi, & Kaler, 2006):

Instructions: Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:
Items:

1. I understand my life’s meaning.
2. My life has a clear sense of purpose.
3. I have a good sense of what makes my life meaningful.
4. I have discovered a satisfying life purpose.
5. My life has no clear purpose (R).
LIST OF REFERENCES


60


aspects of being a lesbian or gay man. Professional psychology: Research and 

psychological distress in lesbian, gay, and bisexual (LGB) adults. Journal of Counseling 
Psychology, 56, 56-66. doi: 10.1037/a0013609

a bisexual self-identification. Psychology & Sexuality, 1, 131-144. doi: 
10.1080/19419899.2010.484595

doi: 10.1037/sgd0000144

hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-166. 
doi:10.1146/annurev.psy.52.1.141

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of 

Satici, S. A. (2016). Psychological vulnerability, resilience, and subjective well-being: The 
mediating role of hope. Personality and Individual Differences, 102, 68-73. doi: 
10.1016/j.paid.2016.06.057

Sheets Jr, R. L., & Mohr, J. J. (2009). Perceived social support from friends and family and 
psychosocial functioning in bisexual young adult college students. Journal of Counseling 
Psychology, 56, 152-163. doi:10.1037/0022-0167.56.1.152

Smith, N. A., Sabat, I. E., Martinez, L. R., Weaver, K., & Xu, S. (2015). A convenient solution: 
Using MTurk to sample from hard-to-reach populations. Industrial and Organizational 
Psychology, 8, 220-228. doi:10.1017/iop.2015.29

Smith, B. W., Tooley, E. M., Christopher, P. J., & Kay, V. S. (2010). Resilience as the ability to 
bounce back from stress: A neglected personal resource? The Journal of Positive 
Psychology, 5, 166-176. doi:10.1080/17439760.2010.482186

resilience scale: assessing the ability to bounce back. International Journal of Behavioral 
Medicine, 15, 194-200. doi:10.1080/1070550080222972


BIOGRAPHICAL SKETCH

Sarah Conlin received her PhD from the University of Florida’s APA-accredited Counseling Psychology program in 2019. She completed her B.A. in Psychology at Villanova University in Villanova, PA, and her M.S. in Counseling Psychology at the University of Florida in Gainesville, FL. She is currently completing her APA-accredited doctoral internship at the American University Counseling Center in Washington, DC. Her research interests include well-being and resilience, LGBTQ+ and gender issues, and social justice more broadly. Other key interests include feminism, social activism, and the integration of research and practice.