

THE INTERPERSONAL AND MENTAL HEALTH IMPLICATIONS OF THE COHERENCE
OF COMING OUT NARRATIVES FOR A SAMPLE OF GAY MEN IN COMMITTED
ROMANTIC RELATIONSHIPS

BY

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DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Psychology
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2011

Urbana, Illinois

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ABSTRACT

The coming out process has been conceptualized as a developmental imperative for those who will eventually accept their same-sex attractions. It is widely accepted that homophobia, heterosexism, and homonegativity are cultural realities that may complicate this developmental process for gay men. The current study views coming out as an extra-developmental life task that is at best a stressful event, and at worst traumatic when coming out results in the rupture of salient relationships with parents, siblings, and/or close friends. To date, the minority stress model (Meyer, 1995; 2003) has been utilized as an organizing framework for how to empirically examine external stressors and mental health disparities for lesbians, gay men, and bisexual individuals in the United States. The current study builds on this literature by focusing on the influence of how gay men make sense of and represent the coming out process in a semi-structured interview, more specifically, by examining the legacy of the coming out process on indicators of wellness. In a two-part process, this study first employs the framework well articulated in the adult attachment literature of coherence of narratives to explore both variation and implications of the coming out experience for a sample of gay men ($n = 60$) in romantic relationships ($n = 30$). In particular, this study employed constructs identified in the adult attachment literature, namely Preoccupied and Dismissing current state of mind, to code a Coming Out Interview (COI). In the present study current state of mind refers to the degree of coherent discourse produced about coming out experiences as relayed during the COI. Multilevel analyses tested the extent to which these COI dimensions, as revealed through an analysis of coming out narratives in the COI, were associated with relationship quality, including self-reported satisfaction and observed emotional tone in a standard laboratory interaction task and self-reported symptoms of psychopathology. In addition, multilevel analyses also assessed the

Acceptance by primary relationship figures at the time of disclosure, as well as the degree of Outness at the time of the study. Results revealed that participant's narratives on the COI varied with regard to Preoccupied and Dismissing current state of mind, suggesting that the AAI coding system provides a viable organizing framework for extracting meaning from coming out narratives as related to attachment relevant constructs. Multilevel modeling revealed construct validity of the attachment dimensions assessed via the COI; attachment (i.e., Preoccupied and Dismissing current state of mind) as assessed via the Adult Attachment Interview (AAI) was significantly correlated with the corresponding COI variables. These findings suggest both methodological and conceptual convergence between these two measures. However, with one exception, COI Preoccupied and Dismissing current state of mind did not predict relationship outcomes or self-reported internalizing and externalizing symptoms. However, further analyses revealed that the degree to which one is out to others moderated the relationship between COI Preoccupied and internalizing. Specifically, for those who were less out to others, there was a significant and positive relationship between Preoccupied current state of mind towards coming out and internalizing symptoms. In addition, the degree of perceived acceptance of sexual orientation by salient relationship figures at the time of disclosure emerged as a predictor of mental health. In particular, Acceptance was significantly negatively related to internalizing symptoms. Overall, the results offer preliminary support that gay men's narratives do reflect variation as assessed by attachment dimensions and highlights the role of Acceptance by salient relationship figures at the time of disclosure. Still, for the most part, current state of mind towards coming out in this study was not associated with relationship quality and self-reported indicators of mental health. This finding may be a function of low statistical power given the modest sample size. However, the relationship between Preoccupied current state of mind and

mental health (i.e., internalizing) appears to depend on degree of Outness. In addition, the response of primary relationships figures to coming out may be a relevant factor in shaping mental health outcomes for gay men. Limitations and suggestions for future research and clinical intervention are offered.

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CHAPTER 1

INTRODUCTION

For men and women who have same-sex thoughts, feelings, and attractions, the coming out process is a lifelong journey of embracing an identity that is in varying degrees devalued by society (Bohan, 1996; Harper & Schneider, 2003; Savin-Williams, 1996). In Western societies, the coming out process has been conceptualized as a developmental imperative for those who will eventually come to accept their same-sex attractions (Cass, 1996). The prevailing wisdom regarding coming out is that, barring extenuating circumstances, it is not only good for the individual, but also important for developing and maintaining more intimate interpersonal relationships, including romantic relationships (Beals & Peplau, 2001; Clausell & Roisman, 2009).

The trajectory of the inherently developmental process known as coming out has been well documented in the sexual orientation identity development literature (see, Bohan, 1996; Cohen & Savin-Williams, 1996; Liddle, 2007, for reviews). To date, the so called sexual identity development models, also referred to as coming out models, have identified some common experiences, or identifiable markers, that locate individuals on this developmental journey. Arguably, the most common features represented across the various coming out models are the internal process of coming out to self, and the interpersonal experiences of coming out to others (Cohen & Savin-Williams, 1996). In addition, it is widely accepted that homophobia, heterosexism, and homonegativity are cultural realities that may complicate this developmental process for lesbians and gay men.

The current study views coming out as an extra-developmental life task that, while important for healthy development, is at best a stressful event, and at worst traumatic when the

coming out experience results in negative outcomes on indicators of wellness. The term *extra-developmental* relates to the added challenges associated with incorporating same-sex thoughts, feelings, and attractions into one's self concept over and above everyday stressors experienced by heterosexual members of society. Tharinger and Wells (2000) go farther when arguing for the deleterious external effects of coming out by drawing comparisons between the developmental challenges associated with integrating one's same-sex attractions to what researchers in developmental science have termed "high risk contexts." These high risk contexts have been conceptualized as "disadvantageous" family and societal contexts that prevent children from resolving developmental challenges (Cicchetti & Toth, 1998). Available anecdotal evidence of gay male youth narratives around struggles with coming out to significant others (Savin-Williams, 1998) are consistent with this developmental frame.

To date, the empirical literature documenting the implications of coming out for gay men and lesbians has primarily focused on external explanatory factors (e.g., homophobia, heterosexism, prejudice and stigma) for outcomes such as mental health and relationship quality. For example, the work of Ilan Meyer (1995; 2003) highlights the significance of "minority stress" as implicated in negative outcomes for gay men. He asserts that "objective stressors" associated with anti-gay stigma and prejudices have been empirically demonstrated to have a detrimental impact on individuals with same-sex attractions in our society, irrespective of coping styles (Meyer, 2003).

In contrast, there are relatively few studies that focus on individual level factors (e.g., personality and attachment; See Balsam & Mohr, 2007; Mohr & Daly, 2008) that explain variations in coming out experiences. For example, the work of Mohr and Daly (2008) demonstrates how "sexual minority stress" in the form of "internalized homonegativity", or the

internalization of anti-gay stigma and prejudice on individuals, negatively impacts lesbian and gay couples. In their study, Mohr and Daly (2008) found that internalized homonegativity was associated with reductions in self-reported relationship satisfaction over a six week period. Yet, with the exception of empirical work on the impact of internalized homonegativity, or more recently on Outness (i.e., self-reports of how open one is about their same-sex attractions) and personality traits associated with romantic relationship quality (Clauzell & Roisman, 2009), empirical research investigating negative interpersonal and mental health outcomes related to the coming out process for lesbians and gay men has been primarily focused on external factors. Although a focus on external factors allows us to continue addressing societal and institutional level inequalities, the examination of other factors related to individual experiences of coming out might account for variability on outcomes such as mental health and romantic relationship quality. This is particularly important given that the empirical evidence on the deleterious effects of coming out on gay men are not uniform. A focus on individual differences can provide a critical window into what may contribute to gay men's resilience in the face of environmental stressors as they navigate the coming out process.

To build on the coming out literature, this study employs the interpersonal framework well represented in the adult attachment literature of coherence of narratives in order to explore both variation and implications of the coming out experience for a sample of gay men in romantic relationships. Attachment theory has been conceptualized as an organizing framework for how humans negotiate safety, security, and close relationships. In particular, adult attachment researchers have developed a well validated assessment tool for analyzing how adults organize early childhood experiences via a semi-structured interview. The current study borrows from the theory and methods identified in the adult attachment literature to assess early childhood

experiences and apply it to coming out experiences. The application of this organizational framework offers a unique window into how people with same-sex attractions internally organize the inherently stressful process of coming out. Tharinger and Wells (2000) noted in their paper on attachment and sexual minority youth that developmental theory and models can be applied to the developmental lives of heterosexual as well as homosexual youth. As such, employing the well established attachment construct as a novel approach for assessing the salient developmental experience of coming out may provide greater understanding of this experience for gay men more generally.

To this end, the present study applies the framework for analyzing early childhood experiences (i.e. attachment experiences), to the analysis of coming out experiences. In particular, the current study systematically assesses coming out narratives employing what developers of the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984, 1985, 1996) have referred to as “current state of mind,” or the ability to construct and reflect on childhood memories related to attachment, or early childhood experiences (Hesse, 1999). The current study assessed current state of mind regarding coming out experiences as another means of assessing what may account for individual differences in outcomes for gay men. Next, employing the well-established constructs in the adult attachment literature, namely Preoccupied and Dismissing current state of mind, this study examined the extent to which each of these dimensions is associated with perceived mental health and romantic relationship quality among gay men.

This study endeavors to advance the coming out literature in three critical ways. First, to date, this study is the only one to apply attachment constructs, as identified in the developmental psychology literature, to analyze the narratives of a salient developmental life task that occurs in

adolescence or adulthood, namely the coming out experience for a sample of gay men in romantic relationships. Doing so explicitly examines a potential source of individual differences among gay men regarding their emotional and interpersonal well-being related to the coming out process. Discourse produced about coming out experiences, as reflected in participants' current state of mind regarding the attachment dimensions, offers a unique lens in assessing the impact of this often stressful developmental life task. Second, to the extent that variability in the attachment patterns identified during coming out narratives covaries with indicators of well-being, this study will provide evidence that the use of the constructs found in the adult attachment literature (i.e. Preoccupied and Dismissing current state of mind) may provide an added source of information for evaluating the coming out process and advance our knowledge of the implications of attachment patterns beyond early parent-child interactions to another salient life experience. Third, this study investigates Outness, as well as how Acceptance by primary relationship figures at the time of disclosure impacts the relationship between coming out narratives, mental health, and relationship quality. The present study views both Outness and Acceptance as important variables of interest given recent research suggesting that these variables are associated with relationship quality (Claussell & Roisman, 2009) and mental health outcomes (Herek & Garnetts, 2007; Ryan, Huebner, Diaz, Sanchez, 2009).

The following literature review establishes coming out as an inherently stressful process, provides empirical evidence of negative mental health outcomes for gay men, and offers current insights into why such negative outcomes may occur for gay men. This is followed by a brief overview of the literature on coming out and same-sex relationship quality in order to situate how the coming out process impacts not only individuals, but possibly romantic relationships. Finally, the review addresses the ways in which the constructs found in the adult attachment

literature, and the system developed to assess attachment relevant constructs, are applied to the coming out experience.

Coming Out, Stigma, Stress, and Mental Health

A particularly interesting aspect of the coming out process is the inherently interpersonal nature of this process. That is, a salient component of the coming out process is that of sharing this information with others. Yet, for gay men, the process of coming out to self and others, the cognitive and emotional integration of these experiences, and the documented positive benefits of social support associated with self disclosure are complicated by stigma, homophobia, and heterosexism. Given this social reality for gay men in the United States, it seems reasonable to postulate that coming out to others is potentially a stressful process for those who must come to terms with their same-sex thoughts, feelings, and attractions. In fact, prejudiced events, including rejection, discrimination, and violence serve to disrupt one's sense of the world as "meaningful and orderly." The gestalt of these pervasive negative "environmental stressors" for gay men has lasting effects on the mental health of gay men (Meyer, 1995).

In his seminal study on negative mental health outcomes of gay men, Meyer (1995) suggested that the experience of negative societal attitudes, stigma, and prejudice can be understood as "minority stress" (1995). Meyer (1995) found empirical support for three markers for identifying minority stress in gay men. These were, internalized homophobia, expectations of rejection and discrimination (perceived stigma), and actual prejudice events such as discrimination and violence. In particular, he found that in a sample of 741 gay men in New York City, minority stress markers were individually associated with various mental health measures, and that men with high levels of minority stress were significantly more likely to suffer from high levels of distress (Meyer, 1995). In a meta-analysis demonstrating higher

prevalence rates for mental disorders in lesbian, gay, and bisexual individuals compared to their heterosexual counterparts, Meyer (2003) articulated a conceptual framework for understanding mental health disparities employing his “minority stress model” as a useful frame for understanding mental health outcomes. The work of Meyer (1995, 2003) suggests that minority stress processes may explain why gay males have higher rates of psychopathology than their heterosexual counterparts. Yet, there is still a limited articulation of what factors exacerbate such negative mental health effects for some while others are less impacted by minority stress factors. Clearly, there is still much to understand about individual differences for the myriad ways in which gay men navigate stigma. A shift towards interrogating what accounts for individual differences in mental health outcomes for gay men may shed some light on Meyer’s findings. The current study attempts to broaden the minority stress model’s conceptual frame by exploring current state of mind towards the coming out process as a possible factor that may be negatively associated with relationship quality and mental health. Thus, this study aims to extend the empirical literature for understanding deleterious outcomes for gay men by adding a focusing on unique individual factors that may affect how gay men navigate oppressive external circumstances, particularly as it relates to the coming out process.

Individual Differences and Well-Being for Gay Men

As previously asserted, the established literature on the impact that coming out has on mental health as well as individuals in same-sex relationships has primarily focused on external factors including minority stress and stigma. This is not surprising given the empirical evidence that external factors (e.g., stigma) do in fact impact individuals with same-sex attractions (e.g., Meyer, 1995, 2003), and that these factors are present beginning in adolescence (Savin-Williams, 1998, 2007). For example, in their paper on attachment and developmental challenges of gay and

lesbian youth, Tharinger and Wells (2000) argued, "...with the combined influence of heterosexism, homophobia, and misunderstanding about homosexuality...integration of homosexual sexual orientation is a major challenge for most, if not all" (p. 158). The current study proposes that there may be other salient individual differences that may account for variations in coming out experiences. More specifically, the extent to which one has a Dismissing (i.e. the tendency to minimize or deemphasize) or Preoccupied attachment style (i.e. the tendency to become emotionally overwhelmed, confused, or unobjective) about the influence of close relationships with one's attachment figures, may influence the coming out process for lesbians and gay men.

In reviewing the literature, only a couple of studies were found that addressed the impact of attachment styles on coming out. In one study Holtzen, Kenny, and Mahalik (1995) found that lesbian and gay participants that came out to parents reported higher levels of attachment security than those who had not come out to parents. Another notable example comes from a study conducted by Mohr and Fassinger (2003). In their study on self-acceptance and attachment styles, they found that attachment avoidance and anxiety (i.e., Dismissing and Preoccupied respectively) for a sample of lesbian, gay, and bisexual adults were associated with self-acceptance difficulties. Also, in the same study, they found that avoidance was associated with low levels of Outness in everyday life (2003).

In light of the limited empirical research in the area of attachment and coming out experiences, the current study will assess the extent to which attachment patterns may play an important role in buffering negative outcomes in the coming out process. The current study explores this potential by building on well-tested models regarding adult attachment. Exploring attachment processes in the context of coming out may be particularly fruitful given the well-

established link between attachment patterns and well-being, and the preliminary work on attachment and coming out that suggests attachment is a relevant framework for explaining individual differences. For example, variations in attachment styles have been conceptualized as a self regulatory strategy that guides individual responses to perceived environmental threats (Kobak, Cassidy, Lyon-Ruth, & Ziv, 2006). From this conceptual view, attachment security provides particular resources for “acknowledging distress, turning to others for support, and effectively adjusting” (Fortuna & Roisman, 2008, p. 12). In fact, in past research investigating the links between attachment security and psychopathology, there is strong evidence for a link between insecure attachment and psychopathology in clinical populations. These data suggest that secure attachment may buffer the experience of stressful life events and psychopathology (see Fortuna & Roisman, 2008, for review).

More recently, evidence suggests that the links between attachment styles and psychopathology may, in fact, be moderated by stress levels (Fortuna & Roisman, 2008). As discussed, the coming out process is inherently stressful due to the fact that this process unfolds in social climates of indifference and hostility (Harper & Schneider, 2003; Mohr & Fassinger, 2006). Yet, as noted, only a few researchers have suggested that attachment may be a relevant source of variance in outcomes for gay men (e.g., Mohr & Fassinger, 2003; Roisman et al., 2008; Tharinger et al., 2000). Given, that gay men may bring different individual resources to the coming out process, the current study is interested in whether these individual resources may be related to Preoccupied and Dismissing current state of mind specifically regarding the coming out experience. As with the self- regulatory strategies associated with adult attachment relevant constructs, perhaps these constructs will provide new information regarding individual differences related to coming out experiences.

In developmental science, there is a well established empirical literature dating back to the 1980s for assessing inferred early attachment related experiences in adults (Hesse, 1999). Current state of mind in the Adult Attachment Interview (AAI) literature refers to the one's ability to construct a coherent narrative that is organizationally consistent and collaborative, as well as cooperative with the interview process. Another aspect of constructing a coherent narrative is related to managing emotional engagement during the interview while not becoming emotionally overwhelmed or defensive and distancing when recounting early childhood experiences as seen in Preoccupied and Dismissing attachment styles (Hesse, 1999). More specifically, in the AAI, current state of mind reflects discourse produced regarding attachment related experiences with early caregivers. However, as noted, the focus of this study is current state of mind with respect to coming out experiences in the context of an interview regarding the coming out process. Importantly, the adult attachment literature is well positioned for the task at hand given that there is a highly developed and well validated coding system for assessing current state of mind with respect to early childhood experiences. This coding system, described in detail below, focuses on the coherence of the narratives produced as a window into attachment patterns along what are now recognized as Preoccupied and Dismissing dimensions. The current study adapted and applied this system to the coming out experience.

The Adult Attachment Interview

Attachment researchers have advanced a unique system for assessing coherence of narratives about early childhood experiences during an interview regarding early childhood experiences. In the mid-eighties, Mary Main and colleagues began publishing data on this interview-based method of classifying the "state of mind" of parents in their samples with respect to attachment to early caregivers (Hesse, 2000). During their early research with this

interview protocol, Main et al. (2002) discovered that, "...overall coherence of transcript was found to be the strongest correlate of infant security of attachment." In the Adult Attachment Interview, when speakers are able to produce coherent discourse related to early childhood experiences they are deemed *secure*. Secure attachment styles have been linked to more positive mental health outcomes compared to those with insecure attachment styles (see Hesse, 1999, for review). What Main and colleagues discovered was that through a series of continuous rating scales, the AAI was able to reliably differentiate the interviewee's current state of mind with respect to their reported attachment experiences with primary caregivers during early childhood. More specifically, the AAI assesses "...attachment-related experiences according to the properties of their discourse; scoring does not rely on the content of their narratives (i.e., it does not take the participant's reports about attachment experiences at face value" (Fortuna & Roisman, 2008, p. 13).

Main, Goldwyn, and Hesse (2002), in their elaborate coding manual for transcribing the AAI further elaborate that "coherence is judged to be marked when the speaker tells their story well, in a fresh voice, and is collaborative" (p. 42). In contrast, Preoccupied and Dismissing state of mind are the two categories that represent an incoherent or insecure current state of mind with respects to the early childhood experiences (Hesse, 1999). In particular, *Preoccupied* speakers tend to engage in angry preoccupation with aspects of the childhood experiences, or confusing, irrelevant, and/or lengthy discussions in the interview with respect to childhood experiences. The *Dismissing speaker* appears to "minimize the discussion of attachment-related experience" (p. 397) by engaging in idealization of parental figures, failure to recall specific memories and events by claiming lack of memory for particular childhood experiences, or dismissive derogation of attachment to parental figures in the interview, positive wrap-up of negative

experiences, and a general emotional detachment about childhood experiences (Hesse, 1999). These are typically associated with anxious and avoidant attachment patterns.

The narrative produced by the interviewee is transcribed verbatim and coded by a trained coder in order to arrive at the four attachment categories: Secure, Dismissing, Preoccupied, and Unresolved/disorganized. Within this system, the Secure category maps on to coherence, while Dismissing, Preoccupied, and Unresolved/disorganized categories maps on to incoherence, in the following ways. Employing a systematic coding strategy for assessing attachment styles, the developers of the AAI recognized that if the interview event is viewed as discourse, the work of linguist and philosopher Paul Grice provided a useful frame for how to assess coherent versus incoherent discourse produced during the interview.

Grice (1974, 1989) articulated what he termed the *Cooperative Principles of Rational Discourse*. The rationale behind the Cooperative Principles is that when two people are engaged in conversation they are essentially entering into a tacit agreement that both parties will obey in order to facilitate the goal of understanding and communicating effectively with one another. According to Grice, these so called rules of conversational exchange are represented by four distinct maxims. These maxims should be adhered to during a conversational exchange. They are Quantity, Quality, Relation, and Manner (Grice, 1974; 1989). In terms of the development of the AAI, and the subsequent coding system that allowed Main and colleagues to quantify the discourse of the interview for research purposes, the speaker's task is to produce a narrative that adheres to Grice's four maxims. According to the Main, Goldwyn, and Hesse (2002) coding manual for the AAI, during the interview the speaker should adhere to Grice's maxims in the following way:

1. Quality – be truthful, and, have evidence for what you say

2. Quantity – be succinct, yet complete
3. Relation – be relevant and perspicacious
4. Manner – be clear and orderly

For Main et al. (2002), a requirement for assessing coherence of a transcript, which is the verbatim transcribed product of the AAI, the interviewee should comply with Grice's maxims. What this means for the speaker is that during the AAI the speaker not only has to produce a coherent recounting of their early childhood experiences, but also an internally consistent narrative with respect to the topic at hand (i.e., early childhood experiences) while maintaining a collaborative interaction with the interviewer and the interview process. More specifically, internal consistency relates to Grice's first maxim of quality, which is balanced against how collaborative the participant is with both the interviewer and the interview process. In other words, collaboration is operationalized as adhering to maxims 2-4 (i.e. quantity, relation, and manner).

The categorical system developed by Main et al. (2002) to assess the speaker's current state of mind, or mental representation, with respect to their retrospective accounting of attachment related experiences has recently been called into question. Growing empirical evidence suggests that individual differences in attachment security are best represented by the dimensional model put forth by social personality researchers of adult attachment. In particular, recent findings demonstrate that individual differences in discourse produced in the context of the AAI are better represented by the two "somewhat independent patterns of variation underlying individual differences in AAI narratives" (Roisman, 2009, p. 8). These two dimensions seem to better capture defensiveness as representative of a Dismissing or Avoidant attachment style, and emotional preoccupation as representative of a Preoccupied or Anxious

attachment style during the AAI. Thus, the current study examines current state of mind regarding these distinct dimensions, but with regard to coming out experiences, rather than early childhood experiences.

Given the developmental saliency of the coming out experience, the well articulated constructs and coding system developed in the attachment literature provide a framework that can be employed to assess the coming out experience with an eye toward what this analysis reveals about attachment patterns. To date, this has never been attempted empirically. Given evidence that attachment may affect one's self-regulatory strategies and ability to handle stressful life experiences, it is likely that gay men's coming out narratives will vary with regard to Preoccupied and Dismissing current state of mind. The current study examines these dimensions as they are reflected in gay men's coming out narratives. Further, the current study investigates whether, and the degree to which, these attachment dimensions, as reflected in coming out narratives, relate to mental health and relationship quality indicators for gay men. Employing this novel approach to studying the coming out experience may provide new information related to internal processes and individual differences in mental health and relationship quality as related to the coming out process.

Acceptance

Main and colleagues (1984) established that one could assess coherence from the discourse produced in a narrative rather than the content. Although this study is centrally concerned with examining the coherence of participants' narratives, one particular element of narrative content was examined. Specifically, Acceptance by others at the time of disclosure was important to assess as it provided an indicator of the possible stress associated with initial disclosures of same-sex attraction to salient relationship figures (e.g., parents, siblings, and close

friends). In the coming out literature the role of acceptance is often addressed as important. For example, Bohan (1996) noted, “The LGB member must deal with the fear of rejection and alienation from the family that characterized life before the disclosure, as well as anger at the lack of acceptance and compassion that followed it” (p. 118). Also, earlier conceptual models of the coming out process addressed the role of acceptance in facilitating or inhibiting coming out, such as in the concept of “foreclosure,” or the conscious decision to discontinue one’s exploration of same-sex attractions in the face of negative responses (i.e., non-acceptance) to the disclosures of same-sex attraction (Cass, 1979). In addition, researchers have noted that the lack of acceptance associated with disclosure of one’s same-sex attractions can potentially lead to a host of other negative outcomes, including overt rejection, loss of relationships, loss of occupational status, loss of status in the community, etc. (Bohan, 1996; Cohen & Savin-Williams, 1996; Harper & Schneider, 2003). In fact, prior research has found family support to be a predictor of self-acceptance in LGB youth (Hershberger & D’Augelli, 1995).

Further, anecdotal evidence regarding the coming out process suggests that acceptance of one’s same-sex attraction by others at the time of disclosure, may act as a mechanism to reduce the stress associated with the coming out process, particularly to primary relationships, such as parents, siblings, and close friends (Savin-Williams, 1998; Weston, 1991). More recently, an empirical study on family rejection reactions to sexual orientation found that in sample of 224 white and Latino youth, ages 21-25, higher levels of family rejection were associated with poorer outcomes such as attempted suicides, depression, illegal drug use, and unprotected sex (Ryan, Huebner, Diaz, Sanchez, 2009). Investigating Acceptance may provide more specificity about the relationship between current state of mind regarding coming out experiences and indicators of individual and relationship well-being. In addition, the empirical findings of Ryan et al..

(2009) pertaining to the deleterious outcomes associated with parental rejection suggests that Acceptance is an important variable to address when trying to explain various outcomes associated with coming out. The current study examined the impact of Acceptance at the time of disclosure by investigating its impact on indicators of well being, namely mental health and relationship quality. This was important given that: (1) it is conceivable that low Acceptance by primary relationship figures at the time of disclosure may negatively impact participants' willingness, and/or ability to fully engage in recounting their coming out experiences; and (2) we can also test whether Acceptance at the time of disclosure to primary relationship figures is related to indicators of mental health and relationship satisfaction.

Outness, Mental Health, and Same-Sex Romantic Relationships

Coming out is generally viewed as an ongoing process rather than a onetime event (Bohan, 1996; Cohen & Savin-Williams, 1996). Thus, the term "Outness" typically refers to "the extent to which sexual orientation is disclosed to others" (Balsam & Mohr, 2007, p. 307). The decision to come out to others is also an on-going process that involves weighing the costs and benefits of doing so. Also, perceived stigma may have an impact on when, and in what contexts, individuals with same-sex attractions choose to disclose to others (Herek & Garnetts, 2007, Meyer, 1995, 2003). For example, the choice to not disclose may result in hyper-vigilance and fear related to the discovery of one's same-sex attractions; choosing to disclose may offer the positive benefits of self-acceptance, public support, and a sense of community with others. Disclosing increases the possibility for negative experiences in the form of "enacted stigma" and rejection, while not disclosing may be a function of the context as in the case of the United States military. There are myriad explanations for why one chooses to disclose or not disclose their same-sex attractions. However, the consensus in the literature suggests that some contexts and

disclosure targets (i.e., to whom a person discloses) are deemed safer for coming out to than others. For example, close friends are generally chosen before family, and social settings before occupational settings.

In the context of intimate relationships, the negative impact that stigma, homophobia, and heterosexism potentially have on coming out for gay men individually has additional complicating consequences for gay men in romantic relationships. In same-sex romantic relationships gay men must not only navigate their own coming out process, but additionally adapt (or not) to their partner's degree of Outness. Although the existing literature is inconclusive on this issue, there is some recent evidence suggesting that individuals who reported being more out in general and individuals whose partners also reported being more out, reported higher levels of relationship satisfaction in the context of romantic relationships (Clausell & Roisman, 2009). Less attention has been given to the impact of one's partner in navigating the coming out process on other indicators of well-being such as relationship satisfaction for gay men in romantic relationships. To this end, the current study examines the extent to which both individual and partner current state of mind towards the coming out experience is related to romantic relationship quality.

Given the complexity associated with the coming out process, it is not surprising that the research on the relationship between Outness and well-being is mixed. In particular, regarding mental health outcomes, there are some studies pointing to positive associations between Outness and psychological well-being (e.g. Jordan & Deluty, 1998; Morris, Waldo, & Rothblum, 2001), while others reveal contradictory patterns (Frabble, Wortman, & Joseph, 1997). Although inconsistent, the literature highlights the relationship that Outness has with mental health outcomes. Outness may also be a critical factor in understanding the relationship between current

state of mind and gay men's mental health. In addition, participants who are more open about their sexual orientation to their family and others, relative to their more closeted counterparts, might be more able to freely talk about their coming out experiences. It is reasonable to suspect that this might be the case due to being further along in the developmental process, or by having more experience actually talking about their same-sex attractions to others. Thus, in the current study, a self-report measure of Outness is included as a moderator to assess the impact that Outness may have on the relationship between current state of mind regarding coming out experiences and both relationship quality and mental health.

Current Study

The current study focuses on the relationship between Dismissing and Preoccupied current state of mind, Acceptance, Outness, and indicators of well-being. Specifically, this multi-method and multi-informant study employs established methodological tools available in attachment research to investigate individual differences in current state of mind regarding the coming out process. Also, the current study explores the degree to which Dismissing and Preoccupied current state of mind reflected in participants' coming out narratives is related to individual mental health and relationship well-being. In addition, this study investigates the dyadic implications of Preoccupied and Dismissing current state of mind on relationship quality.

In summary, this study employed the theoretical framework utilized by adult attachment researchers, namely that of Preoccupied and Dismissing current state of mind to assess a) whether narratives vary with regard to Preoccupied and Dismissing styles in the context of coming out narratives; b) whether the degree of Preoccupied and Dismissing associated with coming out narratives predicts self-reported relationship satisfaction, observed emotional tone in a standard interaction task, and self-reported symptoms of psychopathology; c) whether

Acceptance of sexual orientation by salient relationship figures at the time of disclosure accounts for variance in self-reported relationship satisfaction, observed emotional tone in a standard interaction task, and self-reported symptoms of psychopathology; d) whether the level of Outness at the time of the study moderates the relationship between Preoccupied and Dismissing current state of mind and both relationship quality and mental health.

In addition, given the exploratory nature of the current study, namely using the AAI framework to code the Coming Out Interview (COI), initial tests were conducted to assess whether current state of mind in the AAI was significantly correlated with current state of mind in the COI. These tests were conducted first as a means for assessing the construct validity of the COI, which provided more confidence for the overall utility of the COI constructs, as coded by the AAI framework, as predictors for the outcome variables of interest in the study.

CHAPTER 2

METHOD

Data were gathered from 30 couples (60 self-identified gay men) in committed same-sex relationships for this study. These men originally participated in a larger study of committed same-sex couples (both lesbian and gay male) conducted in the Romantic Relationship Laboratory at the University of Illinois at Urbana-Champaign (see Roisman et al., 2008). Therefore, this study constitutes a secondary analysis of several studies conducted in the Romantic Relationship laboratory. However, this study is the first analysis of the coming out interviews that were conducted as part of the original study.

Participants

All participants were recruited via advertisements placed around the campus of the University of Illinois at Urbana-Champaign, as well as local outlets such as bookstores, cafes, Internet listserves, and community organizations. Word-of-mouth was also used to find perspective participants for this study. In our recruitment materials, participants were told that the study was trying to understand why some couples succeed in the long-term, even in the face of adversity, while other relationships end. Prior to mailing the questionnaire packet, both partners in each dyad were contacted to ensure that willingness to participate was mutual. All participants were living in Central Illinois at the time of the study. The mean age and standard deviation for the sample is 33 (10.5), with a range of 19–54. In terms of race/ethnicity the vast majority (83%) of the sample identified as White. Over sixty percent (63%) of the sample had at least a Bachelors degree.

Apparatus

Video Equipment. High-resolution color video cameras recorded the couples' interactions. The video cameras were embedded within a bookshelf located across the room from the participants seated on a couch. Lavalier microphones were clipped to the participants' clothing and were used to record the conversation during the interactions.

Procedures

Many of the studies conducted in the Romantic Relationship Laboratory employ similar procedures. Prior to coming into the laboratory all participants received a packet of questionnaires in the mail. Participants were instructed to complete the questionnaires separately and not to discuss the contents with their respective partners prior to coming into the laboratory.

Upon arrival in the laboratory, all participants completed necessary consent forms and were separated. Each participant was then administered the AAI, which were conducted by the author and one research assistant. All interviewers were trained by Dr. Glenn I. Roisman, who is a trained and reliable AAI coder. Upon completion of the AAI, participants were given a break if desired and interviewers then administered an interview about their coming out experiences, entitled the *Coming out Interview (COI)*. Prior to being reunited with their partner, each participant completed a *Problem Inventory*. For this questionnaire, participants described the degree to which each domain listed (e.g., friends, in-laws, money) was currently a problem area in their relationship on a scale that was anchored from 1 = *not a problem* to 10 = *is a serious problem*. Participants were informed that this would be the only form that their partner would see when the two were reunited.

Following the two interviews, the participants were brought back together to complete a standard interaction task in a comfortable living room environment (set-up in the laboratory)

where they were asked to discuss a difficult topic in their relationship. The author for this study provided each participant with the problem inventories they completed earlier. The couple was instructed to come to a consensus about one problem area (i.e., area of disagreement), or topic that they “argue about the most” in their relationship. After deciding on a problem to discuss, the researcher took the inventories from each participant (to reduce the temptation of discussing more than one topic during the task) and the couples were given ten minutes to discuss and attempt to resolve this problem. Following the disagreement portion, couples were again provided the problem inventories (for this portion they were allowed to keep them), and instructed to take five minutes to talk about areas of agreement in their relationship. All of the couple interactions were videotaped. Throughout the interaction task the research assistant was present in the room only long enough to provide instructions to the participants and answer any questions they might have.

Upon completion of the interaction task, research assistants administered additional self-report assessment measures regarding their emotional experience during the interaction task. Participants were paid and debriefed. As this is a study interested in assessing mental health outcomes, participants filled out a questionnaire assessing symptoms of psychopathology as part of the take-home measures completed before coming into the laboratory. All questionnaires were reviewed during the in lab portion of the study, and if any suicidality items were endorsed on the Adult Self Report (see below) the participant was screened for suicide by this author (a trained clinician in the clinical-community program at the University of Illinois). It should be noted that while some participants endorsed these questions, all participants screened for suicide during the lab session were deemed to be at low risk and provided community mental health resources.

Coding the Coming out Interview. As mentioned, the coding strategy for the COI was based on the Main et al., “Adult Attachment Scoring and Classification System” (2002). There were several reasons for this approach; (a) the adult attachment interview and associated coding system is a well validated analytic strategy used in developmental science to locate coherent and incoherent accounts of early childhood experiences; (b) the COI was developed with the AAI in mind and loosely follows a similar structure, with the primary difference being the experience of coming out to self and significant others. More specifically, the open and closed-ended questions asked in the COI map on to theoretical assumptions of the coming out process, such as coming out to self and subsequently coming out to significant others over time; and (c) as with the AAI, the COI is attempting to assess “...the speakers current state of mind” with respect to coming out to self, as well as to salient others such as parents, siblings, and close friends.

In the Main et al. (2002) coding system, there are several scales that distinguish coherent styles from incoherent styles. The more conceptually and empirically relevant scales of Preoccupied and Dismissing scales are employed to be more consistent with current thinking about AAI classifications (see Roisman, 2009). As previously discussed, the Preoccupied and Dismissing scales assessed the extent to which the speakers employed these respective strategies when discussing their coming out experiences. In addition, the extent to which participants violated Grice’s maxims, this provided justification for scores given by trained coders on Preoccupied and Dismissing. More specifically, the more internally consistent, collaborative, truthful, succinct, relevant, and orderly the speaker was, the lower their score would be on Preoccupied and Dismissing.

To be clear, the Avoidance scale is relevant to the recounting of coming out experiences as this scale assessed the degree to which the speaker minimized, downplayed, outright dismissed, or derogated the relevance of coming out experiences. Also, the avoidance scale assessed the degree to which the speaker attempted to portray their coming out experiences in a positive light without evidence to support such portrayals. In contrast, the Preoccupied scale was relevant to the recounting of coming out experiences as this scale revealed the degree to which the speaker became “Preoccupied” or emotionally overwhelmed during the interview through the use of confusing, irrelevant, and/or unwarranted lengthy elaborations that took the speaker away from the task at hand during the interview process.

Following the coding specifications outlined in the Main et al. coding manual et al. (2002) the COI was transcribed verbatim prior to coding. Scale scores were derived based on how each scales’ respective qualities were assessed across the transcript as a whole. As the scales are anchored from 1 to 9, in the final analysis higher scores were more indicative of a particular strategy compared to lower scores. For example, the Preoccupied anchor points are as follows: (1) not Preoccupied; (3) low Preoccupied; (5) moderate Preoccupied; (7) Preoccupied; (9) highly Preoccupied. The same scoring anchors apply to Dismissing.

Training of Reliability Coder. The study author was the primary coder for this study and is an experienced coder of the AAI. The second coder was an undergraduate in psychology and prior to learning how to code the COI spent a semester as a transcriber of the COI. The second coder was trained in the areas most relevant to having the ability to reliably code the COI. The initial training began with several weeks of individual meetings where selected sections of the *Adult Attachment Scoring and Classification Systems* manual (Main et al., 2002) as well as other relevant readings to facilitate clarity of the attachment constructs. In addition, Jon Mohr’s

chapter on “same-sex romantic attachment” (1999), which explores how attachment processes may impact the coming out process was also provided as background reading.

The primary coder established ten consensus cases on which the secondary coder worked prior to coding the twenty reliability cases on his own. The ten cases were randomly chosen using a computer generated randomization program. The two coders met to discuss the coding and the scores provided by each coder for the 10 training (consensus) cases in order to calibrate the second coder’s coding to match the primary coder. In order for inter-rater reliability analyses to be conducted post reliability coding, the only cases coded were for the first participant in each dyad. This step was necessary to insure independence of observations for reliability analyses post coding. By the tenth case the reliability coder had a competent grasp of the coding and was prepared to code the twenty reliability cases on his own. Given the complexity and difference in experience levels for the two coders, all of the analyses were conducted employing the principal investigator’s coding of the full 60 transcripts in the sample.

In addition to the COI coding, a new variable was added to the coding to assess for the level of Acceptance at the time of disclosure. This variable is called Mean Acceptance (see Measures). Mean Acceptance was derived by calculating the mean level of Acceptance scores across all individuals to whom each participant reported disclosing his sexual orientation at some point during the COI. This scale was also included in the original consensus coding and, as with the COI variables, the second coder displayed a level of competence and congruence with the primary coder on this variable before he began coding on his own.

Measures

As noted, this study is a secondary analysis, and while the original study included several self-report measures, only those directly pertinent to the current study are included below.

Coming out interview (see Appendix A). The Coming Out Interview is an interview protocol developed in the Romantic Relationship Laboratory to elicit coming out experiences to self and primary relationship figures. Inspired by the AAI as well by common themes found in the coming out literature, the interview includes both open- and closed-ended questions about the participants' coming out experiences. The interviews typically took between 45 to 60 minutes to complete. The interview begins with five questions focused on the age of first recognition of same-sex attractions, initial feelings about the recognition of same-sex attractions, and as in the AAI protocol, asks participants to provide five adjectives or words to describe or characterize their coming out experiences. The participant was then given the opportunity to recall a particular event that describes the adjectives or words provided. Next, the interview asked participants to describe their coming out experiences to primary relationship figures (e.g., parents, siblings, close friends). In particular, participants were asked their age at the time of disclosure, expected response from primary relationship figures, details of the disclosure, how they felt about the response received, and how coming out has impacted the relationship with each person to whom they have disclosed. In cases where the participant has not come out, or was "outed" by someone, they were first asked why they had not disclosed their sexual orientation and then asked to hypothetically respond to the same set of questions as above.

In the third section of the COI, participants were asked to reflect on various aspects of their coming out experiences such as: how the coming out experience has affected them as a person, who was the most difficult person to disclose their sexual orientation to, who was the most important person to disclose their sexual orientation to, who was the most difficult to withhold their sexual orientation from, and if they have ever experienced any verbal or physical abuse as a result of their sexual orientation. For the final section, participants were asked about

their partner's coming out experiences to their respective parents and how their partner's level of Outness with their parents affects their current romantic relationship. The last question asks participants to respond to how their sexual orientation might impact (or impacts if they are a parent) the type of parent they would be. The last question of the COI provided participants the opportunity to discuss anything that they wished to add about their coming out experiences not covered in the interview. This question was included to give participants the opportunity to freely discuss anything about their coming out experiences unencumbered by interviewer prompts.

Interrater reliabilities for the COI were calculated using Intraclass correlations (ICC). As in previous studies (Roisman et al., 2008), reliabilities ($> .60$) were "adequate" for Preoccupied and Acceptance (.72 and .62 respectively); however, for Dismissing they were not (.00). Admittedly, the ICC for COI Dismissing (.00) between coders 1 and 2 was problematic. Follow up analysis of the scatterplots revealed that coder 1 and coder 2 viewed Dismissing current state of mind differently despite adequate consensus coding. This may reflect that the cases randomly chosen for consensus coding represented fewer Dismissing cases; indeed, the second coder seemed to identify Dismissing at a lesser rate than the first coder, who had significantly more experience. Given the gap in experience between the two coders with coding attachment relevant constructs, for subsequent analyses coder 1 ratings were used (see Discussion section for limitations).

Acceptance. Acceptance assessed the degree to which salient relationship figures such as parents, siblings, and close friends responded to the participant at the time of disclosure. The Acceptance scale was derived from information provided by participants in the COI. Acceptance was constructed as a 5 point measure anchored from 1= unequivocally not accepting/rejecting of

sexual orientation at time of disclosure, to 5 = unequivocal acceptance of sexual orientation at time of disclosure. The full scale is as follows: 1 = unequivocally not accepting and/or rejecting of sexual orientation disclosure, 2 = low acceptance/rejecting of sexual orientation disclosure, 3 = moderate acceptance and moderate rejection of sexual orientation disclosure, 4 = high acceptance of sexual orientation disclosure, 5 = unequivocally accepting of sexual orientation at time of disclosure. Acceptance was rated for each salient relationship discussed in the COI at the time of disclosure (e.g., parents, siblings, and close friends) and averaged across all disclosures to come up with an overall Acceptance score. As with the COI, Acceptance was rated by the primary coder and a secondary coder.

Relationship adjustment/satisfaction. Participants completed the Dyadic Adjustment Scale (DAS; Spanier, 1979). The DAS is a 32-item scale that has been widely used to assess adjustment and satisfaction in romantic relationships. Of concern to this author was the appropriation of a relationship measure conceptualized for heterosexual couples used to assess same-sex relationship functioning. Fortunately, previous research offers support that the DAS as a reliable measure of relationship adjustment/satisfaction for both opposite-sex as well as same-sex couples (Kurdek, 1992). An example of the type of question asked on the DAS is, “*In general, how often do you think the things between you and your partner are going well?*” The sum of all items of the DAS was computed to create a *Dyadic Adjustment/Satisfaction* score. Cronbach’s alpha for the current sample is .84.

Adult Self-report. Participants completed the Adult Self-Report (ASR; Achenbach, 2003) before the laboratory session. The ASR is a 123-item self-report measure of psychiatric symptomatology. The questionnaire lists a range of thoughts, feelings, and behaviors, and participants are asked to indicate the degree to which each item describes them over the past six

months on a scale ranging from 0 (not true) to 2 (very true or often true). Cronbach's alpha .95 for the current sample is comparable to the alpha (.97) reported by Achenbach (2003). For the ASR raw scores were converted to t-scores in order to make comparisons with normative samples on this measure. Note that t-scores between 65 and 70 are considered *borderline clinical* range, and t-scores above 70 are clinically significant (Achenbach, 2003). The ASR divides norms into two age categories, 18-35 and 36-59 respectively. For the current sample the N for these categories is 36 and 24 respectively. The t-scores and standard deviations for *Total Problems* on the ASR are as follows: Normative samples for the 18-35 year old category were, $t=50.1$ (10.0), while norms for the current sample were slightly lower, $t=47.69$ (7.48). For the 36-59 year old category, $t=50.1$ (10.1), and for the current sample the norms were also slightly lower at, $t=45.83$ (9.37). The norms for the current sample are not consistent with findings that gay men are more likely to experience "minority stress processes," which in turn have been found to be associated with mental health problems (Meyer, 1994, 2003). This may be specific to this particular sample of gay men, who were originally recruited for their self-reported involvement in committed romantic relationships of one year or greater at the time of their participation.

Observed quality. As in prior studies (e.g., Roisman, Clausell, Holland, Fortuna, & Elieff, 2008), observed quality is operationalized in terms of the balance of positive to negative emotions emitted by each participant during his or her interaction. Accordingly, emotional tone was coded by trained graduate research assistants from videotapes of the couple's interactions. The positive and negative affect ratings scales were drawn from the Interactional Dimensions Coding System (IDCS; Kline, Julien, Baucom, Hartman, Gilbert, Gonzales, & Markman 2005). Positive affect was used to describe how positive the participants' face, voice, and body was while interacting with their partner. Negative affect consisted of negative face, voice, and body

while interacting with their partner. Both affect ratings scales were coded separately along a nine-point scale for each partner. In order to create a measure of emotional tone, *negative affect* scores were subtracted from *positive affect* ratings to create an index of *observed emotional tone*. As such, the range of possible values for this variable is -9 = *affectively negative behaviors*, to 9 = *affectively positive behaviors*. In this sample, the mean for observed emotional tone was 1.31 ($SD = 2.72$), with a range of -6 to +6. Intraclass reliabilities were acceptable (.65 and .90 for positive affect and negative affect, respectively) based on a sample of 15% of couples that were randomly selected to be rated by two coders. Note that, as in Roisman, Clausell, et al. (2008), we elected to base observational inter-coder reliabilities on one quasi-randomly selected participant from each reliability dyad (in all cases this was participant “B,” who received this designation because he sat down on the right side of the couch at the beginning of the laboratory session). We did not include both members of the dyad in these reliability calculations because this would result in using data drawn from non-independent participants.

Outness Inventory. As this study is an exploration into the impact that the coming out experience has on gay men’s ability to tell a coherent story about their experiences it seems important to assess for level of Outness at the time of the interview. The Outness Inventory (Mohr & Fassinger, 2000) was employed to assess the degree to which participants described being “out” to the world and family. For this study the two primary subscales, *Out to World* (*OTW*) and *Out to Family* (*OTF*) were employed. As in the initial validation study conducted by Mohr and Fassinger (2000), the third subscale for the OI, *Out to Religion* was not included due to a low response rate for this subscale. Examples for these two scales include: “mother, father, siblings” for OTF and “my work peers, strangers, my work supervisors” for OTW, and responses are anchored from 1 = *definitely does not know about my sexual orientation status* to 7 =

definitely knows about my sexual orientation status, and it is openly talked about. In this sample, the alphas for the two subscales were OTF (.83) and OTW (.77) respectively.

AAI Q-set. For this study coherence of Adult Attachment Interview (AAI; George et al., 1985; Hesse, 1999) discourse was assessed using the Kobak (1993) AAI Q-set. The AAI is a semi-structured interview that assesses early childhood experiences with caregivers. The goal of the AAI is to determine whether adults can construct coherent narratives about their childhood experiences. During the interview, participants were asked to recount their early relationships with parents and respond to questions regarding any separations, rejection experienced, abuse, and any significant losses. Participants were also asked to reflect on how their early childhood experiences may have affected their development. The interview varies in length from 30 minutes to as much as 2 hours for some participants. In the particular sample the average length of the AAI was approximately 40-50 minutes.

The AAI Q-set consists of 100 descriptive cards representing the characteristics associated with the various attachment styles. The cards were sorted into nine separate piles ranging from least characteristic to most characteristic. When completed, the cards were placed in a forced normal distribution via a computer program that is used by each coder. The data for the AAI Q-set was sorted by trained AAI coders. Of the 60 cases coded that are represented in the current study 46% (28/60) of these cases were sorted by two coders, and 83% of this sub-set of cases were reliable at the .60 or greater. Overall, reliability of cases sorted ranged from .60 - .83 ($M = .73$). The AAI Q-set data for the current study constitutes a secondary analysis of data previously employed in research coming from Dr. Glenn I. Roisman's Romantic Relationship Laboratory at the University of Illinois (for a more detailed explanation of the AAI Q-set, see Roisman et al., 2008).

CHAPTER 3

RESULTS

Analytic Approach

The analyses for this study were carried out in a two-step process. The first step was to determine whether variability in the discourse produced about coming out experiences as assessed in the COI could be categorized as Preoccupied and Dismissing using the coding system outlined in Main et al. (2000). The second step utilized Hierarchical Linear Modeling (HLM) to investigate: (a) whether the AAI predicts current state of mind in the COI; (b) whether the variables representing Preoccupied and Dismissing on the COI predicts self-reported relationship satisfaction (DAS), observed emotional tone in a standard interaction task (ETI), and self-reported symptoms of psychopathology (ASR); (c) whether acceptance by salient relationship figures at the time of disclosure accounts for variance in COI Preoccupied, Dismissing, and in self-reported relationship satisfaction, observed emotional tone in a standard interaction task, and self-reported symptoms of psychopathology; and (c) whether Outness moderates the relationship between the COI Preoccupied and Dismissing and self-reported symptoms of psychopathology. The statistical software application Hierarchical Linear Modeling (HLM 6.02 - Bryk & Raudenbush, 1992) is well suited to address multilevel questions. In particular, HLM allows for analysis of individuals in dyads.

In order to conduct analyses with individuals in dyads, two statistical challenges had to be addressed. First, we had to address the non-independence of the individual participants, and second we had to address the issue of conducting analyses with nondistinguishable dyads or same-sex couples. To address these two challenges, as in previous research with this sample, the Actor-Partner Interdependence Model (APIM; Campbell & Kashy, 2002; Kashy & Kenny, 2000)

was employed. In APIM, the association between an individual's responses (e.g., relationship satisfaction) and their particular outcome is referred to as an *actor* effect. For the current study all analyses, except where specifically identified, represent individual or *actor* effects. In order to address the relationship between partner characteristics (e.g., attachment dimensions) and their effect on the actor's outcome, we conducted analyses of partner effects. For the current study, APIM computationally allows the investigation of the impact of a partner's COI classification on the actor's relationship quality. In other words, each participant is both actor and partner in the analyses. The multilevel modeling APIM analyses for estimating both actor and partner effects were conducted in HLM (for details see Campbell & Kashy, 2002). In HLM Level 1 regression equations, models are built from simple to more complex and estimate both actor and partner effects (e.g., Clausell & Roisman, 2009). More specifically, all analyses for the current study occur in Level 1 regression equations. Finally, as with previous analyses, all variables were standardized prior to analysis in order to better approximate standardized effects (Clausell & Roisman, 2009).

Results of discourse analyses for COI dimensions

This first step aimed to establish whether “current state of mind,” as utilized to investigate early childhood experiences in the Adult Attachment Interview literature, is a relevant framework for assessing the coming out narratives of a sample of gay men. As expected, COI coding revealed that participants' coming out narratives displayed qualities associated with variability for both AAI categories. The coding of the COI provided two distinct variables that were employed in the subsequent analyses, namely Preoccupied and Dismissing. The two dimensions were derived based on assessments of the transcripts as a whole. Each participant tends to employ more or less Dismissing or Preoccupation as their predominant strategy to recall

coming out experiences. As mentioned, this study is a secondary analysis of this sample and prior analysis of AAI data revealed that this sample tended to be more secure than insecure, or more coherent than Preoccupied and Dismissing. This is also the case with respect to the COI. A review of the distributions for each COI category revealed that there was variability within each category and that the distributions were relatively normal. Recall that all COI variables are continuous variables; as such, each participant receives a score on each dimension irrespective of whether their scores would place them within the category in question. For example, a given participant may receive a “1”, representing the absence of a construct, versus a “5” or greater, indicating the presence of the COI dimension in question.

Multilevel analyses

The second step involved several multilevel analyses. The first sets of analyses were conducted to assess whether the AAI q-sort variables would predict the COI variables. These analyses allowed us to assess construct validity as well as possible implications for attachment’s relationship to another salient developmental life experience. Given the expectation of directional effects with the AAI predicting the COI, all of the tests are presented as one-tailed for these analyses. All other multilevel analyses were two-tailed.

The COI variables and Mean Acceptance score were used as predictor variables for Level 1 analyses in HLM to examine whether they would significantly predict (a) relationship satisfaction as assessed by the DAS; (b) observed emotional tone (i.e., emotions expressed) in a standard interaction task in the laboratory; and (c) self-reported symptoms of psychopathology as assessed by the ASR. In addition, moderation analyses with current level of Outness, as assessed by the OI, were included in the analyses to assess the effect that Outness has on the relationship

between the COI and self-reports of mental health. Finally, given the modest sample size in the current study, these results are interpreted with caution.

AAI and COI. The initial set of COI analyses were intended to test construct validity for the COI by examining its relationship to the AAI. Given the expectation of directional effects with the AAI predicting the COI, all of the tests are presented as one-tailed for these analyses. Level 1 analyses in HLM revealed that, as expected, AAI Preoccupied significantly predicted COI Preoccupied ($\beta = .23, SE = .12, p < .05$). Next, AAI Dismissing significantly predicted COI Dismissing ($\beta = .52, SE = .11, p < .001$). These results also reveal that COI Preoccupied and Dismissing covaried significantly with the AAI Preoccupied and Dismissing in the expected direction. This finding was expected, as both interviews were coded in a similar manner. More importantly, these results provided support for the construct validity of the COI variables as derived using the Main et al. (2002) coding system.

COI and relationship satisfaction. Level 1 APIM analyses presented in Table 2 (p. 54) shows that for models 1 and 2, COI Preoccupied and Dismissing did not significantly predict relationship satisfaction for the Dyadic Adjustment Scale (DAS). Model 3 revealed that Mean Acceptance was not a significant predictor of the DAS. Models 4 and 5 included COI variables separately with Mean Acceptance to test if either would predict relationship satisfaction. As with the simple models (i.e., 1-3), neither the COI variables nor Mean Acceptance significantly predicted the DAS. In Model 5, Preoccupied, Dismissing, and Mean Acceptance were all entered to test if the more complex model would reveal any significant relationships with the DAS. As with Models 1-4, none of the predictors significantly predicted DAS. Partner effect analyses were conducted to assess whether partner COI variables predicted DAS scores. As with actor effects, all partner effects (Models 1 and 2) were non-significant. In summary, contrary to

prediction neither COI Preoccupied nor Dismissing current state of mind nor Acceptance at the time of disclosure appears to predict relationship satisfaction.

COI and observed emotional tone. For observed emotional tone (ETI), trained coders rated the emotional valence (e.g., observed more positive than negative emotions during a standard interaction task in the laboratory). Level 1 APIM analyses presented in Table 3 (p. 55) showed that for models 1 and 2, neither COI Preoccupied or Dismissing were significantly associated with ETI. Model 3 revealed that Acceptance was also not a significant predictor of ETI. Models 4-6 included COI variables and Acceptance separately to test if either would predict relationship satisfaction. As with the simple models (i.e., 1-3), neither the COI variables nor Acceptance significantly predicted the ETI. In Model 7, Preoccupied, Dismissing, and Mean Acceptance were all entered to test if the more complex model would reveal any significant relationships with the ETI. As with Models 1-6, none of the predictors significantly predicted ETI. Partner effect analyses were conducted to assess whether partner COI variables predicted ETI scores. As with actor effects, all partner effects (Models 1 & 2) were non-significant. In summary, as with DAS, contrary to prediction, neither COI current state of mind nor Acceptance at the time of disclosure appears to predict observed emotional tone during a standard relationship task.

COI and ASR: Externalizing and Internalizing Scale. Level 1 analyses were conducted to test whether COI Preoccupied and Dismissing and Acceptance would predict self-reported symptoms of psychopathology on the ASR. In particular, Tables 4 and 5 (pp. 56 & 57 respectively) shows the results for the COI predicting the externalizing and internalizing scales respectively. For externalizing (Table 4), COI Preoccupied and Dismissing and Acceptance were

not significant, and this was the case in the simple models (Table 4, Models 1-4) as well as for the more complex models (Table 4, Models 5-8).

In Table 5, the COI variables were not significant predictors of internalizing in both the simple (Model 1 & 2) and complex models (Models 4 & 5) while Acceptance emerged as significant. In Model 3, the simple model for Acceptance was significant ($p < .01$) and negative indicating that the more Acceptance a participant experienced overall at the time of disclosure, the less they reported internalizing symptoms on the ASR. Acceptance significantly predicting internalizing was consistent across both simple and complex models (see Table 5, Models 3-6). These findings for Acceptance were as expected, as well as consistent with previous research.

Outness as Moderator. Level 1 analyses were conducted to test whether Outness would moderate the relationship between COI Preoccupied and Dismissing and outcome variables (ASR internalizing and externalizing, Dyadic Adjustment Scale (DAS), and Observed Emotional Tone (ETI) respectively). Tables 6 – 13 (pp. 58-65) display all moderator analyses. Across all moderator analyses Model 1 displays the relationship between the COI variables, Mean Acceptance, and Outness variables while Model 2 added the interaction term between the COI variables and Outness to examine the relationship between COI variables and mental health at different levels of Outness. All interactions were non-significant except for COI Preoccupied and OTW in relationship to internalizing. In Table 8 Model 2 (p. 60), Outness to World (OTW) moderated the relationship between COI Preoccupied and internalizing ($p < .05$). The negative coefficient suggests that as Outness decreases COI Preoccupied significantly predicts self-reported internalizing. Although this finding is in the expected direction, due to the low statistical power this marginal result should be interpreted with caution and be considered preliminary.

CHAPTER 4

DISCUSSION

The goal of this study was to advance our understanding of the coming out process by systematically assessing the implications of coming out narratives for a sample of gay men in committed romantic relationships. In particular, this study intended to extend our knowledge of the associations of individual differences, namely current state of mind toward coming out experiences, to mental health outcomes and relationship quality.

The results of the current exploratory study suggest that there is, indeed, variation in gay men's patterns of discourse while discussing coming out experiences. As expected, the gay men in the current sample were found to have varying degrees of coherence of narratives (i.e., more or less Preoccupied and Dismissing current state of mind) while recounting their coming out experiences in a semi-structured interview. However, contrary to expectations, multi-level analyses revealed that current state of mind variables (as assessed in the COI) regarding coming out experiences were not correlated with relationship quality. The non-significant findings held for both actor and partner effects. Also contrary to expectation, results revealed that, generally, current state of mind variables were not correlated with self-reported mental health symptoms as a direct effect. However, the relationship between Preoccupied current state of mind and internalizing symptoms appeared to depend on how out one was to the world. More specifically, participants that had a less coherent current state of mind about their coming out experiences, which resulted in a Preoccupied coming out narrative, appeared more susceptible to internalizing symptoms when they were not as far along in the process of coming out compared to those further along in the coming out process. Thus, Preoccupied current state of mind may be more relevant when gay men are less out than when they are more out to the world.

Multi-level analyses revealed that Acceptance by salient relationship figures at the time of initial disclosure was not correlated with relationship quality or externalizing symptoms as expected. However, Acceptance predicted self reports of internalizing symptoms. Overall, this exploratory study suggests that attachment relevant constructs (i.e. Preoccupied and Dismissing) may provide a way to assess the internal process of current state of mind regarding coming out experiences. Further, the way in which gay men in this study narrate their coming out experiences appears to have implications for particular indicators of wellness, namely internalizing symptoms. Although preliminary, the conceptual and methodological approach used in this study appears to provide a unique window into how gay men may internally organize this inherently stressful process. That is, by attending to how gay men narrate their coming out experiences, we are provided with insight into their current state of mind about this process.

Current State of Mind and the Coming Out Experience

The current study finds that, indeed, gay men's coming out narratives varied with regard to the major dimensions of the coherence of narratives framework. The first step was to assess whether gay men would vary, as predicted, in terms of current state of mind with respect to their coming out experiences to their primary relationships, (e.g., parents, siblings, and friends). Utilizing the Main et al. (2000) coding system developed to assess early childhood experiences, evidence for this sample suggests that these men do vary when narrating their coming out experiences. More specifically, some men are more secure, while others are more Preoccupied and Dismissing, while recounting their coming out experiences. This first step was important as it provided information about internal processes specifically related to the coming out experience.

Link between the AAI and the COI

In developmental science, several risk and protective factors have been identified as either facilitative or inhibitive of reaching developmental milestones. Secure attachment is often cited as one of those factors. As noted, links between the coming out process and attachment have received little attention in the coming out literature. Holtzen, Kenny, and Mahalik (1995) suggest that having a secure attachment may provide the internal resources necessary to come out to parents, and suggests a link between attachment and coming out more generally. Mohr (1999) in his chapter on “Same-sex Romantic Attachment” has also made a similar claim.

In order to assess construct validity between the Main et al. (2002) coding system for recollections of early childhood experiences and coming out experiences, an initial step in the current study was to assess if the AAI would predict their COI counterparts. As predicted, this was the case for both Preoccupied and Dismissing. This finding was not surprising given that there is methodological and conceptual overlap between the two measures in the present study. This result is promising for several reasons; first, this provides some preliminary evidence that the employment of the Main et al. (2002) methodology for assessing early childhood experiences may be generalized to another developmentally salient experience. Second, the present findings provide some evidence that current state of mind toward coming out experiences may reflect early attachment styles, or if knowing a person’s attachment style may provide evidence for how they will narrate their coming out process. The work of Mohr et al. (2003) supports the possibility of the latter, where he found that participants with a Dismissing attachment style were less out than their secure counterparts. Indeed, in the current study the relationship between Preoccupied current state of mind and internalizing symptoms was evident for those who were less out to the world.

Current State of Mind and Relationship Quality

The second step in this study was to assess whether variations in current state of mind towards coming out experiences would predict relationship quality. Multilevel modeling analyses among the COI variables and the relationship outcome variables revealed that neither self- nor partner- current state of mind was significantly related to relationship quality. This was not expected given previous research with this sample suggesting that self-reports of Outness were associated with relationship satisfaction and observed emotional tone (Clausell & Roisman, 2009). The current findings suggest that perhaps it is not current state of mind regarding coming out experiences (as reflected in their narratives) that has meaning in the day-to-day interactions of romantic relationships. As Clausell and Roisman (2009) found, perhaps Outness, or the way in which gay men express their same-sex attractions with friends and families matters more for relationship quality.

Another plausible explanation for the current findings may speak to the possibility that the relationship between current state of mind toward coming out experiences and relationship outcomes may in fact have indirect relationships influenced by third variables. For example, it could be that current state of mind regarding coming out experiences for this sample acts as a latent construct, and as such may exert its influence in the presence of other intervening variables or under certain conditions. For example, Mohr and Fassinger (2003) found that low levels of warmth from mothers was related to high levels of both anxiety (Preoccupied) and avoidance (Dismissing), which in turn was related to high levels of negative identity. These non-direct pathways associated with deleterious outcomes speak to the complexity of how attachment variables interact with other variables to influence particular outcomes, which may account for the null findings in the current study.

Current State of Mind and Mental Health

Minority stress has been implicated in negative outcomes for the mental health of gay males in previous literature. Yet, it does not account for individual variations in mental health outcomes in gay males. The current study proposed addressing internal processes associated with the stressful process of coming out as a possible avenue to explore. Results revealed that contrary to prediction, for the most part, the current state of mind variables did not significantly predict any self-reported mental health symptoms. This was not expected given previous research suggesting that that insecure versus secure attachment as assessed by the AAI is predictive of psychopathology in clinical populations (see Fortuna & Roisman, 2008; Hesse, 1999, for review). The goal of the present study was to assess the current state of mind regarding recollections of the coming out experience to salient relationship figures, while the AAI assesses current state of mind regarding recollections of early childhood experiences. Clearly these are two very distinct developmental phenomenon; therefore the role that current state of mind plays in self-reports of psychopathology may vary by virtue of this developmental distinction. In addition, as noted by Fortuna and Roisman (2008) the literature that links the AAI with psychopathology has been primarily undertaken with clinical populations. The present sample was not drawn from a clinical population, which may also account for the null findings in the present study.

Outness as a Moderator of Relationship Quality and Mental Health Outcomes

Although inconclusive at this point, there are consistent findings in the literature that suggests that Outness is positively associated with better mental health outcomes. This study hypothesized that this would also be the case. Results revealed that for the most part Outness did not moderate the relationship between current state of mind, mental health, and relationship

quality. However, Outness to the World was a significant moderator of the relationship between Preoccupied and internalizing. The results revealed that as Outness decreased, Preoccupied current state of mind predicted internalizing symptoms more strongly. This finding is consistent with evidence that Outness is positively correlated with mental health. It is presumed that individuals who are more “out” have navigated the stressors associated with the coming out process and found strategies for managing these stressors, perhaps in the form of a more integrated and positive sense of self as a gay male, or through social support from people who are accepting of same-sex attractions. In addition, those who are further along in the developmental journey of coming to terms with their same-sex attractions are more likely to have a social and/or supportive network of other gay men, lesbians, or bisexuals. Interestingly, it was Outness to World that moderated the relationship between Preoccupied current state of mind and internalizing. This suggests that for this sample being out more generally (i.e., to others beyond family and friends) appears to be more salient. This may also speak to the reality that familial relationships are often more complex than friendship networks. In addition, familial ties are not chosen, so when conflict around sexual orientation or same-sex partners arises often social networks become “families of choice” for gay men, lesbians, and bisexuals. Although statistical power is a concern in the current study, the trend in the expected direction offers preliminary evidence that Outness may be an important moderating variable that influences the relationship between current state of mind and mental health outcomes. Further exploration of this relationship is warranted with a larger sample to provide more certainty about these relationships.

Another concern to address related to drawing a conclusion from the significant mental health result in this study was addressed by Gonsiorek (1991). He argues that it is essential to go

beyond the results of significance testing to assess whether clinically significant findings actually translate to clinically significant deficits in overall functioning. This is particularly relevant for the current sample, as previous research with this sample (see, Roisman et al., 2008) found that relative to their heterosexual counterparts, same-sex couples, of which the current sample of gay men were a sub-set, are well adjusted. Perhaps in future studies a measure of overall subjective well-being in addition to mental health assessments can provide a way of addressing this issue. Also, future research would benefit from identifying contextual factors and other life circumstances across various domains (e.g., family, career, friendship networks) to better understand the relationship between current state of mind regarding coming out experiences, Outness, and perceptions of mental health symptoms. As noted, longitudinal work would also allow for addressing these relationships as part of a developmental trajectory.

Acceptance at Time of Disclosure

This study assessed acceptance by primary relationship figures at the time of initial disclosure due to evidence suggesting that this is a critical domain for individuals with same-sex attraction. In the present study, acceptance of sexual orientation by salient relationship figures at the time of disclosure emerged as the most robust predictor in this study. Acceptance consistently accounted for variance in self-reported symptoms of psychopathology for internalizing. These findings are consistent with previous research which finds a link between rejecting behaviors of parents (i.e., lack of acceptance) and negative mental health outcomes for lesbian, gay, and bisexual youth (Ryan, et al., 2009). The present results provide further support for the importance of attending to acceptance of same-sex attraction disclosures.

Interestingly, for most participants, the narratives produced about coming out experiences recount stories that occurred many years prior to participation in the study. The fact that

recollections of acceptance continues to have an association with self-reported mental health is compelling. However, given this study's cross-sectional design, it is difficult to disentangle direction of effects; it is possible that participants' recollection of acceptance (or lack thereof) is affected by their current mental health. It is also possible that lower acceptance occurs in the context of poorer overall relationships, which may also have a general effect on mental health (not necessarily specific to the coming out process). Longitudinal work, in particular prospective studies, would allow for a better understanding of the impact of acceptance over time. This may be particularly important given that acceptance may also be dynamic; for example, initial negative reactions may become more positive over time.

Further, this study is not positioned to parse the unique contributions that high or low Acceptance by particular targets may have on the relationship satisfaction. For example, it could be the case that low parental Acceptance at the time of disclosure might be more meaningful than low Acceptance by close friends, or siblings. The modest sample size in the present study may have attenuated the power to detect these types of differences; however, given the robust findings related to Acceptance in the study this is a promising first step. The work of Mohr and Fassinger (2003) suggests that the specific relationships matter; thus, future research should begin to parse the possible unique contributions of disclosure experiences.

Implications for Intervention

The American Psychological Association's Division 44/Committee on Lesbian, Gay, and Bisexual Concerns created a task force to set a new agenda for "Affirmative" clinical practice with lesbian, gay, and bisexual clients (American Psychological Association, 2000). The focus of this new agenda is captured by Herek and Garnets (2007), who note:

Widely promulgated guidelines for psychotherapy with sexual minority clients rely on the minority stress model and recommend that mental health practitioners use a minority stress assessment for identifying the negative impact of sexual stigma and prejudice in the lives of sexual minority individuals (p. 364).

It is not surprising that the focus of extant research on stigma and prejudice associated with same-sex attraction would translate into mental health services that have a similar focus.

Admittedly, this is a welcomed shift from the former “deficit” view of same-sex attraction that was once the status quo in mental health treatment for same-sex attractions; however, as the current research partially reveals, this agenda might miss a valuable opportunity to address possible individual differences that may impact the stigma of same-sex attraction, coming out, and maintaining fulfilling romantic relationships.

The results from the current study provide some preliminary evidence that mental health interventions may benefit from attending to other salient factors, such as current state of mind that may influence how gay men navigate the coming out process, especially for those who are currently less out to the world. For example, mental health practitioners might benefit from closer attention to the way in which gay males narrate their coming out experiences, particularly with regard to internalizing symptoms. In the trauma and stressful life events literatures, researchers have found evidence that people who are able to integrate stressful life events and produce coherent narratives about their experiences have better outcomes on a number of indicators, such as physiological and mental health (see Pennebaker, 1990, 1994). Relevant for the study at hand are findings that suggest movement toward such coherent narratives can be facilitated through the therapeutic process of self-disclosure. Researchers have found that this process occurs via talk or writing (Pennebaker & Seagal, 1999). This line of research may prove

beneficial for mental health professionals working with those unable to produce coherent discourse about their coming out experiences. Future research might examine how intervening with the coming out narrative may encourage gains with regard to internalizing symptoms (e.g., anxiety and depression).

Given the association between Preoccupied current state of mind and internalizing (when gay men are less out to the world), mental health professionals working with gay men might be attentive to how current state of mind might affect mental health outcomes. This builds on preliminary evidence that suggests that knowing an individual's attachment style may provide insight into possible coming out patterns (e.g. Holtzen, Kenny, and Mahalik, 1995). Adopting a dual focus (e.g., with attention to individual factors such as attachment styles and external factors such as minority stress indicators) can provide an added benefit to the currently established "best practices" for clinical interventions with gay men (American Psychological Association, 2000). Finally, a renewed clinical attention to the importance of multiple indicators associated with the coming out process, via interventions and research targeting ways to facilitate the reorganization of incoherent representations of past experiences into more coherent ones, constitutes a worthwhile endeavor given the inherent stressful nature of the coming out experience.

Limitations and Suggestions for Future Research

There are several limitations associated with this study that should be acknowledged. As noted, the sample size is modest, which limits the ability to draw definitive conclusions from the findings. For example a larger sample might increase the strength of some associations, or possibly attenuate others. In light of this limitation, the fact that there are some significant findings in the expected directions is encouraging and certainly provides enough information to warrant future investigation into the relationship of COI variables and indicators of wellness with

a larger sample. Another limitation of this study has to do with the nature of the sample. This sample is relatively homogenous on many demographic variables, and as such, limits the extent to which these findings can be generalized to other populations, for example, gay men of color, lesbians, and bisexuals. The study was also conducted in a small urban/semi-rural community, which limits generalizability to more urban settings. However, as noted in previous research, in light of the over representation of urban samples in gay and lesbian research studies conducted beyond the boundaries of urban enclaves offers a unique contribution to the existing literature.

In terms of the research design, this is a cross-sectional study, and as such we can only draw conclusions about mental health and overall relationship quality from one point in time. The nature of cross-sectional work also provides a challenge for trying to disentangle probable direction-of-effects. Also, the limitation of cross-sectional work when studying coming out is that coming out is a perennial *process* arguably filled with stressors large and small depending on when the disclosure occurred and in what context. Cross-sectional work merely provides a snap-shot of this inherently dynamic process. Longitudinal work focused on the impact of coming out, and current state of mind around the coming out experience would certainly help to address direction of effects, as well as time course for effects. For example, deleterious effects associated with the coming out process may, in fact, be more salient the more proximal the individual is to the experience, as in the case of Acceptance at the time of disclosure. In addition, coming out is also contextually situated such that, at one point in time, lesbian and gay men may be more or less out to the world and family, given situational factors such as school, job, or location.

A unique limitation for future research utilizing the AAI framework has to do with the amount of resources necessary to reduce the COI data. Although we found overlap with current

state of mind with respect to early childhood experiences in the AAI and the COI, the time and the number of people involved to access this information would be prohibitive for many researchers, and certainly for clinicians. To date, this study, as well as previous research with this particular sample (Roisman et al., 2008), are the first to utilize attachment data drawn from the AAI. The reason for this dearth in the existing literature may be a function of how labor intensive this approach is to carry out. Other studies that have incorporated attachment dimensions in their work have relied on self-report measures of attachment. While self-report measures of attachment present a useful alternative for assessing attachment relevant constructs, recent findings regarding links between attachment and psychopathology, for example, have found that these two methodological traditions provide quantitatively and qualitatively distinct findings (see Fortuna & Roisman, 2008). While this challenge is not easily resolved, it is important to recognize the benefits and limitations of both traditions when employing attachment constructs to the experience of same-sex attraction.

The inter-rater reliability between the two coders for the COI Dismissing dimension is problematic and a considerable limitation of this study as it calls into question the viability of this COI construct more generally. Ultimately, this construct was retained in subsequent analysis given that the author was extensively trained and experienced in the Main framework for assessing AAI narratives. Although the second rater was also trained, the randomly selected cases to learn the coding process underrepresented Dismissing current state of mind. In future studies, given the complexity of coding the AAI, and by design the COI, it would be most beneficial for the coders to be very familiar and experienced with coding the AAI prior to undertaking this analysis.

Although this line of research is in its infancy, future research should continue to explore the links between childhood experiences and the coming out experience, in addition to using narratives about early childhood experiences to provide information about individual factors that might be implicated in coming out experiences, relationship quality, and mental health outcomes for gay males. A next step in this research is to assess these patterns for women in same-sex relationships to determine whether gender plays a unique role in how early childhood experiences and current state of mind regarding coming out experiences impacts individuals. Also, as noted, future research would also benefit from larger and more representative sampling, in general, to determine the ways in which multiple stigmatized identities (e.g., race, ethnicity, and gender) impact current state of mind related to coming out experiences and other indicators of wellbeing. Beverly Green (1994) explicitly challenged the field to address the complexity of “intersecting identities” in psychological research related to lesbians and gay men decades ago, and unfortunately there remains more attention to this dearth in the literature.

Conclusions

The current study found that gay men vary in terms of current state of mind about their coming out experiences with salient relationship figures. Contrary to expectations, current state of mind regarding coming out experiences was not correlated with relationship quality. Yet, Outness moderated the relationship between Preoccupied current state of mind and internalizing, suggesting that current state of mind may have a more pronounced effect when individuals are less out to the world. Conversely, being less out may be a liability when one’s current state of mind regarding coming out experiences is more Preoccupied. Although Acceptance by primary relationship figures was not correlated with relationship quality as expected, Acceptance emerged as the most robust predictor of internalizing in this study, providing support for

attention focused on education about the possible negative impact that non-Acceptance can have on gay men.

A recent review article of same-sex attraction and mental health made clear, as does this study that most gay men do appear able to navigate the stressors associated with stigma, homophobia, and heterosexism while coming out (Herek & Garnets, 2007). Unfortunately, however, for some there are deleterious outcomes associated with this process. The goal of this exploratory study was to offer a unique conceptual framework with which to assess individual differences related to the coming out experience. More specifically, this study and associated findings offer another level of analysis in a literature that has primarily focused on external circumstances affecting the coming out process and indicators of well-being.

The minority stress model (Meyer, 1995, 2003) continues to be the dominant explanation for mental health disparities between heterosexual and individuals with same-sex attraction (Herek & Garnetts, 2007), and while this model provides empirical support for the external stressors associated with same-sex attraction it does not account for why some experience mental health problems while others do not. The present study contributes to the literature on the individual and relational lives of gay men by interrogating internal processes drawn from the adult attachment literature. Indeed, one's attachment patterns may affect how well gay men navigate the coming out process, particularly as it relates to their expression of internalizing symptoms. This framework for explaining variations in outcomes on indicators of well-being for gay men will benefit not only those interested in sexual orientation identity development, but developmental science as well. As the preliminary results from the current study suggest, future research may benefit from an additional focus on other salient individual differences and

experiences that affect how gay men, as well as lesbians and bisexuals, navigate the stigma and stress associated with coming out.

TABLES

Table 1

Summary of Intercorrelations, Means, and Standard Deviations for Study Variables

Variable Names	PR	DI	PO	DM	MA	INT	EXT	DAS	ETI	OTW	OTF
1. COI Preoccupied (PR)	—										
2. COI Dismissing (DI)	-.12	—									
3. AAI Preoccupied (PO)	.26	.02	—								
4. AAI Dismissing (DM)	-.02	.52	.38	—							
5. Mean Acceptance (MA)	-.28	-.03	-.15	-.20	—						
6. ASR Internalizing (INT)	.11	-.10	.13	.06	-.33	—					
7. ASR Externalizing (EXT)	.16	-.04	.13	.03	-.11	.48	—				
8. Dyadic Adjustment Scale (DAS)	-.06	.06	-.03	.02	.16	-.49	-.33	—			
9. Emotional Tone Index (ETI)	-.03	.08	.11	-.10	-.13	-.06	-.09	.27	—		
10. Out to World (OW)	-.08	.00	.00	-.12	.01	-.12	-.28	.23	.21	—	
11. Out to Family (OF)	-.15	-.11	.14	-.11	-.00	-.07	.12	-.10	.10	.11	—
<i>M</i>	3.7	2.3	-.15	-.27	3.26	54.4	53.6	113.8	1.0	4.2	5.08
<i>SD</i>	1.84	1.22	.26	.36	.51	9.97	8.98	9.65	2.77	1.47	1.33

Table 2

Results of Level 1 Actor Partner Independence Model (APIM) Analyses in HLM with COI Preoccupied, Dismissing, and Mean Acceptance Predicting Dyadic Adjustment Scale (DAS)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1: COI</i>					
Preoccupied (A)	-0.09	0.13	-0.72	58	0.471
Preoccupied (P)	0.11	0.13	0.84	58	0.404
<i>Model 2: COI</i>					
Dismissing (A)	0.07	0.12	0.58	58	0.558
Dismissing (P)	-0.05	0.12	-0.42	58	0.676
<i>Model 3: COI</i>					
Acceptance	0.14	0.13	1.10	57	0.276
<i>Model 4: COI Insecurity with Mean Acceptance</i>					
Preoccupied	-0.06	0.14	-0.44	56	0.659
Acceptance	0.12	0.13	0.94	56	0.352
<i>Model 5: COI Insecurity with Mean Acceptance</i>					
Dismissing	0.09	0.13	0.74	56	0.462
Acceptance	0.14	0.13	1.13	56	0.261
<i>Model 6: COI Insecurity with Mean Acceptance</i>					
Preoccupied	-0.04	0.14	-0.32	55	0.748
Dismissing	0.09	0.13	0.67	55	0.502
Acceptance	0.13	0.13	0.99	55	0.323

Note. APIM analyses were conducted for Models 1 and 2 only where: (A) = Actor, (P) = Partner. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 3

Results of Level 1 Actor Partner Independence Model (APIM) Analyses in HLM with COI Preoccupied, Dismissing, and Mean Acceptance Predicting Emotional Tone (ETI)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1: COI</i>					
Preoccupied (A)	-0.08	0.12	-0.65	58	0.512
Preoccupied (P)	0.11	0.12	0.90	58	0.372
<i>Model 2: COI</i>					
Dismissing (A)	0.03	0.11	0.26	58	0.792
Dismissing (P)	0.08	0.11	0.73	58	0.471
<i>Model 3: COI</i>					
Acceptance	-0.11	0.11	-0.96	57	0.337
<i>Model 4: COI Insecurity with Mean Acceptance</i>					
Preoccupied	-0.12	0.13	-0.93	56	0.355
Acceptance	-0.14	0.12	-1.16	56	0.248
<i>Model 5: COI Insecurity with Mean Acceptance</i>					
Dismissing	-0.03	0.11	-0.24	56	0.808
Acceptance	-0.11	0.11	-0.97	56	0.334
<i>Model 6: COI Insecurity with Mean Acceptance</i>					
Preoccupied	-0.13	0.13	-0.99	55	0.324
Dismissing	-0.05	0.12	-0.44	55	0.657
Acceptance	-0.14	0.12	-1.20	55	0.234

Note: APIM analyses were conducted for Models 1 and 2 only where: (A) = Actor, (P) = Partner. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 4

Results of Level 1 Analyses in HLM with COI Preoccupied, Dismissing, and Acceptance Predicting Adult Self Report (ASR) – Externalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1: COI</i>					
Preoccupied	0.16	0.13	1.20	58	0.233
<i>Model 2: COI</i>					
Dismissing	-0.04	0.13	-0.34	58	0.731
<i>Model 3: COI</i>					
Acceptance	-0.10	0.13	-0.757	57	0.452
<i>Model 4: COI Insecurity with Acceptance</i>					
Preoccupied	0.14	0.14	1.07	56	0.290
Acceptance	-0.06	0.14	-0.47	56	0.636
<i>Model 5: COI Insecurity with Acceptance</i>					
Dismissing	-0.10	0.14	-0.75	56	0.452
Acceptance	-0.10	0.13	-0.78	56	0.435
<i>Model 6: COI Insecurity with Acceptance</i>					
Preoccupied	0.13	0.14	0.973	55	0.335
Dismissing	-0.09	0.14	-0.621	55	0.537
Acceptance	-0.07	0.14	-0.516	55	0.607

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 5

Results of Level 1 Analyses in HLM with COI Preoccupied, Dismissing, and Acceptance Predicting Adult Self Report (ASR) – Internalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1: COI</i>					
Preoccupied	0.09	0.13	0.66	58	0.511
<i>Model 2: COI</i>					
Dismissing	-0.12	0.13	-0.97	58	0.336
<i>Model 3: COI</i>					
Acceptance	-0.32	0.12	-2.62	57	0.01
<i>Model 4: COI Insecurity with Acceptance</i>					
Preoccupied	0.01	0.13	0.04	56	0.966
Acceptance	-0.32	0.13	-2.48	56	0.016
<i>Model 5: COI Insecurity with Acceptance</i>					
Dismissing	-0.20	0.12	-1.63	56	0.106
Acceptance	-0.33	0.12	-2.72	56	0.009
<i>Model 6: COI Insecurity with Mean Acceptance</i>					
Preoccupied	-0.03	0.13	-0.25	55	0.797
Dismissing	-0.21	0.12	-1.65	55	0.103
Acceptance	-0.33	0.13	-2.668	55	0.010

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 6

Results of Level 1 Moderation Analyses in HLM with COI Preoccupied with Outness (OI) as Moderator Predicting Adult Self Report (ASR) – Externalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Preoccupied	0.10	0.14	0.69	55	0.49
Out to World (OTW)	-0.17	0.13	-1.24	55	0.22
Acceptance	-0.09	0.14	-0.66	55	0.51
<i>Model 2: Interaction</i>					
Preoccupied	0.13	0.14	0.89	54	0.38
OTW	-0.17	0.13	-1.25	54	0.22
Acceptance	-0.08	0.14	-0.62	54	0.22
Preoccupied x OTW	0.12	0.13	0.90	54	0.37
<i>Model 3:</i>					
Preoccupied	0.17	0.14	1.23	55	0.23
Out to Family (OTF)	0.16	0.13	1.19	55	0.24
Acceptance	-0.05	0.14	-0.34	55	0.73
<i>Model 4: Interaction</i>					
Preoccupied	0.16	0.14	1.18	54	0.24
OTF	0.16	0.13	1.23	54	0.23
Acceptance	-0.02	0.13	-0.19	54	0.23
Preoccupied x OTF	-0.19	0.13	-1.44	54	0.16

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 7

Results of Level 1 Moderation Analyses in HLM with COI Dismissing with Outness (OI) as Moderator Predicting Adult Self Report (ASR) – Externalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Dismissing	-0.10	0.13	-0.73	55	0.47
Out to World (OTW)	-0.19	0.13	-1.48	55	0.15
Acceptance	-0.12	0.13	-0.93	55	0.35
<i>Model 2: Interaction</i>					
Dismissing	-0.16	0.14	-1.14	54	0.26
OTW	-0.24	0.13	-1.77	54	0.08
Acceptance	-0.14	0.13	-1.10	54	0.28
Dismissing x OTW	-0.16	0.13	-1.22	54	0.23
<i>Model 3:</i>					
Dismissing	-0.09	0.14	-0.65	55	0.52
Out to Family (OTF)	0.12	0.13	0.91	55	0.37
Acceptance	-0.10	0.13	-0.72	55	0.47
<i>Model 4: Interaction</i>					
Dismissing	-0.12	0.15	-0.79	54	0.43
OTF	0.10	0.14	0.71	54	0.48
Acceptance	-0.10	0.13	-0.76	54	0.45
Dismissing x OTF	-0.07	0.13	-0.50	54	0.62

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 8

Results of Level 1 Moderation Analyses in HLM with COI Preoccupied with Outness (OI) as Moderator Predicting Adult Self Report (ASR) – Internalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Preoccupied	-0.05	0.13	-0.40	55	0.69
Out to World (OTW)	-0.22	0.13	-1.73	55	0.09
Acceptance	-0.35	0.13	-2.74	55	0.01
<i>Model 2: Interaction</i>					
Preoccupied	-0.13	0.13	-0.98	54	0.33
OTW	-0.22	0.12	-1.78	54	0.08
Acceptance	-0.37	0.12	-3.02	54	0.00
Preoccupied x OTW	-0.30	0.12	-2.50	54	0.02
<i>Model 3:</i>					
Preoccupied	-0.001	0.13	-0.01	55	0.99
Out to Family (OTF)	-0.04	0.13	-0.31	55	0.76
Acceptance	-0.32	0.13	-2.48	55	0.02
<i>Model 4: Interaction</i>					
Preoccupied	-0.01	0.13	-0.06	54	0.95
OTF	-0.04	0.13	-0.32	54	0.75
Acceptance	-0.30	0.13	-2.34	54	0.02
Preoccupied x OTF	-0.21	0.13	-1.58	54	0.12

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 9

Results of Level 1 Moderation Analyses in HLM with COI Dismissing with Outness (OI) as Moderator Predicting Adult Self Report (ASR) – Internalizing Scale

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Dismissing	-0.19	0.12	-1.55	55	0.13
Out to World (OTW)	-0.19	0.12	-1.63	55	0.11
Acceptance	-0.34	0.12	-2.85	55	0.01
<i>Model 2: Interaction</i>					
Dismissing	-0.25	0.13	-1.87	54	0.07
OTW	-0.25	0.12	-2.00	54	0.50
Acceptance	-0.36	0.12	-3.02	54	0.00
Dismissing x OTW	-0.16	0.12	-1.30	54	0.20
<i>Model 3:</i>					
Dismissing	-0.20	0.12	-1.64	55	0.11
Out to Family (OTF)	-0.05	0.12	-0.42	55	0.68
Acceptance	-0.33	0.12	-2.70	55	0.01
<i>Model 4: Interaction</i>					
Dismissing	-0.25	0.14	-1.82	54	0.07
OTF	-0.10	0.13	-0.76	54	0.45
Acceptance	-0.34	0.12	-2.78	54	0.01
Dismissing x OTF	-0.12	0.13	-0.91	54	0.37

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 10

Results of Level 1 Moderation Analyses in HLM with COI Preoccupied with Outness (OI) as Moderator Predicting Dyadic Adjustment Scale (DAS)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Preoccupied	0.01	0.14	0.08	55	0.93
Out to World (OTW)	0.20	0.13	1.54	55	0.13
Acceptance	0.16	0.13	1.20	55	0.24
<i>Model 2: Interaction</i>					
Preoccupied	0.05	0.14	0.38	54	0.71
OTW	0.20	0.13	1.50	54	0.14
Acceptance	0.17	0.13	1.31	54	0.20
Preoccupied x OTW	0.17	0.13	1.32	54	0.19
<i>Model 3:</i>					
Preoccupied	-0.11	0.14	-0.80	55	0.42
Out to Family (OTF)	-0.16	0.13	-0.25	55	0.22
Acceptance	0.11	0.13	0.86	55	0.39
<i>Model 4: Interaction</i>					
Preoccupied	-0.12	0.16	-0.74	54	0.47
OTF	-0.17	0.11	-1.47	54	0.15
Acceptance	0.12	0.16	0.75	54	0.46
Dismissing x OTF	-0.07	0.08	-0.93	54	0.36

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 11

Results of Level 1 Moderation Analyses in HLM with COI Dismissing with Outness (OI) as Moderator Predicting Dyadic Adjustment Scale (DAS)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Dismissing	0.09	0.13	0.67	55	0.51
Out to World (OTW)	0.20	0.13	1.55	55	0.13
Acceptance	0.16	0.13	1.26	55	0.21
<i>Model 2: Interaction</i>					
Dismissing	0.11	0.14	0.84	54	0.40
OTW	0.22	0.13	1.65	54	0.11
Acceptance	0.17	0.13	1.31	54	0.20
Dismissing x OTW	0.08	0.13	0.59	54	0.56
<i>Model 3:</i>					
Dismissing	0.08	0.13	0.65	55	0.52
Out to Family (OTF)	-0.12	0.13	0.13	55	0.34
Acceptance	0.14	0.13	1.14	55	0.26
<i>Model 4: Interaction</i>					
Dismissing	0.07	0.14	0.52	54	0.60
OTF	-0.13	0.14	-0.95	54	0.34
Acceptance	-0.14	0.12	1.12	54	0.27
Dismissing x OTF	-0.02	0.13	-0.13	54	0.89

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 12

Results of Level 1 Moderation Analyses in HLM with COI Preoccupied with Outness (OI) as Moderator Predicting Observed Emotional Tone (ETI)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Preoccupied	-0.07	0.13	-0.55	55	0.58
Out to World (OTW)	0.14	0.12	1.19	55	0.24
Acceptance	-0.12	0.12	-1.00	55	0.32
<i>Model 2: Interaction</i>					
Preoccupied	-0.05	0.13	-0.37	54	0.71
OTW	0.13	0.12	1.10	54	0.28
Acceptance	-0.11	0.12	-0.90	54	0.38
Preoccupied x OTW	0.11	0.12	0.94	54	0.35
<i>Model 3:</i>					
Preoccupied	-0.08	0.13	-0.62	55	0.53
Out to Family (OTF)	0.11	0.12	.94	55	0.35
Acceptance	-0.13	0.12	-1.13	55	0.26
<i>Model 4: Interaction</i>					
Preoccupied	-0.08	0.13	-0.64	54	0.53
OTF	0.11	0.12	0.39	54	0.36
Acceptance	-0.13	0.13	-1.07	54	0.29
Preoccupied x OTF	-0.05	0.14	-0.39	54	0.70

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

Table 13

Results of Level 1 Moderation Analyses in HLM with COI Dismissing with Outness (OI) as Moderator Observed Emotional Tone (ETI)

<i>Predictor</i>	<i>Coeff</i>	<i>SE</i>	<i>t-ratio</i>	<i>Approx. df</i>	<i>p</i>
<i>Model 1:</i>					
Dismissing	-0.03	0.11	-0.25	55	0.80
Out to World (OTW)	0.17	0.12	1.40	55	0.17
Acceptance	-0.10	0.12	-0.90	55	0.37
<i>Model 2: Interaction</i>					
Dismissing	-0.02	0.13	-0.18	54	0.86
OTW	0.17	0.12	1.37	54	0.18
Acceptance	-0.10	0.11	-0.88	54	0.39
Dismissing x OTW	0.01	0.12	0.12	54	0.91
<i>Model 3:</i>					
Dismissing	-0.02	0.11	-0.15	55	0.88
Out to Family (OTF)	0.13	0.12	1.14	55	0.26
Acceptance	-0.12	0.12	-1.01	55	0.32
<i>Model 4: Interaction</i>					
Dismissing	-0.01	0.13	-0.07	54	0.95
OTF	0.14	0.13	1.11	54	0.27
Acceptance	-0.12	0.12	-0.99	54	0.33
Dismissing x OTF	0.02	0.12	0.16	54	0.88

Note. HLM = Hierarchical Linear Model. All significance tests were two-tailed.

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APPENDIX A: COMING OUT INTERVIEW

COMING OUT INTERVIEW

INTERVIEWER: Now I'd like to ask you some questions specifically focused on sexual orientation and the experience of coming out (or not coming out) to your parents, siblings, and close friends. In particular, this interview focuses on how you believe these experiences may have affected your relationships, as well as how they may impact you today. I realize that there may be overlap with information previously provided; however, we would like to have your responses to these particular questions separate from any previous information. This interview should take about 30 minutes to complete.

Do you have any questions before we begin?

SECTION I:

- 1. At or around what age did you first recognize that you had same-sex feelings or attractions?**
- 2. At or around what age did you realize that your same-sex feelings and attractions were more-or-less permanent, or at least a constant in your life?**
- 3. Please describe how you initially felt about having same-sex attractions?**
- 4. Can you describe the experience of coming out to yourself?**
- 5. Please choose 5 adjectives or words that describes your experience of coming out?**
This may take you a minute or two to think about, so take your time.

You said _____ (mention each adjective/word separately), why did you chose this word, and can you think of a specific time when you felt that way?

Now I'd like to ask about your experiences with family members and peers more specifically.

SECTION II:

MOTHER

- 1. Did you come out (or were you outed) to your mother?**
Note: If the answer is "NO", skip to SECTION III
- 2. How old were you when this occurred?**
- 3. How did you expect that she would respond?**
- 4. Can you describe the experience of disclosing your sexual orientation to your mother for the first time?**

5. **How did her response make you feel at the time?**
6. **Did disclosing your sexual orientation affect your relationship with your mother? If yes, how?**
7. **How is your relationship with your mother today in terms of your sexual orientation?**
8. **Looking back on the experience of disclosing your sexual orientation to your mother, is there anything that you would do different?**

FATHER

1. **Did you come out (or were you outed) to your father?**
Note: If the answer is "NO", skip to SECTION III
2. **How old were you when this occurred?**
3. **How did you expect that he would respond?**
4. **Can you describe the experience of disclosing your sexual orientation to your father for the first time?**
5. **How did his response make you feel at the time?**
6. **Did disclosing your sexual orientation affect your relationship with your father? If yes, how?**
7. **How is your relationship with your father today in terms of your sexual orientation?**
8. **Looking back on the experience of disclosing your sexual orientation to your father, is there anything that you would do different?**

SIBLINGS

1. **Did you come out (or were you outed) to your siblings?**
Note: If the answer is "NO", skip to SECTION III
2. **How old were you when this occurred?**
3. **How did you expect that she/he/they would respond?**
4. **Can you describe the experience of disclosing your sexual orientation to your siblings for the first time?**
5. **How did her/his response make you feel at the time?**
6. **Did disclosing your sexual orientation affect your relationship with your siblings? If yes, how?**

- 7. How is your relationship with your siblings today in terms of your sexual orientation?**
- 8. Looking back on the experience of disclosing your sexual orientation to your siblings, is there anything that you would do different?**

PEERS

- 1. Did you come out (or were you outed) to your close friends?**
Note: If the answer is "NO", skip to SECTION III
- 2. How old were you when this occurred?**
- 3. How did you expect that they would respond?**
- 4. Can you describe the experience of disclosing your sexual orientation to your close friends for the first time?**
- 5. How did their response make you feel at the time?**
- 6. Did disclosing your sexual orientation affect your relationship with your close friends? If yes, how?**
- 7. How is your relationship with your close friends today in terms of your sexual orientation?**
- 8. Looking back on the experience of disclosing your sexual orientation to your close friends, is there anything that you would do different?**

SECTION III:

If not...

- 1. Why do you think this is the case?**
- 2. How do you think your mother/father/siblings would react if you told him/her?**
- 3. How do you think the fact that your mother/ father/siblings do not know your sexual orientation affects your relationship with him/her/them?**
- 4. Do you think your non-disclosure with your mother/father/siblings affects your current romantic relationship?**
- 5. If you told your mother/father/siblings/close friends about your sexual orientation, how do you imagine she/he/they would react?**

- 6. How do you imagine your mother/father/siblings/close friend's reaction would make you feel?**
- 7. Thinking about it now, is there anything concerning not disclosing your orientation to your mother/father/siblings/close friends that you would do different?**

This next set of questions are about your coming out experiences more generally.

SECTION IV

- 1. How long were you aware of your sexual orientation before telling others?**
- 2. Overall, how do you think the coming out experience has affected you as a person?**
- 3. How do you think these experiences may affect your current romantic relationship?**
- 4. Who was the most difficult person to disclose your sexual orientation to? Why?**
- 5. Who was the most important person to disclose your sexual orientation to? Why?**
- 6. Who is/was the most difficult person to withhold your sexual orientation from? Why?**
- 7. Was there ever a time when you were prevented from coming out?**
Example: A time when you felt coming out would have negative consequences in your life, or the life of others, if revealed.
- 8. Have you ever (past or present) experienced any verbal or physical abuse as a result of your sexual orientation identity?**

If yes, describe the incident (s)
- 9. Have you ever (past or present) experienced any verbal or physical abuse attributed to perceived behavior more typical of the opposite sex?**

This set of questions is about your partner's coming out experience.

- 1. Do your partner's parents know about her/his sexual orientation?**
- 2. How does your partner feel about this?**
Meaning parents awareness, or lack thereof, of his/her sexual orientation.
- 3. How do you feel about this?**
- 4. Do you think this has an effect on your relationship? Explain.**

The final questions are about parenting

5. Are you a parent?

If a parent...

6. How many children do you have?

7. How old are they?

8. How many children are you raising with your current partner?

9. As a parent, how do you think your sexual orientation impacts the type of parent you are?

Or, if not a parent...

10. If you were to have children, how do you think your sexual orientation would impact the type of parent you would be?

11. Is there anything that you would like to add that we haven't covered?

APPENDIX B: COI CODING FORM

Participant ID # _____

Coder _____ Date _____ Age of Speaker _____

CODING AND CLASSIFICATION FORM: COMING OUT INTERVIEW

OVERALL SCALES

Coherence of Transcript _____ (1= Not coherent, 3= Low coherence, 5= Moderate coherence, and 7= Coherent, 9= Highly coherent)

Avoidance Scale _____ (1= Not avoidant, 3= Low avoidance, 5= Moderate avoidance, and 7= Avoidant, 9= Highly avoidant)

Anxiety Scale _____ (1= Not anxious, 3= Low anxiety, 5= Moderate anxiety, and 7= Anxious, 9= Highly anxious)

COMING OUT EXPERIENCES

Adjectives

1. _____ (positive - negative - neutral)

2. _____ (positive - negative - neutral)

3. _____ (positive - negative - neutral)

4. _____ (positive - negative - neutral)

5. _____ (positive - negative - neutral)

ACCEPTANCE SCALE :

(1= absent, 3= moderate, 5= high)

Mother/Primary Caregiver _____

Sibling # 5 _____ (brother - sister)

Father/Primary Caregiver _____

Friend # 1 _____ (M or F)

Sibling # 1 _____ (brother - sister)

Friend # 2 _____ (M or F)

Sibling # 2 _____ (brother - sister)

Friend # 3 _____ (M or F)

Sibling # 3 _____ (brother - sister)

Friend # 4 _____ (M or F)

Sibling # 4 _____ (brother - sister)

Friend # 5 _____ (M or F)