

The University of Akron

IdeaExchange@UAkron

Williams Honors College, Honors Research
Projects

The Dr. Gary B. and Pamela S. Williams Honors
College

Spring 2022

Coming Out in Later Adulthood: Are the Stresses Different?

Chris Ng
cn57@uakron.edu

Follow this and additional works at: https://ideaexchange.uakron.edu/honors_research_projects



Part of the [Personality and Social Contexts Commons](#), and the [Social Psychology Commons](#)

Please take a moment to share how this work helps you [through this survey](#). Your feedback will be important as we plan further development of our repository.

Recommended Citation

Ng, Chris, "Coming Out in Later Adulthood: Are the Stresses Different?" (2022). *Williams Honors College, Honors Research Projects*. 1607.

https://ideaexchange.uakron.edu/honors_research_projects/1607

This Dissertation/Thesis is brought to you for free and open access by The Dr. Gary B. and Pamela S. Williams Honors College at IdeaExchange@UAkron, the institutional repository of The University of Akron in Akron, Ohio, USA. It has been accepted for inclusion in Williams Honors College, Honors Research Projects by an authorized administrator of IdeaExchange@UAkron. For more information, please contact mjon@uakron.edu, uapress@uakron.edu.

Honors Literature Review

Until recently there has been a lack of LGBT research. One of the factors that could have contributed to this is the culture in which this research was conducted. As this field of research has grown, there has still been a limit to the focus on intersectionality; more specifically, we know very little about the older adult sexual minority experience. The main focus of this paper will be to look at relationships between older adulthood, social support, and mental health outcomes. This is because Lesbian, Gay, and Bisexual (LGB) individuals have a unique history which influences how older LGB adults interact within society now.

Older adults have lived through a lot of changes in civil liberties during their lifetime. "...[this ranges] from the removal of homosexuality as a mental disorder, the decriminalization of same-sex relations, to the federal recognition of marriage equality. Although the sociopolitical climate has positively changed over the last 60 years, the context in which people are socialized leaves a lasting impression on their development and how they experience minority stress" (Baltes, 1987; Meyer, 2016 as cited in Vale and Bisconti, 2020, p.1). With the gay rights movement changing so rapidly, there have been various ways in which the older cohort will experience life. These changes play an integral part in how older adults age and how they cope with minority stress.

One of the key findings in Vale and Bisconti (2020) is middle-aged and older adults had higher levels of outness had lower internalized homonegativity (IH) compared to younger sexual minority adults. This highlights how the context in which older adults age plays an integral role in how they view themselves and how they interact with society. A large contributor to middle-aged and older-aged adults having lower levels of internalized homophobia is perceived social support (Lyons & Pepping, 2017 as cited in Vale and Bisconti 2020). In terms of mental health,

a small to moderate correlation has been demonstrated between IH and the internalization of depression and anxiety symptoms (Newcomb & Mustanski, 2010). Depression has also been found to be positively correlated with age-related stress and sexual minority stress (Wight et al., 2015). Some of these aging stressors are financial strain, health-related hardships, caregiving burdens, social isolation, relocations, and bereavement (Alexopoulos, et al., 2002; Moos, Schutte, Brennan, & Moos, 2005; Pearlin & Skaff, 1996 as cited in Wight et al., 2015). In regards to sexual minority stress, some of the most common factors are IH and outness (Meyer 2003).

Disclosure of sexual minority identity which is also known as outness is correlated to lower internalized heterosexism and is a mediator between internalized heterosexism and depression (Hoy-Ellis & Fredrikson-Goldsen, 2016). Internalized heterosexism can be described as “...members of a given society internalize and incorporate the constellation of attitudes, beliefs, and stereotypes regarding heterosexuality and non-heterosexuals into their worldview, resulting in internalized heterosexism” (Herek & Garnets, 2007; Szymanski, Kashubeck-West, & Meyer, 2008 as cited in Hoy-Ellis, 2016). There has been a strong correlation between concealment and internalized heterosexism as concealment and internalized heterosexism are two times more correlated than the relationship between internalized heterosexism and psychological distress (Hoy-Ellis, 2016). Although internalized heterosexism and psychological distress are not as correlated as internalized heterosexism and concealment, it is still a problem as the psychological distress that sexual minorities face can be exacerbated by age related stress.

Another issues that sexual minorities face is victimization, which has been an established correlate between early disclosure. Some of the ways victimization takes place is through discrimination and harassment in school, the workplace or housing. In fact, one of the reasons

cited for not disclosing sexual minority identity is the fear of jeopardizing one's career and employment (D'Augelli & Grossman, 2001). One of the other key findings by D'Augelli and Grossman is LGB adults who experienced no victimization or only verbal attacks had higher self-esteem and lower internalized homophobia compared to those who experienced physical attacks (2001). Another reason adults fear disclosure is that they think it will decrease their ability to utilize community support and avoid discrimination, which leads to high psychological distress (National Citizens Law Center 2011 as cited in Hoy-Ellis, 2016)..

While there are many research studies that have found correlations between minority stress, age, and negative mental health outcomes, there are other studies that look at how perceived social support can be a mediating factor. One such study finds that many members of the LGBT community rely on friends, allies and families of "choice" to provide support (Dentato et al., 2014). The concept of a chosen family has been a topic that has been discussed in recent research and is popular among many advocates. These chosen families have many benefits, while they are utilized as support systems, older LGBT adults specifically have used them in order to master coping and manage life situations involving stigma, which allows them to better adapt to stigma associated with aging (Fullmer, 2006 as cited in Detato et al., 2014). There have also been studies conducted in other countries that also support the notion that LGB individuals are more likely to use friends as a social support provider more than family. In a Belgian study conducted by Dewaele et al. (2011), they found that LGB individuals rely more on friends than family for support.

In an Australian study conducted by Lyons and Pepping (2017) they found that more baseline appraisal support, which is the day to day emotional or psychological support, predicted lower motivation to conceal their sexual identity. But they also found that if the support came

from the community or government agencies, it was correlated with higher internalized homonegativity. This highlights the need for quality social support. In a study looking at the correlation between bisexual and lesbian women and mental illness, bisexual women reported more minority stress compared to lesbian women, which was associated with less social support and more physical and mental health problems (Ehlke et al., 2020). Although there are studies supporting the fact that LGB individuals are finding social support from friends and allies, there is also a need to look at the type of support that they are getting from those social systems. Rather than just support in resources, there is a need for the emotional support that occurs in everyday life.

In finding everyday support, both heterosexual and LGB individuals often find support in people most like themselves. Heterosexuals received most of their support from other heterosexual people; LGB individuals find support in other LGB individuals. When it comes to larger support, like a large sum of money, there was a difference between lesbian, bisexual women, gay and bisexual men. Lesbian and bisexual women would ask family for financial support, which was the same finding for heterosexual men and women. For gay and bisexual men, they mostly found financial support in individuals most like them (Frost et al., 2016). In regards to the everyday support, this may be why both lesbian and gay older adults are more likely to participate in social groups, rather than senior recreation center activities (Quam & Whitford, 1992 as cited in Barker et al., 2006). This could also be because people who are most similar to the LGB individual can relate to the daily experiences that the individual faces. Another possible reason why LGB individuals seek social groups rather than community senior recreation activities is because when participating with those community programs and agencies,

they could face discrimination if they disclose their identity. With individuals who are most like them, they do not have to have the fear of facing discrimination.

Although LGB individuals find most of their support in their chosen families, LGB participants with higher familial support had lower cortisol reactivity during a stress task compared to those with less familial support (Burton, Bonanno, Hatzenbuehler, 2014). This creates a dilemma as LGB older adults do not often have a strong relationship with family. In an ideal situation, older LGB adults would find support from family and friends, but because most older LGB adults did not have a strong relationship with their family, they compensate with their relationships with friends. Although the lack of support from the biological family can lead to more stress, there are other issues that can be seen with a poor familial relationship. The lack of contact with natal or biological family in early adulthood could lead to strain in the relationship, which can lead to lack of care from lesbian and gay older adults from the family (Barker et al., 2006); therefore, LGB individuals have to rely more on their friends and social circles for support whether that means day to day social support or age related support.

All of these studies illustrate the importance of perceived social support in managing daily stressors that LGB individuals face. While most of these studies illustrate the importance of familial relationships in addressing daily stress, if that is not possible for LGB individuals, there needs to be methods to cope with the loss of those social supports. One of the ways that it could be fulfilled is through social support from friends. While studies have shown support from friends is not highly correlated in relieving stress, the quality of the relationship and support provided might be more integral than where it is coming from. This study intends to look at how perceived social support mediates the relationship between age and internalized homophobia.

The present study aims to examine whether perceived social support will be a mediating factor between internalized homonegativity and age. Specifically, the question being explored is whether older gay adults experience more internalized homonegativity and if social support will mediate that relationship.

Methods

Participants

The sample will consist of adults who are 18 and older who have come out as a sexual minority within the last 5 years. Approximately 200 participants will be recruited through social media platforms, in-person recruitment at local organizations geared towards the LGB population, and LGB organizations specifically created for the older adult population, such as the LGBT Community Center of Greater Cleveland, The University of Akron SONA System, which is used to recruit undergraduate participants, and word of mouth. We will oversample the 50+ population to gain more data about that population because it is usually underrepresented.

Materials

In the following section, I will review our predictor variable of internalized homonegativity and our mediator of perceived social support from family and friends. I will also be using a demographics and personal history questionnaire to gather information about age as well as other demographic questions.

Internalized Homonegativity. Ten items of the Personal Homonegativity Subscale of the Internalized Homonegativity Inventory will be used to measure general experiences of IH (Mayfield, 2001). The Personal Homonegativity Scale was chosen because it is one of the best scales to measure general thoughts of IH that does not conflate attitudes towards gay culture with IH (Mayfield, 2001). Other scales are limited in scope because some of the items are not

applicable to all sexual minorities; one of the examples is lack of sex attraction towards different-sex people is not inclusive of bisexual people. While this scale was used to measure IH of gay men, it has been altered to be inclusive of other sexual minorities. For example, the phrase “I believe it is unfair that I am attracted to men instead of women” was changed to “I believe it is unfair that I am attracted to people of the same sex”. One of the items were removed because it conflated suicidal ideation with IH. The Personal Homonegativity Scale uses Likert-type items that use a 6-point scale 1 (*Strongly Disagree*) to 6 (*Strongly Agree*). The higher the total score indicates higher IH. The Personal Homonegativity Scale demonstrates good reliability with a ($\alpha = .89$).

Perceived Social Support from Friends and Family: PSS-Fa., PSS-Fr. The PSS-Fa measures how much perceived family social support there is. This scale is used because the level of perceived family support has been speculated to be negatively correlated to psychopathology (Procidano & Heller, 1983). PSS-Fr. scale was also found to be a predictor of symptomatology and could be a possible protective factor when it came to stress. Both scales consist of 20-items that are declarative statements in which the participant answered “Yes”, “No”, or “Don’t Know”. Each item will be scored and a +1 given to statements that are correlated with perceived social support and a 0 given to statements that indicate no perceived social support, and the “Don’t Know” category was not scored. The score will be totaled and given a final score out of 20 for each respective scale. The higher the score, the higher the perceived social support. The PSS-Fa and PSS-Fr scales demonstrate excellent reliability with a Cronbach’s $\alpha=0.90$ and 0.88 respectively (Procidano & Heller, 1983).

Procedure

Participants will be contacted through social media, snowballing, The University of Akron SONA System, and local LGBT organizations as explained in the Participants Section. After contact, they will either be sent a link to the study or mailed a hard copy of the questionnaire. After the questionnaire, all the participants will have the option of being part of a raffle to one of three \$15 Visa Gift Cards. The anticipated time for the questionnaire is 40 minutes.

Results

Descriptive Statistics

Demographics will be recorded for all participants including age, biological sex, gender, race/ethnicity, sexual orientation, relationship status, highest level of education, income, and a question about acceptance of LGB people in the participants geographical location. Additionally, descriptive statistics will be provided for all variables of interest: Internalized Homonegativity, and Perceived Social Support from Family and Friends.

Proposed Analyses

Hypothesis 1: Older LGB adults will have greater Internalized Homonegativity. To examine hypothesis 1, we will examine the predictive relationship between age and internalized homonegativity. Specifically, we will run a regression using age as a predictor and internalized homonegativity as the outcome.

Hypothesis 2: Perceived Social Support from Family and Friends will mediate the relationship between age and Internalized Homonegativity. To test the influence of perceived social support from family and friends on our predictor and outcome measures, we will do two exploratory analyses. First, we enter family support into a regression model in order to determine

its mediating effects between age and IH. And second, we will enter friend support into the regression model to determine its mediating strength.

References

- Barker, J. C., Herdt, G., & de Vries, B. (2006). Social support in the lives of lesbians and gay men at midlife and later. *Sexuality Research & Social Policy: A Journal of the NSRC*, 3(2), 1–23. <https://doi-org.ezproxy.uakron.edu:2443/10.1525/srsp.2006.3.2.1>
- Burton CL, Bonanno GA, Hatzenbuehler ML. Familial social support predicts a reduced cortisol response to stress in sexual minority young adults. *Psychoneuroendocrinology*. 2014 Sep;47:241-5. doi: 10.1016/j.psyneuen.2014.05.013. Epub 2014 May 27. PMID: 24972382; PMCID: PMC4124074.
- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, 16(10), 1008–1027. doi:10.1177/ 088626001016010003
- Dewaele, A., Cox, N., Van den Berghe, W., & Vincke, J. (2011). Families of choice? Exploring the supportive networks of lesbians, gay men, and bisexuals. *Journal of Applied Social Psychology*, 41(2), 312–331. <https://doi-org.ezproxy.uakron.edu:2443/10.1111/j.1559-1816.2010.00715.x>
- Ehlke, S. J., Braitman, A. L., Dawson, C. A., Heron, K. E., & Lewis, R. J. (2020). Sexual minority stress and social support explain the association between sexual identity with physical and mental health problems among young lesbian and bisexual women. *Sex Roles: A Journal of Research*, 83(5–6), 370–381. <https://doi-org.ezproxy.uakron.edu:2443/10.1007/s11199-019-01117-w>

Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*, 86(1), 91–102.
doi:[10.1037/ort0000117](https://doi.org/10.1037/ort0000117)

Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2016). Lesbian, gay, & bisexual older adults: Linking internal minority stressors, chronic health conditions, and depression. *Aging & Mental Health*, 20(11), 1119–1130. [https://doi-org.ezproxy.uakron.edu:2443/10.1080/13607863.2016.1168362](https://doi-org.ezproxy.uakron.edu/2443/10.1080/13607863.2016.1168362)

Hoy-Ellis, C. P. (2016). Concealing concealment: The mediating role of internalized heterosexism in psychological distress among lesbian, gay, and bisexual older adults. *Journal of Homosexuality*, 63(4), 487–506. [10.1080/00918369.2015.1088317](https://doi.org/10.1080/00918369.2015.1088317)

Lyons, A., & Pepping, C. A. (2017). Prospective effects of social support on internalized homonegativity and sexual identity concealment among middle-aged and older gay men: A longitudinal cohort study. *Anxiety, Stress & Coping: An International Journal*, 30(5), 585–597. [https://doi-org.ezproxy.uakron.edu:2443/10.1080/10615806.2017.1330465](https://doi-org.ezproxy.uakron.edu/2443/10.1080/10615806.2017.1330465)

Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality*, 41(2), 53-76. https://doi.org/10.1300/J082v41n02_04

Michael P. Dentato, John Orwat, Marcia Spira & Benjamin Walker (2014) Examining Cohort Differences and Resilience among the Aging LGBT Community: Implications for Education and Practice among an Expansively Diverse Population. *Journal of Human Behavior in the Social Environment*, 24:3, 316-328, DOI:
[10.1080/10911359.2013.831009](https://doi.org/10.1080/10911359.2013.831009)

Michael T. Vale & Toni. L. Bisconti (2020): Age Differences in Sexual Minority Stress and the Importance of Friendship in Later Life, *Clinical Gerontologist*, DOI:

10.1080/07317115.2020.1836107

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. doi:10.1037/0033-2909.129.5.674

Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, 30(8), 1019–1029. doi:10.1016/j.cpr.2010.07.003

Procidano, M.E. & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, 11(1), 1-24.

Wight, R. G., Harig, F., Aneshensel, C. S., & Detels, R. (2016). Depressive symptom trajectories, aging-related stress, and sexual minority stress among midlife and older gay men: Linking past and present. *Research on Aging*, 38(4), 427–452. <https://doi-org.ezproxy.uakron.edu/2443/10.1177/0164027515590423>

Appendix

Internalized Homonegativity Inventory

Personal Homonegativity

The following questions will ask you about how you generally feel toward your sexuality. Please rate how much you agree with the following statements.

1. I feel ashamed of my sexuality.
2. When I think of my sexuality, I feel depressed.
3. I sometimes feel that my sexuality is embarrassing.
4. I am disturbed when people can tell I'm LGB.
5. I sometimes resent my sexual orientation.
6. When people around me talk about LGB people, I get nervous.
7. When I think about my attraction towards people of the same sex, I feel unhappy.
8. Sometimes I get upset when I think about being attracted to people of the same sex.
9. I believe it is unfair that I am attracted to people of the same sex.
10. I wish I could control my feelings of attraction toward people of the same sex.
11. Sometimes I feel that I might be better off dead than gay[LGB]. (item removed)

(Responses: Strongly Disagree; Somewhat Disagree; Disagree, Somewhat Agree; Strongly Agree)

Demographics and Personal History

The following questions assess your personal demographic information and history. Data from this study will be kept confidential.

1. What is your age? (18-106+)
2. What is your biological sex (Male, Female, Intersex, Prefer Not to Self-Disclose, Prefer to Self-Describe)
3. With which gender do you most identify? (Man, Woman, Gender Non-Conforming/Non-Binary, Transgender, Prefer to Not Self-Disclose, Prefer to Self-Describe)
4. Which racial/ethnic group best describes you? (Black, Asian, White, Indigenous American, LatinX or Hispanic, Biracial or Multiracial, Pacific Islander, Middle Eastern or North African, Prefer to Not Self-Disclose, Prefer to Self-Describe)
5. What is your sexual orientation? (Lesbian, Gay Man, Bisexual Woman, Bisexual Man, Pansexual, Queer, Mostly Heterosexual/Straight, Prefer No Label, Prefer to Not Self-Disclose, Prefer to Self-Describe)
6. What is your relationship status? (Single, Dating, Unmarried Partners, Married, Divorced, Widowed, Prefer to Self-Describe)
7. What is your highest level of education? (Some High School, High School, Vocational Education, Some College Classes, 2 Year Degree, 4 Year Degree, Post College Professional Degree, Graduate Degree, Medical or Law School)

8. What is your total yearly income? (Below \$20,000, \$20,000-\$39,999, \$40,000-\$59,999, \$60,000-\$79,999, \$80,000-\$99,999, Over \$100,000)
9. Do you live in an area that is generally accepting of LGB people? (Yes, No)

Perceived Social Support from family

The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with their families. Check the box () of the best possible answer that fits you for each statement.

Completely True

Quite True

A Little True

Not at All True

| |
|--|
| My family gives me the moral support that I need. |
| I get good ideas about how to do things or make things from my family. |
| Most other people are closer to their family than I am. |
| When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable. |
| My family enjoys hearing about what I think. |
| Members of my family share many of my interests. |
| Certain members of my family come to me when they have problems or need advice. |
| I rely on my family for emotional support. |
| There is a member of my family I could go to if I was just feeling down, without feeling funny about it later. |

| |
|---|
| My family and I are very open about what we think about things. |
| Members of my family come to me for emotional support. |
| Members of my family are good at helping me solve problems. |
| I have a deep sharing relationship with a number of my members of my family. |
| Members of my family get good ideas about how to do things or make things for me. |
| When I confide in member of my family, it makes me uncomfortable. |
| Members of my family seek me out for companionship. |
| I think that my family feels that I am good at helping them solve problems. |
| I do not have a relationship with a member of my family that is as close as other people's relationships with their family members. |
| I wish my family were much different. |

Perceived Social Support from friends

The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with their families. Check the box () of the best possible answer that fits you for each statement.

Completely True Quite True A Little True Not at All True

| |
|---|
| My friends give me the moral support that I need. |
|---|

Most other people are closer to their friends than I am.

My friends enjoy hearing about what I think.

Certain friends come to me when they have problems or need advice.

I rely on my friends for emotional support.

If I felt that one or more of my friends were upset with me, I would just keep it to myself.

I feel that I am on the fringe (outside) with my circle of friends.

There is a friend I could go to if I were just feeling down, without feeling funny about it later.

My friends and I are very open about what we think about things.

My friends are sensitive to my personal needs.

My friends come to me for emotional support.

I have a deep sharing relationship with a number of friends.

My friends get good ideas about how to do things or make things from me.

When I confide in friends, it makes me feel uncomfortable.

My friends seek me out for companionship.

I think that my friends feel that I am good at helping them solve problems.

I do not have a relationship with a friend that is as intimate as other people's relationships with friends.

I have recently gotten a good idea about how to do something from a friend.

I wish my friends were much different