

RELATIONSHIP OF THOUGHT SUPPRESSION AND EMOTION SUPPRESSION  
TO LESBIANS' AND GAY MEN'S LEVELS OF OUTNESS: INVESTIGATING  
THE EFFECTS OF CHRONIC SUPPRESSION

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The dissertation does not include propriety or classified information.

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## VITA

David Christopher Carden, son of Joe and Gloria Carden, was born June 6, 1979 in Starkville, MS. He graduated from Mississippi State University in Starkville, Mississippi with a Bachelor of Science Degree in Psychology in 2001. In 2003, he entered the doctoral program in Counseling Psychology at Auburn University. During his graduate study, he committed himself to actively engaging in clinical work and research that included developing a deeper understanding of diversity issues, racial identity, emotion regulation, and minority stress. He also completed a pre-doctoral internship in psychology at Appalachian State University's Counseling and Psychological Services Center.

DISSERTATION ABSTRACT

RELATIONSHIP OF THOUGHT SUPPRESSION AND EMOTION SUPPRESSION  
TO LESBIANS' AND GAY MEN'S LEVELS OF OUTNESS: INVESTIGATING  
THE EFFECTS OF CHRONIC SUPPRESSION

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The purpose of this dissertation was to examine emotion regulation, thought suppression and outness in relation to the lesbian and gay communities. Also, the relationship of level of outness and reported psychological distress and inauthenticity among lesbians and gay men was examined. We also hoped to gain knowledge about possible differences in how lesbians and gay men utilize emotion suppression and thought suppression techniques.

The current study includes a sample of 183 women and men currently identified as either lesbian or gay. Participants completed five assessments: the *Emotion Regulation Questionnaire* (ERQ), the *Masking Questionnaire* (MQ), the *Outness Inventory* (OI), the *White Bear Suppression Inventory* (WBSI), and the *Mood and Anxiety Questionnaire-Short Form* (MASQ-SF). A bivariate correlation was conducted to examine the

relationship between overall outness and emotion suppression, thought suppression, inauthenticity (masking), depressive symptoms and anxious symptoms. Also, using simple and simultaneous regression, the independent variables of emotion suppression, thought suppression, inauthenticity (masking), anxious symptoms, and depressive symptoms were used to predict the variable of overall outness. An analysis of variance (ANOVA) was used to examine potential group differences between lesbians and gay men regarding emotion suppression and thought suppression,

Results indicate that a relationship exists between overall outness and suppression of emotion and thought, inauthentic expression of emotion (masking), and depressive symptoms. Furthermore, the current study found that emotion suppression, inauthenticity (masking), and depressive symptoms were all significant predictors of degree of outness. The current study also found that gay men are more likely than lesbians to suppress emotion. No relationship was found between anxious symptoms and overall outness, and no differences were found between gay men and lesbians in the occurrence of thought suppression. Finally, results indicate that thought suppression and anxiety were not significant predictors of overall outness. Implications for these findings are discussed along with recommendations for the counseling profession.

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Many times I have said out loud and thought to myself that I have been very lucky to have been given the opportunity to grow with my friends at Auburn University. I have grown into the person I am today because of them.

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## I. INTRODUCTION

Thoughts and emotions are very useful in that they provide much needed information about the world, including information about safety and wellbeing. Emotions are defined by Gross (1998) as responses to internal or external events, and are seen as multidimensional including experiential, behavioral, and physiological components (Lang, 1995). Thoughts, on the other hand, can be the impetus for emotion or the result of emotion (Wenzlaff & Wegner, 2000). As can be seen, thoughts and emotions are two very important and inextricable aspects of the human experience. An almost unavoidable additional aspect of humanity is the experience of unwanted thoughts or emotions. It is common to have experienced the desire to avoid aversive cognitive and emotional stimuli.

Western society as a whole sends mixed messages about emotions and thoughts. Emotions are seen by some as being very useful in providing information, and by others as destructive, primitive or immature (Richards & Gross, 2000). This dichotomy is precisely what has motivated psychologists to examine more thoroughly the fairly new constructs of “emotion regulation” and “thought suppression.”

## Emotion Regulation

This term “refers to the evocation of thoughts or behaviors that influence which emotions people have, when people have them, and how people experience or express these emotions” (Richards & Gross, 2000, p. 411). According to the emotion regulation literature, attempts to regulate emotion occur as preventative measures (antecedent-focused emotion regulation), and are also used to manage emotions that have already been experienced (response-focused emotion regulation). An example of antecedent-focused emotion regulation would be, if a person is preparing to engage in an activity that others have deemed difficult, this person might reappraise the situation in a way that runs counter to the already present anxiety-provoking stimuli. The person might say “this isn’t so bad,” or “I can do this.” This emotion regulation technique is called reappraisal (Richards & Gross, 2000). Response-focused emotion regulation occurs when unwanted emotions are in progress. In this case, the individual might say, “I will not show that I am scared of that person,” or “I am not going to give them the satisfaction of seeing me angry” (Richards & Gross, 2000). As can be seen, particular emotions are hidden from others in order to mask authentic experience. This is emotion suppression.

## Thought Suppression

Relatedly, suppression also occurs at a specific cognitive level aimed at keeping target thoughts at bay. This is called thought suppression. For example, someone who is experiencing a particularly fearful thought might attempt to think about something else (Wegner & Zanakos, 1994). In both cases of suppression (thought and emotion), the intent is to lessen the load of the individual, and make room for pleasant experiences.

Unfortunately, research has found that these suppression techniques are more harmful than helpful (Gross & John, 1998; Wegner & Zanakos, 1994).

Wegner and Zanakos (1994) said that the act of attempting to suppress thoughts actually highlights or magnifies unwanted thoughts. Similarly, Gross and Levenson (1997) reported that individuals who attempt to suppress emotion, actually increase physiological reactivity, increase the experience of negative emotion, and decrease the experience of positive emotion (Gross & John, 2003). Suppression of emotion can also produce the burdensome aftermath of feelings of inauthenticity.

### Suppression Effects

Suppression in general has many more negative effects than positive. “Over half of the non-substance related Axis I disorders and all of the Axis II disorders involve some form of emotion dysregulation” (Gross & Levenson, 1997). In terms of emotions, major depressive disorder is characterized by a lack of positive emotion and an abundance of negative emotion, and anxiety is characterized by heightened levels of emotional responsiveness (Gross & Levenson, 1997). In both cases of depression and anxiety, the individual is decidedly lacking in ability to regulate emotion and thought, and is in fact experiencing the negative consequences of unsuccessful attempts to regulate thoughts and emotions. As individuals with anxiety or depression struggle with their symptoms, there can be very serious effects for those who do not receive assistance with troublesome emotions and thoughts. For example, those with suicidal ideations are likely to be struggling with emotion and thought suppression. Social isolation and a lack of motivation to engage others are both part of the constellation of symptoms that can lead

to suicidal ideation (Gross & Levenson, 1997). This lack of interaction with others has been shown to promote and intensify suppression; thereby increasing subjective feelings of hopelessness, and decreasing any positive feelings that might be experienced.

As can be seen, suppression of thought and emotion, when employed chronically, can be detrimental to the individual. Anxiety and mood disorders become more prevalent as negative mood is maintained and increased by suppressed emotion and thought. So what might it be like for individuals who withhold and suppress (for years and sometimes decades) details about very essential parts of themselves? What if whole sections of emotional experience are closed off, and thoughts that would enhance the lives of others are experienced as extremely aversive, and sometimes frightening? These are questions with which “closeted” members of the lesbian and gay communities are painfully familiar.

#### Outness

Over the past few decades, there has been a shift in psychological and psychiatric theory regarding sexual orientation as a whole. Difficulties of same-sex attraction, such as depression and anxiety, were once viewed as a product of psychopathology, but are now seen as being “the result of societal intolerance and marginalization” (Mohr & Fassinger, 2000). Lesbians and gay men are faced with the challenge of making decisions regarding what to disclose about feelings or thoughts related to their sexual orientation. For these men and women, the decision to share intimate details of their lives could lead to interpersonal rejection or other negative consequences (Mohr & Fassinger, 2000). Degrees of outness in varying aspects of life are a reality for some lesbians and gay men,



often requiring compartmentalization of thoughts and emotions. This compartmentalization involves careful mediation of thoughts and emotions according to situational variables. There is a positive relationship between shared emotion, thought, and overall outness. The more out someone is, the more likely they will share experienced emotions and current thoughts, and the less out someone is, the less likely it is that they will share experienced emotions and current thoughts. As lesbians and gay men move through life, it is obvious that there are many decisions to be made about what thoughts and emotions they feel comfortable enough to share with others. It has been shown that withholding emotion and thought is detrimental to psychological and physical health. Unfortunately, suppression is a way of life for many lesbians and gay men.

#### Statement of the Problem

Within psychology, the study of lesbian, gay, and bisexual (LGB) populations has been complicated. In the 1960s and early 1970s homosexuality had been classified as a mental disorder by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. This classification was the conservative, yet popular, perception of homosexuality during that period of time. In 1973, homosexuality was removed from the *DSM-II* (American Psychiatric Association, 1973), thereby ending the discussion regarding classification of homosexuality as a mental disorder. Unfortunately, the damage had already been done (Meyer, 2003). The discarded classification had already drawn very clear lines in the sand between those who believed that homosexuality was the cause of higher prevalence of mental disorders in this population when compared to heterosexual populations, and those who believed that this higher prevalence had more to do with society's view of

homosexuality rather than any sort of inherent pathology in lesbian and gay populations.

Marmor (1980), an early research voice in this debate, is well known for saying:

The basic issue is not whether some or many homosexuals can be found to be neurotically disturbed. In a society like ours, where homosexuals are uniformly treated with disparagement or contempt-to say nothing about outright hostility-it would be surprising indeed if substantial numbers of them did *not* suffer from an impaired self-image and some degree of unhappiness with their stigmatized status...It is manifestly unwarranted and inaccurate, however, to attribute such neuroticism, when it exists, to intrinsic aspects of homosexuality itself. (p. 400)

In recent years, researchers have been returning to the study of psychopathology among the lesbian and gay populations. It has been empirically proven that gay men and lesbians, when compared to their heterosexual counterparts, have a higher incidence of substance abuse, affective disorders, and suicide (Cochran, 2001; Cochran, Sullivan & Mays, 2003; Liddle, 1997). Currently, researchers, when confronted with this data, prefer to explain this higher prevalence of disorders among lesbian, gay, and bisexual populations as responses to stigma, prejudice, and discrimination. A stressful social environment, when experienced over prolonged periods of time, can lead to mental health concerns in those that belong to stigmatized minority groups (Meyer, 2003). This phenomenon has been explained in terms of minority stress.

Researchers (Allport, 1954; Durkheim, 1951; Merton, 1968; Moss, 1973; Selye, 1982) have found that minority stress is unique, chronic, and socially based. Minority stress has been described as unique in that it adds to the general stressors that are faced by all people, and therefore, minority individuals are required to adapt and learn coping mechanisms above and beyond that required of majority populations. Minority stress is

seen as chronic in that minority status predisposes members to ideology and cultural constructs that are relatively stable (discrimination, prejudice). Finally, minority stress is seen as a socially based construct because it moves beyond stressors that are reflective of individual circumstance. Rather, minority stress is a reflection of social constructs and systems that are out of individual control.

The construct of minority stress is particularly relevant. Meyer (1995) suggested that external stressors (slurs, negative opinions), expectation of and hypervigilance as a result of negative experiences, and internalization of negative societal attitudes are particularly relevant to the lesbian and gay communities. In recent years, the literature on minority stress has expanded to include an important stressor for sexual minorities. This stressor is known as concealment. Concealment of one's sexual orientation (hiding) is a reality for many in the lesbian and gay communities and the stressors that accompany concealment are significant. Hiding one's true nature by concealment from and avoidance of others is a common method of avoiding stigma, but it has been found to exact a heavy toll on the individual (Wenzlaff & Wegner, 2000).

“A century ago, Freud argued that emotional inhibition was an important cause of psychological illness” (Gross & Levenson, 1997, p. 95). Thought suppression and emotion suppression are modern representations of Freud's take on inhibition. The acts of thought suppression and emotion suppression are attempts by the individual to rise above and move beyond painful emotional and cognitive stimuli. Unfortunately, research has shown that this effort tends to have the opposite of the intended effect. Campbell-Sills, Barlow, Brown, and Hofmann (2006) reported that the literature on thought suppression and emotion suppression suggests that suppression can have the effect of promoting

persistence of the thought or emotion above and beyond that of what would have occurred if the individual had expressed aloud the thought or emotion in the first place. For some individuals, suppression has become so ingrained that simple emotions and thoughts are hard to explain or even name. This level of suppression of thought and emotion is what occurs for “hiding” members of the lesbian and gay communities. The literature on minority stress has labeled this suppression as hiding, but the lesbian and gay literature would label this as being closeted, or “not being out.” This inauthenticity has been proven to be burdensome and instrumental in intensifying feelings of depression and anxiety (Gross & John, 2003).

Experimental studies have shown that while the behavioral expression of emotion can be reduced, the subjective experience of negative emotion is not reduced, and in some cases is exacerbated when suppression is utilized (Campbell-Sills et al., 2006; Gross, 1998; Gross & Levenson, 1997). When an individual becomes reliant on the emotion regulation strategy of emotion suppression and thought suppression, it can be said that they are impeded by their own attempts at regulating emotion. In a review of the DSM-IV (American Psychiatric Association [APA], 1994), Gross and Levenson (1997) found that over 50% of Axis I disorders (anxiety and depression fall into this axis) are caused by emotion regulation deficiencies (lack of knowledge of how to properly regulate emotion). Anxiety is defined as a state of arousal that lacks a focal point, but results in the perception of real or imagined danger (Barlow, 1991). While this emotional and cognitive state can at times be beneficial, there are other times when feelings of helplessness and withdrawal can result from prolonged containment within this state.

Mood disorder is most commonly known by the psychological world as encompassing the symptoms most commonly associated with depression (sadness, hopelessness, helplessness, appetite disturbance, sleep disturbance, social isolation, suicidal ideation, and more). Depression and anxiety are two of the most common disorders that are reported among individuals who are treated by the mental health system. “Lifetime prevalence rates of depression were found to be 17.1%, making it one of the most common psychological disorders” (Ingram, Scott, & Siegle 1999, p. 206). “Lifetime prevalence rates of anxiety in the general population have provided estimates from 1.9 to 5.4%” (Ingram, Scott, & Siegle, 1999, p. 206). When a member of the lesbian and gay community has a low overall outness, it can be expected that suppression of emotion and thought are frequent/daily occurrences that impact negatively upon the mental health and well being of closeted lesbian and gay individuals.

While an exact percentage is not known, it has been proposed that at least 10-14% of the world’s population is gay (Powers, 1996). The prevailing negative attitude of the majority of people toward homosexuality makes it easy to imagine that there are many aspects of life that a gay man or a lesbian would feel uncomfortable sharing with anyone other than close friends and accepting family members. This distrust of the majority, could and likely does, lead to suppression of authentic emotion and thought among gay men and lesbians.

For many gay men and lesbians, there is a message that is sent very early on in life that says that differences are bad. They soon come to find out that being gay is one of those differences that is considered by mainstream society to be not only bad, but actually the worst. From early on, there is for gay children the task of coping with the conflict

between what they feel and desire and what society tells them that they should be feeling and desiring. Children are very perceptive, and it is likely that gay children soon discover that if they want to be accepted, they are better off hiding who they really are.

Suppression becomes a way of life, and a tool by which one may maintain physical safety and social/educational/(and later) professional security. This form of suppression can increase chances of experiencing mental health problems that include mood disorder and anxiety. With this said, in the past decade, there has been increasing evidence showing that lesbians and gay men are at risk for psychological concerns as a result of social stigma (Fife & Wright, 2000; Kessler, Mickelson, & Williams, 1999; Markowitz, 1998; Mays & Cochran, 2001; Meyer, 1995; Otis & Skinner, 1996; Wright, Gronfein, & Owens, 2000). Cochran, Sullivan, and Mays (2003) report that

lesbians and gay men commonly report a history of victimization and discrimination, particularly in adolescence or young adulthood. As a consequence of these events, homosexuality may be a risk indicator for higher rates of psychological distress and some mental disorders. (p. 53)

In a study by Cochran, Sullivan, and Mays (2003), it was found that minority status sexual orientation is associated with higher levels of mental health problems. Prevalences of mood, anxiety, and substance use disorders were found to be higher when compared with individuals who were heterosexual and of the same gender. In men, the differences were most notable for major depression and panic disorder, and in women the differences were more extreme for generalized anxiety disorder. In Western societies, men are socialized to be more stoic about emotions and internal experiences. In fact, it can even be said that some men are taught that any expression of emotion is a sign of

weakness (Brody, 2000; Underwood, Coie, & Herbsman, 1992). So, it stands to reason that men would score higher on any measure that is assessing suppression of thought or emotion. Among men, it was also observed that rates of psychological distress were higher for gay men than for bisexual or heterosexual men. It was also found that many men of minority sexual orientation report poorer mental health in adolescence when retroactive reports are utilized. This finding may reflect the stress associated with adolescence that many gay youth report (Savin-Williams, 1994). The picture has not been as clear for lesbians.

In one study (Cochran & Mays, 2000), it was found that 1-year prevalence rates of substance abuse and alcohol dependence were higher than prevalence rates of depression and anxiety in lesbians when compared to heterosexual women. In another study by Gilman, Cochran, Mays, Hughes, Ostrow, and Kessler (2001) the reverse was found, in that depression and anxiety rates were higher than substance abuse and alcohol dependence rates in lesbians when compared to heterosexual women. Furthermore, Cochran, Sullivan, and Mays (2003) found that generalized anxiety disorder was higher in lesbians when compared to heterosexual women.

Also, it has been found that lesbians, gays, and bisexuals are three to four times more likely than their heterosexual counterparts to have co-morbid disorders (Cochran, Sullivan, & Mays, 2003). Co-morbidity has been found to be a very reliable predictor of the severity of mental illness and of higher rates of treatment-seeking among individuals who present with co-morbid psychological disorders (Kessler, et al., 1999). For example, Little (1997) found that gay and lesbian clients have seen more therapists than

heterosexual clients; have seen therapists for a longer duration; and have used therapy more often than their heterosexual counterparts.

Minority stress has never been examined in concert with emotion suppression, thought suppression, overall outness, inauthenticity, and psychopathology. Evidence above suggests that suppression of emotion and thought due to minority status has negative effects on psychological health, yet too little research has been conducted to improve our understanding of suppression's long-term effects, leaving important questions to be examined. Is there a relationship between overall outness and suppression; do lesbians and gay men suppress at the same or differing levels, and is there a relationship between overall outness, inauthenticity, and expressed psychopathology?

#### Significance of the Study

Oppression and open hostility are very real problems for the lesbian and gay communities. While some areas of the country are becoming more accepting, and even allow civil unions for gay couples, there are still pockets of society in which homosexual behavior is not accepted, and is even openly opposed. This hostility, along with its overt and covert prejudice/discrimination, has been found by researchers to be a cause of significant stress for members of the lesbian and gay communities. Minority stress is the term that has been linked to the particular type of stress that accompanies living as a stigmatized minority group within majority society (Huebner & Davis, 2007; Meyer, 2003; Rostosky, Riggle, Gray & Hatton, 2007).



Within the minority stress literature as it pertains to the lesbian and gay populations, one form of stress has been identified as being particularly important. The literature calls this “hiding” (Meyer, 2003). Within the lesbian and gay literature this is called being “in the closet”; such an individual is considered to have a low overall outness. Overall outness can vary within the different spheres of life (family, friends, workplace, religious institutions, general public). In other words, disclosure of sexual orientation to others can differ based on situation and environment, and inherent in maintaining differing levels of outness are differing levels of openness (Mohr & Fassinger, 2000).

Within the literature regarding emotion regulation and thought suppression, it becomes obvious that suppression of emotion and thought, when used chronically, is detrimental to both mental and physical health (Amstadter, 2007; Campbell-Sills et al., 2006; Gross & Levenson, 1997; Richards & Gross, 2000; Roemer & Borkovec, 1994; Roemer, Litz, Orsillo, Wagner, (2001); Wenzlaff & Wegner, 2000). It could be proposed that individuals who are at low levels of outness are also utilizing thought suppression and emotion suppression at relatively high levels to remain closeted. As has been stated, research shows that efforts to suppress emotion have been linked with an increase in negative mood and a decrease in positive mood (Gross & Levenson, 1997). Also, research has shown that efforts to suppress target thoughts result in an increase of occurrence of the target thought (Pennebaker, Mayne, & Francis 1997; Wenzlaff & Wegner, 2000). High levels of suppression have been linked with mood disorders, anxiety, and detrimental physiological arousal (Amstadter, 2007; Campbell-Sills et al.,

2006; Gross & Levenson, 1997; Richards & Gross, 2000; Roemer & Borkovec, 1994; Roemer et al., 2001; Wenzlaff & Wegner, 2000).

Within the lesbian and gay communities, studies have shown that lesbians and gay men seek out mental health treatment more often, and report more substance abuse, mood disorder, and have higher rates of suicide (Cochran, 2001; Cochran, Sullivan & Mays, 2003; Liddle, 1997). Studies have linked this higher incidence of mood disorder and treatment-seeking within the lesbian and gay communities to stressors associated with homophobia, the lack of positive role models, fear of AIDS, and the coming out process (Morgan, 1992; Slater, 1988).

The minority stress literature notes the need for deeper understanding of the issues surrounding “hiding” or remaining “in the closet” (Meyer, 2003). The emotion regulation, thought suppression, and lesbian and gay literature also notes the lack of and need for research regarding differences between lesbians and gay men in the occurrence and utilization of emotion suppression and thought suppression as regulation strategies and the resultant feelings of inauthenticity. The literature examining consideration of overall outness and its relationship to reported levels of psychological distress is however limited (Mohr & Fassinger, 2000).

### Purpose of the Study

Within the lesbian and gay communities, there are many who are driven to remain closeted due to negative messages regarding sexual orientation expressed by the conservative majority (Mohr & Fassinger, 2000; Slater, 1988). Many researchers link this need to “hide” or to remain closeted to a low overall outness caused by minority stress

(Meyer, 2003; Mohr & Fassinger, 2000). Relatedly, researchers in the emotion regulation, thought suppression, and lesbian and gay literature discuss the negative effects of long-term suppression, which include mood disorder, anxiety, and substance abuse, found to occur at higher levels within the lesbian and gay communities (Amstadter, 2007; Campbell-Sills et al., 2006; Cochran, 2001; Cochran & Sullivan, 2003; Gross & Levenson, 1997; Liddle, 1997; Pennebaker, 1997; Richards & Gross, 2003; Roemer & Borkovec, 1994; Roemer, Litz, Orsillo, & Wagner, 2001; Wenzlaff & Wegner, 2000).

The primary goals of the current study were to examine outness for the lesbian and gay community and its relationship to emotion regulation and thought suppression as it pertains to the lesbians and gay men. Lesbians and gay men were administered self-report inventories to assess the relationship between overall outness and utilized emotion regulation and thought suppression techniques. Self-report inventories were administered in order to identify differences between lesbians and gay men in utilization of emotion suppression and thought suppression techniques. Furthermore, a sample of lesbians and gay men was administered self-report inventories in order to determine the relationship of overall outness, inauthenticity, and reported psychopathology. This study was designed to enhance the understanding of how differing levels of outness can affect lesbian and gay populations. Concurrently, enhancing the understanding of the effects of different levels of outness has the potential for meeting several special needs of this group of people, as well as the professional mental health community who may serve them. The results of the present study can assist mental health professionals, medical professionals, university personnel, and mental health educators in understanding how overall outness affects

clients. The results of the study can also assist the aforementioned professionals in meeting the needs of members of the lesbian and gay communities who are suffering from psychological distress as a result of the stress that accompanies being gay or lesbian in majority society. Equally important, the current study may contribute to the lesbian and gay literature by directly examining the impact of overall outness on psychological health, and by examining differences in suppression between lesbians and gay men that might have been previously ignored.

### Research Questions

Research questions guided this examination of overall outness and its relationship to emotion suppression, thought suppression, authenticity, depression, and anxiety. Also, the following research questions guided the examination of emotion and thought suppression differences among lesbians and gay men.

1. Is there a relationship between emotion suppression and overall outness?
2. Is there a relationship between thought suppression and overall outness?
3. Is there a difference between emotion suppression scores for lesbians and gay men?
4. Is there a difference between thought suppression scores for lesbians and gay men?
5. Is there a relationship between overall outness and anxious symptoms?
6. Is there a relationship between overall outness and depressed symptoms?
7. Is there a relationship between overall outness and reported authenticity?

## Definition of Terms

*Authenticity* — In the current study, the variable of authenticity pertains to the individual choice to express true feelings, attitudes, and beliefs (Gross & John, 2003). This variable was measured by the *Masking Questionnaire* (MQ) (Gross & John, 1998).

*Emotion Suppression* — In the current study, the variable of emotion suppression describes the effort made by the individual to hide authentic emotion from others (Richards & Gross, 2000). This variable was measured by the *Emotion Regulation Questionnaire* (ERQ) (Gross & John, 1998).

*Inauthenticity (Masking)* — In the current study, the variable of inauthenticity pertains to the individual choice to knowingly deceive others about true feelings, attitudes, and beliefs (Gross & John, 2003). This variable was measured by the *Masking Questionnaire* (MQ) (Gross & John, 1998).

*Overall Outness* — In the current study, the variable of outness pertains to the degree to which an individual is out to or with family, work, heterosexual friends, strangers, work supervisors, and religious community members (Mohr & Fassinger, 2000). This term was measured by the *Outness Inventory* (OI) (Mohr & Fassinger, 2000).

*Psychological Distress* — In the current study, this variable of psychological distress pertains to possible negative affect or anxious arousal felt by lesbians or gay men as a result of their overall outness. This variable was measured by the *Mood and Anxiety Symptom Questionnaire-Short Form* (MASQ) (Watson & Clark, 1991).

*Thought Suppression* — In the current study, the variable of thought suppression pertains to the effort made by the individual to push unwanted thoughts out of conscious

consideration (Wegner & Zanakos, 1994). This variable was measured by the *White Bear Suppression Inventory* (WBSI) (Wegner & Zanakos, 1994).

## II. REVIEW OF THE LITERATURE

The present study is grounded in research regarding emotion regulation (specifically emotion suppression), thought suppression, suppression and mental health, minority stress, suppression in the lesbian and gay community, mental health in the lesbian and gay community, and research regarding degree of outness in the lesbian and gay communities. This chapter presents a review of the following topic areas; emotion regulation (specifically emotion suppression); thought suppression; authenticity; minority stress and suppression related to the lesbian and gay experience; suppression-related psychopathology; overall outness in the lesbian and gay communities; and mental health pressures related to the coming out experience.

### Emotion Regulation

As Americans, we are accustomed to living life at warp speed. Calls are made on cell phones while driving. Pictures can be developed within an hour. Laser printers and other electronic devices and services operate at mind-blowing speeds. Microwave ovens provide meals with little preparation time. So, it is no wonder that we are inclined to want to fix our problems instantly, or simply ignore our emotional experiences. We often feel something terrible, but move very quickly away from it. As a consequence, we are a society that allows pressure to build behind suppressed emotion.

In the field of psychology, emotion was seen, for many years, as a construct whose diffuse nature rendered it, for some, without empirical basis or importance (Frijda, 1988, p. 349). Emotions and feelings are clear representations of the different ways in which individuality can be seen or expressed, and “are often considered the most idiosyncratic of psychological phenomena” (Frijda, 1988, p. 349). There seemed to be, within the field of psychology, the idea that no two individuals experienced and expressed emotion in the same ways. While it is true that no two individuals respond the exact same way to the same stimuli, researchers have found that there is likely to be some order to the manner in which emotions emerge. Frijda (1988) called this order “empirical regularity” (p. 349). Within this regularity, research has found that emotions arise in response to events that are important to the individual. Also, it has been found that emotions indicate a shift in readiness to take action: (a) in readiness to go toward, away from, or shift attention to the situation calling for action; (b) display of excitement, which can be known as the desire to move toward action, but not knowing how to take action; or (c) becoming frozen by confusion around how to take action, or loss of interest in taking action or moving forward (Frijda, 1988 & Plutchik, 1980). Frijda (1988) has applied these ideas to everyday emotions experienced by all. “Joy, for instance, is a sense of pleasure plus the urge toward exuberance and contact-seeking. Anger is a sense of displeasure plus the urge to do some of the things that remove or harm its agent. Shame is a sense of displeasure plus the compelling desire to disappear from view. Sadness is a sense of displeasure plus the ebbing away of any urge except for the desire for the lost object or opportunity, which is known to be unfulfillable” (p. 351). Emotions have the



same label, and engender similar reactions in every human capable of emotion. The key difference is the stimuli that cause individual reactions.

In Western society, from the time of childhood we receive the message that we must control our emotions. Within this societal tendency toward self-control, there are differences of opinion regarding the extent to which emotions should be controlled, and the effects of such control (Gross, 1998a, p. 271–299). In the last three decades, the discussion regarding emotion and its control has reached an exciting apex. Research regarding emotion regulation emerged within the developmental literature (Gaensbauer, 1982), and is now flourishing in the adult literature (e.g., Butler, Lee, & Gross, 2007; Richards & Gross, 2000). Emotion regulation refers to the individual effort to control the experience of, expression of, and the temporal occurrence of emotions. These emotion regulation processes may be “automatic or controlled, conscious or unconscious, and may have their effects at one or more points in the emotion generative process” (Gross, 1998a, p. 275). Emotion regulation also affects how responding occurs on the physiological and psychological level. This means that physiological and psychological effects (anxiety, change in heart rate, change in respiration rate) can occur in the absence of overt behavior or overt action. A pleasant memory can produce the same pleasant feeling as the actual event. Additionally, imagining a bitter exchange with a friend can produce the same level of arousal as the offending event (Rozin & Fallon, 1987). Biological psychology has been working to answer the question of how cognitive events come to be infused with emotional meaning. Researchers have found that there is a neural link from centers of the brain that generate emotion (limbic centers) to those that regulate emotion (cortical centers), and this relationship governs how emotion is experienced which in turn governs

how and when emotion is regulated (Dawson, Panagiotides, Klinger, & Hill, 1992; Gross, 1998a; Panksepp, 1982). This finding is a variation of the age-old question of the mind/body connection, and whether or not there is a connection between the two. Within cognitive psychology, there has been evolving an appreciation for what Lewis, Sullivan, and Michealson (1984) called the “cognitive-emotional fugue.” In essence, the question is not whether or not emotions and cognitions are related, it’s how and to what end? This question forms the basis for and justification of emotion regulation.

Emotion regulation can occur in limitless forms; therefore, Gross (1998b) has developed a model of emotion to provide a framework by which to view the process of emotion regulation. This model is a product of the combination and simplification of theories of emotions that have been posited (e.g. Frijda, 1988; Lazarus, 1991; Tomkins, 1984). According to this model, emotion begins with an evaluation of external (e.g. threat) or internal cues (discomfort). In response to this evaluation process, some cues will set in motion processes that initiate coordinated behavioral, experiential, and physiological responses that address the perceived cues. Some of the responses can be modified, and this modification is the final step in what is known as an emotion response (Gross, 1998b). This model exhibits how emotion is generated, but it also makes a distinction between two classes of emotion regulation. These two classes are antecedent-focused emotion regulation and response-focused emotion regulation. As can be guessed from the names of the emotion regulation strategies, antecedent-focused emotion regulation is utilized before emotion response, and response-focused emotion regulation is a strategy that is used after emotion response. In other words, response-focused

emotion regulation is the rescue team that comes to aid, and antecedent-focused emotion regulation is the prevention team directed at maintaining order.

Reappraisal is the antecedent-focused emotion regulation technique. Gross (1998a) describes reappraisal as being effective because “it actually preempts full-blown emotional responses” (p. 411). Lazarus and Alfert (1964) found that when subjects for whom a medical procedure was imminent were told that the procedure was going to be beneficial rather than painful, they were less anxious about the procedure. In addition, Kramer, Buckhout, Fox, Widsman, and Tusche (1991) found that when subjects were told that gory photographs of dead people were from a movie, rather than from actual police files, they were less likely to be disturbed and frightened. As can be seen, emotional responses were lessened by a process by which the individual renegotiates the event outcome from being negative to being less negative.

In contrast, response-focused emotion regulation occurs at a point when emotion responses to stimuli have already occurred. The individual has not been able to temper emotion response, and is experiencing emotions that are unpleasant or ineffective. This form of emotion regulation typically takes shape as inhibition of emotions and their expression. This can be seen when someone smiles even though they might be angry or if someone gives a hug to someone they do not like. This is called expressive (emotion) suppression, and has very different consequences than reappraisal. Reappraisal has been shown to induce “global reductions in emotional responding whereas expressive suppression appears to selectively decrease, emotion-expressive behavior” (Richards & Gross, 2000, p. 411).

Gross and Levenson (1993) found evidence that when subjects were told to inhibit their expressive behavior, they were able to do so, and in doing so, they also were found to be limiting their somatic activity (general decrease in body movement). While subjects were able to successfully suppress their expressive behavior, evidence was found that suggests that suppression of emotion leads to increased physiological arousal (increased heart rate, increased number of eye-blinks).

In other studies (Gross, 1998; Gross & Levenson, 1997), an attempt was made to shed more light on the above findings. The essential question was, is there a difference in consequences between blocking an emotion at the front end (reappraisal) and blocking an emotion that has already generated a response (emotion suppression). The subjects of these studies were broken up into three different groups. One group was exposed to a neutral stimulus, another group was exposed to a disturbing stimulus, but were told to watch the film objectively and technically, but most importantly without feeling (reappraisal), and a third group was also exposed to a disturbing stimulus, and were told to experience their feelings, but to hide them from others (emotion suppression). These studies showed that reappraisal led to decreases in both behavioral and subjective signs of emotion, with physiological responses being successfully blocked. Consequently, it can be said that reappraisal is an effective emotion inhibition method. Conversely, it was found that while emotion suppression techniques are effective in decreasing expressive behavior, emotion suppression did nothing to diminish the subjective experience of emotion (disgust), and led to increases in nervous system activation (heart rate). Other studies (Cloutre, Koenen, Cohen, & Han, 2002; Dillon, Ritchey, Johnson, & LaBar, 2007; Quartana & Burns, 2007) have shown the same result.

In essence, these studies show the effects of emotion regulation. The highly individual nature of emotions has stimulated among theorists and scientists skepticism about the empirical soundness of the construct of emotion (Frijda, 1988). With the evolution of emotion regulation (Gross, 1998a; Gross & Levenson, 1993, Gross & Levenson, 1997), behavioral scientists now have a way in which to empirically study responses to emotional material.

### Thought Suppression

While emotion suppression and reappraisal can be expressed and observed behaviorally, thought suppression is seen as being a primarily inward event (not visible to others) in which the individual attempts to replace a troubling/unpleasant thought with another more pleasant or tolerable one. Wegner, Schneider, Carter, and White (1987) described the process of thought suppression as a “self-referent” one that involves “the plan to suppress a thought by suppressing all manifestations of the thought including the original plan” (p. 5). When stated in this way, thought suppression seems to defy logic because the individual is attempting to drive out unwanted thought by focusing on abolishing the thought. This process is reminiscent of Freud’s theory of the conscious and unconscious mind in that Freud postulated that when overwhelming or unpleasant events occurred, the unconscious mind would take over, and the unwanted thoughts associated with unpleasant events would be suppressed out of conscious consideration. In 1987, Wegner et al. stepped away from the empirical tradition (implemented by Freud) that focused solely on consciousness after suppression had already occurred. These researchers became interested in the process of conscious consideration of events as

suppression occurred. Out of this interest, thought suppression research was born. Cognitive events such as attempting to forget about a stressful upcoming test and attempting to avoid thoughts of a recent break-up were now being considered empirically, and examined for individual effect.

“Contemporary research suggests that it is the process of thought suppression, not the product, that should be examined for its significance and power” (Wenzlaff & Wegner, 2000, p. 59). This realization has emerged out of early research conducted by Antrobus, Antrobus, and Singer (1964) which hinted that instructions to avoid thinking of an event or object would prompt the target thought to return. If thought suppression held true to its name, it would allow the user to suppress the unwanted thought, leaving no trace of it in conscious thought processes. In Wegner, Schneider, Carter, and White’s (1987) “white bear” experiments, they decided to test the veracity of the ideal of thought suppression. What they found called into question the effectiveness of thought suppression. In this study, it was assumed that the college students utilized as subjects would never think of a white bear spontaneously, and if this thought occurred after they had been told to suppress the thought, the implication would be that suppression had failed to manifest the intended result. This is what happened. The participants were signaling the occurrence of the thought (via verbal report or bell ring) on an average of one per minute. This finding was the first of its kind to indicate that thought suppression operates in direct opposition to the intended effect (suppression).

In this study (Wegner et al., 1987), the participants were divided into two groups. One group was simply told to attempt to suppress thoughts of a white bear during the experimental activity, while the other group was told to suppress the thought for a period

of time (a few minutes) before the experiment began. Evidence showed that the group which was given time to consider and suppress the thought had a higher incidence of target thought return than those individuals that were in the group for which no time for suppression was given. This finding was very important because it indicated that extended periods of thought suppression were actually producing a paradoxical effect in which the suppressor would be more likely to experience the aversive thought. What this shows is that when suppression is undertaken, it leads to more thoughts of the aversive stimuli than would have occurred if suppression was never considered.

After it became obvious that suppression was indeed producing a paradoxical effect, new questions regarding this effect began to arise. Wegner and Erber (1992) conducted a study that examined the effect of concurrent memory tasks/cognitive activities on the observed suppression effect (return of target thought). What they observed was that individuals who were given the task of suppressing a word (e.g. house), had more access (memory of) to this word than those who were simply told to remember it. This effect was more pronounced when given a mental load in the form of remembering a nine-digit number. This phenomenon was termed the “hyperaccessibility of suppressed thought.” Within this finding is the important implication that a suppressed thought is more accessible and more apt to return when it is paired with cognitive load/activity.

As theory about and around thought suppression became more advanced, and empirical activity continued, it became obvious that there were two mechanisms involved in thought suppression. Wegner’s theory of ironic process (1994, 1997; Wegner & Wenzlaff, 1996) formed the basis for the two-mechanism theory of thought suppression.

One mechanism involves the intentional process of finding and utilizing thoughts that will promote the desired state of successful suppression of the unwanted/aversive thought. The other mechanism involves the ironic monitoring process that operates in the background of consciousness. This process operates by searching for and locating thoughts that signal the failure of the suppression goal (return of the unwanted thought). The first process is intentional and involves effort, while the ironic monitoring process is usually unconscious and less demanding of mental facilities. The importance of this process is that it alerts the individual of the return of a state of mind that would be conducive to return of the unwanted thought. This process can be thought of as a protective process akin to cognitive vigilance.

Within thought suppression literature, it is clear that “beliefs, expectations, and judgments about our own mental processes and products may contribute in important ways to the effectiveness of thought suppression” (Wenzlaff & Wegner, 2000, p. 68). In other words, individual ideas about success and failure of thought suppression are likely to influence individuals’ motivation to attempt to suppress thoughts. Relatedly, the fear of not being able to suppress unwanted thoughts may have the effect of increasing individual attempts at suppression. Kelly and Kahn (1994) found that some people can become self-critical and alarmed when they find that they are unable to fully suppress unwanted thought/s. This distress could further dissipate their ability to suppress the unwanted thought/s, and set into motion a “spiral” of suppression failures involving the target thought/s. Wenzlaff and Wegner (2000) went on to say that “eventually, this state of affairs would erode the sense of personal control and contribute to anxiety, despondency, and hopelessness” (p. 69).



The above conjecture spawned a movement to examine the effect that suppression exacts upon the individual. In particular, clinical scientists within behavioral science have examined the effects of long-term suppression on the individual. This body of literature deserves attention, and will be reviewed for relevance to psychological and physical health.

### Authenticity

Emotion suppression and thought suppression have been found by empirical study to have paradoxical effects on the individual attempting to push away unwanted thought or emotion (Gross, 1998; Gross & Levenson, 1997; Richards & Gross, 2000; Wegner, 1997; Wegner & Erber, 1992). This means that the individual goal of suppression is not furthered by suppression attempts, but is defeated.

Empirical study of suppression has lead clinical scientists to link authenticity with suppression of thought and emotion. Humanistic psychologists have long focused on the construct of authenticity or the sense of being “real” or “true” to oneself (May, 1983; Rogers, 1959). Sheldon, Ryan, Rawsthorne, and Hardi (1997) described authenticity as the phenomenon that occurs when “people act with a full sense of choice and self-expression” (p. 1381). In Western cultural contexts, being authentic and being seen as consistent are considered very favorable traits (Cross, Gore, & Morris, 2003). Suh (2002) described consistent and authentic people as being evaluated more positively than those individuals who are seen as being inconsistent or inauthentic. Suppression of emotion and thought are in direct opposition to any expression of authenticity.

In a study by Gross and John (2003), it was found that “individuals who chronically use suppression are keenly aware of their lack of authenticity, and knowingly deceive others about their true inner feelings, attitudes, and beliefs” (p. 354). This lack of authenticity with oneself and others is linked with concern about being liked and with concern over losing the favor of a valued “other” (Gross & John, 2003). Gross and John (2003) also found that when others become aware of inauthenticity, there is a trend to distance themselves from the individuals because they sense the hesitation to connect in the less authentic individual. Kernis (2003) said that “relational authenticity involves endorsing the importance for close others to see the real you, good and bad” (p. 15).

Goldman and Kernis (2002) found that relational inauthenticity was significantly correlated with negative affect among 79 undergraduate psychology students. This evidence shows that individuals are able to differentiate between states of authentic being and other states that are less authentic. This evidence also shows that individuals feel authentic in some relationships while other relationships lack preferred levels of authentic interaction. Lopez and Rice (2006) report that “power inequalities and perceptions of relationship threat or expectations of partner disapproval appear to predict inauthentic behavior and self-experience, and inauthenticity has been linked to measures of well-being” (p. 363).

When suppression is used as part of everyday life, distress regarding inauthenticity is to be expected (Gross & John, 2003). Another effect of chronic use of suppression is negative affect. Gross and John (2003) said that “greater negative affect in suppressors was due to their painful awareness of their own inauthenticity” (p. 357).

## Suppression and Mental Health

Feelings of inauthenticity caused by chronic suppression of thought and emotion have been found to increase individual chances of experiencing negative affect (Goldman & Kernis, 2002; Gross & John, 2003; Lopez & Rice, 2006). With the advancement of suppression research, it is clear that the effects of chronic suppression extend beyond simple expression of a decrease in positive affect. When one suppresses emotion and thought, it is very difficult to participate fully in life's many tasks.

Individual difference in suppression use is important to consider. Emotion theorists emphasize the value of emotion in communicating with others. Emotions are very important in that they drive interactions and convey messages to others and to the self. Thoughts are important because they can help drive emotion, and can determine reaction to these emotions. For all humans, social interactions are important because they can determine many aspects of life. Job status, friendships, romantic involvement, and general level of happiness are all affected by social interactions, and the individual's ability to navigate these successfully. Research has shown that individuals who utilize suppression will face social consequences. Specifically, suppression was found to limit the ability of an individual to connect and form rapport with others, and suppression was found to limit growth in existing relationships (Campbell-Sills et al., 2006; Gross & John, 2003; Wenzlaff & Wegner, 2000). The findings of Berg and Clark (1986) lent credence to this finding in that they found that first impressions are extremely important in fostering interest in relationship formation. Gross and John (2003) have found that peers are able to determine when an individual is utilizing emotion or thought suppression. Gross and Levenson (1997) provide further evidence of the social impact of chronic

suppression. They indicate that emotion expressive behavior has an important function in that these behaviors “communicate our emotional states to others, thereby influencing their behavior. Such nonverbal information flow is essential for successful interpersonal functioning” (p. 102). Friends’ and partners’ emotional expression of their thoughts and needs are extremely important aspects of interpersonal interaction, and give us information about their wants and needs. For example, if we hurt someone emotionally, their sadness or crying will be their signal that we have gone too far. This is our signal to engage in “corrective behaviors” (e.g. apologizing). However, if this person does not show sadness or hurt after we have injured them, we are less likely to be aware of the problem, and therefore less likely to make any action toward change. As the same offense happens again and again, without outward expression of hurt or sorrow on the part of the other person, the offender will continue to behave in the same ways. This could lead to continued strong negative emotion and an increase in intensity of these emotions. Corrective emotional exchange has not happened because authentic thoughts and emotions have been suppressed (Butler, Egloff, Wilhelm, Smith, Erikson, & Gross, 2003; Gross & Levenson, 1997). These findings highlight some of the difficulties that chronic suppressors face within the social realm. Furthermore, even if a chronic suppressor is able to establish relationships, suppression of thought and emotion will continue to decrease the overall quality of the relationships (Butler et al., 2003; Gross & John, 2003). As research in this area grows, it becomes more apparent that when suppression is utilized within relationships, connection with others is difficult to achieve (Butler et al., 2003).

Psychological health has also been shown to be related to one's sense of social support. As has been shown above, those who use suppression consistently will be more likely to perceive less social support (Butler et al, 2003; Gross & John, 2003; Gross, 1998a). "Social isolation has been linked with psychological problems ranging from loneliness to suicide and has been repeatedly associated with both physical morbidity and mortality" (Butler et al., 2003, p. 62). At this point, it is clear that suppression is very effective in undermining social relationships and personal well being. Ironically, most individuals utilize suppression as a tool by which to avoid conflict with others and to avoid negative feelings.

Gross and John (2003) observed that individuals who chronically suppressed emotion and thought were more likely to exhibit depressive symptoms, felt less satisfied with the state of their lives, reported lower levels of self-esteem, and were less optimistic about the future. This evidence indicates that for these individuals, sense of well-being is low and susceptibility to depressive symptoms is high.

To explain, Roemer and Borkovec (1994) posited that depression involves an associated network of thoughts and emotions. The idea that these thoughts and emotions are associated makes it easy to consider the possibility that maintenance of depression involves continued suppression of the thoughts and emotions that cause distress. Along these same lines, depression has been found to be precipitated by learned helplessness. Learned helplessness occurs when an individual has tried and failed to escape from emotional or physical pain. After many tries, the trend is for the individual to give up, and begin to feel helpless against the onslaught. Suppression of the will to determine how to escape from pain leads to suppression of the thoughts of escape and suppression of

continued hope that motivates an individual into action. This process of thought and emotion suppression can form the links in the network of associated thoughts and emotions that can lead to depression.

In addition, Roemer and Borkovec (1994) described anxiety as the “avoidance of elaboration of threatening material” (p. 469). Here, it is evident that anxiety can be described as being caused by the direct avoidance of thoughts and emotions that cause emotional discomfort. If this logic is followed, then it can be determined that anxiety is maintained by the continuing avoidance of these same troublesome thoughts and emotions. The individual maintains a heightened state of psychological distress by suppressing thoughts and emotion. This correlation has been shown by Pennebaker (1989). Pennebaker found that when troublesome thoughts and emotions are expressed or elaborated upon, anxiety decreases as a result of expression. Emotional response is reduced by repeated exposure.

Wenzlaff and Wegner (2000) report that thought suppression has been implicated in the etiology of psychological disorders. Morgan, Matthews, and Winton (1995) studied victims of a disastrous flood, and found that thought suppression was one of the best predictors of severity of symptoms associated with post-traumatic stress disorder. Relatedly, Aaron et al. (1999) found that early reports of thought suppression in children, following a physical trauma were predictive of rumination and impaired coping ability. The tendency to avoid and suppress anxiety provoking cognitions has been found to induce the return of these anxious thoughts. With the return of suppressed thoughts, comes the threat of repeatedly suppressing anxious material which could perpetuate a cycle that promotes anxiety disorders (Wenzlaff & Wegner, 2000).

Baker, Holloway, Thomas, Thomas, and Owens (2004) found that individuals who present with panic disorder are more likely to suppress feelings of anger, sadness, and anxiety. Also, Hayes, Strosahl, Wilson, Bissett, Pistorello, and Toarmino (2004) found that “the construct of ‘experiential avoidance,’ which includes the tendency to use suppression and other emotional control tactics, has been found to correlate with self-reported levels of anxiety and depression” (p. 576).

Thought and emotion suppression has been linked with negative affect and depression. Beck (1967) says that “depressed individuals are plagued by excessive self-criticism, pessimism, and a generally negative frame of mind” (p. 16). An aspect of the presentation of depressed individuals is their difficulty in inhibiting their negative/self-destructive cognitions. Wenzlaff, Wegner, and Roper (1988) found that when compared to nondepressed individuals, depressed individuals consistently were drawn to and chose negative distracter items (e.g. characteristics pertaining to their cognitive distortions), which led to a lack of ability to suppress negative thoughts. Also, Conway, Howell, and Giannopoulos (1991) found that depressed participants had more difficulty suppressing negative thoughts than positive ones. An implication of these research studies is that thought suppression may prolong or worsen negative affect or depression by strengthening “mood-relevant associations” (Wenzlaff & Wegner, 2000). Wenzlaff and Bates (1998) found evidence that seems to support this hypothesis. When depression was assessed over a 4-6 week period, higher levels of suppression of depressive thoughts exacerbated depressive symptoms. Wenzlaff and Bates (1998) also highlighted the risk involved for previous sufferers of a depressive episode. These individuals were more

likely to employ suppression in order to avoid another episode, but were more likely to show depressive thinking patterns when under cognitive or emotional stress.

In addition, Campbell-Sills et al. (2006) conducted a study in which individuals with anxiety and mood disorders were compared with control participants according to their use of suppression, and their tendency to label negative emotions as being unacceptable. When exposed to the same film containing the same amount of emotion-provoking material, it was found that the clinical populations were more likely to utilize suppression and appraise their resulting emotions as being less acceptable, when compared to the non-clinical (control) group.

Gross and Levenson (1997) found that when a negative emotion such as sadness or anger is inhibited, and all thoughts regarding circumstances surrounding these emotions are suppressed, relief from the subjectively experienced emotion is not obtained. In fact, suppressed emotion was found to be subjectively more painful than expressed emotion. Suppression is detrimental to the individual's psychological and social health.

### Physical Health and Suppression

Emotion and thought suppression have been found to negatively affect psychological and social health. Physical health has also been found to be affected by the use of suppression. Butler et al. (2003) found that individuals who suppress and those who interact with suppressors have increased cardiac responding when suppression is utilized. This cardiac responding involved repeated increases in blood pressure which has been found by Krantz and Manuck (1984) to be implicated in the development of heart



disease. Gross and Levenson (1993) found that emotion suppression produces increased sympathetic nervous system activity. The sympathetic nervous system prepares the body for action. When the sympathetic nervous system is activated, blood pressure increases, the pupils of the eyes widen, and heart rate increases. Gross (1998) also found that emotion suppression and thought suppression played a role in activation of the sympathetic nervous system, and that chronic suppression over time would likely result in hypertension and coronary artery disease (Roter & Ewart, 1992; Steptoe & Vogele, 1986).

Keicolt-Glaser and Glaser (1991) suggested that the stress response to suppression “may lead to selective inhibition of certain aspects of the immune response” (p. 850). Studies (Esterling, Antoni, Kumar, & Schneiderman, 1990; Levy, Herberman, Maluish, Schlein, & Lippman, 1985; Pennebaker, 1993; Shea, Burton, & Girgis, 1993) have found evidence that suggests that an individual who consistently suppresses emotion will have poorer immunological function and health outcomes. In addition, Petrie, Booth, Pennebaker, Davison, and Thomas (1995) found that thought suppression produced measurable effects on immune system variables. Suppression caused a decrease in T lymphocytes and total lymphocyte numbers, which help to fight infection. On the other hand, it was shown that expression of thoughts (through a writing exercise) increased the levels of circulating total lymphocyte numbers. This means that when thoughts were expressed (rather than suppressed), overall immune responses increased. Chronic suppression of thoughts and emotions has implications related to long-term health that cannot be ignored.

## Gender Effects Related to Suppression

Suppression has also been found to occur at differing rates according to gender. It has been found that men suppress at higher levels than women in more complex interpersonal interactions such as marriage or partnership (Gross & John, 2003; Levenson & Gottman, 1983). In Western societies, men are socialized to be more stoic about emotions and internal experiences. In fact, it can even be said that some men are taught that any expression of emotion is a sign of weakness (Brody, 2000; Underwood, Coie, & Herbsman, 1992). So, it should not be surprising that men would score higher on any measure that assesses for suppression of thought or emotion. However, the actual physiological and psychological effects of emotion and thought suppression do not appear to differ by sex (Gross & Levenson, 1993; Gross & John, 2003).

## Minority Stress and Suppression

With the preceding evidence that points to differences in suppression among the sexes, one would expect that there would be differences in the amount of suppression exhibited when other types of individual differences are considered. European Americans still have more power and social opportunity than minorities partly because parents teach their children and adults model for each other the behavior of pacifying/submitting to the powerful other in order to avoid losing resources controlled by this more powerful demographic group (Keltner, Gruenfeld, & Anderson, 2003). This submitting and pacifying behavior is comprised of suppressing authentic thought and emotion. In these situations, it becomes clear that difference has become a motive for thought and emotion suppression. Butler, Lee, and Gross (2007) explained that Western European values differ

from some minority group values (e.g. Asians) in that they highlight independence and self-assertion. Open communication of emotions is encouraged in most situations, with suppression occurring mainly in situations that require self-protection or pro-social behaviors (e.g. hiding happiness when beating a friend at a competitive game) (Markus & Kitayama, 1994; Oyserman, Coon, & Kemmelmeier, 2002). Evidence suggests, however, that members of other groups use suppression at a much higher rate. In these groups, being different or “other” has caused a need for suppression of authentic thought and/or emotion. Gross and John (2003) conducted a study in which European Americans and ethnic minority groups (African American, Asian American, and Latino) were compared according to frequency of use of emotion suppression. It was found that ethnic minority groups used suppression more than the majority.

Social theorists such as Allison (1998) and Clark and Taraban, (1999) have investigated the stress of being a minority in the United States. They posited that the social environment acts as a stressor to minority persons by presenting them with negative stimuli in the form of prejudice, discrimination, racism, sexism and homophobia. Meyer (2003) stated that this social stress could lead to “mental and physical ill effects” (p. 675). Meyer (1995, 2003) has developed an elaboration on the social stress theory. This elaboration is called minority stress. This elaboration is used to “distinguish the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often minority, position” (Meyer, 2003, p. 675). Durkheim (1951) was concerned with normlessness as it affects others’ ability to fit in. According to Durkheim, normlessness was a cause of suicide as a result of the inherent need within all humans to receive moral direction from others in society. Those who are

isolated from society are not receiving basic social support, and will experience anomie (normlessness). Minority persons are likely to experience stressors because “dominant culture, social structures, and norms do not typically reflect those of the minority group” (Meyer, 2003, p. 675). Moss (1973) furthered this line of reasoning by stating that individuals learn about social structures by interacting with others in their world. For minority individuals, mental and physical health can become compromised when the information they receive about social structures does not match their experience of the world. Other studies (Stryker & Stratham, 1985; Tajfel & Turner, 1986; Turner 1999) provided further evidence that highlights the negative effects of minority stress when the effect of comparison of minority self to majority other is taken into consideration. A group that has been heavily studied within the minority stress literature is the lesbian and gay community.

In many parts of this country and, to a wider extent, the world, there is a stigma attached to claiming any sexual orientation other than heterosexual. For the lesbian and gay communities, there are few places where acceptance is the rule rather than the exception. While conditions are better for sexual minorities than they were in the past, there is still an undercurrent of animosity and ignorance in regard to sexual minorities that is at times both startling and sad. Meyer (2003) described minority stress as being a distal stressor and a proximal personal process. According to Meyer (2003), “distal stressors are typically defined as objective events and conditions. Proximal personal processes are by definition subjective because they rely on individual perceptions and appraisals” (p. 676). In other words, individuals perceive and experience minority stress when they personalize prejudice and discrimination. Meyer (1995) went on to suggest

three processes of minority stress: external stressful conditions (prejudice), hypervigilance and expectation of stressful events, and the internalization of negative societal opinion. Specific to the lesbian and gay populations, Meyer (2003) has proposed concealment of sexual orientation as being an added stressor for sexual minorities. Waldo (1999) agreed with Meyer in his differentiation between minority stress and other types of societal stress imposed on the individual, specifically lesbian and gay persons. Other minority groups, such as racial and ethnic minorities, have the opportunity to grow up with and in families who are of the same minority group. In this way these individuals are able to experience cohesion and togetherness with people who are in some essential ways “the same.” For sexual minorities, the scenario is different. Lesbian and gay individuals spend most of their lives separated from members of the same cultural group. For young lesbian and gay individuals, there are limited opportunities to form cohesive and healthy relationships with other lesbian and gay individuals. For these individuals, it can feel like they are the only lesbian or gay man in the world, or at least for miles around.

Meyer (1995) conducted a study with 741 adult gay men. Meyer was curious about the association between negative life events and mental health. These men were screened for prejudice events in which they had been called names such as “fag” or “queer.” Meyer found significant associations between these prejudice events and difficulties maintaining mental health. In addition, Herek, Gillis, and Cogan (1999) sampled a large group of lesbian and gay persons, and found that individuals who were victims of hate crimes were more likely to exhibit depressive symptomology. These findings highlight some reasons why some members of the lesbian and gay communities feel unsure about being open regarding their sexuality. Concealment or hiding one’s

sexual orientation status is described as being a coping strategy that is used to avoid negative consequences as a result of being gay. Miller and Major (2000) reported that while the individual is attempting to avoid negative consequences by hiding her/his sexual orientation, she/he actually ends up experiencing stress as a result of hiding her/his true nature. Smart and Wegner (2000) described the cost of hiding/concealment. The burden of hiding/concealment lies in the cognitive strain that takes place because of the necessary efforts to maintain secrecy. They go on to describe this process of concealment as being a source of extreme distress to the individual.

Lesbian and gay men learn to conceal their sexual orientation out of fear of experiencing physical or professional harm or out of internalized shame or guilt (Meyer, 2003). For many gay men and lesbians, negative messages from family members or peers regarding same-sex relationships cause them to learn very quickly to use hiding as a coping mechanism to protect themselves from harm (both real and perceived). Hetrick and Martin (1987) described learning to hide as being the most common coping skill among gay and lesbian adolescents. They went on to note that

individuals in such a position must constantly monitor their behavior in all circumstances: how one dresses, speaks, walks, and talks becomes constant sources of possible discovery. One must limit one's friends, one's interests, and one's expression for fear that one might be found guilty by association. The individual who must hide of necessity learns to interact on the basis of deceit governed by fear of discovery. Each successive act of deception, each moment of monitoring which is unconscious and automatic for others, serves to reinforce the belief in one's difference and inferiority. (p. 35–36)

Waldo (1999) suggested that adults in the lesbian and gay communities also utilize hiding as a way to avoid discrimination in the workplace. In addition, Meyer (2003) reported that to avoid disclosure of their sexual orientation, and in turn consequences of this disclosure, lesbian and gay people use concealment strategies to help ensure that their minority status remains hidden. These strategies are passing (lying to appear as heterosexual), covering (avoiding clues that would disclose sexual orientation), and being implicitly out (using vague language to describe one's partner or social life).

The development of the construct of minority stress has been an important development in the literature examining the experience of lesbian and gay people. An important aspect of the construct of minority stress is the explanation of coping strategies that lesbian and gay individuals develop out of necessity as a result of being a minority within a majority society that at times is openly rejecting and demoralizing. The coping strategy of suppression of self/hiding is known to be utilized by lesbians and gay men, but some writers have suggested that emotion and thought suppression are detrimental to the development of a positive sense of self (Meyer, 2003; Miller & Major, 2000; Waldo, 1999).

#### Levels of Outness

Suppression of true self and concealment of sexual orientation has been suggested to be related to the construct of minority stress. Within the lesbian and gay communities, there are individuals who suppress more or less of their true identity based upon different factors within their immediate social environment. For some lesbian and gay people, the

immediate environment is not supportive of their coming out process, and can be in some cases extremely homonegative (unsupportive of those who identify as homosexual). In this environment, “lesbian and gay people must make ongoing decisions about the degree to which they should reveal their sexual orientation in spheres (e.g., family of origin, work, church) where self-disclosure may lead to interpersonal rejection and other negative consequences” (Mohr & Fassinger, 2000, p. 66). Bohan (1996) described coming out as a lifelong process that involves many different experiences in which lesbian and gay people are confronted with the question of whether or not to disclose their minority status.

The decision to come out is a highly personal process that involves many different levels of consideration. Family, work, heterosexual friends, strangers, work supervisors, and religious community members all have to be considered when lesbian and gay people are deciding whether or not to disclose (Mohr & Fassinger, 2000).

For lesbian and gay people, homonegative cultural norms sometimes lead to internalization of these homonegative beliefs. The internalization (also called internalized homophobia) of these beliefs can manifest in guilt and shame for lesbian and gay people, and can lead to lower levels of outness. In a study of internalized homonegativity, Shildo (1994) found that individuals who had higher levels of internalized homophobia were more likely to have few gay social supports and demonstrated little to no overlap between gay and heterosexual groups of friends. This isolation of self from members of the same cultural group, in this case other lesbian and gay people, has been found to have implications for psychosocial functioning, adaptability, and adjustment (Shildo, 1994).



For lesbian and gay people with differing levels of outness within different spheres of life, vigilance is required when considering to whom and where disclosure has occurred. Smart and Wegner (2000) mentioned the cognitive strain involved in this process of balancing outness in some areas of life and concealment in others. This constant censoring of speech and monitoring of behavior requires a hyper-awareness of surroundings that many heterosexuals have never needed to consider.

As overall outness increases, and integration of self begins, lesbian and gay people become less concerned with their environment and begin to develop a healthier sense of self. The stress of being a minority begins to lessen (Morris, Waldo, & Rothblum, 2001). In a study by Kertzner (2001), gay men were found to become more satisfied with level of social support as their overall outness and level of personal acceptance increased. Jones, Farina, Hestrof, Markus, Miller, and Scott (1984) described being out to other members of the gay community as being important because support from others within the same cultural group can provide a buffer against negative attitudes present in mainstream society.

The literature regarding level of outness in the lesbian and gay community is sparse. Identity development within the lesbian and gay communities has been studied more thoroughly, while overall outness has sometimes been mentioned as an afterthought. Overall outness is important because it provides information about to whom and where lesbian and gay people have disclosed their sexual orientation. Furthermore, it provides information about comfort with and integration of self as a member of the lesbian and gay communities. Lower levels of outness (out to few people and in fewer situations) have been shown to predict lower levels of adjustment and overall mental

health, while higher levels of outness (out to more people and in more situations) show higher satisfaction with self and social environment (Kertzner, 2001; Mohr & Fassinger, 2000, 2003).

### Mental Health Pressures and Coming Out

Levels of outness vary within the lesbian and gay communities, and plays a crucial role in the well being of lesbian and gay people. The task of being gay or lesbian in a mainstream culture that does not value such difference is a daunting one, and for many there are definite consequences related to being devalued by a heteronormative society. “Lesbians and gay men have reported higher than average rates of therapy usage; of those surveyed, 22–77% reported having been in psychotherapy at some point in their lives” (Murphy, Rawlings, & Howe, 2002, p. 183). Other studies have also shown similar rates of usage of psychotherapy services (Bell & Weinberg, 1978; Bradford, Ryan, & Rothblum, 1994; Liddle, 1997; Morgan, 1992). There has been increasing evidence that suggests that lesbians and gay men are at risk for psychological concerns as a result of social stigma (Fife & Wright, 2000; Kessler, Mickelson, & Williams, 1999; Markowitz, 1998; Mays & Cochran, 2001; Meyer, 1995; Otis & Skinner, 1996; Wright, Gronfein, & Owens, 2000). Cochran, Sullivan, and Mays (2003) reported that “lesbians and gay men commonly report a history of victimization and discrimination, particularly in adolescence or young adulthood. As a consequence of these events, homosexuality may be a risk indicator for higher rates of psychological distress and some mental disorders” (p. 53).

The increased use of psychotherapy services and increase in psychopathology as a result of minority stress has been explored and affirmed by the above mentioned authors, but what presenting concerns are specific to gay males and lesbians who are in the process of coming out? The first stressor for those that are coming out is homophobia. Homophobia was described by Weinberg (1972) as “the fear felt by heterosexuals when in near proximity to homosexuals” (p. 38). As mentioned before, society works hard to convince us that homosexuality is wrong. Unfortunately, one of the main weapons in this arsenal is homophobia. Cochran (2001) reported that a *Newsweek* poll of the American public revealed that almost half of the individuals surveyed believed that homosexuality was a sin and that one third believed that people who identified as being attracted to the same sex were mentally or physically ill. Societal opinions such as these are likely to be sensed by lesbian and gay people at a very early age and could lead to a manifestation of shame and guilt known as internalized homophobia. This self-loathing and self hatred felt by lesbians and gay men is unseen and often goes unnoticed by others. These internalized conflicts make it difficult, if not impossible, for a healthy self-concept to form. For those gay and lesbian youth who are accepted by parents and peers, internalized homophobia is less likely to occur. For those individuals with internalized homophobia, it is likely that they will suffer from unhappiness with self, dissatisfaction with intimate relationships, and decreased well being. Difference is very frightening to most because our brains maneuver events, people, and places into workable schemas. For some, homosexuality does not fit neatly into any workable schema, and as humans, we are apt to dismiss what we don't understand as being wrong. Disturbing proof of this tendency can be found in the American Psychiatric Association's decision to classify homosexuality as a mental

disorder. Fortunately, the American Psychiatric Association recanted this decision, but the damage had been done. Internalized homophobia could manifest in anxiety and depression, suicide, and substance abuse (Pachankis & Goldfried, 2004; Slater, 1988). Mays and Cochran (2001) found that lesbian and gay people were twice as likely as heterosexuals to have a prejudice experience during their lifetime (e.g. losing employment). In the process of coming out, adolescents are likely to face more antigay or prejudice events than adults in the same stage of outness. In a study by Faulkner and Cranston (1998) it was found that sexual minority youths of high school age are likely to experience a school environment that is discriminatory, rejecting, and violent. For adults who are coming out, the workplace can also hold stressors. Waldo (1999) found that employers who were homophobic or heterosexist (treats everyone as though they are heterosexual) caused in their gay employees a higher incidence of psychological distress and lower productivity on the job. Waldo (1999) defines heterosexism as “an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship or community” (p. 218). For example, a heterosexist question might be, “why aren’t you married?” In light of the previous studies, it is no surprise that in a study by Cochran, Sullivan, and Mays (2003), it was found that minority status sexual orientation is associated with higher levels of mental health problems. Prevalences of mood, anxiety, and substance use disorders were found to be higher when compared with individuals who were heterosexual and of the same gender. In men, the differences were most notable for major depression and panic disorder, and in women the differences were more extreme for generalized anxiety disorder. Among men, it was also observed that rates of psychological distress were higher than for bisexual or heterosexual men. It was

also found that many men of minority sexual orientation report poorer mental health in adolescence when retroactive reports are utilized. This finding may reflect the stress associated with adolescence that many gay youth report (Savin-Williams, 1994). The picture has not been as clear for lesbians.

In one study (Cochran & Mays, 2000b) it was found that 1-year prevalence rates of substance abuse and alcohol dependence were higher than prevalence rates of depression and anxiety in lesbians when compared to heterosexual women. In another study by Gilman et al. (2001), the reverse was found in that depression and anxiety rates were higher than substance abuse and alcohol dependence rates in lesbians when compared to heterosexual women. Furthermore, Cochran, Sullivan, and Mays (2003) found that generalized anxiety disorder was higher in lesbians when compared to heterosexual women.

Furthermore, it has been found that lesbians, gays, and bisexuals are 3–4 times more likely than their heterosexual counterparts to have comorbid disorders (Cochran, Sullivan, & Mays, 2003). Comorbidity has been found to be a very reliable predictor of the severity of mental illness and of higher rates of treatment use among individuals that present with comorbid psychological disorders (Kessler, Zhao, et al., 1999). For example, Liddle (1997) found that gay and lesbian clients have seen more therapists than heterosexual clients, see therapists for a longer duration, and use therapy more often than their heterosexual counterparts.

In a study by Garofalo, Wolf, Kessel, Palfrey, and Durant (1998) it was found that lesbian and gay youth who had a negative self-image as a result of minority stress were three times more likely to attempt suicide than their heterosexual peers. In a related study,

Cochran and Mays (2006) found that gay men were two times more likely than heterosexual men to attempt suicide.

Another issue for some gay men and lesbians is a lack of positive role models in relationships and in life in general (Slater, 1988). For children who grow up in a household where a man and a woman are married or partnered, there is no deficit in opportunity to observe the dynamics of a straight relationship. For gay children, the chances of there being a positive gay couple to observe are fewer; therefore, the dynamics of how those relationships evolve and progress are likely to remain a mystery. Furthermore, most gay and lesbian children and adults will find it difficult to find many high profile, successful gay and lesbian role models. Gay and lesbian lifestyles on television, film, and stage have historically been that of parody or extremes that play to stereotypes that feed internalized and external homophobia. There are successful gay and lesbian adults in professional careers, but in some parts of the country and world the number of high ranking executives, doctors, lawyers, etc. that are out is comparatively low because of the perceived and real threat that coming out can have to continued success (Griffith & Hebl, 2002; Slater, 1988). This lack of visibility can and does lead to feelings of loneliness and isolation for some gay men and lesbians, and is a very real concern for therapists when working with gay and lesbian clients.

A third presenting concern for gay and lesbian clients is HIV and AIDS (Slater, 1988). While HIV and AIDS afflicts gay men to a disproportionately larger extent, lesbians are affected as well. In the early 1980s, homophobia was fueled by the AIDS epidemic among gay men. As a result, HIV and AIDS became known as the gay disease, and gay men became the target for ridicule and violence. For gay men and lesbians who

come to therapy, misinformation about “prevention, transmission, and symptoms” (Slater, 1988, p.230) has most likely compounded internalized homophobia and self-worth concerns. For many gay men and lesbians, what they are thinking and feeling about their susceptibility to HIV and AIDS is so frightening because of the lack of or predominance of wrong information that they are exposed to concerning HIV and AIDS.

For religious individuals, the coming out experience could be a difficult one. Many religious denominations still consider homosexuality to be a sin. Furthermore, many antigay organizations (Exodus International) utilize religious scripture to promote their organizations (Pachankis & Goldfried, 2004). Thus, it stands to reason that religious individuals who are working toward coming out, would experience dissonance that would be distressing. Shuck and Liddle (2001) found that the lesbian and gay people in their sample experienced a sense of conflict between their sexual orientation and scripture passages, religious teachings, and prejudice from members of their church congregation.

Finally, coming out to oneself and to others is a stressor that straight clients do not experience. It is highly unlikely that a straight client will ever need to seek out psychological services because he/she is concerned with how friends and family will react to him/her being straight. For gays and lesbians, the prospect of coming out is a very daunting task that has implications for present and future success and happiness.

The importance of the coming out process has been noted by Meyer (2003) and Bradford et al. (1994). Being out means having access to support networks, health and mental health information, and “increased emotional and psychological health” (Bradford et al., 1994, p. 229). Coming out is a process, and mental health professionals should become aware of the specific challenges lesbian and gay people face as they navigate

their way through the task of revealing their sexual orientation to different people and within the different settings of daily life.

### Summary

Emotion regulation and thought suppression are aspects of the human condition that are universal. All of us have and will experience emotions and thoughts that are unpleasant, and we will attempt to suppress these emotions out of expression and we will try to push these thoughts out of conscious consideration. Studies (Butler, Lee, & Gross, 2007; Gross, 1998a ; Gross & Levenson, 1997; Richards & Gross, 2000; Wegner et al., 1987; Wenzlaff & Wegner, 2000) have shown that while the individual is attempting to improve his or her subjective experience, suppression of thought and emotion has a paradoxical effect of causing the suppressed thought to return more often and the suppressed emotion to be felt more intensely. Another aspect of suppression that has been considered empirically (Goldman & Kernis, 2002; Gross & John, 2003) is the resulting feelings of inauthenticity that occurs with chronic suppression of authentic emotion and thought. This inauthenticity affects social relationships and produces negative affect. This suppression-related negative affect can result in mental and physical health concerns for individuals who chronically suppress authentic emotion and thought. Studies (Butler et al., 2003; Campbell-Sills et al., 2006; Gross & John, 2003; Gross & Levenson, 1997; Petrie et al., 1995; Wegner & Wenzlaff, 2000) have shown that individuals who utilize thought and emotion suppression on a regular basis have decreased satisfaction in social/romantic relationships, have an increase in depressive and anxious symptoms, and can evidence physiological distress in the form of cardiopulmonary difficulties and



compromised immune system functioning. In addition, men have been found to suppress emotion and thought at higher levels than women, but measures of physiological and psychological experience of suppression show no differences between the sexes (Gross & John, 2003; Levenson & Gottman, 1983).

Effects for suppression have also been explored in relation to culture. Studies (Keltner, Gruenfeld, & Anderson, 2003; Oyserman, Coon, & Kimmelmeier, 2002) have shown that minority groups suppress emotion and thought at a higher rate than majority groups, and as a result experience higher levels of stress. This social stress has been deemed by Meyer (1995, 2003) as minority stress, and it stems from higher levels of negative affect and stress among minority groups as a result of prejudice and discrimination. In particular, Meyer (2003) has explored the effects of minority stress among lesbians and gay men and has found that concealment of sexual orientation (hiding) is a stressor that is specific to the lesbian and gay populations. For lesbian and gay people, the stress inherent in hiding is a result of the cognitive energies that are necessary for the individual to remain closeted. Meyer (1995, 2003) has found evidence that this withholding of information and suppression of thought and emotion produces an increase in risk for depressive symptoms among lesbian and gay people. Level of outness is also an important aspect of the lesbian and gay experience. Overall outness is determined by to whom and in what environments the lesbian or gay person has disclosed his/her sexual orientation (Mohr & Fassinger, 2000). It appears that the literature is very sparse in regards to the relationship between overall outness and suppression occurrence among lesbian and gay people, and differences between lesbians and gay men in regards to scores on emotion and thought suppression inventories. Also, the relationship between

overall outness and incidence of psychological symptoms, specifically depression and anxiety, has not received much attention in the empirical literature. Overall outness of lesbian and gay individuals needs to be addressed; specifically, the relationship between overall outness, psychological symptoms, inauthenticity, and suppression processes.

### III. RESEARCH METHODOLOGY

The present study was intended to examine the level of thought suppression and emotion suppression, the amount of anxiety, the amount of depression, and the level of inauthenticity experienced by lesbians and gay men in various stages of outness. Differences were investigated regarding emotion and thought suppression between the lesbian and gay community.

#### Research Questions

The primary research question that guided the present study was designed to examine the level of thought suppression and the level of emotion suppression reported by lesbians and gay men in various stages of outness. Secondary questions focused on an assessment of the relationships of anxiety, depression, and inauthenticity with lesbians' and gay men's identified overall outness. In addition, differences between lesbians' and gay men's scores on emotion suppression and thought suppression measures were examined.

#### Sample

The non-random sample for the present study included gay and lesbian individuals who volunteered to participate. Participants were recruited with the use of a

web-based survey program posted on the internet. Emails soliciting volunteers were sent to various universities, list-servs, and professional organizations affiliated with the lesbian and gay communities. Recipients were invited to send the information page and online survey to individuals who might be interested in taking the survey.

Participation in the current study was on a voluntary basis. Demographics of the sample were obtained by asking questions related to gender, race, and sexual orientation.

### Instrumentation

The posited research questions set the criteria for selection of the instruments used in the current study. The constructs of overall outness of lesbians and gay men, experienced depression and anxiety, inauthenticity, and emotion and thought suppression informed and clarified the selection of instruments. Psychometric properties for each are described below as related to the use in the present study. A basic demographic questionnaire was also developed for the purpose of use in this study. Cut-off scores were not specified for these instruments; therefore, specific information regarding outness of lesbians and gay men, experienced depression and anxiety, inauthenticity, and emotion and thought suppression cannot be inferred. However, higher scores or lower scores do allow for discussion around the presence or absence of the aforementioned variables.

#### *Demographic Questionnaire*

Information regarding age, race (Black, White, Latino/a, Asian/Asian-American, Native American, Multiracial, and Other), gender (male, female), and sexual orientation (gay, lesbian) was gathered in order to determine the characteristics of the sample.

### *Emotion Regulation Questionnaire (ERQ)*

The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) is a ten item self-report measure that provides standardized measurement of individual differences in the emotion regulation strategies of expressive suppression and cognitive reappraisal. Respondents indicate how often they utilize emotion regulation strategies, using a seven point Likert-scale, ranging from “strongly disagree” to “strongly agree” (1 = strongly disagree, 4 = neutral, 7 = strongly agree). Cronbach alpha reliabilities averaged .79 for Reappraisal and .73 for Suppression. Test-retest reliability across 3 months was .69 for both scales (Gross & John, 2003). Gross and John (2003) also assessed convergent and discriminant validity of the ERQ. In testing the convergent validity of the ERQ, a measure of authenticity was used. The measure of inauthenticity (Masking Questionnaire) was used because it was expected that habitual use of suppression would relate to feelings of inauthenticity because the definition of inauthenticity is to feel or behave in ways that do not mirror authentic feelings. On the other hand, it was predicted that reappraisal would not relate to the Masking Questionnaire. As predicted, suppression was related to inauthenticity ( $\beta = .47$ ), and reappraisal was not ( $\beta = -.05$ ). In testing the discriminant validity of the ERQ, personality dimensions were measured using the *Big Five Inventory* (John & Srivastava, 1999) because “these personality dimensions are conceptualized at a much broader level of abstraction than our measures of specific emotion regulation processes, suggesting that associations should not be very large in size” (Gross & John, 2003, p. 353). The constructs of neuroticism and extraversion are of particular interest because the construct of reappraisal should not have any relationship to neuroticism and the construct of extraversion should not have any relationship to

suppression. This is what was found. Reappraisal was negatively related to neuroticism ( $\beta = -.20$ ), and suppression was negatively related to extraversion ( $\beta = -.41$ ). Reappraisal occurs early in the emotion regulation process, and it is used to reframe negative events into a positive in order to decrease distress. Suppression occurs later in the emotion regulation process, and is used to modify behavioral exhibition of authentic emotion. Research (Gross & John, 2003) has shown that individuals who habitually use expressive/emotion suppression have less positive and more negative emotion, have less satisfying interpersonal relationships, and have a diminished sense of well-being. The *Big Five Inventory* has been used by researchers (Gross, 1998a; Gross & John, 1998, 2003) to assess the extent to which individuals utilize emotion regulation techniques. When scoring this instrument in the present study, the researcher only scored items related to emotion suppression (2, 4, 6, 9). The items are summed to produce the individual score for emotion suppression. The lowest anyone could score would be 4, and the highest anyone could score would be 28. In the sample for the current study, the highest score found was a score of 25, and the lowest score found was a score of 4. The higher the score, the more likely that emotion suppression is present for the individual. The lower the score, the less likely that emotion suppression is present for the individual.

#### *Masking Questionnaire (MQ)*

*The Masking Questionnaire (MQ; Gross & John, 1998)* is a 13 item self-report inventory measuring the individual's propensity to mask or hide authentic emotion. Respondents indicate how often they hide authentic emotion by using a 7 point Likert-scale ranging from "strongly disagree" to "strongly agree" (1 = strongly disagree, 4 = neutral, 7 = strongly agree). Cronbach's alpha for this instrument is good, and was found

to be .79. Gross and John (1998) also consider the convergent and discriminant validity of the items of the questionnaire. Costa and McRae's (1992) *NEO Five Factor Inventory* was used. It was found that masking was related to the construct of Neuroticism ( $\beta = .50$ ), but not related to the constructs of Extraversion ( $\beta = -.25$ ) or Agreeableness ( $\beta = -.47$ ). Researchers (Gross & John, 1998, 2003) have used this questionnaire to assess individual incidence of feelings of inauthenticity. Negative affect also related to chronic suppression of emotion and thought, is partly due to feelings of inauthenticity. When scoring this instrument, the researcher simply adds up the individual scores for each question (based on the 7 point Likert-scale). The lowest any participant could score would be 13, and the highest would be 91. In the sample for the present study, the lowest score found was 19, and the highest score found was 85. The higher the score, the more likely it is that an individual is experiencing inauthenticity in some aspects of his or her life.

#### *Outness Inventory (OI)*

*The Outness Inventory* (OI; Mohr & Fassinger, 2000) is an 11 item self-report inventory designed to measure whom the lesbian or gay man has disclosed their gay status to within his/her life, using a seven point rating scale. Cronbach's alpha for the four items related to being out to the world (one's sexual orientation is known by and openly discussed with new heterosexual friends, work peers, work supervisors, and strangers) is .79. Cronbach's alpha for the four items related to being out to family (one's sexual orientation is known by and openly discussed with family members) is .74. Cronbach's alpha for the two items related to being out to religion (one's sexual orientation is known by and openly discussed with members and leaders of one's religious community) is .97. Internal consistency of items for the whole scale is .79 (Mohr &

Fassinger, 2003). Convergent and discriminant validity evidence for the OI was assessed through correlational analysis between the OI and the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965), the *Lesbian Identity Scale* (LIS; Fassinger & McCarn, 1997), the *Gay Identity Scale* (GIS; Fassinger, 1997), the *Multigroup Ethnic Identity Measure* (MEIM; Phinney, 1992), and in the *Lesbian and Gay Identity Scale* (LGIS; Mohr & Fassinger, 2000). Convergent validity evidence was determined in correlations between the scale of the MEIM that measures same-group orientation (degree to which the individual identifies with minority status) and the scale of the OI that measures degree of outness to the world. It was determined that the scale that measures degree of outness to the world on the OI was related to same-group orientation scale on the MEIM ( $\beta = .31$ ).

Discriminant validity evidence was found in the correlations of scales of the LGIS that measure degree of parental involvement in antigay religions and the aspect of the OI that measures level of public outness. It was found that the scale that measures public outness on the OI was not related to the scale on the LGIS that measures degree of parental involvement in antigay religions ( $\beta = .05$ ). *The Outness Inventory* (Mohr & Fassinger, 2000) is used by researchers as a measure of degree of public outness. For the purposes of the current study, the overall outness score was the only score used in the final analysis. To obtain this score, an average of the scores on the “Out to Family” scale (average of items 1, 2, 3, and 4), “Out to World” scale (average of items 5, 6, 7, and 10), and the “Out to Religion” scale (average of items 8 and 9) was computed. The lowest score possible is 0, and the highest score possible is 21. In the sample for the current study, the highest score found was a 6.50, and the lowest score found was a .8. The closer



to 7 the score, the more likely it is that overall outness is high. The closer to 0 or 1 the score, it is less likely that overall outness is high.

*White Bear Suppression Inventory (WBSI)*

*The White Bear Suppression Inventory* (WBSI; Wegner & Zanakos, 1994) is a 15 item self-report inventory measuring the individual's propensity to suppress negative emotion. Respondents indicate a frequency with which they suppress negative emotion by using a 5 point Likert-scale ranging from "strongly disagree" to "strongly agree," with neutral (don't know) in the middle. Cronbach's alpha was excellent (.89). Test-retest reliability was found to be satisfactory at .80. Validity of the WBSI, tested by Muris, Merckelbach, and Horselenberg (1996), was shown to be good in that participants who had high scores on the WBSI were more likely to evidence intrusive thinking in the thought suppression experiments than participants who had low WBSI scores. Also, when told to imagine an unwanted negative thought, participants with high WBSI scores were more likely to experience discomfort and had a greater urge to control their thoughts, than participants who evidenced low WBSI scores (Muris, Merckelbach, & Horselenberg, 1996). Wenzlaff and Wegner (2000) provide evidence that shows that individuals attempting to suppress unwanted thoughts will experience a rebound of these thoughts at a higher rate than if the unwanted thought had been expressed instead of suppressed (Pennebaker, 1993). Researchers (Muris, Merckelbach, & Horselenberg, 1996; Wegner & Zanakos, 1994) use the WBSI in order to measure the tendency of individuals to suppress unwanted thoughts. When scoring this instrument, the researcher simply adds up the individual scores for each question (based on the 5 point Likert-scale). For SPSS, the lettered Likert scale (A-E) had to be transformed into a numbered Likert

scale. The lowest any participant could score would be 15, and the highest would be 75. In the sample for the current study, the lowest score found was 18, and the highest score found was 73. The higher the score, it is more likely that thought suppression occurs for the individual. The lower the score, it is less likely that thought suppression occurs for the individual.

*Mood and Anxiety Symptom Questionnaire–Short Form (MASQ)*

*The Mood and Anxiety Symptom Questionnaire–Short Form (MASQ; Watson & Clark, 1991)* is a 62 item questionnaire that assesses for symptoms that are distinctive to anxiety and mood disorder. The short form is comprised of four subscales. The General Distress Anxious Symptoms subscale includes 11 items that indicate anxious mood. The General Distress Depressive Symptoms subscale includes 12 items that indicate depressed mood. The Anxious Arousal Subscale includes 17 items that indicate symptoms of somatic tension and hyperarousal. The Anhedonic Depression Subscale includes 22 items that indicate symptoms of depression such as loss of pleasure in usual activities, disinterest, low energy, and items that are reverse-keyed that assess for positive emotional experiences. Respondents indicate emotional state by using a 5 point Likert-scale ranging from “not at all” to “extremely.” Cronbach’s alpha for the Anxious Arousal Scale, General Distress Anxious Symptoms, General Distress Depressive Symptoms, and Anhedonic Depression were .89, .87, .93, and .66 respectively. Convergent and discriminant validity was tested in a study by Watson, Clark, Weber, Assenheimer, Strauss, & McCormick (1995). The *Beck Depression Inventory (BDI)* and the *Beck Anxiety Inventory (BAI)* were used. The subscale of the MASQ that measures depression had good convergent validity ( $\beta = .76$ ) with the BDI and good discriminant validity with

the BAI ( $\beta = .15$ ). The subscale of the MASQ that measures anxiety had good convergent validity ( $\beta = .76$ ) with the BAI, and good discriminant validity with the BDI ( $\beta = .13$ ). Although 4 subscales are available in the short-form, only two subscales that access anxiety and depression will be used due to reliability and multicollinearity issues (described later). Researchers (Watson et al., 1995) use the MASQ–Short Form to assess symptoms of anxiety and depression. For both the Anxious Symptoms and the Depressive Symptoms subscales, all of the items (scored on a 5 point Likert scale) are added up to produce a final score. The lowest score possible for the Anxious Symptoms subscale is 11 and the highest score possible is 55. The lowest score obtained for this sample was 11 and the highest score obtained for this sample was 48. The lowest score possible for the Depressive Symptoms subscale is 12 and the highest score possible is 60. The lowest score obtained for this sample was 12, and the highest score obtained for this sample was 54. The lower the score, the less likely it is that anxious and depressive symptoms are present for the individual. The higher the score, the more likely it is that anxious and depressive symptoms are present for the individual.

### Procedure

After approval from the Institutional Review Board was obtained, the researcher contacted the membership co-chair of American Psychological Association's Division 44, the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues and the researcher contacted the president of The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (a division of the American Counseling Association) to obtain permission to utilize each organization's list-serv for data collection. The

researcher also utilized the National Consortium of Directors of LGBT Resources in Higher Education and the National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers list-servs in order to obtain participants. Potential participants were sent an email inviting them to participate. Within this email, a short introduction to the study was given, and the contact information sheet was pasted at the bottom of the email. The contact information sheet included information regarding the study and a link to the site that contained the survey (Psych Data) as well as provided information about the study to clarify that completion and submission of the study indicated the consent to participate. Also, eligibility to participate was clarified through the following statement:

To participate in this study you must be 19 years of age or older, and you must identify as either lesbian or gay. If you are not 19 years of age or older, or if you do not identify as lesbian or gay, you will not be eligible for participation, and will be directed to the end of the survey.

Potential participants were also informed that email addresses would not be linked to submission of the survey; therefore, results would be anonymous, and unlinkable to an individual's email address. Additionally, identifying information such as name or address, were not requested from any potential participant.

### Statistical Analyses

Predictor variables were selected based upon their relevance to overall outness in regards to individual sexual orientation and overall mental health status/factors associated in prior research with mental health. To address hypotheses one, two, five, six, and seven,

bivariate correlations and regression analyses were used. More specifically, the variables of emotion suppression, thought suppression, inauthenticity (masking), depressive symptoms, and anxious symptoms were examined with the variable of overall outness in order to determine if relationships were present between the variables. Also, using bivariate (hypothesis five) and simultaneous regression, (hypotheses one, two, six, and seven) the independent variables of emotion suppression, thought suppression, inauthenticity (masking), anxious symptoms, and depressive symptoms were used to predict the variable of overall outness. To examine potential group differences between lesbians and gay men regarding emotion suppression and thought suppression (hypotheses three and four), an ANOVA was used. More specifically, thought suppression (hypothesis four) and emotion suppression (hypothesis three) were the dependent variables and sexual orientation (lesbian or gay) was the independent variable used in both analyses. For significance testing, alpha was set a priori at 0.05.

### Research Hypotheses

1. There is no statistically significant relationship between emotion suppression and overall outness.
2. There is no statistically significant relationship between thought suppression and overall outness.
3. There is no statistically significant difference between emotion suppression scores for lesbians and gay men.
4. There is no statistically significant difference between thought suppression scores for lesbians and gay men.

5. There is no statistically significant relationship between overall outness and reported authenticity.
6. There is no statistically significant relationship between overall outness and anxious symptoms.
7. There is no statistically significant relationship between overall outness and depressed symptoms.

## IV. RESULTS

This chapter presents the results of the data analysis. Demographic descriptions of the participants (e.g. race, gender, and sexual orientation) and mean scores from each scale of the measures used in the current study are included. Additionally, results of reliability analyses, correlations, regression analyses, and analysis of variance (ANOVA) are presented in reference to the seven central research hypotheses.

### Participants

The survey posted on the Psych Data website consisted of the *Emotion Regulation Questionnaire* (ERQ), the *Masking Questionnaire* (MQ), the *Outness Inventory* (OI), the *White Bear Suppression Inventory* (WBSI), and the *Mood and Anxiety Questionnaire–Short Form* (MASQ-SF). In order to participate in the current study, the participant had to self- identify as either gay or lesbian, and be 19 years of age or older. Participants were solicited from the listservs of the American Psychological Association’s Division 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues), the National Consortium of Directors of LGBT Resources in Higher Education, the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, and the listserv of the National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers. Psych Data reported that 224 individuals initiated the process of taking the survey. Of

those individuals, 183 were determined to be qualified to move on to the remainder of the survey (41 of the 224 individuals stopped taking the survey before demographics were assessed, and were taken to the end of the survey). Some of the remaining 183 participants had missing items for some parts of the survey, which caused certain participants to be removed/excluded from various analyses. The lowest number (N) achieved on any scales was the Anxious Symptoms Scale which had 152 participants after missing data points were removed. The number (N) for the remaining scales and demographic data are as follows: Race (N = 183), Gender (N = 183), Sexual Orientation (N = 183), Emotion Suppression (N = 166), Inauthenticity (Masking) (N = 156), Overall Outness (N = 155), Out to Family (N = 155), Out to World (N = 155), Out to Religion (N = 155), Thought Suppression (N = 155), and Depressive Symptoms (N = 153). The participants mentioned above provided a sufficient N to run the statistical analyses for this project.

Participants included in the final analyses (Male, N = 90, 49.2%; Female, N = 93, 50.8%) were 19 years or older, and identified themselves as either lesbian (N = 91, 49.7%) or gay (N = 92, 50.3%). The differences in N for lesbian and gay (N = 91, N = 92) and males and females (N = 90, N = 93) are likely due to the preference of some participants to express their true gender and/ or sexual identity. For example a participant could identify as lesbian, but consider personal gender identity to be male. The racial groups included in the study were Black (N = 6, 3.3%), White (N = 155, 84.7%), Latino/a (N = 10, 5.5%), Asian/Asian American (N = 3, 1.6%), Native American (N = 1, .5%), Multiracial (N = 5, 2.7%), and Other (N = 3, 1.6%).



## Reliabilities

Table 1 compares the coefficient alpha reliabilities of each instrument and each sub-scale used in the present study to the results of the current study and the results reported by the authors of the scales in their normative data. Instruments included are the *Emotion Regulation Questionnaire* (ERQ; Gross & John, 2003), the *Masking Questionnaire* (MQ; Gross & John, 1998), the *Outness Inventory* (OI; Mohr & Fassinger, 2000), the *White Bear Suppression Inventory* (WBSI; Wegner & Zanakos, 1994) and the *Mood and Anxiety Symptom Questionnaire–Short Form* (MASQ–SF; Watson & Clark, 1991).

Table 1

*Reliability Analysis for ERQ, MQ, OI, WBSI and MASQ–SF*

	Gross and John (2003) Cronbach's Alpha	Current Study Cronbach's Alpha
<i>ERQ</i>		
Suppression Scale	.73	.80
	Gross and John (1998) Cronbach's Alpha	Current Study Cronbach's Alpha
<i>MQ</i>		
	.79	.88
	Mohr and Fassinger (2000) Cronbach's Alpha	Current Study Cronbach's Alpha
<i>OI</i>		
Out to Family Scale	.74	.80
Out to World Scale	.79	.84
Out to Religion Scale	.97	.94

Table 1 (continued)

	Wegner and Zanakos (1994) Cronbach's Alpha	Current Study Cronbach's Alpha
<i>WBSI</i>	.89	.92
	Watson & Clark (1991) Cronbach's Alpha	Current Study Cronbach's Alpha
<i>MASQ-SF</i>		
Depressive Symptoms Scale	.93	.94
Anxious Symptoms Scale	.87	.87

### Hypothesis Testing

Correlations, regression analyses, and analysis of variance (ANOVA) results relative to the seven research hypotheses are presented in this section.

*Hypothesis 1: There is no statistically significant relationship between emotion suppression and overall outness.*

Overall, hypothesis one (null hypothesis) was rejected. The bivariate correlation between emotion suppression and overall outness is reported in Table 2. The suppression subscale of the *Emotion Regulation Questionnaire* had a significant relationship with overall outness ( $r = -.263, p < .01$ ).

*Hypothesis 2: There is no statistically significant relationship between thought suppression and overall outness.*

Overall, hypothesis two (null hypothesis) was rejected. The bivariate correlation between emotion suppression and overall outness is reported in Table 2. Thought

suppression (*White Bear Suppression Inventory*) had a significant relationship with overall outness ( $r = -.176, p < .05$ ).

In order to determine the amount of variance accounted for by emotion suppression and thought suppression as they relate to overall outness, these two predictor variables were entered into a multiple regression model using simultaneous regression. It was found that emotion suppression and thought suppression were related to overall outness ( $R = .273, F(2, 152) = 6.100, p < .01$ ). The  $R^2 = .074$  indicates that 7.4% of the variance in overall outness can be accounted for by its linear relationship with thought suppression and emotion suppression. The regression analysis is reported in Table 3. While emotion suppression was found to be contributing significantly to the prediction of overall outness ( $t(155) = -2.66, p < .05$ ), the contribution of thought suppression is no more than would be expected to occur by chance ( $t(155) = -.917, p > .05$ ). When squared, the part correlation ( $-.21$ ) shows how much of the variance of overall outness can be expressed by emotion suppression. In the current study, 4.3% of all of the possible variance that could be expressed in overall outness is explained by emotion suppression.

Table 2

*Bivariate Correlations Between Race, Gender, Sexual Orientation, Overall Outness, Emotion Suppression, Reported Inauthenticity, Thought Suppression, Anxious Symptoms, and Depressed Symptoms*

Measure	2	3	4	5	6	7	8	9
Demographic Data								
1. Race	.03	-.04	-.12	.10	-.01	.08	-.03	-.04
2. Gender	--	-.98*	.09	-.14	-.19*	.10	.09	-.05
3. Sexual Orientation	--	--	-.09	.16*	.20*	-.08	-.06	-.02
Outness Inventory								
4. Overall Outness	--	--	--	-.26*	-.32*	-.18*	-.10	-.21*
Emotion Regulation Questionnaire								
5. Suppression Scale	--	--	--	--	.71*	.42*	.34*	.33*
Masking Questionnaire								
6. Reported Inauthenticity	--	--	--	--	--	.51*	.32*	.41*
White Bear Suppression Inventory								
7. Thought Suppression Scale	--	--	--	--	--	--	.55*	.52*
Mood Anxiety Symptoms Questionnaire								
8. Anxious Symptoms	--	--	--	--	--	--	--	.73*
9. Depressed Symptoms	--	--	--	--	--	--	--	--

\*  $p < .05$

Table 3

*Summary of Multiple Regression for Variables Predicting Overall Outness (N = 155)*

Variable	B	SE $\beta$	Partial	Part
Emotion Suppression (ERQ)	-.07	.03	-.23	-.21
Thought Suppression (WBSI)	-.01	.01	-.08	-.07

$\Delta R^2 = .07$

\* $p < .05$

*Hypothesis 3: There is no statistically significant difference between emotion suppression scores for lesbians and gay men.*

Overall, hypothesis 3 (null hypothesis) was rejected. Table 4 outlines the differences according to sexual orientation as they apply to scores on the suppression subscale of the ERQ. Additionally, the means, standard deviations, and the results of the ANOVA for emotion suppression are summarized. When evaluating differences between lesbians and gay men as they pertain to emotion suppression, a one-way ANOVA was performed. There were significant differences between lesbians and gay men in regard to emotion suppression. Gay men utilize emotion suppression more than lesbians ( $M_{\text{Gay Men}} = 13.38$ ,  $M_{\text{Lesbians}} = 11.8$ ,  $F(1, 164) = 4.171$ ,  $p = .04$ ).

Table 4

*Comparison of Differences in Types of Suppression Among Lesbians and Gay Men*

	Overall Sample	Gay	Lesbian		Partial
	Mean (SD)	Mean (SD)	Mean (SD)	F	Eta <sup>2</sup>
Type of Suppression					
Emotion Suppression	12.59(4.90)	13.38(5.28)	11.85(4.42)	4.171*	.025
Thought Suppression	46.98(12.47)	45.95(11.79)	47.95(13.07)	.999	.006

\* $p < .05$

*Hypothesis 4: There is no statistically significant difference between thought suppression scores for lesbians and gay men.*

Overall, hypothesis 4 (null hypothesis) failed to be rejected. Table 4 outlines the differences according to sexual orientation as they apply to scores on the White Bear Suppression Inventory (thought suppression). Additionally, the means, standard deviations, and the results of the ANOVA for thought suppression are summarized. When evaluating differences between lesbians and gay men as they pertain to thought suppression, a one-way ANOVA was performed. There were no significant differences between lesbians and gay men in regard to thought suppression ( $F(1, 153) = .999, p = .32$ ).

*Hypothesis 5: There is no statistically significant relationship between reported inauthenticity (masking) and overall outness.*

Overall, hypothesis 5 (null hypothesis) was rejected. The bivariate correlation between inauthenticity (masking) and overall outness is reported in Table 2. Reported

inauthenticity (*Masking Questionnaire*) had a significant relationship with overall outness ( $r = -.321, p < .01$ ).

In order to determine the amount of variance accounted for by reported authenticity as it relates to overall outness, this predictor variable was entered into a simple regression model. It was found that reported inauthenticity (masking) was related to overall outness ( $r = .321, F(1, 153) = 17.589, p < .001$ ). Regression,  $r^2 = .103$  indicates that 10.3% of the variance in overall outness can be accounted for by its linear relationship with reported inauthenticity (masking). The regression analysis is reported in Table 5. Masking (reported inauthenticity) was found to be contributing significantly to the prediction of overall outness ( $t(155) = -4.19, p < .001$ ).

Table 5

*Summary of Bivariate Regression for Variable Predicting Overall Outness (N = 155)*

Variable	B	SE B	$\beta$	Partial	Part
Masking	-.03	.01	-.32	-.32	-.32

$\Delta R^2 = .10$

\* $p < .05$

*Hypothesis 6: There is no statistically significant relationship between anxious symptoms and overall outness.*

Overall, hypothesis 6 (null hypothesis) was not rejected. The bivariate correlation between anxious symptoms and overall outness is reported in Table 2. The General

Distress: Anxious Symptoms subscale of the MASQ-SF did not have a significant relationship with overall outness ( $r = -.100, p > .05$ ).

*Hypothesis 7: There is no statistically significant relationship between overall outness and depressed symptoms.*

Overall, hypothesis 7 (null hypothesis) was rejected. The bivariate correlation between depressed symptoms and overall outness is reported in Table 2. The General Distress: Depressed Symptoms subscale of the MASQ-SF had a significant relationship with overall outness ( $r = -.212, p < .01$ ).

In order to determine the amount of variance accounted for by anxious symptoms and depressed symptoms as they relate to overall outness, these two predictor variables were entered into a multiple regression model using simultaneous regression. These two variables were chosen because they best represent the information needed for answering the hypothesis, but also multicollinearity issues have been found previously between Anxious Arousal and Anxious Symptoms and between General Depressive Symptoms and Anhedonic depression. Anhedonic depression and anxious arousal were not included as variables in the present study because these scales had a bivariate correlation of .70 or more. Anhedonic depression was also found to have a moderately low Cronbach's alpha (.66), so reliability was an issue. General anxiety and depressive symptoms were entered without anxious arousal and Anhedonic depression in order to identify any possible predictions that could have been masked by the multicollinearity that was present between the scales (Tabachnik & Fidell, 1996). It was found that anxious symptoms and depressed symptoms were related to overall outness ( $R = .226, F(2, 149) = 4.018, p < .05$ ). The  $R^2 = .051$  indicates that 5.1% of the variance in overall outness can be



accounted for by its linear relationship with depressed and anxious symptoms. The regression analysis is reported in Table 6. While depressive symptoms were found to be contributing significantly to the prediction of overall outness ( $t(152) = -2.541, p < .05$ ), the contribution of anxious symptoms is no more than would be expected to occur by chance ( $t(152) = -.994, p > .05$ ). When squared, the correlation ( $-.203$ ) shows how much of the variance of overall outness can be expressed by depressed symptoms. In the current study, 4.1% of all of the possible variance that could be expressed in overall outness is explained by depressed symptoms.

Table 6

*Summary of Multiple Regression for Variables Predicting Overall Outness (N = 152)*

Variable	B	SE B	$\beta$	Partial	Part
Anxious Symptoms	.02	.02	.12	.08	.08
Depressive Symptoms	-.05	.02	-.30	-.20	-.20

$\Delta R^2 = .05$

\* $p < .05$

## V. DISCUSSION

A brief summary of the study will be presented in this chapter as an introduction to a more substantive discussion of the results. The study's principal research hypotheses will guide the analysis and discussion. Finally, limitations, implications for the study, recommendations for future directions of the study, and conclusions are presented.

### Overview of the Study

Emotion suppression and thought suppression seem to be universal aspects of the human condition. All of us experience unpleasant emotions and thoughts at times, some of which we may choose to deny, ignore, or suppress. Often we will go to considerable lengths in an effort to try to push these thoughts out of conscious consideration. Studies (Butler, Lee, & Gross, 2007; Gross, 1998; Gross & Levenson, 1997; Richards & Gross, 2000; Wegner et al., 1987; Wenzlaff & Wegner, 2000) have shown that while the individual is attempting to improve his or her subjective experience, suppression of thought and emotion has a paradoxical effect of causing the suppressed thought to return more often, and the suppressed emotion to be felt more intensely.

Another aspect of suppression that has been considered empirically (Goldman & Kernis, 2002; Gross & John, 2003) is the resulting feelings of inauthenticity that occur with chronic suppression of authentic emotion and thought. This inauthenticity affects

social relationships and produces negative affect. This suppression-related negative affect can result in mental and physical health concerns for individuals who chronically suppress authentic emotion and thought. Studies (Butler et al., 2003; Campbell-Sills et al., 2006; Gross & John, 2003; Gross & Levenson, 1997; Petrie et al., 1995; Wegner & Wenzlaff, 1996) have shown that individuals who utilize thought and emotion suppression on a regular basis experience decreased satisfaction in social/romantic relationships, experience an increase in depressive and anxious symptoms, and can evidence physiological distress in the form of cardiopulmonary difficulties and compromised immune system functioning. In addition, men have been found to suppress emotion and thought at higher levels than women, although measures of physiological and psychological experience of suppression show no differences between the sexes (Gross & John, 2003; Levenson & Gottman, 1985).

Effects for suppression have also been explored in relation to culture. Studies (Keltner, Gruenfeld, & Anderson, 2003; Oyserman, Coon, & Kemmelmeier, 2002) have shown that minority groups suppress emotion and thought at a higher rate than majority groups, and as a result experience higher levels of stress. This social stress has been designated by Meyer (1995, 2003) as minority stress, and it stems from higher levels of negative affect and stress among minority groups associated with acts of prejudice and discrimination. Moreover, Meyer (2003) has explored the effects of minority stress among lesbians and gay men and has found that concealment of sexual orientation (hiding) is a stressor for lesbian and gay populations. Although hiding is a significant aspect of life for gay men and lesbians, it is not unique to them. An example would be

members of persecuted religious groups in other countries who hide their beliefs in order to remain safe.

For lesbian and gay people, the stress inherent in hiding is a result of the cognitive energies required by the individual to remain closeted. Meyer (1995, 2003) has found evidence that this withholding of information in the form of suppression of thought and emotion produces an increase in risk for depressive symptoms among lesbian and gay people. Overall outness is also an important aspect of the lesbian and gay experience. Overall outness is determined by identifying or assessing to whom and in what environments the lesbian or gay person has disclosed his/her sexual orientation (Mohr & Fassinger, 2000). The literature is very sparse in regards to the relationship between overall outness and suppression occurrence among lesbian and gay people. The purpose of the present study was to examine possible differences between lesbians and gay men in regards to scores on emotion and thought suppression inventories. The current study also sought to add to current research by examining and clarifying relationships between overall outness, psychological symptoms, inauthenticity (masking), and suppression processes.

## Discussion by Hypotheses

### *Relationship of Emotion Suppression and Overall Outness*

The first hypothesis examined the possible relationship between emotion suppression and overall outness. According to Gross (1998), emotion suppression occurs when an individual attempts to block an emotion that has already caused a reaction. For instance, one may pretend to be excited about going to a dinner party, when in reality

they have been dreading the event. Research (Gross, 1998; Gross & Levenson, 1997; Richards & Gross, 2000; Wegner, 1987; Wegner & Erber) has shown that attempts to suppress emotion are paradoxical in nature because in actuality the target emotion is not successfully suppressed, but is highlighted and enhanced. The resulting effect is an increase in intensity with which the emotion is felt.

In the present study, emotion suppression was paired with overall outness (of lesbians and gay men) in an attempt to determine the nature of the relationship between the two. Lesbian women and gay men have long been the object of ridicule and stigmatization. Meyer (2003) has proposed that “hiding” or concealment of sexual orientation is a very common experience of the lesbian and gay communities because current cultural and political environments promote ridicule or discrimination. This concealment of true identity (outness as a lesbian woman or gay man) then becomes an added stressor for sexual minorities (Waldo, 1999).

Results show a surprising negative relationship between emotion suppression and degree of overall outness, indicating the possibility that as degree of overall outness increases (out to more individuals in more situations), emotion suppression practices decrease. Conversely, the results show the surprising possibility that as degree of overall outness decreases (out to fewer individuals in fewer situations), emotion suppression practices increase. This finding lends support to the constructs of “hiding” or “being in the closet,” and also shows a relationship between overall outness and a psychological construct of destructive suppression that has implications on mental health and physical well being. Pachankis (2007) groups lesbians and gay men under the umbrella of those with concealable stigmas, and he goes on to say that individuals who believe that they

will be persecuted for their identities are more likely to excessively manage and suppress personal information. The results of the present study support this argument.

#### *Relationship Between Thought Suppression and Overall Outness*

The second hypothesis examined the relationship between thought suppression and overall outness. Unlike emotion suppression, which can often be observed by others behaviorally and seen in expression, thought suppression is a primarily inward event in which the individual attempts to replace a troubling/unpleasant thought with another more pleasant or tolerable one. Like emotion suppression, research (Kelly & Kahn, 1994; Wegner, 1987; Wegner & Erber, 1992) has shown that as an individual attempted to force a thought out of his/her mind, a paradoxical effect (rebound effect) took place in which the suppressor was more likely to experience the aversive thought. This shows that when a person engages in thought suppression, he or she will be more likely to experience a higher frequency of the unwanted thought than if thought suppression hadn't been tried at all.

In the present study, thought suppression was paired with overall outness in an attempt to find a relationship between the two. Results suggest that gay men and lesbians are more likely to suppress emotion when they are out to fewer people in fewer situations. Pachankis (2007) offers the term "salience of stigma," to describe the degree to which lesbians and gays allow themselves to experience thoughts about their sexuality. The question the present study sought to answer was: does thought suppression relate to the overall outness of the individual? Results show a significant relationship between thought suppression and overall outness. The nature of this relationship is negative. This indicated negative relationship was unexpected. It showed that as degree of overall

outness increases, the occurrence of thought suppression likely decreases. Conversely, this negative relationship also showed that as degree of overall outness decreases, the occurrence of thought suppression likely increases.

This finding lends support to the idea that a negative perception of one's sexual orientation can lead an individual to engage in suppression of thoughts that might bring salience to or confirm the status of the individual as lesbian or gay (Pachankis, 2007). Furthermore, this finding also supports Pachankis' (2007) idea that gay men and lesbians who view their sexual orientation as troublesome will be more likely to attempt to suppress thoughts that affirm their identity as lesbian or gay. In turn, this attempt will most likely enhance the "rebound effect" described by Wegner (1997). As with the finding above, this finding shows that overall outness is related to a well-researched psychological construct (thought suppression) that can and does impact emotional and physical well-being.

#### *Relationships of Overall Outness and Suppression*

Thought suppression and emotion suppression were examined together in the present study for the purposes of explaining the variance in overall outness. It was found that thought suppression and emotion suppression together were related to overall outness, and suppression was found to be responsible for a significant amount of the variance in overall outness. While this significance was found, the results also showed that emotion suppression contributed significantly to the prediction of overall outness, and thought suppression did not.

Possibilities certainly exist for explaining the above findings. Emotion suppression and thought suppression both have a negative correlation (relationship) with

overall outness, so it makes sense that when combined they would contribute to a significant amount of the variance in overall outness. Research (Keltner, Gruenfeld, & Anderson, 2003; Oyserman, Coon, & Kimmelmeier, 2002) has indicated that minority groups suppress emotion and thought at a higher rate than majority groups, so the relationship of emotion suppression and thought suppression to overall outness makes sense, and helps to support previous research.

An important additional explanation also exists. Results show the significance of emotion suppression in predicting overall outness and at the same time indicate the failure of thought suppression (when taken with emotion suppression) to predict overall outness. Emotion suppression is an activity that involves less cognitive drain on the individual than thought suppression. Thought suppression involves the process of finding and utilizing thoughts that will promote the desired state of successful suppression of the unwanted/aversive thought (Wegner, 1994, 1997; Wegner & Wenzlaff, 1996). This cognitive load is less likely to promote the use of thought suppression by a significant number of individuals on a regular basis. On the other hand, emotion suppression involves less cognitive load, and is more likely to be used by a larger amount of individuals because the competition with everyday tasks and productivity is not as large as would be expected with thought suppression, which requires a “hyperawareness” of thought processes. This hyperawareness exerts an inhibitory function on daily productivity (Wegner & Erber, 1992).

#### *Difference in Emotion Suppression for Lesbians and Gay Men*

The third hypothesis guided the effort to identify and examine any possible differences between lesbians and gay men when it comes to scores on the Emotion



Suppression subscale of the ERQ (Gross & John, 2003). Research (Gross & John, 2003; Levenson & Gottman, 1985) has shown that men and women suppress emotion at differing levels. Men have been found to suppress emotion at higher levels in regard to interpersonal interactions such as friendships, marriage, or partnerships. Differences relative to this construct for lesbian women and gay men have never been examined, so in the current study, lesbians and gay men were compared in order to ascertain whether or not there would be any difference between the two groups when it comes to emotion suppression. In fact, differences were found. Gay men were found to suppress emotion at a higher level than lesbians. This is consistent with the previous research that found a higher level of emotion suppression in men.

Past research (Brody, 2000; Underwood, Coie, & Herbsman, 1992) has shown that in Western societies, men are socialized to be more stoic about emotions and internal experiences. Some men are even taught that any expression of emotion is a sign of weakness. For lesbians and gay men, the above gender differences are definitely present, but the reasons for the differences found in the current study may run deeper than clear messages regarding gender roles.

Society as a whole is more critical of gay men than it is of lesbians. Lesbians have been sexualized and objectified by the mainstream media. A large portion of society views a lesbian relationship as something of a sexual fantasy. For example, during the writing of this project, the number one song in America for four weeks and counting was “I Kissed a Girl” by Katy Perry. This is a very good example of why some lesbians are not as prone to suppression of their sexual feelings; mainstream America has latched on to (one might even say embraced) the idea of lesbian relationships or experimentation.

On the other hand, gay men have been objectified by the mainstream media in a very different manner. Far from being sexualized, gay men in mainstream media are depicted as very dramatic, feminine, and the butt of jokes. When men are depicted in the media as being attracted to one another, or if romantic acts are depicted, the reaction by the public is often negative and swift. For example, a recent television commercial depicted two men kissing. This commercial was immediately attacked and taken off of network television. Gay men also face the very real possibility of physical violence/hate crimes. The finding in the current study (gay men suppress at higher levels than lesbian) is consistent with past research done with straight men and women, but it also serves to educate and inspire discussions regarding differences among lesbians and gay men when it comes to emotion suppression.

#### *Comparison of Thought Suppression Use for Lesbians and Gay Men*

The fourth hypothesis examined possible differences between lesbians and gay men when it comes to scores on the *White Bear Suppression Inventory* (Wegner & Zanakos, 1994), an instrument that examines the use of thought suppression. Research by Wegner and Zanakos (1994) has suggested that women show a slightly higher incidence of thought suppression than men. Differences in thought suppression for lesbians and gay men have never been examined. In the present study, lesbians and gay men were compared to examine possible differences between the two groups when it comes to thought suppression. Contrary to past research, no gender differences were found in regard to use of thought suppression as a way of coping with unwanted thoughts about sexual orientation. A possible explanation for this result can be found in the idea of habituation. It has been found that when individuals are faced with adversity for an

extended period of time, thoughts regarding that adversity can become less anxiety-provoking over time, therefore the actual act of suppressing a thought might become less frequent over time (barring any traumatic event associated with the adversity; Wegner, 1992; Wegner & Zanakos, 1994). Gay men and lesbians who are skillful suppressors may become skilled at blending into society as an invisible minority; therefore, they may experience less of a need to cognitively suppress ideas about their sexuality. Mastery of suppression may reduce internal cost.

Another explanation for the above finding is that the act of thought suppression may prove to be detrimental to productivity due to the cognitive load that is produced by actively suppressing thoughts. The sample included in the current study was taken from a portion of the population that is largely professional and highly educated; therefore, possibly comprised of a larger percentage of high achievers than another sample. These individuals most likely are not spending a whole lot of time thinking about their sexuality, and if they do, they most likely are not remaining in that mental space, due to the constraints on time and energy from other sources (school/work).

#### *Relationship of Inauthenticity (Masking) and Overall Outness*

The fifth hypothesis examined the relationship between reported inauthenticity (masking) and overall outness. Humanistic psychologists have long focused on the construct of being authentic or “true” to oneself (May, 1983; Rogers, 1959). Authors (Sheldon et al., 1997) have described authenticity as the phenomenon that occurs when “people act with a full sense of choice and self-expression” (p. 1381). In the present study, self-reported authenticity was paired with overall outness in an attempt to examine the relationship between the two. For some lesbian women and gay men, the immediate

social environment, and society at large is not supportive of their overall coming out process, and can be in some cases extremely unsupportive. In the case of some gay men and lesbian women, their immediate social or work environments may not be conducive to an authentic expression of self, and this is why the current study examined possible relationships between reported authenticity and overall outness.

Results show a significant relationship between reported inauthenticity(masking) and degree of overall outness. This relationship (correlation) was found to be negative in direction. This negative relationship was surprising and shows that as the degree of overall outness increases, it is likely that the amount of expressed inauthenticity (masking) decreases. Conversely, as the degree of overall outness decreases, it is likely that the amount of expressed inauthenticity (masking) increases. This finding supports research (Morris, Waldo, & Rothblum, 2001) that shows that as a minority person becomes more comfortable with himself or herself, an integration of self begins, such individuals become less concerned with their environment and begins to develop a healthier sense of self.

#### *Overall Outness Examined with Inauthenticity (Masking)*

Inauthenticity (masking) was examined for the purposes of explaining the variance in overall outness. It was found that inauthenticity was related to overall outness, and was responsible for a significant amount of the variance in overall outness. Results also showed that inauthenticity contributed significantly to the prediction of overall outness.

This finding adds to current research (Meyer, 2003; Pachankis, 2007) in that it is one explanation for how an acceptance of self could promote a more authentic expression

of self, which in turn could promote less masking behavior. For lesbians and gay men, this could mean that as they begin to come out to others and express their true selves, the need to be inauthentic will decrease and a sense of pride in their sexuality will increase. Conversely, for those individuals who have not yet become comfortable with their identities as gay men or lesbians, the need to hide or to be “closeted” will certainly accentuate the need of the individual to mask true emotions and thoughts.

#### *Relationship of Anxious Symptoms and Overall Outness*

The sixth hypothesis examined the relationship between anxious symptoms and overall outness. For lesbians and gay men with a negative view of their sexuality, the pressure to hide from the world, to disguise genuine emotion, and to remain hypervigilant of their behaviors could promote an affective state that would foster high levels of anxiety (Meyer, 2003; Pachankis, 2007). The specific relationship between anxiety and overall outness in lesbians and gay men has never been examined, but was examined for the purposes of the current study. In the current study, there was not a significant relationship between anxiety and overall outness. A possibility for this finding could lie in the aforementioned processes of masking (inauthenticity) and suppression. For lesbians and gay men who are hiding their true identities, masking and suppression (both thought and emotion) are most likely occurring at high levels. These processes could combine to promote less general anxiety because the individual would be less likely to allow any prolonged consideration of sexuality; therefore there is less conscious awareness of any anxiety provoking thoughts or emotions (in the chronic sense), and the individual is more likely to “move on” with their daily activities. Finally, this was not a clinical sample so high levels of chronic anxiety would be less likely to impede the

everyday function and success of these individuals. Anxiety it is not occurring at a significant amount within this sample to be related to overall outness.

#### *Relationship of Overall Outness and Depressed Symptoms*

The seventh hypothesis examined the relationship between overall outness and depressed symptoms. Research (Cepeda-Benito & Short, 1998; Cramer & Lake, 1998; Pachankis, 2007) has shown that individuals who keep personal secrets are more likely to evidence qualities of shyness, loneliness, and introversion. In the current study, overall outness was paired with depressed symptoms in an attempt to find a relationship between the two. Meyer (1995, 2003) has found evidence that shows that closeted lesbians or gay men are at an increased risk for depressive symptoms, which suggests that a relationship between overall outness and depressed symptoms might exist. Results show a significant relationship between degree of overall outness and depressed symptoms. This relationship (correlation) was found to be negative in nature. This negative relationship is surprising and indicates that as degree of overall outness increases, it is likely that depressive symptoms will decrease. Conversely, as the degree of overall outness decreases, it is likely that depressive symptoms will increase. This finding lends support to research (Ullrich, Lutgendorf, & Stapleton, 2003) that showed that concealing a lesbian or gay sexual orientation is associated with more emotional distress that primarily included depression. The previous study also showed that when disclosure of sexual orientation did take place, symptoms of depression were more likely to decrease.

#### *Overall Outness Examined With Anxious Symptoms and Depressed Symptoms*

Anxious symptoms and depressed symptoms were examined together for the purposes of explaining the variance in overall outness. In the instrument used

(MASQ–SF, Watson & Clark, 1991) cut-off scores are not known for anxiety and depression. It was found that high scores on anxiety symptoms and high scores on depressive symptoms together were related to overall outness, and together were responsible for a significant amount of the variance in overall outness. The results also showed, however, that high scores on depressive symptoms contributed significantly to the prediction of overall outness, while high scores on anxious symptoms did not. This finding shows that depressive symptoms will be a better indicator for overall outness than anxious symptoms. Anxiety alone is not related to overall outness, but when combined, the two do have a relationship with overall outness. This finding is consistent with research (Butler et al., 2003; Campbell-Sills et al., 2006; Gross & John, 2003; Meyer, 2003) that shows that an individual who hides or suppresses information chronically will be more likely to evidence symptoms of depression and anxiety. Overall outness does significantly impact the emotional and psychological well-being of the individual. More research is needed regarding this finding as the specific mechanism operating within this result is unclear. If depression symptoms and anxiety symptoms together predicted outness, it is possible that this result is related to the impact of outness on overall mental health. Regarding anxiety and overall outness, it is possible that depression is a more recognizable indicator of specific distress around sexual identity, whereas lesbian women and gay men may have habituated to anxiety around sexual identity (due to years of stress related to this issue), and are less likely to notice anxiety symptomology.

## Limitations of the Study

One of the primary limitations of the current study is associated with its correlational design. Significant relationships were found between a number of variables, but causation cannot be assumed. While the results do provide interesting insights into how overall outness may impact the individual, no explanation can be inferred as to how and in what order the significant relationships might occur. For example, does emotion suppression and thought suppression cause a realization of inauthenticity that then would cause a negative affective state that would lead to less overall outness, or is there another order in which these affective and cognitive events might occur?

Another limitation of the current study has to do with the multicollinearity issues that were observed between some of the scales within the MASQ-SF. Multicollinearity issues were found between anxious arousal and anxious symptoms and between general depressive symptoms and anhedonic depression (the inability to gain pleasure from normally enjoyable experience which can be indicative of a major depressive episode/disorder). This means that these scales had a bivariate correlation of .70 or more. This multicollinearity was corrected by removing anxious arousal and anhedonic depression from the final analysis. Cronbach's Alpha was strong enough for the remaining two subscales to allow for use separately from the other two scales. The use of these two scales alone actually improved the results of the current study by removing the chance that significant results would have been negated due to the multicollinearity issues.

There were also some factors that might affect the generalizability of the sample to the general population of lesbians and gay men. First of all, this sample was not



obtained randomly. Second, only lesbians and gay men were sampled, so the results of the current study cannot be generalized to the bisexual, queer, transgendered or transsexual communities. Similarly, the current study did not gather information about age, education level, SES, or area of the country, so information regarding these variables cannot be reliably inferred from the data reported by the current study.

Another limitation was that this sample was heavily White, and based on the majority of the organizations to which the survey was distributed (professional organizations in psychology and counseling and higher education institutions), the sample was most likely highly educated, highly likely to have begun or completed the coming out process, and on the higher end of intellectual and psychological functioning. Therefore generalizability is further impacted. Additionally, the measures used in the current study were all self-report. With self-report measures, there is always the chance that social desirability and subjective perception will skew the results of the measures. With lesbian and gay individuals who are not yet accepting of the “gay” label or who are not happy with their sexuality, the process of answering personal questions about their thought processes may cause discomfort which may lead to socially desirable responding. Despite this limitation, reliability results obtained for the instruments used in the current study were the same as or better than the original reliabilities reported by the authors of the instruments.

Another aspect of the study that affects generalizability is that the exact participant make-up of the study is not known. Specifically, the demographic sheet did not ask participants to specify whether they were members of the community, a student, a

professional in the field of psychology, etc.; therefore, generalizability is further impacted.

Finally, the *Masking Questionnaire* and the *Outness Inventory* have not been used by many researchers, so the reliabilities and validities are possibly suspect.

### Implications

The current study is the first to investigate overall outness in relation to emotion suppression and thought suppression. Thought suppression and emotion suppression have both been investigated widely in the trauma literature, but have not been investigated with variables associated with the lesbian and gay communities. The results indicate that both emotion suppression and thought suppression are related to overall outness. It was also found that emotion suppression is a better predictor of overall outness than thought suppression. Though causation was not found, counselors should be aware of the relationship between overall outness and emotion suppression and thought suppression. This information, as well as future research, could inform and assist in creating interventions related to lesbian and gay issues. For example, it would be worthwhile for counselors to take into consideration the overall outness of the client and the amount of emotion suppression and thought suppression that might be occurring for the client. When these variables are seen as being related, the counselor might then be able to individually tailor interventions to focus on how to promote emotion and thought expression, with the goal of creating greater understanding of self in relation to sexuality.

The current study was also the first to investigate differences between lesbians and gay men in regards to emotion suppression and thought suppression. Research has

already been done that has shown that men suppress emotion at higher levels than women, and that women suppress thought at higher levels than men. Past research has not addressed differences between lesbians and gay men; therefore, generalizability to these two groups is not possible. Even though gay men and lesbians are biological men and women, their experiences as a stigmatized minority may impact them in different ways than a heterosexual woman or man. The results indicate that gay men suppress emotion at higher levels than lesbians, but there is no significant difference between the two groups when it comes to thought suppression. The results support past emotion suppression research conducted with men and women, but do not support thought suppression research done with men and women. This information along with future research could also inform interventions used by counselors with lesbians and gay men. For example, it would be worthwhile for counselors to take into consideration the societal norms for men to be more stoic about emotions, but to also take into consideration that gay men may feel forced to remain quiet about their sexuality because of the stigma attached to being a gay man. Counselors could create interventions that would address with gay men the societal messages they have received about emotions based upon their gender, but also the societal messages that they have received based upon their sexuality. This same intervention could also be used with lesbian clients who are having difficulty expressing emotion.

The current study was the first to investigate inauthenticity (masking) in relation to overall outness. Inauthenticity is another variable that has been investigated by past researchers in the context of an experienced trauma, but has never been investigated with variables associated with the lesbian and gay communities. The results of the current

study indicate that inauthenticity (masking) is related to overall outness. Furthermore, the current study has also shown that inauthenticity (masking) is a significant predictor of overall outness. In other words, if an individual is not out to many people, or in many situations, there is a high likelihood that he or she is engaging in behaviors that would and could be seen as being inauthentic. Conversely, if an individual is out in more situations and to more individuals, this person is less likely to evidence inauthentic expressions of self. Though causation was not found, counselors should be aware of the relationship between overall outness and inauthenticity (masking). For example, it would be worthwhile for counselors to consider that previous research has shown that feelings of inauthenticity have been found to increase individual chances of experiencing negative affect (Goldman & Kernis, 2002; Gross & John, 2003). For gay men and lesbians, this inauthenticity can have negative impacts on personal and familial relationships because a deepening of these relationships cannot take place without reciprocal sharing of feelings and personal information. If a therapist has knowledge about the relationship between overall outness and inauthenticity, he or she will be able to create interventions that target the motives and feelings behind masking true emotion, and in turn will have a better chance at understanding the degree of outness achieved by the individual.

The current study contributed to what is already known about affective states and overall outness. Previous results have shown that there is a relationship between “being in the closet” or “hiding” and an increase in negative affect (depressed symptoms and anxious symptoms). Results for the current study showed that anxious symptoms by themselves did not have a significant relationship with overall outness, but that depressed symptoms by themselves do have a relationship with overall outness. While causation

was not found, it was found that when taken together, anxious symptoms and depressed symptoms do relate with overall outness, but that depression is a better predictor of overall outness. These results are consistent with past research in that an affective link has been found to degree of outness, but in this sample, results veer away from past research in showing that anxiety is not a significant predictor of overall outness nor is it related to overall outness when considered by itself. Counselors should be aware of the aforementioned results, and of the past research that links negative affect to being less out in less situations. Counselors could create interventions that would target and possibly help prevent the experience of depression and anxiety by individuals who feel pressure to hide their sexual orientation. These interventions could focus on assisting the client with understanding the reasons why they are not out. Some clients are not out because there is real danger to their safety and/or security. For example, some clients in college may be cut off from financial and/or emotion support if they were to come out, or a client working in a homophobic work environment could lose his or her job and/or find themselves in physical danger if he or she were to come out. Better understanding of these very real concerns is essential for normalization of a client's need to remain closeted and could decrease distress and increase personal satisfaction. On the other hand, it could be helpful to assist the client in understanding cognitive distortions (generalization: if one person in my life is homophobic, everyone else will be; black and white thinking: people are either pro-gay or anti-gay) related to remaining closeted that could assist the client with identifying problematic cognitions, and could lead to finding supportive others, which could lead to an increase in authentic expression of emotion and a decrease in distress.

The current study also produced implications for future research. The current study did not substantiate a relationship between anxiety and overall outness, did not show a statistically significant difference between lesbians and gay men in thought suppression rates, did not show thought suppression as a significant predictor of overall outness, and did not show anxiety as being a significant predictor of overall outness. While these were the results in the present study, that does not mean that lesbians and gay men do not experience distress or hardship as a result of these variables. Further research into the relationship of anxiety and thought suppression to overall outness and further research into the impacts of thought suppression on lesbians and gay men is needed. Further research is also needed into the causation of the relationships of the different variables described here. For example, this research could produce a model of how and in what order the different variables of thought suppression, emotion suppression, inauthenticity (masking), and overall outness occur to produce the negative affect variables (anxiety and depression) described in the current study and in past research. Future research could also include the use of other instruments to measure degree of outness and affect in order to examine if results would be similar or different from the ones found in the current study. Additionally, future studies could examine variables not studied here such as age, race, education level, SES, or area of the country in relation to overall outness. Also, bisexual, queer, transgender, and transsexual individuals could be examined for any differences or relationships to the variables examined in the current study. Finally, it would be relevant to compare heterosexual individuals with gay men and lesbians on all of the variables of the current study. This line of research would

contribute to the literature on minority stress, and would contribute to research investigating the differences between the heterosexual and gay experience.

### Conclusion

The current study found that there is a significant relationship between suppression of emotion and thought, inauthentic expression of emotion (masking), depressive symptoms, and the degree of overall outness of the individual. While the current study examined the relationships between these variables, it did not investigate the specific manner in which the variables are related, except that the relationships described above are negative relationships. This means that if a gay man or lesbian is out to fewer individuals in fewer situations, he or she is more likely to engage in thought suppression, emotion suppression, inauthentic responding, and is more likely to express depressive symptoms. Conversely, if a gay man or lesbian is out to more individuals in more situations, he or she is less likely to engage in thought suppression, emotion suppression, inauthentic responding, and is less likely to express depressive symptoms. Furthermore, the current study found that emotion suppression, inauthenticity, and depressive symptoms were all significant predictors of degree of outness. The current study also found that gay men are more likely than lesbians to suppress emotion. The current study did not find significant results for a relationship between anxious symptoms and overall outness, and the study did not find differences between gay men and lesbians in the occurrence of thought suppression. The current study also failed to show that thought suppression and anxiety were significant predictors of overall outness.

Recommendations for counselors include examining the relationships of thought suppression, emotion suppression, inauthenticity (masking), and depressive symptoms to overall outness. Also counselors should increase their awareness of the finding that gay men are more likely to suppress emotion than lesbians. When a lesbian or gay man presents to therapy with issues related to these concerns, it will be important to orient them to, teach them about, and help the individual to express authentic thought and emotion. These goals will assist the counselor in relieving negative affect, assessing degree of outness, and helping the client to discover his or her voice in a world that sometimes does not value his or her particular expression of authentic self. Finally, it is recommended that future studies examine differences between the gay and heterosexual experience by comparing the two on all of the variables examined in the current study. Also, it is recommended that future studies examine the causation of the relationships found in the current study in order to develop a working model of how the examined variables combine. It would also be advantageous to study how race, age, education level, SES, and area of the country relate to the overall outness of lesbians and gay men. In addition, bisexual, queer, transgender, and transsexual individuals could be included in an examination of thought suppression, emotions suppression, inauthenticity (masking), affective states (e.g. anxiety and depression), and overall outness.



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## APPENDICES

APPENDIX A  
DEMOGRAPHICS QUESTIONNAIRE

## Demographics Questionnaire

Age \_\_\_\_\_

### Race

1. Black
2. White
3. Latino/a
4. Asian/Asian American
5. Native American
6. Multiracial (Specify) \_\_\_\_\_
7. Other (Specify) \_\_\_\_\_

### Gender

1. Male \_\_\_\_\_
2. Female \_\_\_\_\_

### Sexual Orientation

1. Gay \_\_\_\_\_
2. Lesbian \_\_\_\_\_

APPENDIX B  
EMOTION REGULATION QUESTIONNAIRE (ERQ)

**Emotion Regulation Questionnaire (ERQ)**  
**Gross & John (2003)**

1-----2-----3-----4-----5-----6-----7  
strongly neutral strongly  
disagree agree

1. \_\_\_\_ When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.
2. \_\_\_\_ I keep my emotions to myself.
3. \_\_\_\_ When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.
4. \_\_\_\_ When I am feeling *positive* emotions, I am careful not to express them.
5. \_\_\_\_ When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.
6. \_\_\_\_ I control my emotions by *not expressing them*.
7. \_\_\_\_ When I want to feel more *positive* emotion, I *change the way I'm thinking about the situation*.
8. \_\_\_\_ I control my emotions by *changing the way I think about the situation I'm in*.
9. \_\_\_\_ When I am feeling *negative* emotions, I make sure not to express them.
10. \_\_\_\_ When I want to feel less *negative* emotion, I *change the way I'm thinking about the situation*

APPENDIX C  
MASKING QUESTIONNAIRE





APPENDIX D  
OUTNESS INVENTORY

**Outness Inventory**  
**Mohr & Fassinger (2000)**

**Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.**

- 1 = person definitely does NOT know about your sexual orientation status  
 2 = person might know about your sexual orientation status, but it is NEVER talked about  
 3 = person probably knows about your sexual orientation status, but it is NEVER talked about  
 4 = person probably knows about your sexual orientation status, but it is RARELY talked about  
 5 = person definitely knows about your sexual orientation status, but it is RARELY talked about  
 6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about  
 7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about  
 0 = not applicable to your situation; there is no such person or group of people in your life

1. mother	1	2	3	4	5	6	7	0
2. father	1	2	3	4	5	6	7	0
3. siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4. extended family/relatives	1	2	3	4	5	6	7	0
5. my <u>new</u> straight friends	1	2	3	4	5	6	7	0
6. my work peers	1	2	3	4	5	6	7	0
7. my work supervisor(s)	1	2	3	4	5	6	7	0
8. members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10. strangers, new acquaintances	1	2	3	4	5	6	7	0
11. my <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0

APPENDIX E  
WHITE BEAR SUPPRESSION INVENTORY

**White Bear Suppression Inventory**  
**Wegner & Zanakos (1994)**

This survey is about thoughts. There are no right or wrong answers, so please respond honestly to each of the items below. Be sure to answer every item by circling the appropriate letter beside each.

A	B	C	D	E
Strongly Disagree	Disagree	Neutral or Don't Know	Agree	Strongly Agree

- A B C D E 1. There are things I prefer not to think about.
- A B C D E 2. Sometimes I wonder why I have the thoughts I do.
- A B C D E 3. I have thoughts that I cannot stop.
- A B C D E 4. There are images that come to mind that I cannot erase.
- A B C D E 5. My thoughts frequently return to one idea.
- A B C D E 6. I wish I could stop thinking of certain things.
- A B C D E 7. Sometimes my mind races so fast I wish I could stop it.
- A B C D E 8. I always try to put problems out of mind.
- A B C D E 9. There are thoughts that keep jumping into my head.
- A B C D E 10. There are things that I try not to think about.
- A B C D E 11. Sometimes I really wish I could stop thinking.
- A B C D E 12. I often do things to distract myself from my thoughts.
- A B C D E 13. I have thoughts that I try to avoid.
- A B C D E 14. There are many thoughts that I have that I don't tell anyone.
- A B C D E 15. Sometimes I stay busy just to keep thoughts from intruding on my mind.

APPENDIX F

MOOD AND ANXIETY SYMPTOM QUESTIONNAIRE-SHORT FORM

## Mood and Anxiety Symptom Questionnaire-Short Form

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item and then mark the appropriate choice in the space next to that item. Use the choice that best describes how much you have felt or experienced things this way during the past week, including today. Use this scale when answering:

- | 1                        | 2            | 3          | 4           | 5         |   |
|--------------------------|--------------|------------|-------------|-----------|---|
| not at all               | a little bit | moderately | quite a bit | extremely |   |
| <input type="checkbox"/> |              |            |             |           | 1. Felt sad   |
| <input type="checkbox"/> |              |            |             |           | 2. Startled easily  |
| <input type="checkbox"/> |              |            |             |           | 3. Felt cheerful  |
| <input type="checkbox"/> |              |            |             |           | 4. Felt afraid  |
| <input type="checkbox"/> |              |            |             |           | 5. Felt discouraged   |
| <input type="checkbox"/> |              |            |             |           | 6. Hands were shaky   |
| <input type="checkbox"/> |              |            |             |           | 7. Felt optimistic  |
| <input type="checkbox"/> |              |            |             |           | 8. Had diarrhea   |
| <input type="checkbox"/> |              |            |             |           | 9. Felt worthless   |
| <input type="checkbox"/> |              |            |             |           | 10. Felt really happy   |
| <input type="checkbox"/> |              |            |             |           | 11. Felt nervous  |
| <input type="checkbox"/> |              |            |             |           | 12. Felt depressed  |
| <input type="checkbox"/> |              |            |             |           | 13. Was short of breath   |
| <input type="checkbox"/> |              |            |             |           | 14. Felt uneasy   |
| <input type="checkbox"/> |              |            |             |           | 15. Was proud of myself   |
| <input type="checkbox"/> |              |            |             |           | 16. Had a lump in my throat                                     |
| <input type="checkbox"/> |              |            |             |           | 17. Felt faint  |
| <input type="checkbox"/> |              |            |             |           | 18. Felt unattractive   |
| <input type="checkbox"/> |              |            |             |           | 19. Had hot or cold spell                                       |
| <input type="checkbox"/> |              |            |             |           | 20. Had an upset stomach  |
| <input type="checkbox"/> |              |            |             |           | 21. Felt like a failure   |
| <input type="checkbox"/> |              |            |             |           | 22. Felt like I was having fun                                  |
| <input type="checkbox"/> |              |            |             |           | 23. Blamed myself for things                                    |
| <input type="checkbox"/> |              |            |             |           | 24. Hands were cold or sweaty                                   |
| <input type="checkbox"/> |              |            |             |           | 25. Felt withdrawn from other people                            |
| <input type="checkbox"/> |              |            |             |           | 26. Felt keyed up, "on edge"                                    |
| <input type="checkbox"/> |              |            |             |           | 27. Felt like I had a lot of energy                             |
| <input type="checkbox"/> |              |            |             |           | 28. Was trembling or shaking                                    |
| <input type="checkbox"/> |              |            |             |           | 29. Felt inferior to others                                     |
| <input type="checkbox"/> |              |            |             |           | 30. Had trouble swallowing                                      |
| <input type="checkbox"/> |              |            |             |           | 31. Felt like crying  |
| <input type="checkbox"/> |              |            |             |           | 32. Was unable to relax   |
| <input type="checkbox"/> |              |            |             |           | 33. Felt really slowed down                                     |
| <input type="checkbox"/> |              |            |             |           | 34. Was disappointed in myself                                  |
| <input type="checkbox"/> |              |            |             |           | 35. Felt nauseous   |
| <input type="checkbox"/> |              |            |             |           | 36. Felt hopeless   |
| <input type="checkbox"/> |              |            |             |           | 37. Felt dizzy or lightheaded                                   |
| <input type="checkbox"/> |              |            |             |           | 38. Felt sluggish or tired                                      |
| <input type="checkbox"/> |              |            |             |           | 39. Felt really "up" or lively                                  |
| <input type="checkbox"/> |              |            |             |           | 40. Had pain in my chest  |
| <input type="checkbox"/> |              |            |             |           | 41. Felt really bored   |
| <input type="checkbox"/> |              |            |             |           | 42. Felt like I was choking                                     |
| <input type="checkbox"/> |              |            |             |           | 43. Looked forward to things<br>with enjoyment                  |
| <input type="checkbox"/> |              |            |             |           | 44. Muscles twitched or trembled                                |
| <input type="checkbox"/> |              |            |             |           | 45. Felt pessimistic about the future                           |
| <input type="checkbox"/> |              |            |             |           | 46. Had a very dry mouth  |
| <input type="checkbox"/> |              |            |             |           | 47. Felt like I had a lot of interesting<br>things to do        |
| <input type="checkbox"/> |              |            |             |           | 48. Was afraid I was going to die                               |
| <input type="checkbox"/> |              |            |             |           | 49. Felt like I had accomplished a lot                          |
| <input type="checkbox"/> |              |            |             |           | 50. Felt like it took extra effort to get<br>started            |
| <input type="checkbox"/> |              |            |             |           | 51. Felt like nothing was very enjoyable                        |
| <input type="checkbox"/> |              |            |             |           | 52. Heart was racing or pounding                                |
| <input type="checkbox"/> |              |            |             |           | 53. Felt I had a lot to look forward to                         |
| <input type="checkbox"/> |              |            |             |           | 54. Felt numbness or tingling in my<br>body                     |
| <input type="checkbox"/> |              |            |             |           | 55. Felt tense or "high-strung"                                 |
| <input type="checkbox"/> |              |            |             |           | 56. Felt hopeful about the future                               |
| <input type="checkbox"/> |              |            |             |           | 57. Felt like there wasn't anything<br>interesting or fun to do |
| <input type="checkbox"/> |              |            |             |           | 58. Seemed to move quickly and easily                           |
| <input type="checkbox"/> |              |            |             |           | 59. Muscles were tense or sore                                  |
| <input type="checkbox"/> |              |            |             |           | 60. Felt really good about myself                               |
| <input type="checkbox"/> |              |            |             |           | 61. Thought about death or suicide                              |
| <input type="checkbox"/> |              |            |             |           | 62. Had to urinate frequently                                   |

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APPENDIX G  
INFORMATION LETTER

[Note: this will appear on the web site, before accessing the survey. It will not be produced in paper form]

**INFORMATION SHEET**  
**For a Research Study Entitled**  
**The Relationship of Thought Suppression and Emotion Suppression to Lesbians’**  
**and Gay Men’s Level of Outness: Investigating the Effects of Chronic Suppression**

You are invited to participate in a research study that aims to explore the relationship of thought suppression and emotion suppression to gay men’s and lesbians’ level of outness (being out to more or less people in more or less settings). In addition, I hope to explore the differences between gay men and lesbians in level of self-reported emotion and thought suppression. Finally, I am curious about the relationship between level of outness and the level of reported authenticity and psychological distress. To participate in this study you must be 19 years of age or older, and you must identify as either lesbian or gay. If you are not 19 years of age or older, or if you do not identify as lesbian or gay, you will not be eligible for participation, and will be directed to the end of the survey. This study is being conducted by Chris Carden, B.S. under the supervision of John Dagley, Ph.D.

If you are eligible for participation, you will click on the link at the bottom of this page to enter the survey. Here, you will be asked to complete the instruments and the demographics sheet. This process should take approximately 20-30 minutes of your time. This is a one time commitment and you will not be asked for any further information once you have submitted your responses.

Any information obtained in connection with this study will remain anonymous. The survey website does not collect the URL or the email address of participants. You may stop taking the survey at any time, however, once you submit your anonymous information you cannot withdraw your data later since there will be no way to identify individual information.

The anonymous information collected through your participation in this study will be used to complete this dissertation, may be published in a professional journal, and may be presented at professional meetings.

I do not believe that there will be any significant risks or benefits for participating in this study. However, if you should experience any adverse psychological effects in completing the following instruments, you will be given a link that will direct you to information that will assist you in contacting a local mental healthcare provider in your area (<http://mentalhealth.samhsa.gov/databases/>). You may print a copy of this letter to keep.

Your decision whether or not to participate will not jeopardize your future relations with Auburn University.



If you have any questions, I will be happy to answer them now or later. I can be reached at the following: Chris Carden, Department of Counselor Education, Counseling Psychology, and School Psychology, 2084 Haley Center, Auburn University, Auburn, AL 36849, (334) 844-5160, [cardedc@auburn.edu](mailto:cardedc@auburn.edu). My faculty advisor is Dr. John Dagley. He may be reached through the Department of Counselor Education, Counseling Psychology, and School Psychology, 2084 Haley Center, Auburn University, Auburn, AL 36849, (334) 844-5160, [daglejc@auburn.edu](mailto:daglejc@auburn.edu).

For more information regarding your rights as a research participant you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at [hsubjec@auburn.edu](mailto:hsubjec@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu) .

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO.

YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

CLICK HERE TO ENTER THE SURVEY: <https://www.psychdata.com/s.asp?SID=124421>

The Auburn University  
Institutional Review Board  
has approved this document for use  
from 2/13/08 to 2/12/09  
Protocol # 08-031 EP 0802