

EDLD 651 Final Project: Discriminatory Experiences, Chronic Strain, Social
Connectedness, and Psychological Wellbeing Among Individuals With Marginalized Sexual
Orientations

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Author Note

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Health. (Meyer, Ilan H., Dohrenwend, Bruce Philip, Schwartz, Sharon, Hunter, Joyce, and
Kertzner, Robert M. Project STRIDE: Stress, Identity, and Mental Health, New York City,
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Abstract

15 This will be an abstract.

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Introduction

Inherent to living with a marginalized identity is the excess stress that accompanies stigma-related experiences and discriminatory conditions (Frost et al., 2013). An extensive body of literature demonstrates that chronic exposure to stress compromises physical and mental health (see Thotis, 2010, for a review), and ultimately elevates susceptibility to a myriad of physiological and psychiatric disorders (Mohd, 2008). It is not surprising, then, that individuals who identify as gay, bisexual, lesbian, and queer (LGBQ) experience higher rates of psychopathology than their heterosexual counterparts, including substance use disorders (Green & Feinstein, 2012), eating disorders (Parker & Harriger, 2020), deliberate self-injury (King et al., 2008), suicidality, and suicide attempts (Haas et al., 2011). The term “minority stress” has been used to describe the phenomenon of elevated mental health concerns resulting from the societal stigmatization of LGBQ sexual orientation status (Meyer, 1995). The link between minority stress and poor health outcomes may be direct, such that discriminatory experiences lead to increased cortisol (Korous et al., 2017) and cardiovascular reactivity (Panza et al., 2019). However, minority stress may also impact health indirectly through the cognitive burden, strain, and behavioral coping strategies that are required to navigate marginalization (Meyer et al., 2008). Given that morbidity and mortality is intimately tied to social and interpersonal conditions, researchers have come to recognize the importance of relationships and support (Cohen, 2004; Pescosolido, 2011). Social connectedness, which refers to the sense of subjective belonging that people feel in relation to individuals and groups of others, is considered a pivotal factor in individual and population-level health (Haslam et al., 2015). Burgeoning evidence indicates that, among individuals with marginalized identities, connection with others who are

marginalized for the same characteristic may mitigate detrimental stress responses (Austin et al., 2016). Indeed, social connectedness is associated with positive health outcomes and has been found to buffer the negative effects of discrimination and perceived stress among many groups of marginalized individuals (Kim & Fredriksen-Goldsen, 2016; Liao et al., 2016; Liu et al., 2019; Wang et al., 2012). Yet, social connectedness is markedly overlooked in research examining the health of LGBTQ individuals. Thus, the purpose of the current study was to examine the longitudinal relationships between discriminatory experiences, chronic strain, social connectedness, and psychological wellbeing among LGBTQ individuals.

Methods

Participants

Project STRIDE participants included individuals who had been residing in New York City for a minimum of two years, self-identified as lesbian, gay, bisexual (LGB), or straight, and self-identified as White, Black, or Latino [**projectstride**]. Participants were excluded from the present study if they identified as heterosexual or did not complete the main study measures. The final sample comprised 360 individuals (50.2% female) aged 18-58 years old ($M = 32.41$ years, $SD = 9.25$). Participants were predominantly White (34%), followed by Black/African-American (33%), and Latino/Hispanic (32%). The distribution of sexual orientations in the study sample can be seen in Table 1.

Materials

Procedure

Data analysis

We used R [Version 4.0.3; 12] and the R-packages *apaTables* [Version 2.0.5; 15], *dplyr* [Version 1.0.2; 23], *forcats* [Version 0.5.0; 17], *gdtools* [Version 0.2.2; 6], *ggiraphExtra*

67 [Version 0.3.0; 10], *ggplot2* [Version 3.3.2; 18], *haven* [Version 2.3.1; 22], *janitor* [Version
 68 2.0.1; 5], *knitr* [Version 1.30; 25], *lavaan* [Version 0.6.7; 14, 9], *lavaanPlot* [Version 0.5.1; 9],
 69 *lm.beta* [Version 1.5.1; 2], *papaja* [Version 0.1.0.9997; 1], *probemod* [Version 0.2.1; 16], *psych*
 70 [Version 2.0.9; 13], *purrr* [Version 0.3.4; 7], *qwraps2* [Version 0.5.0; 4], *readr* [Version 1.3.1;
 71 21], *rio* [Version 0.5.16; 3], *rockchalk* [Version 1.8.144; 8], *stringr* [Version 1.4.0; 19], *tibble*
 72 [Version 3.0.4; 11], *tidyr* [Version 1.1.2; 20], and *tidyverse* [Version 1.3.0; 24] for all our
 73 analyses.

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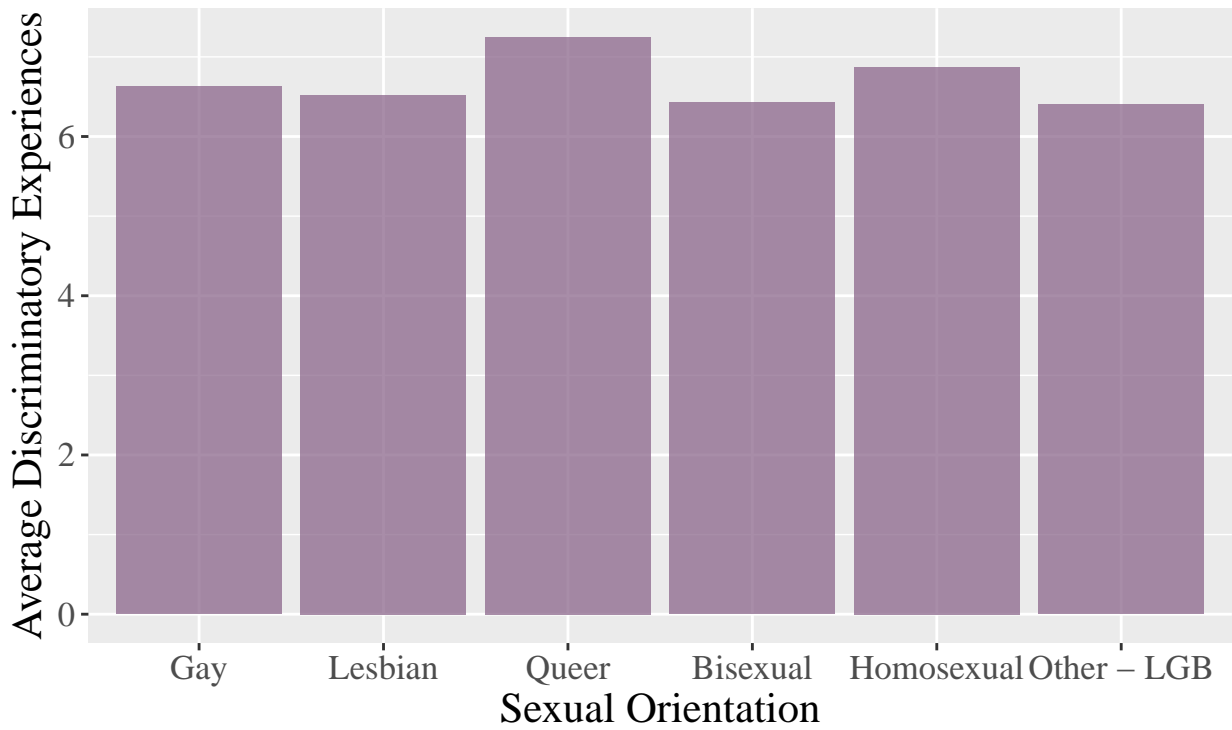
Results

75 Preliminary Analyses

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Sexual Orientation	Count
Gay	160
Lesbian	104
Queer	12
Bisexual	63
Homosexual	16
Other - LGB	5

Experiences of Everyday Discrimination
According to Sexual Orientation



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	Other -					
	Gay (N = 160)	Lesbian (N = 104)	Queer (N = 12)	Bisexual (N = 63)	Homosexual (N = 16)	LGB (N = 5)
Everyday Discrimination						
min	0	0	5	0	0	5
median	7	7	7	7	8	6
max	8	8	8	8	8	8
mean (sd)	6.63 ± 1.72	6.52 ± 1.99	7.25 ± 0.87	6.43 ± 2.13	6.88 ± 2.03	6.40 ± 1.14
Chronic Strain						

	Gay (N = 160)	Lesbian (N = 104)	Queer (N = 12)	Bisexual (N = 63)	Homosexual LGB (N = 16)	Other - = 5)
min	1	1	1	1	1	1.33
median	1.67	1.67	1.5	2	1.33	2
max	3	3	3	2.67	1.67	2.67
mean (sd)	1.65 ± 0.53	1.77 ± 0.58	1.64 ± 0.61	1.88 ± 0.51	1.35 ± 0.26	1.87 ± 0.56
Psychological Wellbeing						
min	3	3.41	4.29	3.18	3.12	3.88
median	5.62	5.53	6.03	5.24	5.74	5.12
max	7	6.82	7	6.82	6.59	5.76
mean (sd)	5.51 ± 0.79	5.53 ± 0.70	5.75 ± 0.78	5.24 ± 0.85	5.47 ± 1.01	4.95 ± 0.72
Social Connectedness						
min	1.38	2.12	3.25	1.88	2.62	2.12
median	3.25	3.38	3.44	3.12	3.5	2.75
max	4	4	4	4	3.88	3.75
mean (sd)	3.26 ± 0.54	3.41 ± 0.45	3.51 ± 0.25	3.14 ± 0.51	3.38 ± 0.40	2.95 ± 0.71

78 Primary Analyses

79 A multiple regression analysis was conducted to examine the effects of discriminatory
80 experiences, chronic strain, social connectedness on psychological wellbeing among LGBTQ

individuals. When all variables were entered into the model, discriminatory experiences was negatively associated with psychological wellbeing,

$\hat{\beta}_1 = -0.05, SE(\hat{\beta}_1) = 0.11, t(356) = -2.14, p = .03$. Likewise, consistent with hypothesis

2, chronic strain was significantly negatively associated with psychological wellbeing,

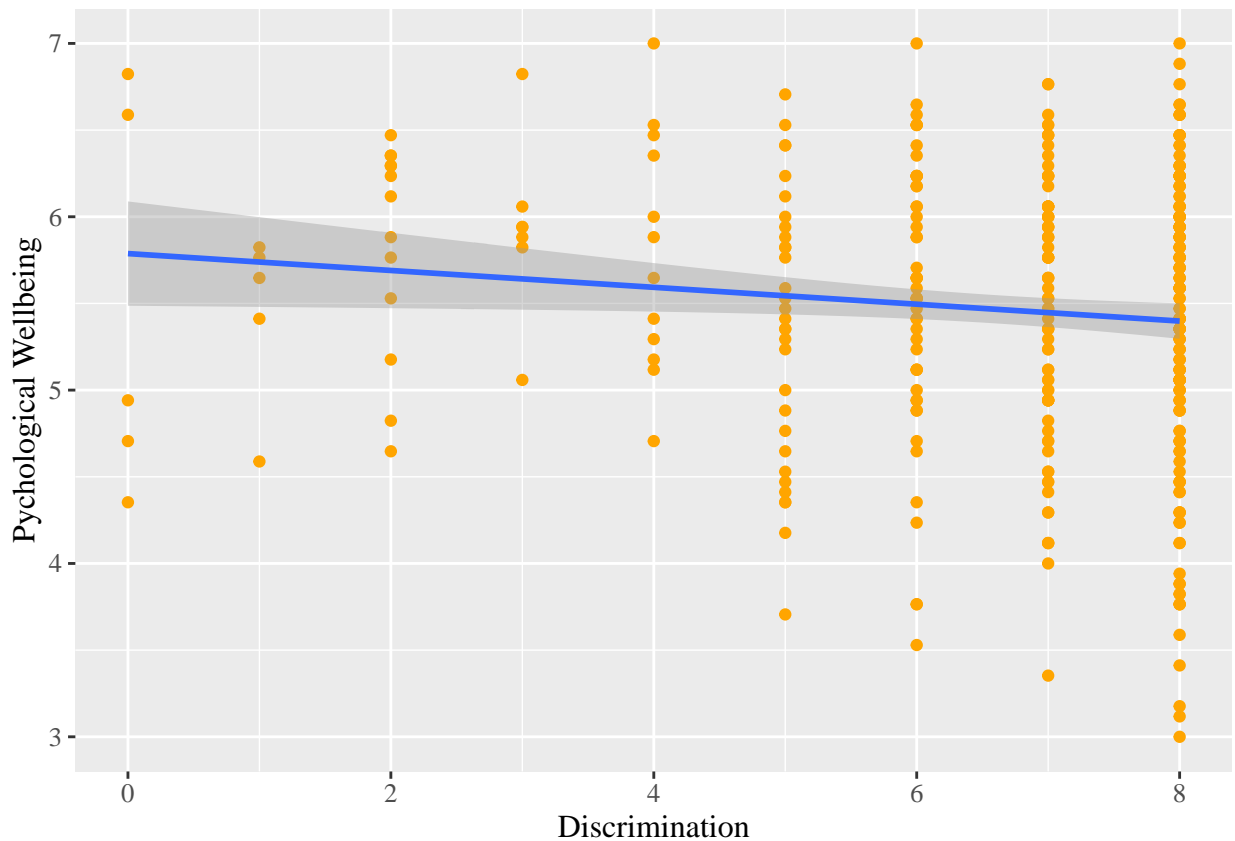
$\hat{\beta}_2 = -0.29, SE(\hat{\beta}_2) = 0.20, t(356) = -3.91, p < .001$. Consistent with hypothesis 3, social

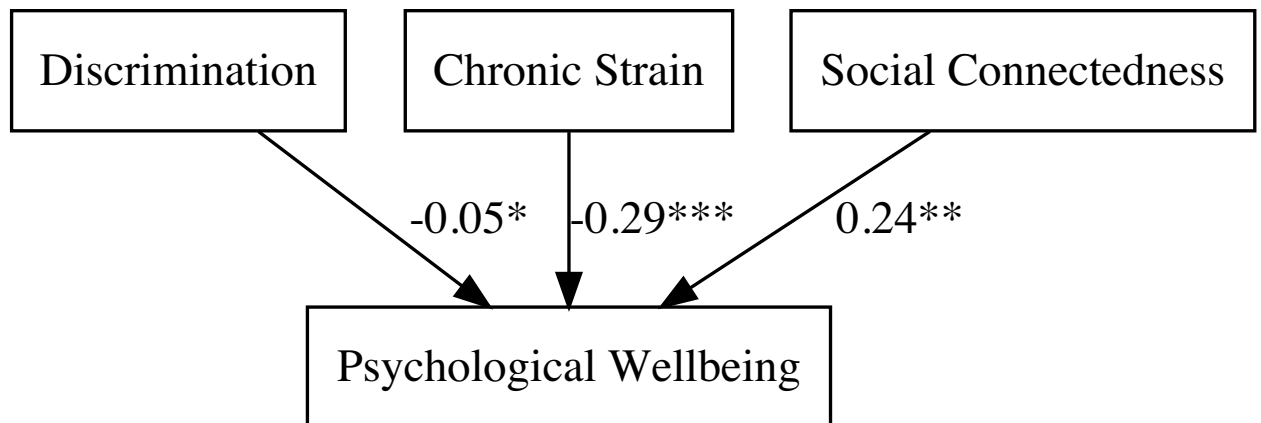
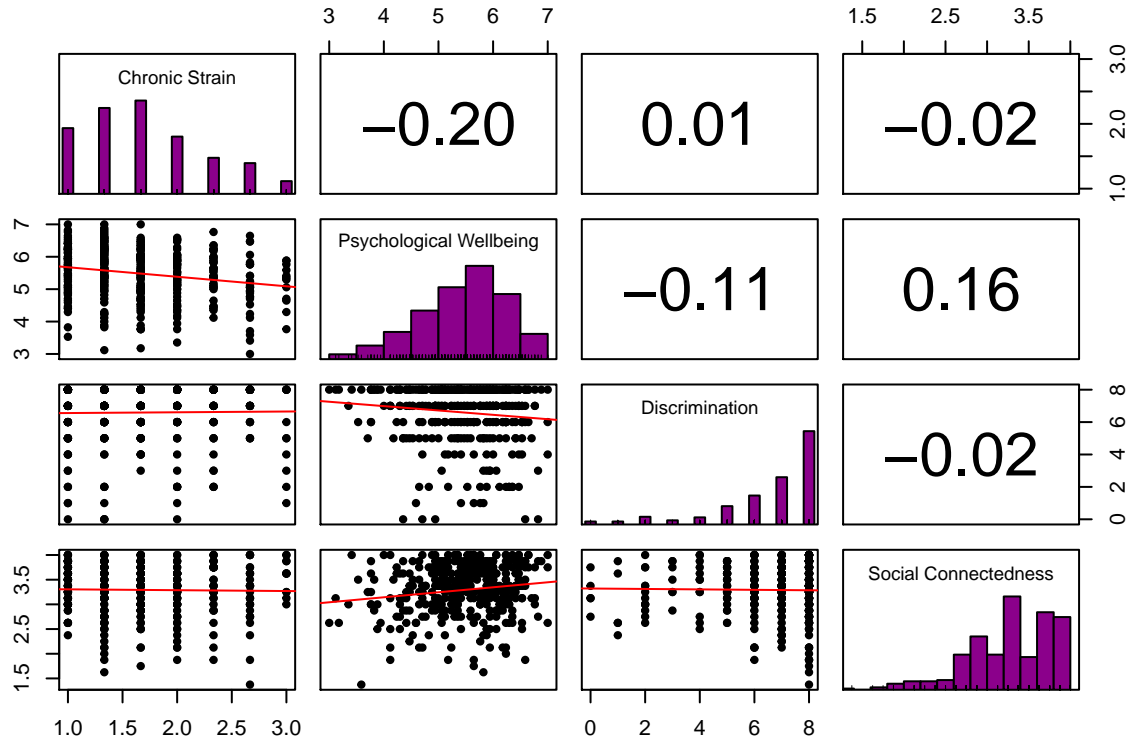
connectedness was significantly positively associated with psychological wellbeing,

$\hat{\beta}_3 = 0.24, SE(\hat{\beta}_3) = 0.15, t(356) = 2.99, p < .001$. Taken together, all three predictors

explained approximately 7.7% of the variance in psychological wellbeing,

$F(3, 356) = 9.90, p < .001, R^2 = .077$.





Discussion

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CSLReferences

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