COMING OUT: IMPLICATIONS FOR SELF-ESTEEM AND DEPRESSION IN GAY
AND LESBIAN INDIVIDUALS

By

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ABSTRACT

COMING OUT: IMPLICATIONS ON SELF-ESTEEM AND DEPRESSION IN GAY AND LESBIAN INDIVIDUALS

Meghan Henry

Self-disclosing one’s sexual orientation to others, also known as coming out, can be both liberating and terrifying for gay and lesbian individuals. The initial stages of the coming out process may be fraught with emotional difficulty; however, research indicates that gay and lesbian individuals who have accepted and integrated their sexual orientations ultimately have greater psychological well-being than those who have not. The purpose of this study was to examine how coming out is related to two specific psychological constructs: self-esteem and depression.

A total of 258 gay, lesbian, and bisexual individuals participated in the current study. Results indicate that gay and lesbian individuals who have come out to many people in their lives have higher self-esteem and lower depression levels than those who have come out to very few people or no one. Additionally, this study found that the length of time that has elapsed since initially coming out was positively correlated with self-esteem scores. Compared with participants’ depression level and self-esteem immediately following their first self-disclosure of sexual orientation, current depression level was lower and current self-esteem was higher, suggesting that these two psychological constructs tend to improve after coming out, as time goes on. Data were
collected through the use of the Outness Inventory, Rosenberg Self-Esteem Scale, Center for Epidemiologic Studies Depression Scale, and a brief demographic questionnaire.
I would first like to thank my cohort for being such an amazing group of people with whom I’ve had the great pleasure of sharing the last two years. Karly, Vanessa, Zac, Broch, Kayleigh, Cali, Shawnee, and Michael: I thank you all for making this program such a special experience and I will always remember our time together.

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Self-Esteem

Self-esteem is among the most extensively studied constructs in the social and behavioral sciences, making it a very well-known concept to the general public and researchers alike. Research in this area spans over a century and provides a wealth of knowledge about the various facets of self-esteem. Most commonly, self-esteem is thought of as a person’s subjective evaluation of his or her worth (Robins, Trzesniewski, & Donnellan, 2012). Such subjective appraisal of one’s value is distinct from external judgments of one’s worth, such as appraisals from parents, teachers, peers, etc.

According to Morris Rosenberg (1965), the creator of the most widely-used measure of self-esteem, called the Rosenberg Self-Esteem Scale, self-esteem refers to the way a person regards him- or herself and involves feelings of self-respect and self-acceptance. This definition can be expanded into two components: global self-esteem and domain-specific self-esteem (also known simply as specific self-esteem). Global self-esteem refers to a person’s overall evaluation of him- or herself, while domain-specific self-esteem refers to one’s evaluation of a specific aspect of the self, such as physical appearance or athletic ability (Marsh, 1986; Robins et al., 2012). Generally speaking, self-esteem can influence how an individual thinks, feels, and behaves; specifically, global self-esteem is most relevant to one’s psychological well-being, and domain-specific self-esteem is most important to one’s behavior (Rosenberg, Schooler, Shoenbach, & Rosenberg, 1995). It is important to distinguish these two concepts as
distinct from one another because an individual may have high global self-esteem, but have low domain-specific self-esteem in one particular facet of their life (e.g., the person has a positive view of him- or herself overall but believes he or she has poor artistic ability).

Most researchers agree that high global self-esteem is associated with a multitude of positive outcomes. For instance, people with high self-esteem tend to be happier (Baumeister, Campbell, Krueger, & Vohs, 2003), less depressed, and more satisfied with themselves than people who do not have high self-esteem (Krueger, Vohs, & Baumeister, 2008). Evidence also suggests that such individuals tend to persevere in the face of failure more than individuals with low self-esteem (Baumeister et al., 2003). Conversely, research suggests that low self-esteem can be linked to a variety of psychological difficulties, such as depression, eating disorders, academic failure, criminal behavior, and weak economic potentials (Baumeister et al., 2003, Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006). Additionally, Abramson, Metalsky, and Alloy (1989) have found that low self-esteem and depression are related, particularly when the event that triggered depressive feelings is attributed to an internal, enduring source as opposed to any kind of external, unstable source (i.e., a person becomes depressed after a romantic relationship ends, believing it is because he or she is unlovable). This may suggest that people with low global self-esteem are more prone to depression as a result of negative views about their self-worth. Of particular relevance to the current research, Walters and Simoni’s (1993) study involving lesbian and gay identity attitudes found that
disapproving public attitudes about the group with which one identifies may have detrimental effects on one’s self-esteem and psychological functioning. Walters & Simoni also concluded that a “highly developed group identity, characterized by coming to terms with one’s identity and internalizing positive feelings, may bolster one’s self-esteem” (p. 97).

Some researchers approach the area of self-esteem with more skepticism; this stance on self-esteem has led some researchers to question the value of efforts and programs designed to enhance self-esteem. For instance, some critics have claimed that “we have not found evidence that boosting self-esteem (by therapeutic interventions or school programs) causes benefits” (Baumeister et al., 2003, p. 1). However, other self-esteem researchers have found that efforts to enhance self-esteem have led to improved standardized test scores, fewer school disciplinary reports, and reduced rates of drug and alcohol use (DuBois & Flay, 2004; Haney & Durlak, 1998). The data collected in many of the studies on self-esteem tend to be correlational, which makes the direction of causality unclear. As stated by Kling, Hyde, Showers and Buswell (1999, p.472), “it is not clear whether high self-esteem causes people to perform well in the face of failure or whether the ability to bounce back after failure raises self-esteem.” This may account for some of the discrepancy among the research findings on the subject of self-esteem.

Depression

Depression is a common but serious mental disorder that affects many people, with estimates from 6.7% of the adult population in the United States up to 25% of the
world population facing some form of this disorder (NIMH, 2012; Paradise & Kirby, 2005). Depression tends to be more common in women than in men, at a ratio of about 2:1 (Culbertson, 1997). Symptoms associated with depression include depressed mood, loss of interest or pleasure in daily activities and social relationships, feelings of guilt or low self-esteem, changes in sleep or appetite, fatigue, psychomotor agitation, difficulty with concentration, and heightened risk of suicide (American Psychological Association, 2000; Wang, 1999; World Health Organization, 2012). Simply put, depression can be conceptualized as a “mental illness in which a person consistently experiences deep, unshakable sadness and diminished interest in all activities for a period of at least 2 weeks” (Watts & Markham, 2005, p. 266). Research in the etiology of depression indicates a variety of possible origins, including biological factors, psychological factors, stressful life events, medical conditions, medications, environmental factors, comorbid mental disorders, interpersonal styles and character traits, and substance abuse (American Psychological Association, 2000; Hammen, 2006; Watts & Markham, 2005).

Depression can affect people in different ways, and the prevalence of depression is higher in some groups of people. Ryan, Huebner, Diaz, and Sanchez (2009) have found that gay and lesbian individuals who are rejected by their families are 5.9 times more likely to experience depression, and 8.4 times more likely to report having attempted suicide than gay and lesbian individuals whose families accept them. Suicide is the leading cause of death among gay and lesbian adolescents and suicides within this population account for 30% of all youth suicides (D’Augelli & Hershberger, 1993; Savin-
Williams, 1994). A meta-analysis of 25 studies found that lesbian and gay individuals had an increased risk of suicide attempts and ideation and were at least two times more likely than their heterosexual counterparts to experience depression (King et al., 2008). Savin-Williams and Ream (2003) emphasize that it is not one’s sexual orientation per se that accounts for a higher suicide rate, rather a number of gay-related stressors, such as peer and family rejection, victimization, and harassment.

The coming out process

“Coming out, also termed ‘disclosure’ among adolescents, is a sexual identity recognition process culminating in a self-awareness of a gay, lesbian, or bisexual orientation and/or sharing this information with others” (Bettina, 2010, p. 4). Coming out can be both a liberating and terrifying experience for gay and lesbian individuals. While it is considered psychologically healthy for gay men and lesbians to eschew a life of secrecy and opt to live their lives openly, there are many challenges inherent in the process of coming out. For instance, negative outcomes have been found immediately following self-disclosure in adolescents, such as verbal and physical abuse, substance abuse, criminal activity, declining school performance, and suicide attempts (Savin-Williams, 1994). Additionally, it is not uncommon for parents to react to their son or daughter’s self-disclosure with shock, anger, or denial, which can undoubtedly be difficult for the individual who has just come out (Savin-Williams & Dubé, 1998). There may be legitimate fears anticipated by the person who is coming out, and these worries can be troubling regardless of whether they actually happen. For example, gay and
lesbian individuals who are considering coming out to their parents may fear being rejected, cut off financially, and banished from their home (Savin-Williams, 1998).

Although a certain degree of strife may be common in the coming out process, there are also many benefits that ultimately result from such an experience. Feelings such as freedom and liberation are commonly described from people who have come out, as well as pride in acknowledging one’s true self (Fitzpatrick, 1983, as stated in Savin-Williams, 1998). Furthermore, coming out may result in the synthesis and integration of one’s identity (Cass, 1979) and decreased feelings of guilt and stress associated with hiding one’s sexual identity (Savin-Williams, 1998). Savin-Williams & Dubé (1998) state that “although parents often react in a less than ideal fashion after learning of their child’s same-sex attractions, limited research indicates that most eventually arrive at tolerance or acceptance of their son’s or daughter’s sexual orientation” (p. 7). The authors go on to indicate that over time, many parents become comfortable with their son or daughter’s sexuality and no longer view it as a source of shame or secrecy. Beaty (1999) had similar findings, indicating that relationships with parents tend to improve over time and in some cases the relationships become better than before the self-disclosure. These findings lend support to the idea that initial negative consequences associated with coming out do tend to subside in many cases, and longer-term outcomes are more positive and stable.

As non-heterosexual individuals are becoming increasingly visible in today’s society, there is a trend for people to come out at younger ages than in the past (Beaty, 1999; Blake, Ledsky, Lehman, Goodenow, Sawyer, & Hack, 2001; Grov, Bimbi, Nanin,
Savin-Williams (1998) summarized a number of studies on coming out and found many trends within the literature. For instance, most gay and lesbian individuals tend to come out first to a same-age peer, then to a sibling, and eventually to one or both parents. Similar findings were also confirmed by Grov et al. (2006), whose large-scale research (N= 2,733) indicates that the coming out process begins with the self around 15-16 years of age, then to others at 17 years old, and lastly to parents at 18-23 years old. They also found that on average, women begin the coming out process about two years later than men, though both sexes come out at significantly younger ages than older cohorts. First disclosures of sexual orientation are rarely made to parents, and most gay and lesbian individuals tend to come out to their mother first (Savin-Williams, 1998).

Many models of sexual orientation identity formation exist today; it is beyond the scope of the current research to provide a comprehensive summary. There are, however, some general trends among the prominent models that are frequently referenced. Some conceptualize the coming out process as just that – a process that tends to endure throughout one’s life. For example, Orne (2011) describes coming out as “the continual contextual management of sexual identity” (p. 681) and emphasizes the ongoing nature of coming out as one makes new acquaintances throughout life. This differs from more traditional conceptualizations of sexual identity formation, such as the Cass Identity Model (Cass, 1979), which hypothesizes the coming out process as a developmental event characterized by six stages, as opposed to an ongoing process. Cass’s theory departs from early stage models that posited that the acquisition of a homosexual identity
was perceived in a negative light; it has been one of the first theories to view gay and lesbian individuals as “normal” and has become a classic outline of gay and lesbian identity formation (Degges-White, Rice, & Myers, 2000). The sequential stages in this model are identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. Each stage is characterized by a specific set of cognitive, behavioral, and affective components and moves progressively toward a gay or lesbian identity that is completely integrated into one’s life (Cass, 1979).

Troiden (1989) theorizes a similar homosexual identity model comprised of four stages: sensitization, identity confusion, identity assumption, and commitment. The stages in Troiden’s model are analogous to the Cass Identity Model in that they reflect a similar pattern of growth and change as major hallmarks of homosexuality identity development. Both models take into account the internal conflicts associated with the development of a gay or lesbian identity, which affect the formation and expression of such an identity. Through their research and numerous interviews with gay and lesbian individuals, Troiden (1989) and Cass (1979) have found similar themes in the acquisition of a homosexual identity: it typically begins with some kind of simultaneous recognition of and resistance toward same-sex feelings or attraction, followed by a period of increasing, yet private, acceptance of one’s same-sex attraction, then further exploration and recognition of gay or lesbian attraction and identity, and finally an acceptance and incorporation of a gay or lesbian identity into one’s self-concept.
Rust (2003) comments on coming out by stating “It is the process by which individuals come to recognize that they have romantic or sexual feelings toward members of their own gender, adopt lesbian or gay (or bisexual) identities, and then share these identities with others. Coming out is made necessary by a heterosexist culture in which individuals are presumed heterosexual unless there is evidence to the contrary.” (p. 227). This view takes on a more modern conceptualization of the formation of a gay or lesbian identity by taking into account the assumption of heterosexuality. Furthermore, the integration of a gay or lesbian identity is a life-long process (Orne, 2011; Rust, 2003) and because sexuality is often entwined with other aspects of the self, coming out may trigger changes in other areas of one’s life, such as gender, religious, ethnic, or other identities (Rust, 2003).
STATEMENT OF THE PROBLEM

The coming out process can be defined as “disclosing one’s same-sex sexual orientation to others” (Beeler & DiProva, 1999, p. 443). This process is a significant aspect of gay and lesbian identity and can influence a wide range of behaviors, including psychological functioning (Rosario et al., 2001). Disclosing one’s sexual orientation is unique for each individual and there is considerable variation in the process, such as the age at which one discloses, to whom the disclosure is made, and experiences that follow disclosure (Legate et al., 2012). Rosario et al. (2001) suggest that self-esteem may decrease as youths begin the coming out process, but Savin-Williams (1995) has found that the incorporation of one’s homosexual identity eventually leads to high self-esteem. Although research on coming out varies, the majority of studies show that acknowledging one’s own sexual orientation has a positive overall influence on psychological well-being. Furthermore, self-disclosure of one’s homosexual identity has been linked to both increased self-esteem and lower rates of clinical symptomology, such as depression and anxiety (Corrigan & Matthews, 2003; Swann & Spivey, 2004).

Self-esteem

A number of studies have examined various aspects of psychological well-being of gay and lesbian individuals (e.g., Beals & Peplau, 2005; Rosario et al., 2001; Swann & Spivey, 2004; Tejeda, 2004). Specifically, self-esteem has been an area of focus because of the implications it has on overall well-being. For instance, Baumeister et al. (2003) have found that in general, individuals with high self-esteem fare better in the face of
adversity, perform better in groups, and tend to be happier than people with low self-esteem. Furthermore, low self-esteem has been found to be a general risk factor for depression (Orth et al., 2008). Particular aspects of the coming out process have been shown to be related to higher self-esteem, such as positive attitudes toward homosexuality, involvement in gay and lesbian activities, and repeated self-disclosure of sexual identity (Rosario et al., 2001). Conversely, concealing one’s sexual identity, that is, “being in the closet”, can have a negative impact on self-esteem and life satisfaction (Bos et al., 2010; Lane & Wegner, 1995; Lee, 1979) which illustrates the importance of acknowledging and accepting one’s own sexual orientation.

Depression

Gay and lesbian individuals may be subject to negative outcomes following self-disclosure, such as verbal and physical abuse, poor academic performance, substance abuse, and suicide attempts, which may lead to elevated psychological distress (Savin-Williams, 1994). Internalized homophobia (sometimes called internalized homonegativity) refers to self-loathing as a result of being socially stigmatized by society (Lock, 1998) and can lead to psychological distress, such as depression (Williamson, 2000). Internalized homophobia has also been linked to low self-esteem and loneliness (Szymanski et al., 2001). Other salient factors that may contribute to depression in gay and lesbian individuals include increased stress, low social support, perceived discrimination, victimization, bullying, and rejection (Almeida et al., 2009; Corrigan & Matthews, 2003; D’Augelli, 1989; Hart & Heimberg, 2001; Thurlow, 2001). Conversely,
greater social support can buffer against depression and contribute to higher self-esteem (Beals & Peplau, 2005). In addition, individuals with positive attitudes toward and comfort with homosexuality have been found to have lower levels of depression and anxiety (Rosario et al., 2001).

Self-disclosure and “outness”

Coming out is a multifaceted experience and several stage models of sexual identity formation have been proposed (Cass, 1979; Cox & Gallois, 1996; Troiden, 1989). The general pattern of the various stage models reflects a process of a) identity confusion, b) sexual experimentation, c) identity integration, d) acceptance, and e) disclosure of one’s sexual orientation. It is important to note that the stage models are not considered to represent fixed, linear phases; rather, they represent a general sequencing of milestones that may vary among individuals in the coming out process (Floyd & Bakeman, 2006). The age at which a gay or lesbian individual comes out may have certain implications; for instance, adolescents who self-disclose are at a greater risk of being financially and emotionally cut-off in the event of a negative reaction from their parents (Morris, 1997; Savin-Williams, 1994). Although the vast majority of literature focuses on the coming out experience in adolescence, it is reasonable to assume individuals who come out during adulthood may not be as vulnerable to the same reactions from their families, as they are likely more emotionally and financially independent than adolescents.
Corrigan and Matthews (2003) touch on some of the benefits of disclosing one’s sexual orientation, including elimination of the stress of keeping a secret about such an important part of one’s identity, increased self-esteem, improved relationships, and enhanced overall psychological well-being. Coming out to others can be a risky undertaking for some gay and lesbian individuals who may have legitimate reasons not to disclose; however, remaining in the closet can lead to feelings of alienation and isolation from friends and family (Savin-Williams & Dubé, 1998).

Although the process of self-disclosing sexual identity is different for everyone, it typically starts with recognizing one’s own sexual orientation, then disclosing to a same-age peer, then to a sibling, and finally to parents (D’Augelli & Hershberger, 1993; Savin-Williams, 1998). Grov et al. (2006) surveyed over 2,700 gay, lesbian, and bisexual youth and found on average, participants came out to themselves at 15-16 years old, to others (friends, peers, etc.) at 17 years old, and then to parents between 18-23 years old. Initial awareness of same-sex attraction, however, may occur at a younger age; one study found that on average, men were first aware of same-sex attraction at age 11 and women were first aware at age 15 (Floyd & Bakeman, 2006). Cohort effects have also been noted, with gay and lesbian adolescents coming out up to 10 years earlier than adolescents did 30 years ago (Blake et al., 2001, Grov et al., 2006; Savin-Williams, 1998).

Relationship between coming out, self-esteem, and depression

Coming out to others is a significant process and has the capacity for both great risks and benefits for gay and lesbian individuals (Beeler & DiProva, 1999). Although the
initial stages of the coming out process may be stressful, the cumulative effect of acknowledging and disclosing one’s sexual orientation to others contributes to healthy sense of self. It is reasonable to postulate that the more time that has passed since initial self-disclosure (the longer a gay or lesbian individual has been out), the less distressed he or she will be. The individual that has self-disclosed, as well as the people to whom he or she self-disclosed, will likely have had time to accept his or her sexuality and move past the initial stages. As noted, repeated self-disclosure of one’s sexuality has been linked to higher self-esteem (Rosario et al., 2001), so it follows that the more people to whom a gay or lesbian individual has self-disclosed and the more time that has passed since initial disclosure (i.e., the more out they are), the higher their self-esteem will likely be. In the same vein, it seems reasonable to postulate that greater self-acceptance and comfort with one’s sexuality would be a likely result of being more out. This, taken with the likelihood of higher self-esteem, suggests a lower likelihood of depression in gay and lesbian individuals who are more out. The current study examines these assumptions with the use of the Outness Inventory (Mohr & Fassinger, 2000), Rosenberg Self-Esteem Scale (Rosenberg, 1965), and Center for Epidemiologic Studies Depression Scale (Radloff, 1977).
HYPOTHESES

This study has analyzed the overall impact that the coming out process has on gay and lesbian individuals’ self-esteem and depression. The principal hypotheses were:

Hypothesis 1: Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have higher self-esteem than those who have limited or no self-disclosure.

Hypothesis 2: Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have lower depression levels than those who have limited or no self-disclosure.

Hypothesis 3: The more time that has elapsed since initial self-disclosure of sexual orientation, the higher the participants’ self-esteem scores will be.

Hypothesis 4: Participants’ self-esteem immediately after initial self-disclosure of sexual orientation will differ significantly from current self-esteem.

Hypothesis 5: Participants’ level of depression immediately after initial self-disclosure of sexual orientation will differ significantly from current depression level.
METHODS

Participants

Participants were recruited by research advertisements posted to various nationwide lesbian, gay, bisexual, and transgender (LGBT) community centers, LGBT college clubs, and LGBT organizations. Additionally, participants were recruited via social media websites such as Facebook and Twitter, and through snowball sampling, where research participants recruited other participants who met the eligibility criteria. All participants were directed to the same website (www.surveymonkey.com) to complete the anonymous surveys.

A total of 329 participants responded to the online surveys. Seven participants were screened out because they did not meet the eligibility criteria (they either were under 18 years of age, or they currently identified as straight/heterosexual). Sixty-four participants only partially completed the surveys, so their data were removed. A total of 258 participants completed the demographic questionnaire, 254 participants completed the Time 1 Rosenberg Self-Esteem Scale, 232 participants completed the Time 1 CES-D Scale, 233 participants completed the Outness Inventory, 228 participants completed the Time 2 Rosenberg Self-Esteem Scale, and 212 participants completed the Time 2 CES-D Scale, which was the last survey. Factors such as time constraints or participation fatigue may explain the attrition. When analyzing the data from the relevant surveys for each hypothesis, only fully completed surveys were used.
Measures

Demographic Information.

Participants were asked to complete a 10-item questionnaire designed to obtain demographic information. Questions included the participant’s age, gender, sexual orientation, disclosure status, age at first disclosure, and to whom the first disclosure was made. A total of 258 participants completed the demographic questionnaire, which is summarized in Table 1. Participants ranged in age from 18 – 72 years old ($M = 31.74$, $SD = 11.39$). Sixty-seven percent of the respondents identified as female, ($N = 173$), 32% identified as male ($N = 84$), 1% identified as transgender ($N = 3$) and 1% identified as intersex ($N = 3$). Participants identified as Caucasian/White (86%), Hispanic/Latino (11%), Asian/Pacific Islander (4%), African-American/Black (1%), Native American/American Indian (2%), Other/Prefer not to state (3%). Participants were instructed to check all applicable boxes, which is why the total percentage exceeds 100%.

Self-Esteem.

Participants completed the Rosenberg Self-Esteem Scale (Rosenberg, 1965), which is a widely-used measure that provides an assessment of one’s overall sense of worth as an individual. This 10-item scale asked participants to rate how much they agree with statements assessing global self-esteem, such as “I feel that I have a number of good qualities” and “At times I think I am no good at all”. The questions were answered using a Likert response scale ranging from 1 (“Strongly Agree”) to 4 (“Strongly Disagree”). The original sample for which the scale was developed was comprised of
Table 1

Frequency Distributions of Participant Demographic Information

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<th>Frequency (N)</th>
<th>Percentage</th>
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</tr>
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<td>In a relationship w/opposite-sex partner</td>
<td>27</td>
<td>10.3</td>
</tr>
<tr>
<td>In a domestic partnership</td>
<td>21</td>
<td>8.0</td>
</tr>
<tr>
<td>Married to same-sex partner</td>
<td>43</td>
<td>16.4</td>
</tr>
<tr>
<td>Married to opposite-sex partner</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Religious Affiliation (if applicable)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>26</td>
<td>16.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>27</td>
<td>16.0</td>
</tr>
<tr>
<td>Jewish</td>
<td>8</td>
<td>5.0</td>
</tr>
<tr>
<td>Agnostic</td>
<td>7</td>
<td>4.0</td>
</tr>
<tr>
<td>Atheist</td>
<td>11</td>
<td>6.0</td>
</tr>
<tr>
<td>Buddhist</td>
<td>5</td>
<td>3.0</td>
</tr>
<tr>
<td>Wiccan</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
<td>20.0</td>
</tr>
<tr>
<td>None</td>
<td>38</td>
<td>23.3</td>
</tr>
</tbody>
</table>
Table 1

*Frequency Distributions of Participant Demographic Information (continued)*

<table>
<thead>
<tr>
<th>Frequency (N)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Person to Whom Self-Disclosure Was Made</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>192</td>
</tr>
<tr>
<td>Female friend</td>
<td>128</td>
</tr>
<tr>
<td>Male friend</td>
<td>42</td>
</tr>
<tr>
<td>Gender not specified</td>
<td>22</td>
</tr>
<tr>
<td>Sibling</td>
<td>10</td>
</tr>
<tr>
<td>Mother</td>
<td>20</td>
</tr>
<tr>
<td>Father</td>
<td>2</td>
</tr>
<tr>
<td>Other family member</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
</tr>
<tr>
<td>Out to Parents/Primary Caregivers</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>221</td>
</tr>
<tr>
<td>Mother first</td>
<td>152</td>
</tr>
<tr>
<td>Father first</td>
<td>30</td>
</tr>
<tr>
<td>Same time</td>
<td>66</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
</tr>
<tr>
<td>Not applicable</td>
<td>5</td>
</tr>
</tbody>
</table>
high school juniors and seniors (N= 5,024), in which the scale had high test-retest reliability and a Cronbach’s alpha in the range of .77 - .88.

In this study, an experimental measure was created to accompany the original self-esteem scale, designed to assess participants’ memory of their self-esteem immediately after they first self-disclosed their sexual orientation. Participants were asked to answer each item on the scale twice: one time reflecting their feelings at the time immediately following first self-disclosure of their sexual orientation (Time 1), and one time reflecting their current feelings (Time 2). The protocol of the original Rosenberg Self-Esteem Scale was followed, but adding this new experimental component allowed for comparison of early self-esteem versus current self-esteem, in terms of the coming out process. Given that this experimental addition to the original measure relies on one’s subjective memory and has not been tested, the data are not as trustworthy but did, nonetheless, provide a starting point for comparison.

Depression.

The Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) is a widely used 20-item self-report instrument that measures depressive symptomology. Participants taking the CES-D Scale were asked to indicate the frequency of each item during the past week, choosing between rarely (less than 1 day), some of the time (1 – 2 days), occasionally (3 – 4 days), or most of the time (5 – 7 days). Symptoms including sadness, loss of interest, and worthlessness were assessed by items such as “I had crying spells”, “I could not get going”, and “I thought my life had been a failure”. The scale has
been found to be valid and reliable in previous research (Hann et al., 1999), with an alpha of .88. Like the Rosenberg Self-Esteem Scale, an experimental component was added to the CES-D Scale to measure participants’ depressive symptoms at the time immediately after they self-disclosed their sexual orientation (Time 1) as well as their current depressive symptoms (Time 2). Adding this component allowed for comparison of early depression scores and current depression scores, and allowed the researcher to examine general trends in terms of change over time. Because these data may have been influenced by participants’ erroneous recall of feelings, they are not as reliable as data collected through the original measure. For ease of interpretation in the data analysis, the responses were coded such that higher scores indicated lower depression, as opposed to high scores indicating high depression.

Outness.

Participants were given the Outness Inventory (Mohr & Fassinger, 2000), which is an 11-item self-report scale designed to assess the degree to which lesbian, gay, and bisexual individuals are open about their sexual orientation. Responses on Outness Inventory items indicate the degree to which the respondent’s sexual orientation is known by and openly discussed with various types of individuals (e.g., mother, peers, coworkers). Each item was scored using a 7-point rating scale, ranging from 1 (person definitely does not know about your sexual orientation status) to 7 (person definitely knows about your sexual orientation status, and it is openly talked about).
Factor analyses indicate that the Outness Inventory can be used to provide information about levels of outness in three different life domains: family, everyday life, and religion. The Outness Inventory can also be used to provide an index of overall outness by averaging the three subscales of family, everyday life, and religion together. The same 7-point rating scale is used to interpret overall scores on the Outness Inventory; for example, a person whose overall score is 6.1 would be considered to have a higher degree of outness than a person whose overall score is 4.3.

Procedure

Participants were first directed to the informed consent page, which emphasized anonymity and voluntariness and identified the risks and benefits of participating in this study (See p. 53). By proceeding to the following page, participants acknowledged the information set forth in the informed consent and agreed to participate in the study. They were then directed to the demographic questionnaire, followed by the Rosenberg Self-Esteem Scale (Time 1), then the CES-D Scale (Time 1), followed by the Outness Inventory, then the Rosenberg Self-Esteem Scale (Time 2), and finally the CES-D Scale (Time 2). The Time 1 and Time 2 components of the Rosenberg Self-Esteem Scale and CES-D Scale were spread out (rather than answered simultaneously) to avoid confusion and to emphasize the different information sought in both components. Upon completion of the aforementioned surveys, participants were provided with a list of resources for counseling and thanked for their contribution to this study.
Risks

Participants were notified of any potential risks involved in participating in the current study. Such risks included the possibility of unpleasant emotions arising as a result of answering questions of a personal nature, and a potential for discomfort around exploring issues of coming out, depression, and self-esteem.

Benefits

Participants were also informed of the benefits of participating in the current study, which included the potential of making an important contribution to the growing body of research on the coming out process. Additionally, the data collected in this study will likely be applicable to future clinical work with the lesbian and gay population.

Management of Risks

The aforementioned risks were managed by reminding participants that their participation is entirely voluntary and all survey questions will be answered anonymously, with no identifying information required. The emotional potential of participating in this study was managed by providing all participants with names and phone numbers of resources for counseling, both locally in Humboldt County and nationwide. Additionally, all participants were required to be at least eighteen years old and were reminded that they may cease their participation in this study at any time.
RESULTS

The goal of the current study was to examine the coming out process and its relationship to self-esteem and depression in gay and lesbian individuals. This was done using participant responses on the Rosenberg Self-Esteem Scale, the CES-D Scale, the Outness Inventory, and demographic information.

Hypothesis 1

(1) Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have higher self-esteem than those who have limited or no self-disclosure.

Using a two-tailed Pearson product moment correlation, participants’ degree of outness, as indicated by their scores on the Outness Inventory ($M = 5.13, SD = 1.41$) was significantly positively correlated with self-esteem, as indicated by their scores on the Rosenberg Self-Esteem Scale ($M = 32.91, SD = 5.70$), $r(223) = .283, p < .001$ (See Table 2).

Hypothesis 2

(2) Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have lower depression levels than those who have limited or no self-disclosure.

Using a two-tailed Pearson product moment correlation, degree of outness ($M = 5.08, SD = 1.40$) was negatively correlated with depression levels, as indicated by
participants’ scores on the CES-D Scale ($M = 68.60$, $SD = 11.65$), $r (200) = .281, p < .001$
(See Table 3).

Hypothesis 3

(3) The more time that has elapsed since initial self-disclosure of sexual orientation, the higher the participants’ self-esteem scores will be.

In order to ascertain the length of time since each participant’s initial self-disclosure of sexual orientation, the age (in months) at which each participant first self-disclosed was subtracted from their current age (in months). Using a two-tailed Pearson product moment correlation, the more time that elapsed since initial self-disclosure ($M = 132.35$, $SD = 105.71$) was positively correlated with self-esteem ($M = 32.99$, $SD = 5.69$), $r(196) = .215, p < .01$ (See Table 4).

In an effort to understand this finding in more detail, secondary analyses were conducted to put parameters on the relationship between length of time since initial self-disclosure and current self-esteem. The participant data was divided into seven subgroups based on the length of time since initial self disclosure: less than one year ($N = 9$), one-two years ($N = 22$), two-three years ($N = 34$), less than five years ($N = 58$), less than ten years ($N = 116$), less than 15 years ($N = 154$), and 15 years or longer ($N = 47$). A two-tailed Pearson product moment correlation was used to determine correlation with current self-esteem level in each of the seven subgroups. Of the seven subgroups, only two were found to have a significant correlation between the length of time since initial self-disclosure and current self-esteem: the subgroup that represents participants who have
been out for less than five years ($r = .298, p < .05$), and the subgroup that represents participants who have been out for less than 15 years ($r = .200, p < .05$). See Table 5 for correlational data from all seven subgroups.

A secondary analysis was performed, grouping participants into three categories: Subgroup 1, those out from 0-4.99 years ($N = 57$), Subgroup 2, those out from 5-10.99 years ($N = 59$), and Subgroup 3, those out for 11 years or longer ($N = 81$). A one-way ANOVA, $F(196, 2) = 5.39, p < .005$ demonstrated significant differences between the three subgroups. A Tukey’s post-hoc analysis comparing the three subgroups showed that Subgroup 1 was significantly lower in self-esteem than Subgroup 3, $p < .004$. Subgroup 2 was not significantly different from Subgroup 1 or Subgroup 3.

Hypothesis 4

(4) Participants’ self-esteem immediately after initial self-disclosure of sexual orientation will differ significantly from current self-esteem.

A paired samples t-test was conducted to allow comparisons to be made between participants’ Time 1 scores on the Rosenberg Self-Esteem Scale (reflecting what their answers would likely have been immediately following initial self-disclosure) and their Time 2 scores on this measure, (reflecting their current self-esteem). Data show that self-esteem scores at Time 1 ($M = 29.70, SD = 6.93$) were significantly lower than self-esteem scores at Time 2 ($M = 32.99, SD = 5.63$), $t(218) = -8.756, p < .001$ (See Table 6).

Hypothesis 5
(5) Participants’ level of depression immediately after initial self-disclosure of sexual orientation will differ significantly from current depression level.

A paired samples t-test was conducted to allow for comparisons to be made between participants’ Time 1 scores on the CES-D Scale (reflecting what their answers would likely have been immediately following initial self-disclosure) and their Time 2 scores on this measure (reflecting their current depression levels). Data show that participant depression level at Time 1 ($M = 57.31$, $SD = 16.32$) was significantly greater than depression level at Time 2 ($M = 68.74$, $SD = 11.79$), $t(181) = -9.72$, $p < .001$ (See Table 7).*

*Higher scores equal lower level of depression*
Table 2

*Correlation between Outness and Current Self-Esteem*

<table>
<thead>
<tr>
<th></th>
<th>Outness Score</th>
<th>Current Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outness Score</td>
<td>1</td>
<td>.283**</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>223</td>
<td>223</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Self-Esteem</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.283**</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>223</td>
<td>223</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**
Table 3

*Correlation between Outness and Current Depression Level*

<table>
<thead>
<tr>
<th></th>
<th>Outness Score</th>
<th>Current Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outness Score</td>
<td></td>
<td>.281**</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Current Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.281**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**
### Table 4

*Correlation between Time since Initial Self-Disclosure and Current Self-Esteem*

<table>
<thead>
<tr>
<th></th>
<th>Months Out</th>
<th>Current Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pearson Correlation</strong></td>
<td>1</td>
<td>.215**</td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td>.002</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>196</td>
<td>196</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Self-Esteem</th>
<th>Pearson Correlation</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td>.002</td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>196</td>
<td>196</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).**
Table 5

*Subgroup Data: Correlation between Time since Initial Self-Disclosure and Current Self-Esteem*

<table>
<thead>
<tr>
<th>Participants out for:</th>
<th>Pearson Correlation</th>
<th>Sig. 2-Tailed</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 1 year</td>
<td>-.412</td>
<td>.271</td>
<td>9</td>
</tr>
<tr>
<td>≤ 2 years</td>
<td>-.053</td>
<td>.814</td>
<td>22</td>
</tr>
<tr>
<td>≤ 3 years</td>
<td>.031</td>
<td>.863</td>
<td>34</td>
</tr>
<tr>
<td>≤ 5 years</td>
<td>.298**</td>
<td>.023</td>
<td>58</td>
</tr>
<tr>
<td>≤ 10 years</td>
<td>.158</td>
<td>.089</td>
<td>116</td>
</tr>
<tr>
<td>≤ 15 years</td>
<td>.200**</td>
<td>.013</td>
<td>154</td>
</tr>
<tr>
<td>&gt; 15 years</td>
<td>.037</td>
<td>.808</td>
<td>47</td>
</tr>
</tbody>
</table>
Table 6

*Paired Samples t-test for Rosenberg Self-Esteem Scale Time 1 and Time 2*

<table>
<thead>
<tr>
<th>Pair</th>
<th>Time 1 SE &amp; Time 2 SE</th>
<th>Paired Differences</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Std. Error Mean</td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Pair 1</td>
<td>Time 1 SE &amp; Time 2 SE</td>
<td>-3.29</td>
<td>5.56</td>
<td>.376</td>
<td>-4.03</td>
<td>-2.55</td>
</tr>
</tbody>
</table>
Table 7

*Paired Samples t-test for CES-D Scale Time 1 and CES-D Scale Time 2*

<table>
<thead>
<tr>
<th>Pair</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>Std. Error Mean</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-11.43</td>
<td>15.86</td>
<td>1.18</td>
<td>Lower</td>
<td>Upper</td>
<td>-13.75</td>
<td>-9.11</td>
</tr>
</tbody>
</table>
DISCUSSION

Hypotheses

Hypothesis 1:
Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have higher self-esteem than those who have limited or no self-disclosure.

When looking at the scores on the Outness Inventory and the Rosenberg Self-Esteem Scale, a statistically significant correlation was found between participants’ level of outness and participants’ level of self-esteem. Individuals who scored higher on the Outness Inventory, that is, had repeatedly self-disclosed their sexual orientation to various social spheres (e.g., family, friends, coworkers) tended to have higher self-esteem than those with lower levels of outness. This is consistent with the findings in the literature, which point to a similar trend of higher self-esteem in individuals who have fully incorporated their sexual identity into their lives (Corrigan & Matthews, 2003; Savin-Williams, 1995; Swann & Spivey, 2004).

Hypothesis 2:
Gay and lesbian individuals who have repeatedly self-disclosed their sexual orientation will have lower depression levels than those who have limited or no self-disclosure.

Support was found in the current study for the notion that higher outness scores correlate with lower levels of depression (as indicated by higher scores, coded such that higher scores on the CES-D Scale equate to lower levels of depression). This finding is
consistent with the literature, particularly in respects to the research done by Rosario et al. (2001), which found that individuals who are comfortable with their homosexuality tend to have lower levels of depression and anxiety.

Hypothesis 3:
The more time that has elapsed since initial self-disclosure of sexual orientation, the higher the participants’ self-esteem scores will be.

The results in the present study show a statistically significant correlation between self-esteem and length of time a person has been out. This suggests that the more time that elapses after coming out, the higher one’s self-esteem is likely to be, which has support in the literature on the coming out process. Rosario et al. (2001) has found that the stress surrounding the initial coming out process may lead to a dip in self-esteem at first, but that repeated self-disclosure is related to high self-esteem. This suggests that the passage of time since one’s first self-disclosure of sexual orientation is, in fact, related to increasing self-esteem.

In an effort to understand this finding in more detail, secondary analyses were conducted to put parameters on the relationship between length of time since initial self-disclosure and current self-esteem. Specifically, the researcher was interested in knowing the point at which such a correlation may no longer apply. For example, is a person who has been out for ten years more likely to have higher self-esteem than a person who has been out for five years? Based on the secondary analyses, data show strong support for
self-esteem increasing over time, particularly when looking at initial coming out versus those who have been out for a significant amount of time.

Hypothesis 4:

Participants’ self-esteem immediately after initial self-disclosure of sexual orientation will differ significantly from current self-esteem.

A significant difference was found between reported self-esteem at the time of coming out and current self-esteem in participants in the present study. Compared to their current level of self-esteem, participants tended to have lower self-esteem at the time of their initial self-disclosure of sexual orientation. This finding piggybacks on the previous finding by supporting the notion that things gets better with time; the pain and turmoil that may impact one’s self-esteem during the coming out process tend to subside. This is important to emphasize, especially when the first self-disclosure of one’s sexual orientation is not met with a positive response. Particularly when self-disclosures are made to parents, reactions of shock, anger, and denial are not uncommon (Savin-Williams & Dubé, 1998). Such reactions may cause individuals to feel rejected, which might be reflected in low levels of self-esteem directly following self-disclosure. Without considering how much time has elapsed between a person’s first self-disclosure and the present day, data from this study point to a general increase in one’s level of self-esteem.

Hypothesis 5:

Participants’ level of depression immediately after initial self-disclosure of sexual orientation will differ significantly from current depression level.
A significant difference was found between participants’ reported level of depression at the time of coming out and current level of depression in the present study. Compared to current level of depression, participants tended to have higher levels of depression at the time of their initial self-disclosure of sexual orientation. This finding reflects the broad trend found in this study, as well as the literature on coming out in general, regarding a tendency for things to improve over time, once the dust from the coming out “earthquake” has settled. As mentioned previously, a meta-analysis by Savin-Williams and Dubé (1998) has shown that negative reactions to one’s self-disclosure, such as anger or denial, may contribute to initial turmoil in the coming out process, which may be reflected in one’s self-reported level of depression immediately following self-disclosure. Much like self-esteem, depression does tend to improve from the time of initial self-disclosure of sexual orientation.

Limitations

One methodological consideration in the current study was the difference in the number of participants who filled out the various components of the survey. In general, there were fewer participant responses as the survey went on. In order, the survey was comprised of a demographic questionnaire (N=258), Time 1 Rosenberg Self-Esteem Scale (N=254), Time 1 CES-D Scale (N=232), Outness Inventory (N=233), Time 2 Self-Esteem Scale (N=228), and Time 2 CES-D Scale (N=212). Because two of the hypotheses relied solely on participants’ scores on both Time 1 and Time 2 components of the Rosenberg Self-Esteem Scale and the CES-D Scale, participants who did not
complete both components of both scales were not included in the analysis. Possible reasons for participant attrition may include time restrictions, attention fatigue, and confusion about taking the same measures twice.

Another methodological consideration was that there were 27 participants who did not provide their current age, which was an essential piece of information for the calculation of length of time since participants’ initial self-disclosure of sexual orientation. Because such data could not be calculated for those individuals, their data were not included when testing whether length of time since initial self-disclosure was correlated with self-esteem. Upon reviewing the layout of the demographic questionnaire, it is possible that some participants did not see the question about current age because it appeared at the very top of the webpage and could possibly have been overlooked or confused for the questionnaire header.

One note of caution when interpreting the results of the current study involves the experimental components added to the Rosenberg Self-Esteem Scale and the CES-D Scale that allowed for comparison of early self-esteem and depression versus current self-esteem and depression, in terms of the coming out process. Given that these experimental additions to the original measures relied solely on participants’ subjective memory of their emotional state after first coming out, the data may be compromised by recall bias, which pose a threat to the internal validity of the measures. That the recall bias was positive, however, is an important point to consider. Although the experimental components have not been tested scientifically, they did provide a basis for comparison
between participants’ self-esteem and depression level at the time of first self-disclosure and self-esteem and depression level today.

When interpreting the self-esteem and depression findings, it is important to keep in mind that there are numerous variables that factor into one’s self-esteem and level of depression; a linear relationship between outness and self-esteem or outness and depression cannot be concluded. Furthermore, the wording on the Rosenberg Self-Esteem Scale asked participants to rate their current feelings and the CES-D Scale asked participants to respond to the statements as they apply to the current week. It is possible that participants who may generally have high self-esteem were having a bad week, or participants who generally have low self-esteem were having a particularly good week, either of which would result in scores that may not capture such participants’ usual level of self-esteem or depression.

Another note of caution when interpreting the results of this study is that this sample of participants is not a random sample that is representative of the general population. As reported in Table 1, demographic data show that this sample is predominantly comprised of White (85.8%), lesbian (42%) women (66.5%) in their 20’s. This sample was also quite creative when the provided demographic choices did not represent their self-identity; when given options as to their sexual orientation, seven participants checked the “other” textbox and described themselves as “pansexual”. The term “pansexual” was new to the researcher, as it has not appeared in the literature on the coming out process. Upon researching the term, pansexual is used to describe a person
who is capable of connecting sexually, spiritually, and emotionally with all genders, including men, women, transgender, and intersex (“What is Pansexual?”, 2013).

Additionally, two participants described themselves as “genderfluid” when asked about gender. This term refers to individuals who cross culturally defined gender lines in their attitudes, behaviors, and desires and may oscillate between a male and female gender identity (Ehrensaft, 2007).

Suggestions for future research

Sexuality has been a topic of study for many years and countless research studies exist on the subject. Nearly a million articles come up when the terms “gay” or “lesbian” are searched, but only about 900 articles come up when the term “pansexual” is searched and only about 300 when “genderfluid” is searched. This finding, combined with the fact that a number of participants in the present study referred to themselves as pansexual and/or genderfluid, points to a need for future research to include this population. Because identity labels and preferred vernacular within the non-heterosexual community seem to evolve and shift over time, perhaps future research could focus on interviewing this population to better understand the meaning and values attached to labels such as pansexual and genderfluid. For instance, it would be interesting to examine the relationship between self-identity terminology and self-esteem. A potential research question might be whether the growing use of more inclusive, less dichotomous sexual identity terminology, such as pansexual, is related in any way to differences in self-
esteem. In other words, does the way in which one self-identifies have any bearing on self-concept?

Another suggestion for future research is to break down the coming out process into smaller, more specific components. In the present study, participants were simply asked the age at which they experienced their first same-sex attraction and the age at which they disclosed their sexual orientation to others. This may be too simplistic, and may be missing other important milestones in the coming out journey. For example, future research may ask participants about the age at which they privately knew that they might have a non-heterosexual orientation, the age of their first romantic attraction, the age of their first same-sex sexual encounter, the age at which they began to self-label as something other than heterosexual, and the age at which they began feeling comfortable incorporating their identity into their everyday lives. This type of information may allow researchers to broaden what is already known about the coming out process and could possibly expand on traditional views about sexuality in general.

An additional suggestion for future research concerns the third hypothesis tested in the current study, regarding length of time since initial self-disclosure of sexual orientation and self-esteem. Although a significant correlation was found in the current study, the details of the relationship were somewhat unclear. It might be interesting to examine this relationship in closer detail to understand the various components that factor into self-esteem as it relates to the passage of time since coming out. Perhaps using open-ended interview questions and supplemental measures of self-esteem and outness at
various points in time would allow researchers to better understand the aspects that factor into gay and lesbian individuals’ self-esteem as time goes on since first coming out.

Of particular relevance is how the results from the current study may be applied to counselors and therapists working with gay and lesbian clients at various stages of “outness”. The data collected in this study, as well as other studies, suggest that when it comes to the coming out process, things will get better with time. This morsel of hope may prove to be extremely powerful to clients who are early in the coming out process and may be experiencing acute emotional distress. Clients in this stage may not even be able to imagine a positive future for themselves, but the current research instills hope that the turmoil of the initial coming out stages is only temporary. Furthermore, the more clients self-disclose their sexual orientation to various people in their lives, the better they will ultimately feel about themselves.
REFERENCES


Savin-Williams, R.C. (1998). The disclosure to families of same-sex attractions by lesbians, gay, and bisexual youths. *Journal of Research on Adolescence, 8*(1), 49-68.


APPENDIX A

Informed Consent

HUMBOLDT STATE UNIVERSITY
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

CONSENT TO ACT AS RESEARCH PARTICIPANT

To be eligible for this study, I understand I must be at least 18 years of age and currently identify as gay, lesbian, or bisexual. I hereby agree to participate in the following surveys conducted by Meg Henry, a MA candidate in Counseling Psychology, for research purposes.

These surveys will take approximately 20 – 30 minutes to complete, and will be conducted anonymously online. The purpose of these surveys is to collect relevant information regarding self-esteem, depression, and the coming out process for gay and lesbian individuals.

I understand that participating in this study may involve the possible risk of emotional discomfort or anxiety as a result of exploring such personal topics as coming out, depression, and self-esteem. Participating in this study has the potential benefit of collecting valuable information that may be relevant to more effective counseling of gay and lesbian individuals and their families.

I understand that Meg will answer any questions I may have concerning this investigation or the procedures at any time. I also understand that my participation is entirely voluntary and that I may decline to enter this study or may withdraw from participation at any time without consequence. I understand that the investigator may terminate my participation in the study at any time. I understand that Meg will provide me with a list of counseling resources, should I choose to seek therapy during or after participating in this research.

I understand that the results from surveys submitted online will be stored electronically in a password-protected filing system, and identifying information (such as name, phone number, e-mail address, etc.) will NOT be requested of me. My responses, therefore, will be anonymous to the researcher.

If I have any questions regarding the survey and/or my participation, or if I would like further references to counseling as a result of the nature of this research, I can contact
Meg Henry, graduate student in Psychology, at mmh57@humboldt.edu or Dr. Lou Ann Wieand, Ph.D. and HSU Psychology Professor, at law3@humboldt.edu. I understand that I will be asked for non-identifiable demographic information and that this information will also be stored electronically in a password-protected filing system. If I have questions regarding my rights as a participant, any concerns regarding this project, or any dissatisfaction with any part of this study, I may report them—confidentially, if I wish—to the Dean for Research & Sponsored Programs, Dr. Rhea Williamson at Rhea.Williamson@humboldt.edu or (707) 826-5169.

I hereby acknowledge that I have read and understand the implications of this research. By continuing on to the following surveys, I give my consent to participate, and therefore also declare that I am at least 18 years of age and currently identify as gay, lesbian, or bisexual, and thus eligible for participation in this study.
APPENDIX B

National References for Counseling

GLBT National Help Center Hotline……………………………………..1-888-843-4564

24-Hour National Hopeline Network……………………………………..1-800-784-2433

National Suicide Prevention Lifeline……………………………………..1-800-273-8255

Local References for Counseling (Humboldt County)

Humboldt State University Counseling and Psychological Services……..(707) 826-3236

Open Door Community Health Centers
(all 4 clinics require referral from their MD or PA in order to be seen by their therapists)
    Arcata Open Door Clinic……………………………………..(707) 826-8610
    North Country Clinic……………………………………..(707) 822-2481
    Eureka Community Health Center……………………………………..(707) 441-1624
    McKinleyville Community Health Center……………………………………..(707) 839-3068

Humboldt Family Services……………………………………..(707) 443-7358

Remi-Vista……………………………………..(707) 268-8722

HSU Community Counseling Clinic……………………………………..(707) 826-3921
APPENDIX C
Demographic Questionnaire

Please note: The term “coming out”, as used in this questionnaire, refers to disclosing your sexual orientation to others.

1) Age (years and months): ___________________ 2) Gender: __________

3) Ethnicity (check all that apply):
   ______ Caucasian/White
   ______ Hispanic/Latino
   ______ Asian/Pacific Islander
   ______ African American/Black
   ______ Native American/American Indian
   ______ Other
   ______ Prefer not to state

4) Religious Affiliation, if any: ________________________________

5) Current relationship status:
   ______ Single
   ______ In a relationship with a same-sex partner/s
   ______ In a relationship with an opposite sex partner/s
   ______ In a domestic partnership
   ______ Married to a same-sex partner
   ______ Married to an opposite-sex partner
   ______ Divorced from same-sex partner
   ______ Divorced from opposite-sex partner

5) Sexual orientation (please check one):
   ______ Gay
   ______ Lesbian
   ______ Bisexual
   ______ Queer
   ______ Straight
   _______________________ Other (please specify)

Please be as specific as possible when answering the following questions.
6) How old were you when you were first aware of your same-sex attraction? __________

7) How old were you when you first came out? (years and months, if possible):

_____________________________________________________________________

8) Who was the first person to whom you came out? (person’s relationship to you, age
and gender of person)

_____________________________________________________________________

9) Have you come out to your parents/primary caretaker/s? _____ YES _____ NO

9a) If you have come out to one parent/caretaker only, please indicate which
parent/caretaker:____________________________________________________

9b) If you have come out both parents/caretakers, which parent/caretaker did you
come out to first? ____________________________________________________

9c) How old were you when you did so?
_____________________________________________________________________

10) Have you had any sexual experience with the opposite sex? _____YES _____NO

10a) If you answered YES, was your sexual experience with the opposite sex
PRIOR TO coming out? ________YES __________NO
APPENDIX D
OUTNESS INVENTORY

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/caretaker          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| 2. father/caretaker         | 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 new 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 old heterosexual friends | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please answer each question TWICE: once indicating what your response would likely have been *immediately after initial self-disclosure* of your sexual orientation, and once indicating your *current* response.

SA = STRONGLY AGREE  
A = AGREE  
D = DISAGREE  
SD = STRONGLY DISAGREE

<table>
<thead>
<tr>
<th>Statement</th>
<th>Immediately after disclosure</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>2. At times, I think I am no good at all.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>7. I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td>SA A D SD</td>
<td>SA A D SD</td>
</tr>
</tbody>
</table>
APPENDIX F

Depression Screening

Center for Epidemiologic Studies Depression (CES-D Scale)

Below is a list of some ways you may have felt or behaved. Please answer each question TWICE: once indicating what your response would likely have been in the week after initial self-disclosure of your sexual orientation, and once indicating your response in the current week.

<table>
<thead>
<tr>
<th>R=Rarely or none of the time (less than 1 day)</th>
<th>S=Some or a little of the time (1-2 days)</th>
<th>O=Occasionally or a moderate amount of time (3-4 days)</th>
<th>M=Most or all of the time (5-7 days)</th>
</tr>
</thead>
</table>

Please indicate: Immediately after disclosure          Currently (the past week)

1. I was bothered by things that usually don’t bother me. R O S M R O S M

2. I did not feel like eating; my appetite was poor. R O S M R O S M

3. I felt that I could not shake off the blues even with help from my family or friends. R O S M R O S M

4. I felt I was just as good as other people. R O S M R O S M

5. I had trouble keeping my mind on what I was doing. R O S M R O S M

6. I felt depressed. R O S M R O S M

7. I felt that everything I did was an effort. R O S M R O S M

8. I felt hopeful about the future. R O S M R O S M

9. I thought my life had been a failure. R O S M R O S M

10. I felt fearful. R O S M R O S M
11. My sleep was restless.  
12. I was happy.  
13. I talked less than usual.  
15. People were unfriendly.  
16. I enjoyed life.  
17. I had crying spells.  
18. I felt sad.  
19. I felt that people disliked me.  
20. I could not get going.