

**Sexual Orientation Microaggressions and Psychological Distress in  
LGBQ Adults: A Mediation Model**

by

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A Mediation Model**

Koç University

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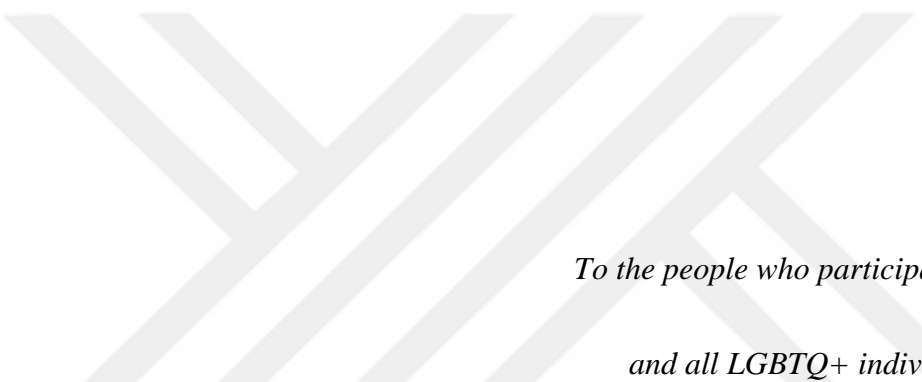
## **STATEMENT OF AUTHORSHIP**

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Signed

Kaan Dural

## DEDICATION



*To the people who participated in the study  
and all LGBTQ+ individuals in Turkey*

## ABSTRACT

Discrimination can take a subtle and insidious form in social life. Such form of discrimination, called microaggressions, are verbal, behavioral, and environmental attitudes and actions carrying prejudice towards disadvantaged minority groups. Experiencing microaggressions has been found as a threatening factor for psychological well-being, particularly in minority groups. Although the detrimental influence of racial microaggressions is well-studied, more research is needed for possible interactions in sexual orientation microaggressions regarding psychological well-being especially in non-Western contexts. Thus, the current study seeks to contribute to the growing literature through investigating sexual orientation microaggressions and psychological distress in Turkey. Participants were 326 lesbian, gay and bisexual individuals (70 lesbian, 77 gay, and 179 bisexual) with a mean age of 23.97 ( $SD = 5.67$ ) recruited on the internet. The data were collected through online self-administered questionnaires measuring microaggressions, social problem-solving (SPS), psychological distress, internalized homophobia, and perceived social support (PSS). Results showed that microaggressions was positively correlated with psychological distress, but negatively correlated with PSS and SPS. It was found that experiencing microaggressions was significantly associated with greater psychological distress. Total PSS, PSS from family, and one of the coping styles of SPS (negative problem orientation) mediated the association of sexual orientation microaggressions with psychological distress. Internalized homophobia was not found to be a mediator in the same association. Results of moderated mediation analyses showed that gender did not have a significant moderating role in the mediation models. These results indicate that facing and having to deal with microaggressions puts yet another psychological burden on the shoulders of

LGBQ individuals who are already dealing with various kinds of stigma and discrimination.

**Keywords:** *microaggression, mental health, sexual orientation, discrimination, prejudice, stigma, psychological distress*



## ÖZET

Ayrımcılık, toplumsal hayatta gizli ve dolaylı şekillerde görülebilmektedir. Mikroagresyon adı verilen bu tarz ayrımcılıklar, azınlık durumunda bulunan dezavantajlı bireylere karşı önyargı içeren sözlü, davranışsal ve çevresel tutumlar ve eylemler olarak tanımlanabilir. Özellikle azınlık durumundaki bireyler için, mikroagresyonlara maruz kalmanın kişinin psikolojik iyilik haline yönelik bir tehdit faktörü oluşturduğu bulunmuştur. Irkla ilgili mikroagresyonların zararlı tesirleri oldukça çalışılmış bir konu olsa da cinsel yönelime bağlı mikroagresyonların kişinin psikolojik iyilik haline etkileri konusunda özellikle Batı toplumu dışındaki bağlamlarda daha fazla araştırmaya ihtiyaç duyulmaktadır. Bu çalışma, cinsel yönelime dayalı mikroagresyonlar ile psikolojik stresin ilişkisini inceleyerek bu alanda gelişmekte olan literatüre katkıda bulunmayı amaçlamaktadır. Katılımcıların ortalama yaşı 23.97 (SS: 5.67) olup, katılımcılar internet üzerinden toplanmış 326 lezbiyen, gey ve biseksüel (70 lezbiyen, 77 gey ve 179 biseksüel) bireyden oluşmaktadır. Katılımcı verileri çevrimiçi anketler üzerinden kişinin mikroagresyon deneyimleri, sosyal problem çözme becerileri, yaşadığı psikolojik stres, içselleştirilmiş homofobi ve algıladığı sosyal destek ölçülerek oluşturulmuştur. Sonuçlara göre, mikroagresyon deneyimleri ve psikolojik stres arasında pozitif korelasyon bulunurken, mikroagresyonlar ile algılanan sosyal destek ve sosyal problem çözme becerileri arasında ise negatif korelasyon bulunmaktadır. Toplam algılanan sosyal destek, aileden algılanan sosyal destek, ve sosyal problem çözme becerileri ölçeğinin bir alt ölçeğinin (negatif problem oryantasyonu), cinsel yönelime dayalı mikroagresyonlar ve psikolojik stres arasındaki ilişkide aracılık ettiği bulunmuştur. İçselleştirilmiş homofobinin ise bu ilişkide aracı etkisi bulunmamıştır. Düzenleyici aracılık analizlerinin sonuçları, toplumsal cinsiyetin aracılık modellerinde belirgin rolü olmadığını göstermektedir. Bu sonuçlar, mikroagresyonlara maruz kalıp

bunlarla başa çıkmak zorunda olmanın, halihazırda türlü ayrımcılık ve damgalanmaya maruz kalan LGBQ bireylerin sırtına daha fazla psikolojik yük bindirmekte olduğunu ortaya koymaktadır.

**Anahtar kelimeler:** *mikroagresyon, zihin sağlığı, cinsel yönelim, ayrımcılık, ön yargı, damgalanma, psikolojik stres*



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## Chapter 1

### **INTRODUCTION**

Microaggressions are discriminatory experiences frequently encountered particularly by oppressed minority groups. They are blended in the flow of modern social life and convey, often covertly, humiliating, and stereotypical messages to an individual through intended or unintended verbal communication or behavior (Nadal, 2013). The term “microaggression” was first proposed in the 1970s by Chester Pierce with respect to race (Pierce et al., 1977) and studies focusing on the impact of racism through the lens of microaggressions has increased over the years since then. Despite the fact that studying microaggressions is quite challenging as they are not conspicuous and microaggressors may not be aware of their prejudicial actions, researchers in the field have pointed out to the importance of these subtle ways of discrimination due to their stress-evoking nature (Wong et al., 2014).

The influence of racial microaggressions on mental health outcomes is well-studied. The study conducted by Ong and his colleagues (2013) showed that negative emotions and poor self-view can be predicted by higher levels of frequency of racial microaggressions experienced. Furthermore, it is known that such racist and subtle ways of discrimination are negatively associated with psychological well-being (Wong et al., 2014). It is somewhat more difficult to discern whether the person is being targeted by a racial stereotype or prejudice and this might lead to an uncertainty for the individual (Crocker & Major, 1989). This, in turn, could disrupt individuals’ psychological well-being since they are confused whether they are being oversensitive or there is an underlying racism. Confronting individuals making offensive slights may lead to remarks that the targets of microaggression are being delusional and their ties with

reality are detached (Sue, 2010). In other words, the victims of microaggressions might experience further distress by facing blame from their aggressors or through self-blaming. These results are parallel to those of sexual orientation microaggressions (Nadal, 2013), which suggests that the issue remains the same but only the type of microaggression changes.

Starting with racist microaggressions experienced by Black Americans (Pierce, 1995), studies eventually began to focus their attention on the lived experiences of different marginalized groups, such as LGBTQ+ individuals, religious minorities, people of color and women (Nadal, 2008; Sue & Capodulipo, 2008). The expansion of research to include these groups can be interpreted as an essential need for investigating microaggressions in wider groups of people who constantly encounter this covert form of discrimination to understand the multiple dimensions, their intersections, and complexity of microaggressions in different rapidly changing sociocultural settings. A considerable amount of research was conducted with LGBTQ+ individuals in the recent years on the relationship between microaggressions and their influence on well-being (Nadal et al., 2011; Scharer & Taylor, 2018). The increasing number of studies might be linked to the reflections of accelerating social changes taking place in modern life: Exhibiting overt forms of discrimination has come to be more censured under the effect of increasing social pressure and movements. This might have pushed aggressors, whether consciously or unconsciously, to commit to more subtle and masked ways of displaying such discrimination, i.e., microaggressions.

Microaggressions can be fed by societal disparities and the urge to alter others' differences, i.e., ethnicity, gender, or sexual orientation, in favor of the socially dominating group. Hence, interpretation of this uniformitarian texture of

microaggressions should be made within a culturally sensitive framework that takes various aspects of people's lived experiences into account. Sue (2010) argues that the investigation of cultural variables such as religion, ethnicity or whether the person is an immigrant, is a fundamental process in research to explore intersections of marginalized identities. Being a member of more than one historically discriminated social group, as in an LGBTQ+ person of color, can have multiplicative negative impact on an individual (Nadal, 2013). These individuals might be subjected to multiple types of microaggressions—based on race and sexual orientation.

Regarding sexual orientation, the minority stress theory argues that negative mental health outcomes (i.e., stress, anxiety, depression) are more common in LGB population as they frequently face and go through hostile offenses and actions, which leads to a susceptibility for developing mental health problems (Meyer, 1995, 2003). Individuals who identify as lesbian, gay, or bisexual encounter various kinds of discrimination throughout their lives (Douglas et al., 2017; Gordon & Meyer, 2008; Jewell et al., 2012; Nadal, 2013). Studies often supported the theory as they showed LGB individuals report significantly more psychological problems (e.g., depression, suicidal thoughts, low self-esteem, stress etc.) as compared to heterosexual people (Cochran, 2001; Cochran et al., 2003; Eskin et al., 2005; Hurwicz & Tori, 1999; Kuyper & Vanwesenbeeck, 2011; Plöderl & Fartacek, 2005; Sutter & Perrin, 2016).

Hatzenbuehler (2009) contributed to Meyer's model by proposing an integrative framework that presents a comprehensive mediation model taking general psychological processes (i.e., coping styles, intra/interpersonal dynamics) into account in the relationship between LGB individuals' discriminatory experiences and their mental health outcomes. Unlike Meyer's minority stress model that considers group-specific

stress as a mediator between sexual identity and mental health outcomes, Hatzenbuehler's framework argues that mental health outcomes of sexual minorities can be better understood in the light of possible mediator roles of psychological mechanisms with regard to the influence of prejudice and discrimination on psychological well-being. According to this model, general social and cognitive mechanisms such as coping styles, perceptions and the like would mediate the association between discriminatory experiences and mental health outcomes in LGB individuals.

Perceived social support (PSS), one of the study variables that form the core of the current study, plays a vital role in mental health of LGBTQ+ individuals and it serves as a significant coping resource (McConnell et al., 2015; Takeda et al., 2021; Wilkerson et al., 2017). It has a buffering effect and can serve as a protective factor against experiences that contains discrimination and homophobia (Spencer & Patrick, 2009). Though it is known that scarcity of PSS can be detrimental for LGBTQ+ youth when dealing with homophobia since PSS can weaken the negative effects of such discrimination (Doty et al., 2010; Spencer & Patrick, 2009), whether microaggressions can lead to lessened PSS from others has never been investigated before. This potential interaction between microaggressions and PSS might be one of the reasons for why queer individuals face greater levels of psychological distress. Thus, the mediating role of PSS in the association of microaggressions to psychological distress is a crucial element of the current topic to be studied.

Social problem-solving (SPS), as its name implies, is a type of coping strategy that is problem-focused. The mediating role of maladaptive coping strategies was found to be significant in relationship between homophobic events and psychological well-

being (Syzmanki et al., 2014). It is also known that LGBTQ+ individuals mostly engage in coping strategies that are particularly shaped to deal with heterosexist experiences (Wei et al., 2010). However, the lack of investigation of general coping mechanisms such as SPS in the literature lead to a critical gap in the literature that needs to be filled as whether a general and problem-focused coping mechanism can also mediate such an association like more specific emotion-focused coping mechanisms or not remains unknown.

Internalized homophobia is another psychological process that can be included among the psychological processes Hatzenbuehler (2009) suggested studying in his framework. It is an intrapsychic conflict that is related with how much one accepts their own sexual identity (Herek & Glunt, 1995). Internalized homophobia has not been studied in the sexual orientation microaggressions literature with regard to mental health to this day although its mediating role was found to be evident in some other studies that had different variables (such as homophobic bullying and self-esteem, religious conflict, self-compassion, and attachment styles) (Blais et al., 2014; Gibbs & Goldbach, 2015; Set et al., 2016). Being exposed to sexual orientation microaggressions might lead to a negative influence on one's perception of their sexual identity in time and this interaction might elevate the psychological distress experienced by LGBTQ+ individuals as the internalization of discrimination may occur with continuous exposure to it (Meyer, 2003).

Few studies examined sexual orientation microaggressions within the framework proposed by Hatzenbuehler (2009). The study conducted by Woodford et al. (2014) showed that LGBQ students who experienced microaggressions were less likely to accept themselves for who they really are, which in turn resulted in greater

psychological distress. Recently, Scharer and Taylor (2018) indicated that the association of microaggressions encountered by LGB individuals with psychological distress was statistically significant and this relationship was mediated by internalization and detachment coping styles. To our knowledge, there is not a single study that investigated the relationship between sexual orientation microaggressions and psychological distress as well as the mediator roles of PSS and SPS as a coping resource in such an association, particularly in a non-Western cultural context like Turkey. Moreover, arguing that more quantitative research is needed to enrich the current literature on the issue, Nadal (2019) recently developed a brand-new questionnaire (The Sexual Orientation Microaggressions Scale (SOMS)). As it has yet to be used in research, our study will also be the first to assess sexual orientation microaggressions through SOMS.

Against this background, the current study aims to unfold possible interactions and implications in the relationship between sexual orientation microaggressions and psychological distress in a socio-culturally disparate context and sample that might further expand what is already known in the literature. In the light of theoretical models and frameworks mentioned above on the issue, this study aimed at testing five specific hypotheses. They are:

- 1) Experiencing sexual orientation microaggressions will be significantly associated with greater psychological distress.
- 2) PSS will mediate the association between microaggressions and psychological distress.
- 3) SPS skills as a coping resource will mediate the relationship between microaggressions and psychological distress.

- 4) Internalized homophobia will also mediate the association of microaggressions with psychological distress.
- 5) Gender will have a moderating role in the mediation models.



## Chapter 2

### **LITERATURE REVIEW**

The word “micro” in microaggressions does not equal to them being minuscule in significance of their impact on individuals’ well-being and lived experiences. In fact, they can be as devastating and distressing as overt forms of discrimination. The unexpected and subtle nature of microaggressions makes it difficult to prepare oneself for them and they can come from anyone—including colleagues, close friends and even family members. Furthermore, microaggressions target individuals’ unchangeable personal characteristics, be it race, sexual orientation or gender (Sue, 2010; Torino et al., 2018). Study of sexual orientation microaggressions is crucial since the occurrence of mental health problems is significantly higher in gay and lesbian individuals as compared to their heterosexual peers and this is mostly because of the continuous discrimination in their lives (McDonald, 2018; Meyer, 2003). Moreover, LGBTQ+ individuals are facing with additive stress as they also have to deal with stress that arises due to their sexual minority status in addition to general stressors, daily hustles that can be experienced by everyone (Hatzenbuehler, 2009). Thus, research focusing on the impact of discriminatory experiences in disadvantaged groups would be valuable as microaggressions might be easily overlooked due to their subtle nature, yet such aggressions hold a powerful negative influence on minorities.

Individuals who hold stronger ties with their cultural and racial identities have been found to be more likely to detect racial microaggressions (Ruiz-Mesa, 2007). Being attached to one’s culture can help read cues hidden in discriminatory remarks as such offensive expressions will resemble and remind them of familiar characteristics of a targeted culture or ethnic group. In this line of argument, robust ethnic identity as an

element of social support was found to be a protective factor in the face of racial microaggressions (Choi et al., 2017; Saucedo, 2010). However, whether the same results can be found in studies conducted with LGBTQ+ individuals is open to question. Family members can stick together against a racial microaggression and the available community support can be stronger—particularly in multicultural settings—whereas LGBTQ+ individuals can experience sexual orientation microaggressions even within their own families and may have more limited social support. In fact, it might be destructive for LGBTQ+ individuals when family members stringently hold on to each other particularly if they are traditional and conservative. For instance, such family members might engage in homophobic thoughts and actions which could end up with sending their children to unscientific methods like conversion therapies under the misguided belief of helping and supporting their children. So, when the relationships between family members are enmeshed in cohesive families—where sexual identities and political/religious perspectives clash—the meaning of support can change heavily, and it can be detrimental for LGBTQ+ individuals instead. From this perspective, developing a strong sexual identity in families might be much harder as compared to forming a robust ethnic identity, as in case of race, every member mostly shares the same identity, but it is significantly different when it comes to sexuality. In addition to these, research indicated that homelessness is an important problem for LGBTQ+ youth particularly due to conflicts in their family arising from unacceptance towards their sexual identities (Cull et al., 2006; Gaetz, 2014; Shelton & Bond, 2017). Thus, LGBTQ+ individuals can experience significant stressors such as being homeless and rejected by their own family. Also, even when maintaining family relationships, LGBTQ+ individuals tend to engage in additional efforts that can be psychologically burdening (e.g., prioritizing parents' wants while sacrificing some of their own personal

needs, shadowing their own self-actualization related to sexual identity to please the family etc.) to preserve familial ties that might be broken otherwise (Reczek & Bosley-Smith, 2021).

### ***2.1 Forms of Microaggressions***

Microaggressions can take three basic forms: microassaults, microinsults, and microinvalidations (Sue, 2010). Microassaults consist of discriminatory verbal/nonverbal slights and behaviors. For instance, as an LGBTQ+ individual, encountering people making jokes about different sexual orientations in which offensive language is used can be considered as an example of microassault. Research showed that using word “gay” with negative connotations led to an increase in implicit prejudice towards LGBTQ+ community among adults aged from 17 to 60 who were university students (Nicolas & Skinner, 2012). Hence, it can be argued that microassaults might be self-perpetuating and accumulate through being influenced by general negative attitudes towards LGBTQ+ individuals in different parts of a society. Remarks or actions made to humiliate a person’s identity constitute microinsults in which stereotyping is evident (i.e., joking about gay people when they say they like sports as if gay individuals cannot like playing/watching sports). As in the case with such examples, when real life scenarios do not match stereotypes, people may commit microinsults (Nadal, 2016). An experimental study conducted by Goodman et al. (2008) indicated that degrading attributions made to a gay person increased negative nonverbal behaviors towards that person. In this line of thinking, microinsults may have an influence on the increase of microassaults.

Microinvalidations are considered as the most insidious and subtle form of microaggressions since these ignore what the target of discrimination feels or think

about the situation. Microinvalidations, as its name implies, invalidate experiences of discrimination, indicating that they are not real (Nadal, 2013). Telling a bisexual person that they can avoid prejudice and negative attitudes if they try to attune themselves to heteronormative norms in the society (i.e., suggesting that a bisexual woman should find a male partner to conform to heteronormative social structure) can be given an example for this form of microaggression. Microinvalidations might be encountered by bisexual individuals more as literature reveals that they do not have only heterosexual or homosexual identity (Balsam & Mohr, 2007), and there is a “belief” in certain groups of people that bisexual individuals can be more flexible in their orientation and thus, adjust themselves accordingly as if they can (Eliason, 1997). In addition, regardless of the type of sexual orientation, any marginalized LGBTQ+ person who experienced microinvalidation may question or blame themselves and think that they are being oversensitive even though the discriminatory event is evident or severe. Thus, microinvalidations carry the risk of leading to paranoia (Sue, 2010).

## **2.2 Microaggression Taxonomies**

The first taxonomy for the forms of microaggressions was proposed by Sue et al. (2007) for people of color and included nine themes that ranged from *assumption of criminality* (e.g., attributing illegal actions to a certain socio-cultural group and its members) to *second-class citizenship* (i.e., asking a person where they really are from with a not-convinced manner). The taxonomy was broadened as Sue and Capodilupo (2008) presented new themes particularly for women and LGBTQ+ individuals. The theme *use of sexist/heterosexist language* contains demeaning and heteronormative statements and actions targeted at women and LGBTQ+ people. For example, asking a woman if she has a male partner, calling LGBTQ+ individuals with words such as

“homo, dyke, or faggot” would belong to this theme. The *traditional gender-role prejudicing and stereotyping* theme points out to gender-related norms that are dominant in a society (i.e., asking a gay couple whether one of them is more maternal or feminine/masculine). In this theme, binary gender roles are assumed to be the standard and thus, applicable to all relationships including LGBTQ+ ones. Last theme, *assumption of abnormality* indicates that having a different sexual orientation or gender identity is wrong. In extreme cases, some individuals may still see homosexuality as a psychopathological problem even though it was removed from the Diagnostic and Statistical Manual of Mental Disorders by American Psychiatric Association in 1973 and the International Classification of Diseases by World Health Organisation in 1990 (Drescher, 2015; van Drimmelen-Krabbe et al., 1994).

Regarding the themes related to sexual orientation and LGBTQ+ community, Nadal et al. (2010) examines eight different themes in their study. First, *use of heterosexist or transphobic terminology* references to the negative language usage towards LGBTQ+ individuals, such as calling transgender individuals by a gender that they do not identify as or saying degenerative words targeted at LGBTQ+ community. *Endorsement of heteronormative or gender-conforming culture/behaviors* refers to forcing different sexual orientations to be in line with heterosexuality in the sense that dominant gender roles in a society are strongly expected to be displayed by also LGBTQ+ individuals. *Assumption of universal LGBTQ+ experience* includes assuming homogeneity among LGBTQ+ individuals as if there are no differences between them (i.e., stereotyping all lesbians as short-haired or labeling gays as overemotional). Objectifying attitudes, invading privacy of people who have different sexual orientation like they do not have any human rights (e.g., asking a bisexual couple about their sexual life freely in a disrespectful manner) would belong to the *exoticization* theme.

Continuing with the fifth theme, *discomfort/disapproval of LGBTQ+ experience* points out to discriminatory behaviors such as looking at a lesbian couple holding hands with an aversive facial expression or telling LGBTQ+ individuals that their existence is unnatural. *Denial of reality of heterosexism/transphobia* theme can be seen when microinvalidations occur (e.g., saying homophobia does not exist or believing that LGBTQ+ people exaggerate situations as they are overly sensitive). In this theme, microaggressor imputes discriminatory events to victims themselves. *Assumption of sexual pathology/abnormality* includes negative beliefs about LGBTQ+ individuals such as labeling acquired immune deficiency syndrome (AIDS) as gay cancer or assuming perversion and sexual deviancy in people who have different sexual orientations. Last, *denial of individual heterosexism/transphobia* refers to refusing the existence of homophobic/transphobic attitude or behavior that are displayed by microaggressors themselves. (Nadal et al., 2010). More than one theme or form of microaggression may occur in some situations (i.e., when someone defends a microaggressor by saying, “His act was not homophobic. You are overreacting too much. He has many gay and lesbian friends.”).

### **2.3 Microaggressions and Well-being**

Considerable amount of research focused on the negative influence of subtle discrimination (i.e., microaggressions) on mental health of LGBTQ+ people. Both qualitative and quantitative studies yielded scientific evidence for the negative influence of these subtle ways of discrimination on people’s well-being (Nadal, 2019). For instance, the study conducted by Woodford et al. (2014) indicated that interpersonal and environmental microaggressions experienced by LGBQ individuals were significantly associated with lower self-acceptance but greater anxiety and perceived stress.

Moreover, participants' degree of self-acceptance was found to be a mediator in the relationship between microaggressions and psychological distress. Likewise, Wright and Wegner (2012) showed that encountering homonegative (or homophobic) microaggressions had a negative influence on self-esteem and identity. A study conducted by Seelman et al. (2017) also indicated that experiencing sexual orientation microaggressions was linked to lower self-esteem and higher levels of psychological distress.

Another study presented interesting results by indicating that hearing the sentence "That's so gay!" was associated with feeling isolated and negative health symptoms (e.g., appetite loss, headaches) in sexual minority college students (Woodford et al., 2012). Research also showed that a statistically significant link was found between traumatic stress symptoms and microaggressions in LGB people (Robinson et al., 2015). Woodford et al. (2018) found interpersonal microaggressions carry the risk of leading to depression in cisgender LGBQ students. Furthermore, a recent meta-analysis indicated that microaggressions were associated with negative outcomes such as internalizing problems and psychological distress (Lui & Quezada, 2019).

Positive social support was proposed as a protective factor among LGBTQ+ individuals against discrimination and its influence on one's mental well-being (Meyer, 2003; Williams et al., 2005). These results are not surprising since having social support has been found to be crucial for mental health of individuals in various studies conducted with different groups of participants (Doty et al., 2010; Harandi et al., 2017; Sierau et al., 2019; Watson et al., 2016; Werner-Seidler et al., 2017). Moreover, different kinds of support coming from different relationships such as family and

friends lead to unique influences on mental health (Guan & Fuligni, 2015). Social support received from friends, teachers, and peers are all considered vital to expand and enhance the coping of LGBTQ+ youth in the face of negative events (Kosciw et al., 2018; Murdock & Bolch, 2005; Shilo & Savaya, 2012). Particularly family support can buffer unpleasant experiences and play a key role in the betterment of well-being in queer population (Trujillo et al., 2017).

Having socially supporting relationships is a fundamental factor particularly in environments where there is a hostility towards different sexual orientations (Shilo & Savaya, 2011). Likewise, social support was proposed as a coping resource that can buffer the negative influence of discriminatory experiences in a homophobic context (Spencer & Patrick, 2009). There was a significant positive association between social support and being more comfortable with oneself (McDonald, 2018). Doty et al. (2010) found that PSS mitigates the negative influence of minority stress on psychological discomfort. Lack of social support from family was indicated as having a significant negative influence on psychological well-being yet the family support also had the most robust positive effect on mental discomfort (Shilo & Savaya, 2011). Likewise, the study of Watson et al. (2016) yielded similar results, showing significant associations of PSS from family with negative mental health outcomes, such as depression and lack of self-esteem. In addition, a significant association between social support and psychological problems was also present in a study conducted by Sheets and Mohr (2009).

Meyer (2003) argued that coping resources and skills might be beneficial for LGBTQ+ individuals when dealing with minority stressors. Nadal et al. (2011) discussed coping strategies used by LGBQ individuals in the face of microaggressions in their qualitative study. Behavioral, cognitive, and emotional reactions appeared as

three fundamental coping themes. According to the study, *behavioral reactions* consisted of actions ranging from staying passive (e.g., doing nothing about the situation) and facing the microaggressor with in a direct manner. *Cognitive reactions* include thinking about the discriminatory event and the effort of trying to analyze it in one's mind (i.e., embracing microaggressions as a natural part of life, using these negative experiences for personal growth by means of acquiring sturdiness against such events). Last theme, *emotional reactions*, refers to a wide range of emotions (i.e., hopelessness, anger, frustration) displayed or felt by one after microaggressive event occurred (Nadal et al., 2011).

Coping processes were examined in quantitative research conducted with sexual minorities. Syzmanki et al. (2014) indicated that the influence of heterosexist experiences was significantly associated with mental discomfort through the mediating effect of maladaptive coping styles (detachment and internalization). Similarly, in a study conducted with 229 LGB individuals, Scharer and Taylor (2018) found that both internalization and detachment ways of coping were both mediators in the association between microaggressions and mental discomfort. In other words, those LGB individuals who experience more microaggressions tend to use maladaptive coping strategies such as internalization and detachment and due to this tendency, they experience greater mental discomfort. The same study also indicated that the positive association of microaggressions with psychological distress and alcohol problems was statistically significant (Scharer & Taylor, 2018). Yet, possible interactions in the link of sexual orientation microaggressions to mental health outcomes remain unclear if general psychological processes, such as SPS and PSS, were examined within models instead of only stress-specific processes and coping strategies. In his comprehensive framework, Hatzenbuehler (2009) underlines the importance of general psychological

processes as well as group-specific mechanisms. Though similar coping strategies were examined with regard to minority stress, no study investigated SPS skills that can be used against both daily and sexuality stressors among LGBTQ+ individuals to our knowledge.

#### ***2.4 Microaggressions in Turkey***

It is crucial for sexual orientation microaggressions, as a fundamental element of modern-day homophobia, to be discussed within a sociocultural context. Nevertheless, since microaggressions in Western cultures were examined frequently in the literature, as well as for the purpose of this research, primary focus here will be on Turkey where the current study was conducted. Mostly, having an LGBTQ+ identity is perceived negatively in Turkey (Sakalli & Ugurlu, 2001). Although homosexuality is not illegal and LGBTQ+ individuals have been struggling both psychologically and physically for years due to discrimination, prejudice, and oppression in various social contexts, there are no laws established to protect these individuals against a systematic discrimination in Turkey (Özbay, 2015). Furthermore, religion is one of the most crucial factors that affect the current realities in Turkey, as Islamic thought openly prohibits same-sex relations. Hence, majority of LGBTQ+ individuals living in Turkey actively use social media and other types of applications to form interactions among themselves without necessarily exposing their identities. Yet, many microaggressions and negative attitudes aimed at LGBTQ+ identities and community can be encountered on these virtual platforms as well. Even being anonymous does not sufficiently protect one from facing discriminatory and hateful remarks on such platforms.

Living in a context where there are established LGBTQ+ rights was associated with higher levels of self-esteem (Woodford et al., 2015). Still, it is important not to

forget that LGBTQ+ people still face many discriminatory events and challenges due to their identity in Western cultures (as previously discussed) even though social and legal rights are considerably more developed in those contexts (Eskin, 2005). However, there is a significant gap and need for more research focusing on microaggressions (particularly sexual orientation) and their impact on mental health outcomes across diverse samples in non-Western cultures. Additionally, research points out to the need of mediators that could shed a light on the association of prejudice and biased attitudes/behaviors with mental health through illustrating potential indirect influences (Grant et al., 2003; Hatzenbuehler, 2009). Thus, the current study aims to contribute to the developing literature by testing the influence of sexual orientation microaggressions on mental health among LGBQ adults in the light of Hatzenbuehler's psychological mediation model (2009) in a non-WEIRD sample.

## Chapter 3

### METHODS

#### 3.1 Participants

A total of 326 individuals between the ages of 18 and 56 ( $M = 23.97$ ,  $SD = 5.67$ ) participated in the study. Thirty-five individuals were excluded from the analyses as they failed to accurately pick the items that were randomly distributed throughout the questionnaires for controlling falsification. Also, six more individuals were excluded from the data since their age was below 18.

Before filling in the questionnaires, the participants completed a demographic form first which included information about their age, gender (asked as gender one feels/identifies as), sexual orientation, mother tongue, educational level, household monthly income, residence both for the last 6 months and for the most duration, religiosity, romantic relationship, and social and political orientation (asked on a continuum ranged from liberalism to conservatism).

In the current study, 59.6% of the participants identified as woman ( $n = 170$ ), 32.6% identified as man ( $n = 93$ ), and 7.7% of the participants identified as other ( $n = 22$ ). In the group of individuals who reported their gender as other, 63.7% of them identified as genderqueer ( $n = 14$ ), 9.1% identified as agender ( $n = 2$ ), and 27.3% did not report any gender definition ( $n = 6$ ). 97.2% of all participants' native language was Turkish ( $n = 277$ ), 1.8% Kurdish ( $n = 5$ ), and 1.1% bilingual (Turkish/German, Turkish/English, and Turkish/Bulgarian) ( $n = 3$ ).

The average number of years of education for lesbian, gay and bisexual participants was 16.04 ( $SD = 0.44$ ), 16.67 ( $SD = 0.28$ ), and 16.20 ( $SD = 0.22$ ),

respectively. The average number of years of education for the whole sample was 16.29 ( $SD = 2.84$ ). Approximately, 39.6% of the sample had a high school degree ( $n = 113$ ), 4.6% two-year ( $n = 13$ ), 40.4% bachelor's ( $n = 115$ ), 14.4% master's ( $n = 41$ ), and 1.1% doctoral degree ( $n = 3$ ). The average household monthly income for the lesbian, gay, and bisexual participants was 8.679 ( $SD = 892.01$ ), 10.166 ( $SD = 1527.038$ ), and 9.312 Turkish Liras ( $SD = 681.961$ ) respectively. The average household monthly income for all the current sample was 9.404 Turkish Liras ( $SD = 9254.377$ ).

In the whole sample, 47.4% of the participants reported not currently being in a romantic relationship ( $n = 136$ ), 47.7% reported having a romantic partner ( $n = 135$ ), and 4.9% did not give any answer to the related question ( $n = 14$ ). For the lesbian individuals, 69.6% of them reported currently having a romantic partner ( $n = 39$ ), 30.4% reported not being in a romantic relationship ( $n = 17$ ). 33.3% of the gay individuals reported having a romantic relationship ( $n = 24$ ), 59.7% reported having not ( $n = 59.7$ ), and 6.9% did not report ( $n = 5$ ). Moreover, 46.5% of the bisexual participants reported being in a romantic relationship ( $n = 73$ ), 47.8% reported not having a romantic partner ( $n = 75$ ), and 5.7% did not respond to this question ( $n = 9$ ).

In the current study, 39.4% of the participants reported having a religious belief ( $n = 112$ ) while 60.6% reported not having any religious belief ( $n = 172$ ). Almost all participants (88.4%) reported living in a metropolis ( $n = 252$ ), 9.8% small or medium cities ( $n = 28$ ), 1.1% town ( $n = 3$ ), and only one participant (0.4%) reported living in a village during the last 6 months. Only one person did not answer this question. Finally, majority of participants (95%) reported having liberal opinions and worldviews ( $n = 271$ ) while 4.4% of the participants reported having conservative worldviews ( $n = 12$ ). Two people did not answer this question.

### 3.2 Measures

#### 3.2.1 The Sexual Orientation Microaggressions Scale (SOMS)

SOMS was originally developed by Nadal (2019) to measure microaggressions experienced by LGBQ individuals. The original version has strong internal consistency ( $\alpha = .93$ ). SOMS includes 24 items that ask a person if they experienced the discriminatory event at least once in the last six months (1 = *Yes* and 0 = *No*), assessing the frequency of different sexual orientation microaggression scenarios. SOMS has five subscales: Microinvalidations (e.g. *"I have been told I was overreacting when I confronted someone about their heterosexist behaviors/slights."*), Assumption of Deviance (e.g. *"Someone has assumed I have HIV or AIDS because of my sexual orientation."*), Heterosexist Language (e.g. *"People have made insensitive gay or lesbian jokes in front of me."*), Endorsement of Gender Conformity (e.g. *"I have been criticized about the way I dress because I choose clothes that are different than people of my gender."*), and Environmental Microaggressions (e.g. *"I have seen LGBTQ+ people portrayed positively in movies."*). Higher scores of SOMS mean that person experienced more microaggressions. Thus, the items in the last subscale (Environmental Microaggressions) were reversed as they all point out to a positive event rather than discriminatory. In the current study, SOMS was translated to Turkish using double-blind procedure (Behling & Law, 2000) by two different language professionals who are fluent in English.

Total sum scores of SOMS were used by calculating their sum in the current study where the scale showed satisfactory internal consistency ( $\alpha = .73$ ). The Cronbach's alpha for the subscales was .74, .52, .69, .81, and .66, respectively.

### 3.2.2 General Health Questionnaire-12 (GHQ-12)

GHQ was originally developed by Goldberg et al. (1970) as a 60-item questionnaire to assess psychological disorders. One of the versions of the questionnaire, GHQ-12 (Goldberg, 1988) was used in current study. GHQ-12 is a highly reliable and valid questionnaire frequently used in research on mental health and it was designed with the aim of measuring individuals' anxiety, social dysfunction, and psychological distress. GHQ-12 has good internal consistency which ranged between .82 and .90 in different groups (Banks et al., 1980). It has 12 items (e.g., "Have you been thinking of yourself as a worthless person?") rated on a 4-point Likert scale (0 = not at all and 3 = much more than usual). The "GHQ scoring (0-0-1-1)" was used to reach total sum scores, so 0 and 1 are recoded as 0, whereas 2 and 3 are recoded as 1). The total score range of the questionnaire is between 0 and 12. High scores mean higher levels of psychological distress. The Turkish adaption of the scale was conducted by Kilic et al. (2010) and yielded satisfactory validity and reliability results ( $\alpha = .78$ ). The cut-off point for GHQ-12 in Turkey has been indicated as 1/2 (Goldberg et al., 1998).

GHQ-12 showed strong internal consistency reliability in the current study ( $\alpha = .91$ ).

### 3.2.3 The Social Problem-Solving Inventory- Revised (SPSI-R)

SPSI-R is a valid and reliable questionnaire that was developed by D'Zurilla et al. (2002) in order to measure individuals' social problem-solving skills by assessing their responses to problem-solving scenarios of real life. The short form of SPSI-R was used in the current study. It is consisted of 25 items were rated on a 5-point Likert scale of 0 (not at all true of me) to 4 (extremely true of me). SPSI-R has 3 negative problem-solving subscale (Negative Problem Orientation (NPO), Impulsive/Careless Style (ICS),

and Avoidance Style (AS)) and 2 positive subscales (Positive Problem Orientation (PPO) and Rational Problem Solving (RPS)). Items of negative subscales were reversed when calculating total score of the whole questionnaire to allow higher scores represent greater social problem-solving skills. SPSI-R has been translated to Turkish by Eskin and Aycan (2009) and their adaptation study showed that SPSI-R is a reliable and valid source to assess social problem-solving skills in Turkish population as well (internal consistency ranging between .62 and .78).

Total sum scores were used in the current study in which internal consistency for total and subscales (PPO, NPO, RPS, ICS, and AS) was .88, .72, .85, .78, .62, and .87 respectively.

#### ***3.2.4 The Multidimensional Scale of Perceived Social Support (MSPSS)***

MSPSS is a valid and reliable questionnaire designed to measure subjective social support of individuals. The inventory has 12-item rated on a Likert-type format (1 = *totally disagree* and 5 = *totally agree*) and three different subscales that are Significant Other ("*There is a special person with whom I can share my joys and sorrows.*"), Family ("*I get emotional help and support I need from my family.*"), and Friends ("*I can count on my friends when things go wrong.*"). MSPSS showed solid internal consistency in the original study, with its Cronbach's alpha being .88 for the total scale and .91, .87, and .85 for the subscales, respectively (Zimet et al., 1998). The total scores range from 12 to 60 for the total questionnaire, 4 to 20 for each subscale. Higher scores mean higher levels of PSS. Eker and Arkar (1995) translated the questionnaire to Turkish and their psychometric study yielded strong results in terms of reliability and validity in different samples (i.e.,  $\alpha = .87$  for the total scale, .89, .83, and .90 for the subscales, respectively for normal population).

MSPSS used in the current study showed also very high internal consistency for the total scale ( $\alpha = .89$ ), Significant Other ( $\alpha = .91$ ), Family ( $\alpha = .91$ ), and Friends ( $\alpha = .94$ ) subscales.

### ***3.2.5 Internalized Homophobia Scale (IHS)***

IHS is originally developed as a tool for assessing one's intrapsychic conflict towards and acceptance degree of their sexual identity in lesbian, gay, and bisexual individuals (Herek & Glunt, 1995). It is composed of 9 items rated on a 5-point Likert scale of 1 (*disagree strongly*) to 5 (*agree strongly*) that yielded good reliability results with Cronbach's alpha being .71 for its women form and .83 for men form in the original study (Herek et al., 1997). Gençöz and Yüksel (2006) conducted the Turkish adaptation of IHS and the scale yielded good internal consistency ( $\alpha = .82$ ). One additional item per form was added in Turkish version of IHS ("*I avoid meeting or being seen with feminine homosexual males.*" for men form; "*I avoid meeting or being seen with masculine homosexual females.*" for women form). This was because during the prelim interviews before the Turkish adaptation study, it was found that Turkish gay individuals worried about being labeled as homosexual and associated with LGBTQ+ community (Gençöz & Yüksel, 2006). The total score range of the questionnaire is between 10 and 50. Higher scores received from the scale mean greater levels of internalized homophobia.

IHS was found to be highly reliable in the current study ( $\alpha = .88$ ).

### ***3.3 Procedure***

The data collection process started after obtaining the IRB approval from Ethical Committee for Research in Social Sciences at Koç University (2019.317.IRB3.162).

Participants were recruited through different social media websites and LGBTQ+ organizations. Convenience and snowball sampling were used to reach as many LGBTQ people as possible. Each participant received a message inviting them to participate in the study as well as the Qualtrics link. The participants were not able to proceed to the questionnaire items before reading the informed consent text and pressing a button consenting. The questionnaires were given in a fixed order to all participants.

Completing all the questionnaires took about 15 minutes. The participants were not given any reward or money for participating in the study as it was voluntary based.

### ***3.4 Statistical Analyses***

Prior to analyses, the data was cleaned and checked for multivariate outliers. Average scores of a questionnaire were entered into unanswered items only if a participant filled more than 80% of a questionnaire. Pearson product moment correlation coefficients of study variables were computed before the analysis of main hypotheses. Also, comparison of group of participants on some demographic variables (age, average number of years of education, and household monthly income) and sexual orientation microaggressions was made using the one-way analysis of variance (ANOVA).

All models of the current study were tested through the PROCESS macro for SPSS (Hayes 2013). The PROCESS macro analyses the significance of mediator variables' indirect effects by bootstrapping method (Hayes, 2013). For the purpose of examining indirect effects, 5000 bootstrap resamples were used in the mediation analyses of the current study. Indirect effect of sexual orientation microaggressions on psychological distress was investigated by taking mediator variables (PSS, SPS, and internalized homophobia) into account. Gender was examined as a moderator in the

hypothesized mediation models. Subdimensions of PSS (Significant Other, Family, and Friends) and SPS (NPO, ICS, AS, PPO, and RPS) were also analyzed as potential mediators and these parallel mediation analyses were conducted in one step as the PROCESS macro offers testing the significance of all interactions between variables at the same time. To investigate the mediator roles of PSS, SPS, their subdimensions, and internalized homophobia in the relationship between sexual orientation microaggressions and psychological distress, PROCESS Model 4 was used for mediation analyses. PROCESS Model 7 was used to analyze moderated mediation model in which the moderation role of gender was examined. Mediations are interpreted as significant if there zero was not evident between the ranges of lower and upper confidence intervals. Only unstandardized coefficients were given in mediation models as it is the suggested way of reporting PROCESS results (Hayes, 2013). Age, sexual orientation, gender, educational status, household monthly income, and romantic relationship status were entered as covariates in all mediation analyses.

## Chapter 4

**RESULTS****4.1 Correlational Results****Table 1.** Descriptive statistics, reliability, and zero-order correlations between study variables

	M	SD	$\alpha$	2	3	4	5
1. SOMS	11.01	3.73	.73	.17**	-.30**	-.15**	-.02
2. GHQ-12	5.30	3.93	.91		-.29**	-.38**	.11
3. MSPSS	42.73	10.38	.89			.15*	-.21**
4. SPSI-R	12.58	2.99	.88				-.07
5. IHS	16.26	7.37	.88				

*SOMS* Sexual Orientation Microaggressions Scale, *GHQ-12* General Health Questionnaire-12, *MSPSS* The Multidimensional Scale of Perceived Social Support, *SPSI-R* The Social Problem-Solving Inventory-Revised, *IHS* Internalized Homophobia Scale

\* $p < .05$

\*\* $p < .01$

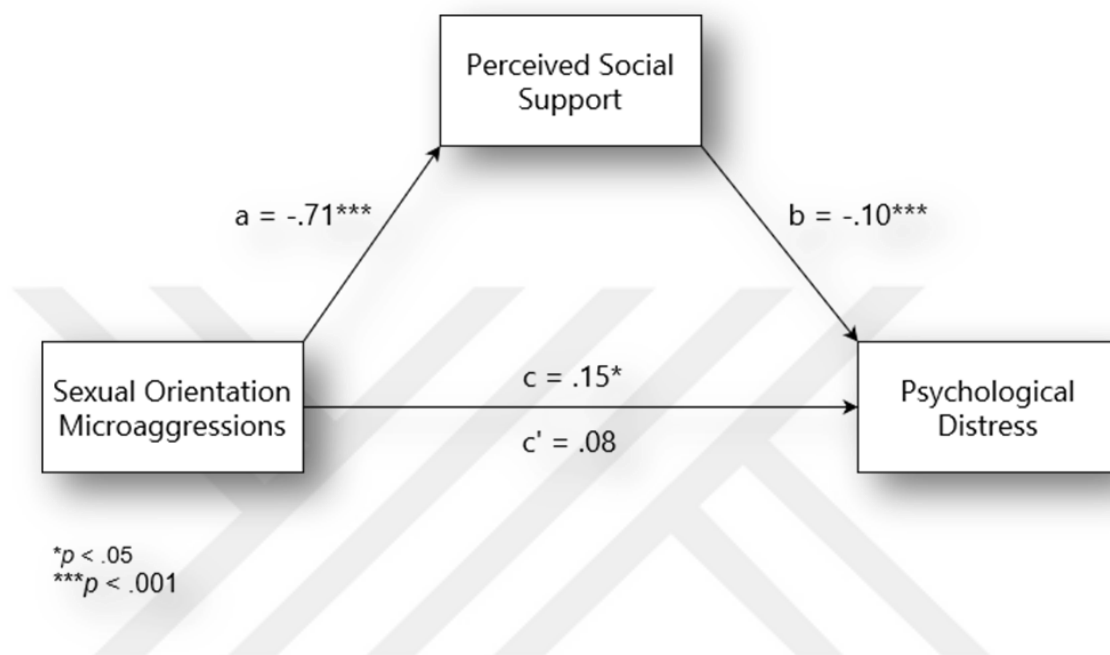
Means, standard deviations, Cronbach alphas, and zero-order correlations between main study variables are given on Table 1. Results of the Pearson correlation coefficients among the demographic variables indicated that age was negatively correlated with SOMS scores ( $r(282) = -.30$ ), psychological distress ( $r(284) = -.15$ ), and positively associated with SPSI-R scores ( $r(282) = .17$ ). Gender (coded as woman, man, and other) was only significantly correlated with internalized homophobia ( $r(282) = .16$ ). Number of school years was significantly inversely correlated with sexual orientation microaggressions ( $r(281) = -.16$ ). There was a negative correlation between

household monthly income and SOMS scores ( $r(266) = -.13$ ), whereas PSS was positively correlated with household monthly income ( $r(267) = .19$ ). The positive correlation between romantic relationship status (whether they are currently in romantic relationship or not) and PSS was significant,  $r(270) = -.42$ . Also, there was a negative correlation of romantic relationship status with GHQ-12 scores ( $r(271) = -.14$ ) and internalized homophobia ( $r(270) = -.23$ ). There was not a significant correlation between sexual orientation (coded as lesbian, gay, and bisexual) and any variable of the study.

One-way ANOVA tests revealed that there was a significant difference between the mean age for gays ( $M = 25.76$ ,  $SD = 0.80$ ) and lesbians ( $M = 23.14$ ,  $SD = 0.62$ ) ( $F(2, 281) = 4.006$ ,  $p = .019$ ). The mean age for bisexuals ( $M = 23.84$ ,  $SD = 0.43$ ) did not significantly differ from the other groups. The groups did not statistically differ from one another with regard to their average number of years of education ( $F(2, 280) = .946$ ,  $p = .389$ ). There was no significant difference in groups' household monthly incomes ( $F(2, 265) = .399$ ,  $p = .671$ ). Moreover, there was a significant difference between SOMS scores among sexual orientation groups. Post hoc analyses using the Bonferroni post hoc criterion showed that the average SOMS score was significantly lower in gays ( $M = 9.70$ ,  $SD = 0.44$ ) than both lesbians ( $M = 12.67$ ,  $SD = 0.54$ ) and bisexuals ( $M = 11.01$ ,  $SD = .26$ ) ( $F(2, 280) = 10.650$ ,  $p = .000$ ). Moreover, lesbian participants reported significantly more sexual orientation microaggressions than bisexual individuals.

#### 4.2 Hypothesized Mediation Models

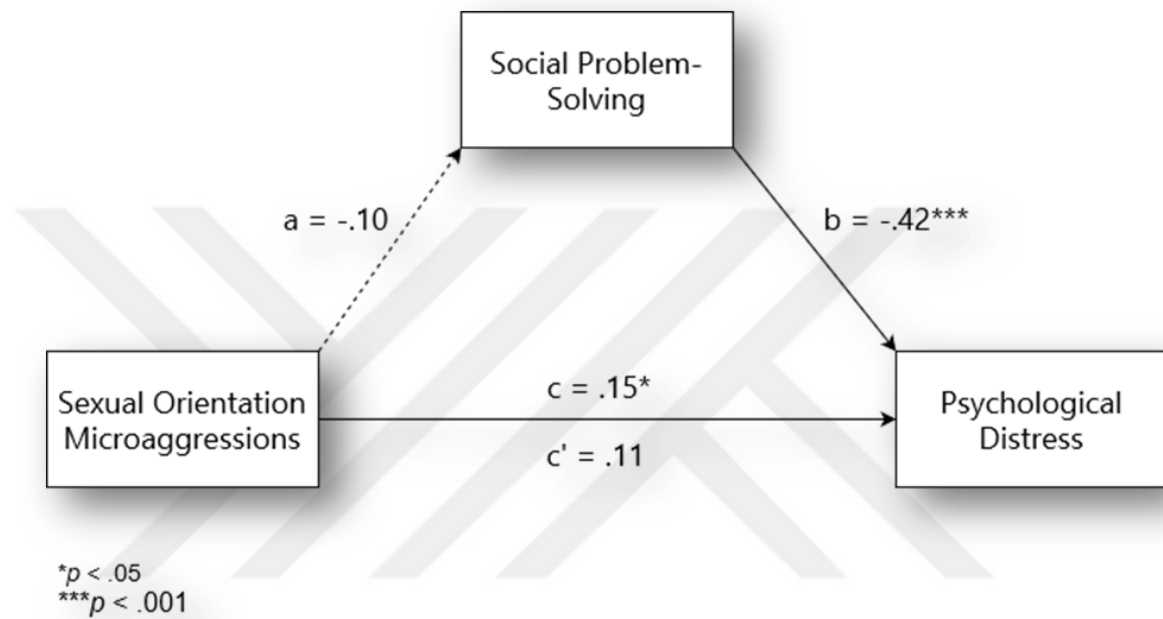
**Figure 1.** Mediation model of sexual orientation microaggressions, PSS, and psychological distress.



**Hypotheses 1 and 2:** The results indicated that the direct effect of microaggressions on psychological distress was not statistically significant ( $\beta = .083$ ,  $t = 1.17$ ,  $p = .244$ ). However, when PSS was entered into the model as the mediator, total effect of encountering microaggressions on psychological distress was statistically significant ( $\beta = .155$ ,  $t = 2.23$ ,  $p = .027$ ). The whole model consisting of microaggressions, PSS, and psychological distress was significant [ $F(7, 243) = 2.814$ ,  $MSE = 15.25$ ,  $p = .008$ ]. According to  $R^2$  estimates, the variables of this model accounted for 75% of the variance in psychological distress. Experiencing sexual orientations microaggressions was significantly associated with PSS ( $\beta = -.715$ ,  $t = -4.59$ ,  $p = .000$ ), and PSS was significantly associated with psychological distress ( $\beta = -.102$ ,  $t = -3.62$ ,  $p = .000$ ). Since indirect effect of PSS was estimated to be between 0.03

and 0.14 and these confident intervals do not include zero, PSS significantly mediated the association between microaggressions and psychological distress.

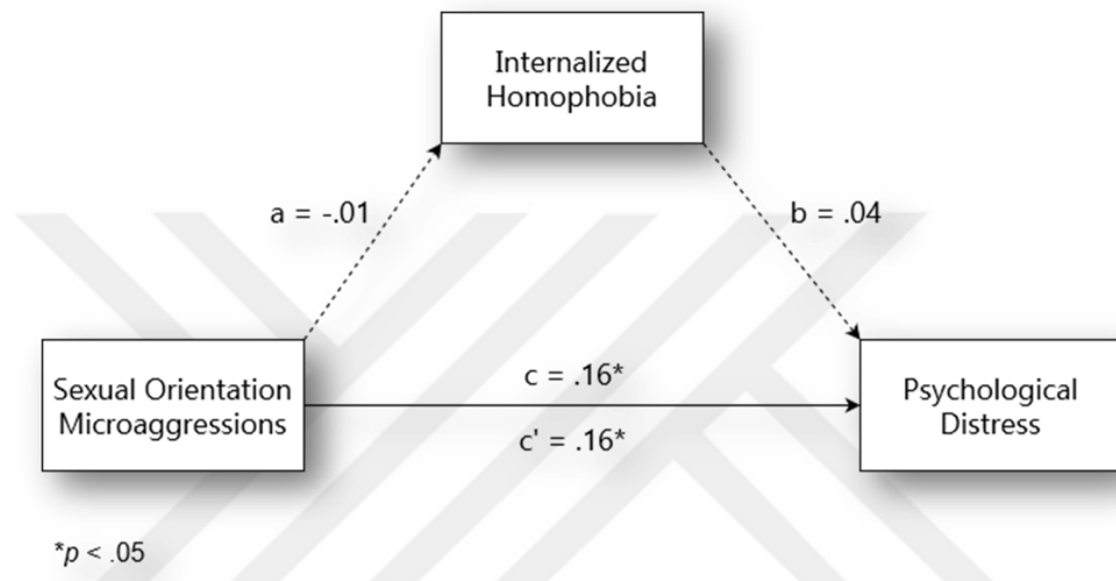
**Figure 2.** Mediation model of sexual orientation microaggressions, SPS, and psychological distress.



**Hypothesis 3:** In the third model where the mediator role of SPS was tested, the direct effect of being exposed to microaggressions on psychological distress was not significant ( $\beta = .110$ ,  $t = 1.65$ ,  $p = .099$ ). The total effect of microaggressions on psychological distress was significant ( $\beta = .151$ ,  $t = 2.17$ ,  $p = .031$ ). The whole model consisting of microaggressions, SPS, and psychological distress was significant [ $F(7, 242) = 2.87$ ,  $MSE = 15.18$ ,  $p = .007$ ]. There was no significant association between SOMS and SPSI-R scores ( $\beta = -.098$ ,  $t = -1.82$ ,  $p = .070$ ). Nevertheless, SPS was significantly associated with psychological distress ( $\beta = -.421$ ,  $t = -5.36$ ,  $p = .000$ ). SPS [95% CI (-0.00, 0.09)] was not found to be a significant mediator in the association

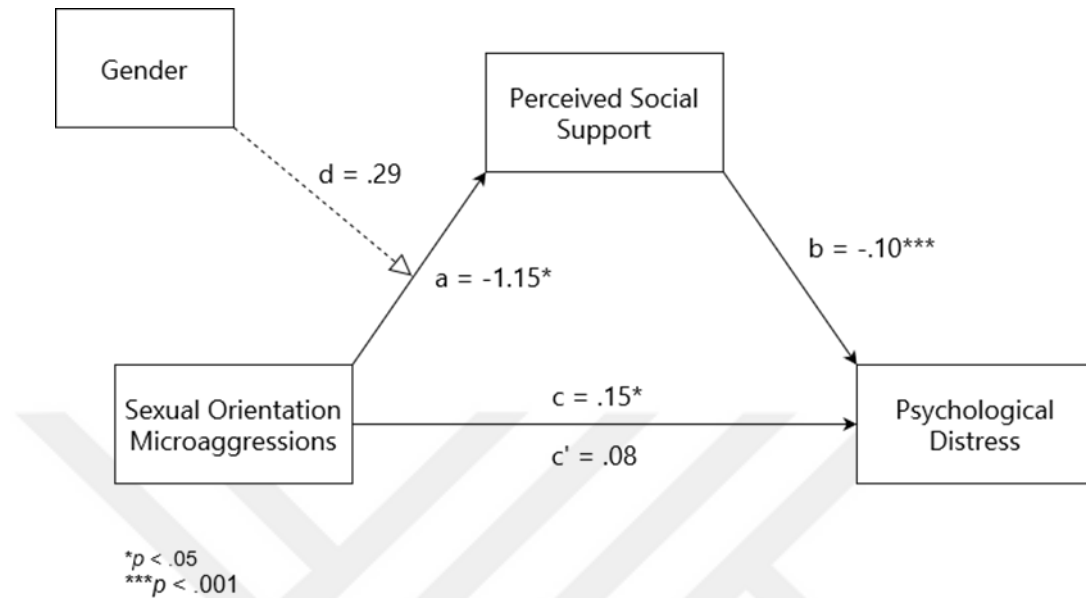
between microaggressions and psychological distress, as also the confidence intervals included zero.

**Figure 3.** Mediation model of sexual orientation microaggressions, internalized homophobia, and psychological distress.



**Hypothesis 4:** The results of the fourth hypothesis, where internalized homophobia was examined as a potential mediator, showed that the direct effect of sexual orientation microaggressions on psychological distress was statistically significant ( $\beta = .163$ ,  $t = 2.34$ ,  $p = .020$ ). The indirect effect for the same association was significant as well ( $\beta = .162$ ,  $t = 2.33$ ,  $p = .021$ ). Yet, there was no significant association of internalized homophobia with microaggressions ( $\beta = -.011$ ,  $t = -.09$ ,  $p = .930$ ) and to psychological distress ( $\beta = .045$ ,  $t = 1.24$ ,  $p = .217$ ). Thus, internalized homophobia [95% CI (-0.02, 0.02)] did not significantly mediate the association between microaggressions and psychological distress.

**Figure 4.** Moderated mediation model of sexual orientation microaggressions, gender (moderator), PSS, and psychological distress.



**Hypothesis 5:** Moderated mediation analyses indicated that the moderator role of gender [95% CI (-0.09, 0.02)] was not significant in the first mediation model (PSS as the mediator) as the interaction effect of the path between microaggressions and PSS was statistically non-significant ( $\beta = .288, t = 1.21, p = .226$ ).

### 4.3 Additional Subdimension Analyses

#### 4.3.1 Correlational Results

Among the subdimensions of sexual orientation microaggressions, “microinvalidations” was significantly associated with psychological distress ( $r(283) = .14$ ), internalized homophobia ( $r(280) = -.12$ ), total PSS ( $r(282) = -.14$ ), PSS from friend ( $r(283) = -.12$ ), total SPS ( $r(281) = -.16$ ), PPO ( $r(281) = -.22$ ), NPO ( $r(283) = .26$ ), ICS ( $r(281) = -.13$ ), and AS ( $r(281) = .18$ ). There was a significant correlation of “heterosexist language” with psychological distress ( $r(283) = -.15$ ), total PSS ( $r(282) = -.16$ ), PSS from family ( $r(283) = -.17$ ), and friends ( $r(283) = -.13$ ). “Endorsement of

*gender conformity*” was negatively correlated with total PSS ( $r(282) = -.22$ ), PSS from family ( $r(283) = -.29$ ), and friends ( $r(283) = -.12$ ) but positively correlated with NPO ( $r(283) = .14$ ). “*Environmental microaggressions*” subscale was significantly correlated with ICS ( $r(281) = .17$ ) and PSS from family ( $r(283) = -.12$ ).

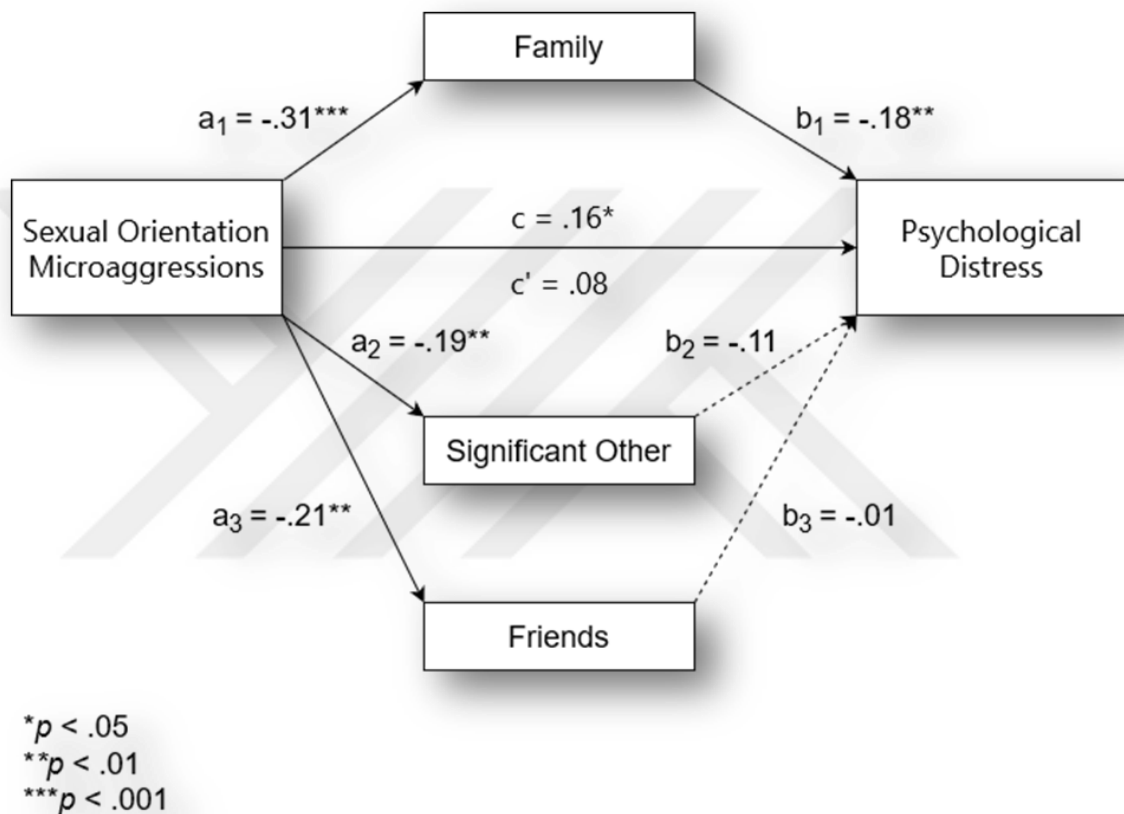
For the subscales of SPSI-R, there was a significant correlation of PPO with total sexual orientation microaggressions ( $r(281) = -.17$ ) psychological distress ( $r(283) = -.30$ ), total PSS ( $r(282) = .18$ ), PSS from significant one ( $r(282) = .17$ ), and family ( $r(283) = .15$ ). NPO was significantly correlated with total sexual orientation microaggressions ( $r(283) = .25$ ), psychological distress ( $r(285) = .46$ ), internalized homophobia ( $r(282) = .14$ ), total PSS ( $r(284) = -.22$ ), PSS from significant one ( $r(284) = -.19$ ), family ( $r(285) = -.14$ ), and friends ( $r(285) = -.16$ ). RPS was not correlated with any subdimension of other questionnaires. AS was positively correlated with total sexual orientation microaggressions ( $r(281) = .15$ ) and psychological distress ( $r(283) = .37$ ) but negatively correlated with PSS from significant one ( $r(282) = -.13$ ).

Regarding the subdimensions of MSPSS, there was a significant correlation of PSS from significant one with total sexual orientation microaggressions ( $r(282) = -.17$ ) and psychological distress ( $r(284) = -.24$ ). PSS from family was negatively correlated with both total sexual orientation microaggressions ( $r(283) = -.30$ ) and psychological distress ( $r(285) = -.26$ ). Lastly, PSS from friends was also negatively associated with both total sexual orientation microaggressions ( $r(283) = -.21$ ) and psychological distress ( $r(285) = -.15$ ).

### 4.3.2 Mediation Analyses of Subdimensions

#### 4.3.2.1 Subdimensions of MSPSS

**Figure 5.** Mediation model of sexual orientation microaggressions, subdimensions of PSS, and psychological distress.



In this model, the direct effect of microaggressions on psychological distress was not significant ( $\beta = .076$ ,  $t = 1.07$ ,  $p = .287$ ) but the total effect was statistically significant ( $\beta = .155$ ,  $t = 2.23$ ,  $p = .027$ ). The whole model was significant [ $F(7, 243) = 2.814$ ,  $MSE = 15.25$ ,  $p = .008$ ].

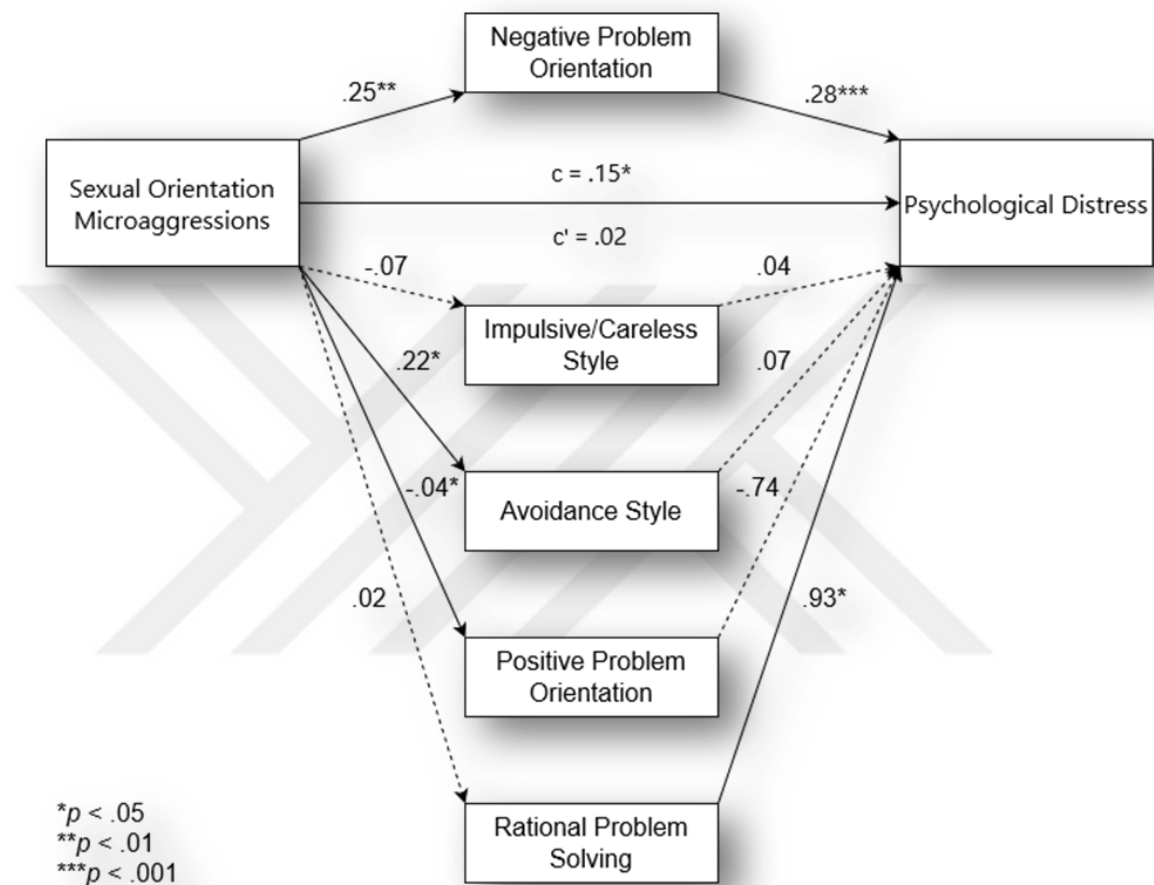
The path from sexual orientation microaggressions to PSS from family [95% CI (0.02, 0.11)] was statistically significant ( $\beta = -.315$ ,  $t = -4.01$ ,  $p = .000$ ) and PSS from family was significantly associated with psychological distress ( $\beta = -.181$ ,  $t = -3.13$ ,  $p =$

.002). PSS from significant one [95% CI (-0.00, 0.06)] was significantly associated with microaggressions ( $\beta = -.191, t = -2.90, p = .004$ ) but there was no significant association between PSS from significant one and psychological distress ( $\beta = -.105, t = -1.45, p = .149$ ). Lastly, whereas there was a significant path between microaggressions and PSS from friends ( $\beta = -.209, t = -2.93, p = .004$ ), the path from PSS from friends [95% CI (-0.03, 0.04)] to psychological distress was not statistically significant ( $\beta = -.013, t = -.19, p = .849$ ).

Thus, only PSS from family mediated the association between microaggressions and psychological distress.

## 4.3.2.2 Subdimensions of SPSI-R

**Figure 6.** Mediation model of sexual orientation microaggressions, subdimensions of SPS, and psychological distress.



The direct effect of sexual orientation microaggressions on psychological distress was not significant in this model ( $\beta = .024$ ,  $t = .36$ ,  $p = .718$ ). Total effect, on the other hand, was found to be statistically significant ( $\beta = .151$ ,  $t = 2.17$ ,  $p = .031$ ). The whole model was significant [ $F(7, 242) = 2.871$ ,  $MSE = 15.18$ ,  $p = .007$ ].

NPO [95% CI (0.02, 0.13)] was positively associated with sexual orientation microaggressions ( $\beta = .252$ ,  $t = 3.16$ ,  $p = .002$ ) and psychological distress ( $\beta = .281$ ,  $t = 4.33$ ,  $p = .000$ ). PPO [95% CI (-0.00, 0.07)] was negatively associated with sexual

orientation microaggressions ( $\beta = -.036, t = -2.50, p = .013$ ) but there was no statistically significant path between PPO and psychological distress ( $\beta = -.737, t = -1.78, p = .076$ ). Moreover, the path from microaggressions to ICS [95% CI (-0.02, 0.01)] was not statistically significant ( $\beta = -.067, t = -1.02, p = .308$ ) as well as the association between ICS and psychological distress ( $\beta = .037, t = .51, p = .613$ ). AS [95% CI (-0.01, 0.05)] was significantly associated with microaggressions ( $\beta = .218, t = 2.31, p = .022$ ) but there was no significant association between AS and psychological distress ( $\beta = .071, t = 1.24, p = .215$ ). Lastly, RPS [95% CI (-0.01, 0.05)] was not significantly associated with microaggressions ( $\beta = .018, t = 1.31, p = .191$ ). There was a positive association between RPS and psychological distress ( $\beta = .936, t = 2.49, p = .014$ ).

Hence, among the subdimensions of SPSI-R, only NPO was found to be mediating the association of sexual orientation microaggressions with psychological distress.

## Chapter 5

### DISCUSSION

#### *5.1 Study Hypotheses*

The current study investigated sexual orientation microaggressions encountered by LGBTQ+ individuals from Turkey and the association between microaggressions and psychological well-being. We further examined the mediating roles of some psychological processes such as PSS, coping resources (social problem-solving), and internalized homophobia.

In the first hypothesis, it was hypothesized that experiencing sexual orientation microaggressions will be significantly associated to greater psychological distress. The findings of the current study yielded results supporting our first hypothesis. The total effect of encountering microaggressions on psychological distress was statistically significant. This was in line with the results of the study conducted by Schärer and Taylor (2018) who found a significant total effect of microaggressions on psychological distress in LGBTQ+ sample. In line with findings from the current study, the literature has also shown that being exposed to sexual orientation microaggressions was found to be harmful for the psychological well-being of LGBTQ+ individuals (Lui & Quezada, 2019; Robinson et al., 2015; Seelman et al., 2017; Wright & Wegner, 2012; Woodford et al., 2014).

In addition, the mediator role of PSS in the association of sexual orientation microaggressions to psychological distress were investigated in the current study. As we hypothesized, the results indicated that LGBTQ+ individuals who experience microaggressions tend to perceive less social support from their surrounding people and

environment and thus have greater psychological distress. Building upon the psychological mediation model proposed by Hatzenbuehler (2009), only a couple of studies examined the mediating roles of psychological processes such as rumination (Kaufman et al., 2017), internalization and detachment coping styles (Scharer & Taylor, 2017), and self-acceptance (Woodford et al., 2014) in the literature of sexual orientation microaggressions to date. The current study is the first to investigate and statistically show the mediator role of PSS in the relationship between sexual orientation microaggressions and psychological distress. These are parallel to previous findings that indicated social support was a crucial factor when investigating LGBTQ+ individuals' psychological well-being (Hatzenbuehler, 2009; Meyer, 2003; Sadika et al., 2020; Williams et al., 2005). Lack of social support can especially be harmful when facing against discrimination as having support from one's environment can ameliorate negative experiences (Doty et al., 2010; Shilo & Savaya, 2011; Spencer & Patrick, 2009). In our case, it might be possible that continuously experienced sexual orientation microaggressions might lead to negative opinions about the others, as exposure to hostility and discrimination might weaken the hopes and trust individuals place on others.

Although not one of our hypotheses, an exploratory result indicated that experiences of sexual orientation microaggressions are associated with lower PSS from their families and greater psychological distress. This was hardly surprising since family support can be considered as the most important support system for LGBTQ+ individuals (McConnell et al., 2015; Shilo & Savaya, 2011). Support from family was found to be a protective factor for LGBTQ+ people against many negative psychological outcomes like depression, substance abuse, and suicide (Andrews et al., 2012; Ryan et al., 2010).

Continuing with the psychological mediation model (Hatzenbuehler, 2009) and our third hypothesis, we also examined whether SPS was a mediator in the association between microaggressions and psychological distress. Contrary to our hypothesis, no significant association was found between sexual orientation microaggressions and SPS and hence, SPS was not found to be a mediator in the model. This might be due to the distinction between general coping strategies and other coping techniques particularly aimed at dealing with a source of stress, such as discrimination, because marginalized groups like LGBTQ+ individuals might use and adopt different—and more specific—coping strategies against prejudice and injustice (Wei et al., 2010). Also, as many participants were recruited on internet through LGBTQ+ organizations, these people might get social support from the organizations which may homogenize their SPS skills in the data. Although there is a scarce number of studies that investigated coping strategies as a mediator in the association between heterosexist experiences and psychological well-being, maladaptive coping strategies have been found to mediate this association (Syzmanki et al., 2014).

Moreover, when it comes to sexual orientation microaggressions, only one study found that coping techniques such as detachment and internalization mediated the relationship between microaggression and psychological distress (Scharer & Taylor, 2018). They argue that such coping strategies might produce maladaptive reactions to discrimination, which in turn exacerbate the negative influence of prejudice on psychological well-being. Another possible reason to why our third hypothesis was not supported might be the fact that the purpose of problem-focused coping strategies like SPS is removal of or to change the source of a problem by taking action (Lazarus & Folkman, 1984). Dealing with a systematic issue that is deeply rooted in society like discrimination against LGBTQ+ individuals, it might be difficult for people to act

proactive when faced with discrimination like microaggressions as altering the source of stress would not be possible, at least on a personal level. This line of thinking was proven by one of our exploratory results, even though it was not hypothesized. It was found that one of the subdimensions of SPS, NPO was found to mediate the association of sexual orientation microaggressions to psychological distress. This means LGBTQ+ individuals who are exposed to microaggressions tend to be more negatively oriented towards a solution of a problem (i.e., feeling hopeless, believing overcoming an obstacle is impossible or very difficult, lacking self-confidence to solve a problem etc.) and through this coping strategy, there are greater levels of psychological distress to be dealt with. Hence, problem-focused coping strategies might still be as important as emotion-focused coping strategies for dealing with microaggressions.

We also expected internalized homophobia to mediate the association between sexual orientation microaggressions and psychological distress in our fourth hypothesis. However, our results did not support this hypothesis by indicating that internalized homophobia was not found to be a significant mediator in the association. Although none in the literature of sexual orientation microaggressions, in different LGBTQ+ studies internalized homophobia was found to be a mediator in the association between homophobic bullying and self-esteem (Blais et al., 2014); anxious and avoidant attachment and depression (Set et al., 2016); religious identity conflict and suicidal thoughts (Gibbs & Goldbach, 2015); attendance to a more conservatist college and higher depression (Heiden-Rootes et al., 2020). The reason why our fourth hypothesis was not supported might be due to a statistical issue in the study (i.e., ceiling effect) as majority of the participants reported having liberal worldviews and they were recruited from mostly social media and LGBTQ+ organizations. A considerable amount of these

individuals might be considered as activists or people who embrace their sexual identity instead of having conflict with it.

Hatzenbuehler (2009) proposes gender to be examined as one of the possible moderators in the mediation models where discrimination and psychological outcomes of LGBTQ+ individuals are investigated. Hence, in our last hypothesis we expected gender to moderate our hypothesized mediators (PSS, SPS, and internalized homophobia) in the association of sexual orientation microaggressions to psychological distress. Since SPS and internalized homophobia were not found to be mediators, moderated mediation model was only checked in our first model where PSS was the mediator. Gender was not found to moderate PSS in the model and thus, our final hypothesis was not supported. In other words, mediated effect of PSS did not vary by genders. Despite one of our findings that showed gender differences in exposure to microaggressions and the findings in the literature that pointed out to gender differences in victimization and discrimination (Assari & Lankarani, 2017; Balsam et al., 2005; Hazel & Kleyman, 2019; Zaykowski & Gunter, 2013), we found no gender differences in psychological distress or PSS. This might be one of the reasons for gender being not a significant moderator in the current study.

## ***5.2 Limitations and Future Directions***

The current study has certain limitations. Since convenience sampling was used, it is difficult to generalize the results to whole LGBTQ+ population. All participants were recruited through internet and mostly social media, so people who have limited or no access to electronic devices and social media could not participate. Moreover, almost all participants reported having liberal views rather than conservative and the sample was mostly highly educated and consist of people from the middle class. Hence, only a

few LGBTQ+ individuals who hold conservative opinions and beliefs were included in our sample. This can be given an example for self-selection bias. Different ethnic and cultural backgrounds were lacking in the current study because the majority of the participants reported their mother tongue as Turkish.

Future research should try to focus on increasing the social diversity in their research as doing so would make investigating more than one type of microaggressions (e.g., both sexual and racial) simultaneously possible because combined cumulative stress experienced by LGBTQ+ individuals might exacerbate negative experiences (Balsam et al., 2011). Moreover, participants were not asked about whether they live their sexual orientation openly and the length of being open, if applicable. Also, the details about microaggressors remained unknown as it was not asked in the study. Here, it is important to note the possibility that people who reported more experience of microaggressions in our study might be receiving this discrimination from their own family members. Factors such as whether an LGBTQ+ person lives their sexual identity openly in family settings, how constructive and supportive family members act towards one's sexual identity can all be important factors that should be considered especially when discussing family support in future studies. Including questions that can give answers to these unknown parts might yield enlightening results in general as well as on possible differences between openly LGBTQ+ and closeted individuals. Also, some people may hide their sexual identity in certain contexts and live openly in others (e.g., workplace, university etc.). So, more detailed questions about whether people are open to certain groups of people (e.g., only friends or family) can be given in future research. To what extent individuals embrace their sexual identity might be another factor that could be considered for interactions between one's coping and negative experiences. As discussed earlier, our study was consisted mostly of people who have liberal

worldviews, and they might also be activists—as participants were recruited from LGBTQ+ organizations and social media in general—the mediator role of internalized homophobia should be examined again in the future in more diverse samples. Lastly, future studies can also use a questionnaire that is specifically designed to assess minority stress related to sexual identity to be more confident about the influence of sexual orientation microaggressions on mental health.

Another limitation, even though participants were only asked about the gender they feel/identify as, there was not a further question asking if the participant is a transgender or transsexual due to the possible discriminatory nature of such an additional question after asking about gender. On the other hand, it is important to note that it might not be possible—or as easy as others—for transgender and transsexual people to hide their sexual identity from other people. Hence, this might have influenced some of the answers to questions asking about discriminatory experiences.

Future research should focus on the mediation model direction as well as investigating moderators (particularly the ones Hatzenbuehler (2009) suggested like ethnicity, identity-specific processes etc.) to come up with an integrative framework that can be insightful for the solutions of discrimination and its influence on well-being of LGBTQ+ individuals. For investigating causality on this issue, experimental studies would also be welcome as they can be beneficial to design comprehensive interventions.

### ***5.3 Implications and Conclusion***

The current study showed that the significance of negative influence of sexual orientation microaggressions on psychological well-being should not be underestimated as microaggressions are said to be more subtle and covert forms of discrimination. This type of prejudice and discrimination can lead to increased levels of psychological

distress, especially when there is less PSS from environment (particularly family) and people use more maladaptive coping techniques. Thus, these results are important for developing experimental, longitudinal, and intervention studies that aim at increasing social support of LGBTQ+ individuals and creating a safe space where they may express themselves without fear or hesitation. Doing so might also increase one's coping resources and encourage people to perform better coping strategies when dealing with stress. Since microaggressions are hard to detect, raising awareness on this issue and educating especially young LGBTQ+ individuals on how to prepare themselves for this type of discrimination in their daily lives would also enhance their coping repertoire. With this purpose in mind, working with communities and organizations, solidarity might be another crucial factor for the solution of this societal issue as taking personal endeavors to wider and more communal levels can ease the challenge.

Moreover, seeking professional psychological support can be beneficial for LGBTQ+ individuals in this regard. The study results are also important for clinicians since microaggressions can be experienced even in counseling settings and psychotherapy. Microaggressions displayed by a counselor impair the therapeutic alliance and lead to negative changes in client's perspective about counselor's cultural competency (Hook et al., 2013; MacDonald, 2013; Shelton & Delgado-Romero, 2013). Clinical and counseling psychologists are responsible for offering safe settings where clients can express themselves without fear or anxiety. The discriminatory and divisive nature of microaggressions clash with one of the most significant principles of psychotherapy which is being non-judgmental towards clients. Davis et al. (2016) argues that such an undesirable action exhibited by a counselor or clinical psychologist has negative consequences such as not benefitting from psychotherapy or even termination/drop out. This brings up the issue of therapist competence, as a counselor

should refrain from displaying racism, sexism, or homophobia at all costs, which lie in the center of many well-being problems in the first place. These are the problems desired to be ameliorated within therapeutic settings, after all. Therapists' blind spots and own cultural beliefs and political perspectives might lead to microaggressions when combined with lack of competent professional training. In this line of thinking, Owen et al. (2014) indicates that therapists need to expose themselves to thought-provoking environments where constructive disagreement and viewpoint diversity are promoted to increase their broad-mindedness and competency. Microaggressions basically do the exact opposite and thus should be avoided for both well-being of individuals and the preservation of pluralism and harmony in the society.

The study results can be especially informative for families with LGBTQ+ individuals and people, as well as organizations, that work with such families as family seems to be the strongest support system for LGBTQ+ individuals. Having parents who show understanding towards and supportive involvement in the life path their children want and choose is crucial for LGBTQ+ people (Ryan et al., 2010). As discussed frequently in the study, family support can be a protective factor against negative mental health outcomes. It is known that LGBTQ+ youth feel better psychologically when they know their parents supporting them unconditionally and they want the support of their family, particularly of parents' (Roe, 2017). Organizations can aim to increase the awareness of the impact of microaggressions and support in family for LGBTQ+ individuals and might guide them to family counselors who can work closely with families for the betterment of the relations with their queer children.

The current study can shed a light on the literature by bringing interesting results from a non-WEIRD LGBTQ+ sample and using a valid and reliable questionnaire that

specifically measures sexual orientation microaggressions instead of an adapted general microaggressions inventory. Our study was also the first to investigate a general coping mechanism (SPS), rather than emotion-focused coping in the relevant literature. As Meyer (2003) and particularly Hatzenbuehler (2009) suggested, there is a need for research focusing on the indirect mechanisms that can further explain the relation between minority stress and mental health outcomes in LGBTQ+ individuals. Thus, we attached importance to mediators that have yet to be investigated in this relation where a relatively unknown, covert form of discrimination that can be as harmful as explicit victimization was taken as a major part of minority stress. We hope our study paved the way for the literature to continue increasing the research of possible mediators that can further explain sexual orientation microaggressions issue. It is also important to conduct such research in Turkey as it is crucial to investigate all kinds of discrimination towards LGBTQ+ individuals regardless of whether overt or covert since homophobia is one of the most important social problems both for the betterment of LGBTQ+ people's lives and a peaceful co-existence of individuals living in the country. Increasing the number and quality of research on microaggressions as an important part of homophobia can lead to empirically grounded solutions, implications, and awareness with every scientific and applied step accumulating in this direction.

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**APPENDICES****APPENDIX A****Demografik Form****Yaşınız:** \_\_\_\_\_**Hissettiğiniz/Kendinizi Tanımladığınız Cinsiyet** Kadın  Erkek  Diğer (aşağıda belirtebilirsiniz) \_\_\_\_\_**Cinsel Yöneliminiz** Lezbiyen  Gey  Biseksüel**Ana Diliniz:** \_\_\_\_\_**Eğitim Aldığınız Toplam Süre (Yıl Olarak):** \_\_\_\_\_**Eğitim Durumunuz (Bitirmiş Olduğunuz En Yüksek Eğitim Derecesi)** İlkokul  Ortaokul  Lise  Ön Lisans  Lisans  Yüksek Lisans  Doktora**Mesleğiniz:** \_\_\_\_\_**Okuduğunuz Bölüm (Öğrenciyse):** \_\_\_\_\_**Gelir Elde Ettiğiniz Bir İşiniz Var Mı?** Evet  Hayır**Aylık Hane Geliriniz (Evinizde sürekli olarak yaşayan aile mensuplarının (siz dahil) maaşları ve kira gelirlerinin toplamı):** \_\_\_\_\_**Lütfen hane halkınızın (evinizde sürekli olarak yaşayan aile mensuplarının) toplam kişi sayısını (siz dahil) yazınız:** \_\_\_\_\_**Yaşamınızın Çoğunu Geçirdiğiniz Yerleşim Birimi** Büyükşehir  Küçük veya orta ölçekli bir şehir  Kasaba (veya merkeze uzak ilçe)  
 Köy**Son Altı Aydır Yaşamakta Olduğunuz Yerleşim Birimi**

- Büyükşehir  Küçük veya orta ölçekli bir şehir  Kasaba (veya merkeze uzak ilçe)  
 Köy

**Herhangi bir dini inancınız var mı?**

- Evet (lütfen boşlukta belirtiniz, örn. İslam, Hristiyanlık, Musevilik, deizm gibi)

\_\_\_\_\_

- Hayır

**Medeni Durumunuz**

- Evli  Bekar  Boşanmış  Nişanlı

**Romantik bir birlikteliğiniz var mı?**

- Evet  Hayır

Kendinizi dünya görüşünüz açısından nasıl değerlendirirsiniz? (Aşağıdaki aralıkta bir seçim yapınız)

- 1 (Liberal)  2  3  4  5  6 (Muhafazakar)

## APPENDIX B

## General Health Questionnaire-12 (GHQ-12)

<b>Yönerge:</b> Lütfen aşağıdaki sağlığınıza ilgili soruları ve cevapları dikkatlice okuyunuz ve size en iyi uyan cevabı seçiniz.
<b>1. Son zamanlarda yaptığınız işe dikkatinizi verebiliyor musunuz?</b> <input type="checkbox"/> Her zamankinden iyi <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden az <input type="checkbox"/> Her zamankinden çok daha az
<b>2. Son zamanlarda endişeleriniz nedeniyle uykusuzluk çekiyor musunuz?</b> <input type="checkbox"/> Hayır, hiç çekmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden daha sık <input type="checkbox"/> Her zamankinden çok daha sık
<b>3. Son zamanlarda işe yaradığınızı düşünüyor musunuz?</b> <input type="checkbox"/> Her zamankinden çok <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden az <input type="checkbox"/> Her zamankinden çok daha az
<b>4. Son zamanlarda karar vermekte güçlük çekiyor musunuz?</b> <input type="checkbox"/> Hayır, hiç çekmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden fazla <input type="checkbox"/> Her zamankinden çok daha fazla
<b>5. Son zamanlarda kendinizi sürekli zor altında hissediyor musunuz?</b> <input type="checkbox"/> Hayır, hiç hissetmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden sık <input type="checkbox"/> Her zamankinden çok daha sık
<b>6. Son zamanlarda zorlukları halledemeyecek gibi hissediyor musunuz?</b> <input type="checkbox"/> Hayır, hiç hissetmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden sık <input type="checkbox"/> Her zamankinden çok daha sık
<b>7. Son zamanlarda günlük işlerinizden zevk alabiliyor musunuz?</b> <input type="checkbox"/> Her zamankinden çok <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden az <input type="checkbox"/> Her zamankinden çok daha az
<b>8. Son zamanlarda sorunlarınızla uğraşabiliyor musunuz?</b> <input type="checkbox"/> Her zamankinden çok <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden az <input type="checkbox"/> Her zamankinden çok daha az
<b>9. Son zamanlarda kendinizi keyifsiz ve durgun hissediyor musunuz?</b> <input type="checkbox"/> Hayır, hiç hissetmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden çok <input type="checkbox"/> Her zamankinden çok daha fazla
<b>10. Son zamanlarda kendinize güveninizi kaybediyor musunuz?</b> <input type="checkbox"/> Hayır, hiç kaybetmiyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden fazla <input type="checkbox"/> Her zamankinden çok daha fazla
<b>11. Son zamanlarda kendinizi değersiz biri olarak görüyor musunuz?</b> <input type="checkbox"/> Hayır, hiç görmüyorum <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden sık <input type="checkbox"/> Çok sık
<b>12. Son zamanlarda değişik yönlerden baktığınızda kendinizi mutlu hissediyor musunuz?</b> <input type="checkbox"/> Her zamankinden çok <input type="checkbox"/> Her zamanki kadar <input type="checkbox"/> Her zamankinden az <input type="checkbox"/> Her zamankinden çok daha az

## APPENDIX C

## The Sexual Orientation Microaggressions Scale (SOMS)

0 = Hiç Etkilemedi, 1 = Pek Etkilemedi, 2 = Kararsızım, 3 = Biraz Etkiledi, 4 = Çok Etkiledi

Yönerge: Aşağıdaki tek tek verilmiş olan her bir durumu öncelikle yaşayıp yaşamadığınızı, daha sonrasında bu olayın sizi ne kadar etkilediğini işaretleyiniz.	Son 6 Ayda Hiç Yaşadınız mı?		Yanıtınız Evet ise, Bu Olay Sizi Ne Kadar Etkiledi?				
	Evet	Hayır	0	1	2	3	4
Birisine heteroseksist davranışları ya da kabalıkları sebebiyle yüzleştiğimde, aşırı tepki verdiğim söylendi.							
Heteroseksizm hakkında yakınmaktan vazgeçmem söylendi.							
Heteroseksist ya da homofobik olduğunu düşündüğüm bir konuda, heteroseksüel bir birey bazı alternatif gerekçeler sundu.							
Heteroseksist ya da homofobik olduğunu düşündüğüm bir konuda, heteroseksüel bir birey benimle fikir uyuşmazlığına düştü.							
Daha önce LGBTİ+ bireyleri ilgilendiren konularda aşırı duyarlı olduğumu söyleyen biri oldu.							
Birisine homofobik dil kullandığımı belirttiğimde, o kişi kendini savunur biçimde karşılık verdi.							
Birisinin heteroseksist davrandığını düşündüğümde, paranoyak davrandığını söyleyen biri oldu.							
Cinsel yönelimim sebebiyle, bir kişinin çocuklarının benimle fiziksel temas etmesine izin vermediği oldu.							
Cinsel yönelimim sebebiyle HIV taşıdığımı ya da AIDS olduğumu düşünen biri oldu.							
Cinsel yönelimim sebebiyle çocuk tacizcisi ya da seks avcısı olduğumu düşünen biri oldu.							

	Son 6 Ayda Hiç Yaşadınız Mı?		Yanıtınız <u>Evet</u> ise, Bu Sizi Ne Kadar Etkiledi?				
	Evet	Hayır	0	1	2	3	4
Cinsel yönelimim sebebiyle yanıma oturmak istemeyen biri oldu.							
Cinsel kimliğimi öğrendikten sonra benimle ilişkisini kesen bir arkadaşım oldu.							
Benim de bulunduğum bir ortamda cinsel yönelimimin farkında olmadan, insanların LGBTİ+ bireyler hakkında olumsuz yorumlar ve şakalar yaptığı oldu.							
Olumsuz bir konu hakkında konuşurken insanların “Bu çok gey!” tarzı yorumlar yaptığını duydum.							
Benim de bulunduğum bir ortamda, insanların “nonoş, lez, ibne, homo” gibi kelimeler kullandığına şahit oldum.							
Bir kişinin garip ya da sıra dışı bulduğu birine “gey ya da ibne” yakıştırması yaptığını şahit oldum.							
Benim de bulunduğum bir ortamda, duyarsızca gey ve lezbiyen şakaları yapıldığı oldu.							
Cinsiyetimle uyuşmayan kıyafetler giydiğim konusunda eleştirildim.							
Cinsiyetimle uyuşmayan kıyafetler seçtiğim için, genel olarak giyim tarzım konusunda eleştirildim.							
Daha erkeksi (maskülen) ya da kadınsı (feminen) davranmam gerektiği konusunda uyarıldım.							
LGBTİ+ bireylerin dergi veya gazetelerde olumlu bir şekilde gösterildiğini gördüm.							
LGBTİ+ bireylerin filmlerde olumlu bir şekilde gösterildiğini gördüm.							
LGBTİ+ bireylerin televizyonda olumlu bir şekilde gösterildiğini gördüm.							
Eşcinsel çiftlerin yer aldığı reklamlar ve ilanlar gördüm.							

## APPENDIX D

## The Multidimensional Scale of Perceived Social Support (MSPSS)

<b>Yönerge:</b> Aşağıdaki cümlelerde söylenenin sizin için ne kadar doğru olduğunu veya olmadığını belirtiniz.	Hiç katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Tamamen katılıyorum
1. İhtiyacım olduğunda yanımda olan özel bir insan var.					
2. Sevinç ve kederlerimi paylaşabileceğim özel bir insan var.					
3. Ailem bana gerçekten yardımcı olmaya çalışır.					
4. İhtiyacım olan duygusal yardımı ve desteği ailemden alırım.					
5. Beni gerçekten rahatlatan özel bir insan var.					
6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.					
7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.					
8. Sorunlarımı ailemle konuşabilirim.					
9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.					
10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan var.					
11. Kararlarımı vermede ailem bana yardımcı olmaya isteklidir.					
12. Sorunlarımı arkadaşlarımla konuşabilirim.					

## APPENDIX E

## Internalized Homophobia Scale

**ÖNEMLİ UYARI:** Aşağıdaki form sadece eşcinsel veya biseksüel erkeklerin doldurması içindir. Eşcinsel veya biseksüel kadınların doldurması gereken form, bu formun hemen aşağısındadır. Lütfen her iki formu doldurmayınız, birini boş bırakıp size hangisinin daha uygun olduğunu düşünüyorsanız sadece o formu doldurunuz.

**Yönerge:** Her cümlede verilen bilginin sizin için ne kadar doğru olduğunu belirtmek için o cümlenin yanındaki şıklardan birini işaretleyiniz.

- 1= Kesinlikle katılmıyorum  
 2= Katılmıyorum  
 3= Kararsızım  
 4= Katılıyorum  
 5= Kesinlikle katılıyorum

## Erkek Formu:

1. Diğer eşcinsel ve biseksüel erkeklerle kişisel ya da toplumsal beraberliklerden mümkün olduğunca kaçınıyorum.	1	2	3	4	5
2. Genel olarak erkekleri çekici bulmamaya çalışırım.	1	2	3	4	5
3. Birisi bana tamamen heteroseksüel olma imkanı sağlasaydı, bu şansı kaçırmazdım.	1	2	3	4	5
4. Keşke eşcinsel/biseksüel olmasaydım	1	2	3	4	5
5. Eşcinsel olduğum için kendime yabancılaştığımı hissediyorum	1	2	3	4	5
6. Keşke kadınlara karşı daha fazla cinsel ilgi duyabilseydim.	1	2	3	4	5
7. Eşcinsel olmamın benim için kişisel bir eksiklik olduğunu hissediyorum	1	2	3	4	5
8. Cinsel yönelimimi eşcinselden heteroseksüelliğe çevirmek için bir uzmandan yardım almak isterdim	1	2	3	4	5
9. Kadımsı olan erkek eşcinsellerle ilişki kurmaktan ve birlikte görünmekten kaçınıyorum	1	2	3	4	5
10. Kadınlara daha fazla cinsel ilgi duymak için çaba sarfediyorum	1	2	3	4	5

**Kadın Formu:**

1.Diğer eşcinsel ve biseksüel kadınlarla kişisel ya da toplumsal beraberliklerden mümkün olduğunca kaçınıyorum.	1	2	3	4	5
2.Genel olarak kadınları çekici bulmamaya çalışırım.	1	2	3	4	5
3.Birisi bana tamamen heteroseksüel olma imkanı sağlasaydı, bu şansı kaçırmazdım.	1	2	3	4	5
4.Keşke eşcinsel/biseksüel olmasaydım	1	2	3	4	5
5.Eşcinsel olduğum için kendime yabancılaştığımı hissediyorum	1	2	3	4	5
6.Keşke erkeklere karşı daha fazla cinsel ilgi duyabilseydim.	1	2	3	4	5
7.Eşcinsel olmamın benim için kişisel bir eksiklik olduğunu hissediyorum	1	2	3	4	5
8.Cinsel yönelimimi eşcinselden heteroseksüelliğe çevirmek için bir uzmandan yardım almak isterdim	1	2	3	4	5
9.Erkeksi olan kadın eşcinsellerle ilişki kurmaktan ve birlikte görünmekten kaçınıyorum	1	2	3	4	5
10.Erkeklere daha fazla cinsel ilgi duymak için çaba sarfediyorum	1	2	3	4	5

