

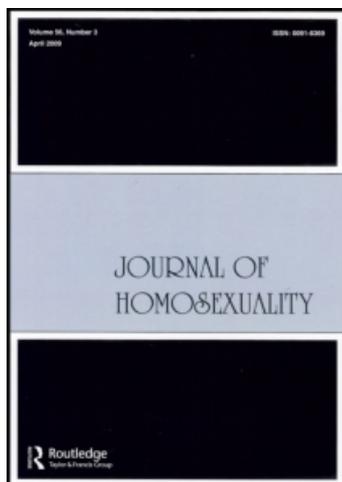
This article was downloaded by: [University of Wisconsin Madison]

On: 19 October 2009

Access details: Access Details: [subscription number 907141065]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Homosexuality

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792306897>

LGB Identity and Eudaimonic Well Being in Midlife

Ellen D. B. Riggle^a; Sharon S. Rostosky^b; Fred Danner^b

^a Departments of Political Science and Gender and Women's Studies, University of Kentucky, Lexington, Kentucky, USA ^b Department of Educational, School, and Counseling Psychology, University of Kentucky, Lexington, Kentucky, USA

Online Publication Date: 01 August 2009

To cite this Article Riggle, Ellen D. B., Rostosky, Sharon S. and Danner, Fred(2009)'LGB Identity and Eudaimonic Well Being in Midlife',*Journal of Homosexuality*,56:6,786 — 798

To link to this Article: DOI: 10.1080/00918360903054277

URL: <http://dx.doi.org/10.1080/00918360903054277>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

LGB Identity and Eudaimonic Well Being in Midlife

ELLEN D. B. RIGGLE, PhD

*Departments of Political Science and Gender and Women's Studies,
University of Kentucky, Lexington, Kentucky, USA*

SHARON S. ROSTOSKY, PhD and FRED DANNER, PhD

*Department of Educational, School, and Counseling Psychology, University of Kentucky,
Lexington, Kentucky, USA*

Eudaimonic well being refers to personal growth and having purpose and meaning in life. High levels of eudaimonic well being facilitate a positive life experience. The National Survey of Midlife Development in the United States (MIDUS) data was used to test a model predicting eudaimonic well being as a function of sexual identity. Reporting a lesbian, gay, or bisexual (LGB) identity was associated with lower eudaimonic well-being scores. Results also indicated that perceived daily discrimination, being female, and having less education were associated with lower eudaimonic well being; racial/ethnic minority status was associated with increased eudaimonic well being. These results are discussed in light of recent scholarship on understanding and promoting the well-being of sexual minority individuals.

KEYWORDS *human potential, optimal functioning, discrimination, stigma, MIDUS, gay, lesbian, bisexual*

Eudaimonic well being focuses on personal growth, purpose, and meaning in life and self-actualization, and is characterized as doing “that which makes life worthwhile” (Keyes & Haidt, 2003, p. 6). Ryff (1989) identified six dimensions of eudaimonic well being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and

Address correspondence to Ellen D. B. Riggle, Department of Political Science, University of Kentucky, 1615 Patterson Office Tower, Lexington, KY 40506-0027. E-mail: e.riggle@uky.edu

self-acceptance. Recent comprehensive reviews of the well-being literature distinguish eudaimonic well being from hedonic or subjective well being, which is characterized by feelings of happiness and satisfaction (e.g., Lent, 2004; Ryan & Deci, 2001; Keyes, Schmotkin, & Ryff, 2002). Eudaimonic well being may be associated with hedonic well being; however, the two constructs are empirically and conceptually distinct (Lent, 2004). While the happiness and life satisfaction of sexual minorities has been investigated (e.g. Ellis & Riggle, 1995; Fingerhut, Peplau, & Ghavami, 2005), eudaimonic well being has not been directly addressed in research.

Considerations of eudaimonic well being are particularly appropriate in the context of midlife development. Lifespan development theory (Erikson, 1963; McAdams, 2001) postulates that a primary developmental task of an adult at midlife is the assessment of the meaning and purpose of one's life. Midlife adults who perceive a sense of control and mastery over their lives (Lachman & Firth, 2004) are better equipped to meet and manage life challenges and stresses.

Unfortunately, the literature specific to the midlife development of sexual minority individuals is sparse. However, eudaimonic well being may be particularly relevant to lesbian, gay, and bisexual (LGB) individuals whose identities involve an ongoing process of self-discovery and disclosure as part of expressing an "authentic" or "true" self.

Minority stress results from "culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination," and has an impact on mental health (Brooks, 1981, p. 107). Meyer (1995, 2003) delineates four components of minority stress: internalized homophobia, expectations of prejudice and discrimination, experiences of discrimination, and concealment/disclosure of sexual identity. These components of minority stress have been linked to diminished psychosocial health. Internalized homophobia has been linked to decreased self-esteem, lower life satisfaction, and increased depression (e.g., Shidlo, 1994; Stein & Cabaj, 1996); perceived discrimination has been associated with increases in rates of self-reported psychological distress (Mays & Cochran, 2001); and victimization based on sexual orientation has been associated with higher levels of depression and impaired mental health (e.g., Garnets, Herek, & Levy, 2003; Otis & Skinner, 1996). Disclosure of sexual orientation has been associated with increased conflict with family-of-origin (e.g., Laird, 1996; LaSala, 2000), while lack of disclosure has been associated with depression (e.g., Lewis, Derlega, Berndt, Morris, & Rose, 2001).

Life challenges, suffering, or traumatic events have been found to stimulate personal growth in stressful contexts (e.g., Baumeister, 1991; Folkman, Moskowitz, Ozer, & Park, 1997; Frankl, 1992). Constantine and Sue (2006) have argued that oppression experienced by persons of color may lead to the development of resiliency skills that enhance optimal functioning. Thus, successful coping with adversity may lead to enhanced,

rather than diminished, eudaimonic well being (Frazier, Oishi, & Steger, 2003).

For some sexual minority individuals, experiences of stigmatization or discrimination may provide opportunities to build effective coping skills and resources that may increase eudaimonic well being. For example, despite some of the psychosocial costs associated with disclosure, gay men and lesbians report that living their lives honestly or “authentically” is a deeply meaningful achievement in their personal development. This finding suggests that facing the challenges and risks of revealing a stigmatized sexual identity, for at least some LGB individuals, may be important to achieving eudaimonic well-being (Riggle, Whitman, Olson, Rostosky, & Strong, 2008).

On the other hand, perceived discrimination and its accompanying stress (Kessler, Michelson, & Williams, 1999) diminished eudaimonic well being (Ryff, Keyes, & Hughes, 2003). Perceived discrimination occurs when an individual believes that he or she has been treated unfairly because of a status, such as sexual orientation or gender or race/ethnicity. LGB individuals are more likely than heterosexuals to report perceived discrimination (Mays & Cochran, 2001), however, the association with eudaimonic well being is unknown. Therefore, the primary goal of the present study was to examine associations among LGB self-identification, perceived daily discrimination, and eudaimonic well being using the National Survey of Midlife Development in the United States (MIDUS).

PREVIOUS MIDUS FINDINGS

Two studies using the MIDUS data were directly relevant to the present study. Mays and Cochran (2001) investigated the associations between indicators of mental health and perceived discrimination among lesbian, gay, and bisexual adults. They found that lifetime discriminatory events and day-to-day experiences with discrimination were positively related to higher incidence rates of psychiatric disorders, higher levels of current psychological distress, and poorer estimations of current health. Mays and Cochran found that LGB respondents were significantly more likely than heterosexual respondents to report one or more lifetime experiences with 11 types of discriminatory events. LGB respondents also reported significantly more day-to-day perceived discrimination overall and were more likely to report seven of nine daily discriminatory experiences. Finally, LGB adults were significantly more likely than heterosexual adults to report that discrimination had made life harder and that it had “interfered with having a full and productive life” (p. 1873).

Also using the MIDUS data, Ryff et al. (2003) tested the effect of perceived discrimination on eudaimonic well being for racial and ethnic minority

respondents (i.e., African-American men and women and a sample of Mexican-American men and women from Chicago). They found that racial/ethnic minority status was associated with higher eudaimonic well being scores on five of the six subscales as well as the composite. Additionally, racial and ethnic minority groups reported significantly more lifetime and perceived daily discrimination than the White/Caucasian respondents in the sample. However, perceived daily discrimination was negatively associated with eudaimonic well-being in female respondents (minority and nonminority) only. This interaction indicated that the negative impact of perceived daily discrimination on eudaimonic well-being was greater among women than among men.

PRESENT STUDY

Building on the findings from previous research and specifically the two previous studies based on the MIDUS, we sought to examine associations between LGB self-identification and eudaimonic well being in midlife adults. Two alternative hypotheses were proposed. Drawing on the previous finding for African-American individuals, we proposed that an LGB identity would be associated with higher eudaimonic well being (compared to non-LGB individuals). Alternatively, drawing on the previous finding that minority stress has a negative impact on mental health outcomes, we proposed that an LGB identity would be associated with lower eudaimonic well being.

METHODS

Data Source

The MIDUS Main survey was conducted in 1995 with a national probability sample (using random digit dialing) of noninstitutionalized, English-speaking individuals age 25–74 residing in the contiguous 48 states (i.e., not including Hawaii and Alaska). Complete information on the MIDUS study sample and methods can be found at <http://midmac.med.harvard.edu>.¹

Measures

DEMOGRAPHICS AND SEXUAL ORIENTATION

Respondents were asked demographic questions to ascertain sex (female = 1, male = 0), racial/ethnic identity (recoded racial/ethnic minority = 1, White = 0), age, and education level (summarized on a 4-point scale: *less than a high school diploma*, *a high school diploma*, *some college*, and *a college degree*).

Respondents were asked, "How would you describe your sexual orientation?" They were given the choices of "heterosexual" (N = 3455), "homosexual" (N = 50), or "bisexual" (N = 47). Because both homosexual and bisexual identities are stigmatized and the low number of self-identified sexual minority respondents (resulting in limited power for multivariate testing), the two categories were combined for a total sexual minority sample $n = 97$.²

PERCEIVED DISCRIMINATION

Perceived daily discrimination is the only factor related to minority stress that was available in the MIDUS. Respondents were asked how often "on a day-to-day basis" they experienced nine types of discriminatory treatment. These items included being treated with less courtesy or less respect than other people, receiving poorer service at restaurants or stores, having other people act as if the respondent is not smart, is dishonest, or is not as good as they are, acting as if they are afraid of the respondent, or being called names, insulted, threatened or harassed. For each discriminatory event, respondents chose *never*, *rarely*, *sometimes*, or *often*. Scores were summed and averaged across the nine questions and ranged from 1 to 4 with higher scores indicating more experiences of discrimination. The coefficient alpha for the scale was .90.

EUDAIMONIC WELL BEING

The MIDUS measured eudaimonic well being with a short form of Ryff's original Scales of Psychological Well-Being (PWB; Ryff, 1989). In the short form, 18 items were selected (three items per subscale) to represent the multifactorial structure of the original, longer subscales. The dimensions of eudaimonic well being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance) as well as a composite or total psychological well-being score (derived by summing the six dimensions) are reported below. Respondents indicated how well a statement characterized their feelings or behaviors along a 7-point scale ranging from *strongly disagree* to *strongly agree*. Total eudaimonic well-being scores from the sample ranged from 30 to 105 with higher scores indicating higher well being. The coefficient alpha for the subscales are: autonomy, .48; environmental mastery, .52; personal growth, .55; positive relationships with others, .58; purpose in life, .37; and self-acceptance, .59. The Cronbach's coefficient alpha for the total well-being score is .75. (A complete discussion of the short scale psychometric properties based on the MIDUS data can be found in Ryff & Keyes, 1995).

RESULTS

Sample Characteristics

Table 1 presents a summary of the demographics for the sexual minority and heterosexual subsamples. Sexual minority respondents were younger than heterosexual respondents ($p < .001$), but otherwise were similar demographically. Sexual minority respondents also reported more perceived daily discrimination ($M = 1.72$, $s.d. = .62$) than heterosexual respondents ($M = 1.49$, $s.d. = .57$; $t = 3.71$, $d.f. = 3496$, $p < .05$).

Eudaimonic Well Being

Table 2 presents a summary of the means and difference tests for each subscale and the total score for eudaimonic well being in the sexual minority

TABLE 1 Sample Description

	Sexual minority (n = 97)	Heterosexual (n = 3455)
Race		
White	92.8%	86.6%
African-American	3.1%	6.3%
Other	3.1%	5.8%
Gender		
Female	41.2%	49.9%
Male	58.8%	50.1%
Age mean years	41.5	47.0
Education		
<High school degree	10.3%	8.1%
High school degree	18.6%	28.4%
Some college	32.0%	30.3%
College degree, plus	39.2%	33.3%

TABLE 2 Psychological Well Being Scale Means for Sexual Minority and Heterosexual Samples

	Sexual minority (n = 97)	Heterosexual (n = 3446)
Autonomy	16.38 (3.74)	16.53 (3.29)
Environmental mastery*	15.32 (4.67)	16.07 (3.39)
Personal growth	18.06 (3.20)	17.89 (3.15)
Positive relations with others***	14.64 (4.37)	16.14 (4.09)
Purpose in life**	15.51 (4.04)	16.49 (3.60)
Self-acceptance*	15.72 (4.41)	16.52 (3.47)
Psychological Well being* (total)	95.64 (18.84)	99.60 (14.04)

Note: Standard deviations in parentheses.

t-test for difference of means: * $p < .05$, ** $p < .01$, *** $p < .001$.

and heterosexual subsamples. The mean scores for sexual minority adults were consistently lower on all subscales except personal growth. The total score was lower for the sexual minority sample, reflecting the cumulative deficits across the subscales. A *t* test for equality of means revealed significant differences between the samples on environmental mastery, positive relations with others, purpose in life, self-acceptance, and total psychological well being.

Bivariate Associations

Lower levels of eudaimonic well being (composite) were significantly associated with being female ($r = .05, p < .01$), reporting lower levels of education ($r = .20, p < .001$), and reporting higher levels of perceived discrimination ($r = -.19, p < .001$). Age was not significantly associated with eudaimonic well-being. Correlations among the independent variables were significant but did not pose problems of multicollinearity. Based on these bivariate relationships (and the previous MIDUS studies reviewed above), sex, race, education level, sexual minority status, and perceived daily discrimination were retained for the regression analyses.

Predicting Eudaimonic Well Being

The hypothesized model predicting psychological well being (total score) was tested using ordinary least squares regression analyses. The final model (shown in Table 3) included sex, race/ethnicity, education level, perceived discrimination, and sexual minority status. Interactions between the predictor variables were also tested based on previous research. All independent variables included were significantly associated with the total psychological well-being score. Self-identifying as a sexual minority was a significant predictor of lower eudaimonic psychological well being. Being female and having less education were also significant predictors of lower eudaimonic well-being scores. Higher levels of perceived daily discrimination had a significant negative impact on psychological well being. Identifying as a racial/ethnic minority was associated with higher eudaimonic well being. Interactions between perceived discrimination and sexual minority status and between sex and sexual minority status were not significant and are not shown. The interaction between sex and perceived discrimination was significant, consistent with the findings of Ryff et al. (2001). All model steps were significant.

DISCUSSION

In this study, LGB adults reported significantly lower eudaimonic well being than did heterosexual adults. The lower composite score was reflected in

TABLE 3 Ordinary Least Squares Regression of Psychological Well Being (total) onto Sexual Minority Status and Other Predictors

	Unstandardized coefficients B (std. error)	Standardized coefficients Beta	<i>t</i> (Significance)
Step 1: Predictors			
Female (male = 0)	-.649 (.214)	-.137	3.03 (.003)
Racial/ethnic minority (White = 0)	.663 (.129)	.091	5.15 (.000)
Education level	.466 (.040)	.189	11.54 (.000)
Step 2: Add predictor			
Perceived discrimination	-.640 (.096)	-.157	-6.70 (.000)
Step 3: Add predictor			
Sexual minority (non = 0)	-.554 (.239)	-.038	-2.32 (.020)
Step 4: Add interaction			
Sex x discrimination	-.535 (.133)	-.193	-4.02 (.000)
Constant	16.88 (.246)		82.89 (.000)

Notes. Values in table reflect final regression equation.

Step 1: $\Delta R^2 = .036, p < .001$.

Step 2: $\Delta R^2 = .041, p < .001$.

Step 3: $\Delta R^2 = .003, p = .002$.

Step 4: $\Delta R^2 = .004, p < .001$.

Final model: $R^2 = .084$, adjusted $R^2 = .083$; $df = 6, 3439$; $F = 52.86, p < .001$.

consistently lower scores for five of the six dimensions of eudaimonic well being, including life purpose and positive relations with others, the two dimensions that have been identified as particularly important to optimal human functioning (Ryff & Singer, 1998). Whereas the effect size (and sample size) of the finding is relatively small, the significant association suggests that the culturally stigmatized status of self-identifying as LGB inhibits optimizing well being and this finding warrants further investigation into the contextual effects of identifying as LGB on flourishing.

Whereas ethnic minority status has been found to be positively associated with eudaimonic well being (Ryff et al., 2003), in this sample sexual minority status is negatively associated with eudaimonic well being. One interpretation of this difference is that different social contexts and resources may contribute to these findings. Most racial and ethnic minority persons grow up in immediate families and communities that support racial and ethnic minority identity development (Phinney & Chavira, 1995). These families and communities provide social support that bolsters self-esteem and provides a sense of belonging and connection. Ethnic and racial minority individuals may learn positive coping mechanisms that help them effectively deal with racism and discrimination that they encounter from the majority culture. Racial and ethnic minority persons may also live in communities that have a social structure supportive of positive identity development, including churches, entertainment, and service industries (e.g., Bierman, 2006).

On the other hand, the vast majority of sexual minority, specifically LGB persons, were more likely to grow up without these external supports or developmental assets for their emerging sexual identities. Few LGB individuals grew up in families that included other visible LGB family members. LGB individuals often face negative reactions and rejection from their families of origin when they “come out” (Laird, 1996). These rejecting families do not bolster self-esteem, provide safe space, or teach their children positive coping mechanisms for combating discrimination from the majority culture. To the contrary, family members are often a proximal source of minority stress for LGB individuals (Rostosky et al., 2004).

While supportive LGB communities, including churches, entertainment, and services, are available in larger urban areas, many GLB individuals must leave their smaller hometowns and move to these urban locations to gain access to these supports. Even in urban communities, gay and lesbian adults express a desire for access to positive LGB role models who can demonstrate that the daily stress and adversity of a stigmatized identity does not preclude success in intimate relationships, satisfying jobs and careers, and other life satisfactions (Rostosky, Riggle, Gray & Hatton, 2007).

Differences in the larger political context for ethnic/racial minorities and LGB sexual minorities in current U.S. culture also exist. While outwardly or visibly maligning or discriminating against racial and ethnic minority persons is considered socially undesirable and politically unacceptable, maligning and rejecting LGB sexual minority identities and same-sex relationships is still accepted public discourse. Additionally, discrimination against LGB individuals remains legal in a majority of U.S. states. Although 20 states and the District of Columbia currently have laws prohibiting some types of discrimination on the basis of sexual orientation, those laws are limited in scope. No federal legal proscriptions address discrimination on the basis of sexual orientation. Instead, politicians and political groups regularly make anti-gay remarks in appeals to their voter bases and introduce anti-gay legislation (e.g., Tadlock, Gordon, & Popp, 2007). Further, 45 states and the federal government currently do not recognize civil marriage rights for same-sex couples.

Understanding and promoting optimal individual human functioning in nonoptimal environments and social contexts is an important goal for LGB individuals and the professionals who serve them. To this end, further research with larger samples of sexual minorities would allow for more complex model testing than was possible in this study due to the small number of respondents who reported a sexual minority identity. With larger samples, the utility of models for increasing or restoring well being, such as those proposed by Lent (2004), could also be tested empirically in sexual minority populations. Findings from a study of 553 gay men and lesbians indicated that some gay men and lesbians exhibit resilience

and effectively coped with their stigmatized identities by actively finding meaning in their experiences of discrimination (Riggle et al., 2008). Understanding how and under what conditions minority stress factors such as experiences of discrimination diminish or enhance eudaimonic well being could lead to effective prevention and intervention efforts. With a stronger theoretical and empirical foundation in this area, strength-based educational and counseling approaches could be used to create and evaluate interventions that foster resilience and promote well-being (Smith, 2006).

Limitations

Although the MIDUS survey was conducted with a national sample of adults, several limitations of these data and therefore the findings from this study should be acknowledged. First, the data is limited to those in a specific age range representing midlife and may not be generalizable to other age ranges. Second, sexual orientation was assessed with only one identity question. "Homosexual" and "bisexual" are stigma-laden words that may not accurately reflect the sexual identity of many gay men or lesbians. In addition, members of racial and ethnic minority groups may have identified as "straight" or "heterosexual" even if they have same-sex partners because of additional stigma attached to gay and lesbian (or homosexual) identities within many ethnic minority communities (see Greene, 1997). This may have contributed to the extremely low number of racial and ethnic minority LGB identified participants in the sample. Further, many sample respondents may have chosen to not reveal their sexual orientation to the interviewer. Because LGB identities are often concealed due to the accompanying stigma and possible repercussions of disclosure, population parameters are unknown. The low sample size of LGB participants suggests that nondisclosure may be an issue that limits the sample size and resulting analytic power. Therefore, the extent to which this sample is representative of the LGB population is unknown. The low sample size of sexual minority individuals also precluded separate examination of effects for "homosexual" and bisexual adults as well as for gender differences within each category. There may be important differences between these groups that would emerge with adequate sample sizes.

The challenges of obtaining accurate data on sexual minorities make it imperative to include adequate measures of sexual identity in future large scale surveys. Although nondisclosure will remain an issue, research on LGB populations will continue to face significant barriers given the scarcity of data and resources to carry out large population based studies. Future research with larger samples of sexual minority individuals will allow for examining mediating and moderating influences on the relationship between sexual identities and psychological well being.

Concluding Observations

Although research has improved from the early reliance on clinical samples of LGB persons, the topics of research remain largely focused on psychosocial problems and negative mental health issues and outcomes. Research also needs to explore how LGB individuals create positive and satisfying lives and relationships and flourish in their environment. The facilitation of optimal functioning in LGB sexual minority individuals is an important focus for researchers as well as service providers.

NOTES

1. Bibliographic citation for the MIDUS data: Brim, Orville G., Paul B. Baltes, Larry L. Bumpass, Paul D. Cleary, David L. Featherman, William R. Hazzard, Ronald C. Kessler, Margie E. Lachman, Hazel Rose Markus, Michael G. Marmot, Alice S. Rossi, Carol D. Ryff, and Richard A. Shweder. NATIONAL SURVEY OF MIDLIFE DEVELOPMENT IN THE UNITED STATES (MIDUS), 1995–1996 [Computer file]. 2nd ICPSR version. Ann Arbor, MI: DataStat, Inc./Boston, MA: Harvard Medical School, Dept. of Health Care Policy [producers], 1996. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2003.

2. We use the term “LGB” to describe the self-identification of participants. The possible effects of “homosexual” as a response category are discussed in the limitations section. Additionally, we have combined the categories into one group despite some cultural differences in how “homosexuals” and “bisexuals” are treated. We discuss this in the limitations section also. Female and male LGB respondents are combined for analysis. Post hoc tests of mean differences revealed no significant differences between LGB female and male respondents. Only one significant difference between “homosexuals” and “bisexuals” emerged on the eudaimonic well-being subscales: bisexuals reported lower positive relations with others. The total eudaimonic well-being scores were not significantly different.

REFERENCES

- Baumeister, R. F. (1991). *Meanings in life*. New York: Guilford Press.
- Bierman, A. (2006). Does religion buffer the effects of discrimination on mental health? Differing effects by race. *Journal for the Scientific Study of Religion*, *45*, 551–560.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.
- Constantine, M. G., & Sue, D. W. (2006). Factors contributing to optimal human functioning in people of color in the United States. *The Counseling Psychologist*, *34*, 228–244.
- Ellis, A. L., & Riggle, E. D. B. (1995). The relation of job satisfaction and degree of openness about one's sexual orientation for lesbians and gay men. *Journal of Homosexuality*, *30*, 75–85.
- Erikson E. (Ed.). (1963). *Childhood and Society* (2nd Ed). New York: Norton.
- Fingerhut, A. W., Peplau, L. A. & Ghavami, N. (2005). A dual identity framework for understanding lesbian experience. *Psychology of Women Quarterly*, *29*, 129–139.
- Folkman, S., Moskowitz, J. T., Ozer, E. M., & Park, C. L. (1997). Positive meaningful events and coping in the context of HIV/AIDS. In B. H. Gottlieb (Ed.), *Coping with chronic stress* (pp. 293–314). New York: Plenum.

- Frankl, V. (1992). *Man's search for meaning* (4th ed.). Boston: Beacon Press.
- Frazier, P., Oishi, S., & Steger, M. (2003). Assessing optimal functioning. In W. B. Walsh (Ed.), *Counseling psychology and optimal human functioning* (pp. 251–278). Mahwah, NJ: Erlbaum.
- Garnets, L. D., Herek, G. M., & Levy, B. (2003). Violence and victimization of lesbians and gay men: Mental health consequences. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian, gay, and bisexual experiences* (2nd ed., pp. 188–206). New York: Columbia University Press.
- Greene, B. (1997). *Ethnic and cultural diversity among lesbians and gay men*. Thousand Oaks: Sage.
- Kessler, R. C., Michelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, *40*, 207–222.
- Keyes, C. L. M., & Haidt, J. (2003). Introduction: Human flourishing - The study of that which makes life worthwhile. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 3–12). Washington, DC: American Psychological Association.
- Keyes, C. L. M., Schmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, *82*, 1007–1022.
- Lachman, M. E., & Firth, K. (2004). The adaptive value of feeling in control during midlife. In O. G. Brim, C. D. Ryff, & R. Kessler (Eds.), *How Healthy Are We: A National Study of Wellbeing in Midlife* (pp. 320–349). Chicago: University of Chicago Press.
- Laird, J. (1996). Invisible ties: Lesbians and their families of origin. In J. Laird & R. J. Green (Eds.), *Lesbians and gays in couples and families* (pp. 89–122). San Francisco: Jossey-Bass.
- LaSala, M. C. (2000). Gay male couples: The importance of coming out and being out to parents. *Journal of Homosexuality*, *39*, 47–71.
- Lent, R. W. (2004). Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of Counseling Psychology*, *51*, 482–509.
- Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality*, *42*, 63–88.
- Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, *91*, 1869–1876.
- McAdams, D. P. (2001). Generativity in midlife. In M. E. Lachman (Ed.), *Handbook of Midlife Development* (pp. 395–443). New York: Wiley.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*, 38–56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–607.
- Otis, M. D., & Skinner, W. F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. *Journal of Homosexuality*, *30*, 93–121.

- Phinney, J. S., & Chavira, V. (1995). Parental ethnic socialization and adolescent coping with problems related to ethnicity. *Journal of Research on Adolescence*, *5*, 31–53.
- Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice*, *39*(2), 210–217.
- Rostosky, S. S., Korfhage, B., Duhigg, J., Stern, A., Bennett, L., & Riggle, E. D. B. (2004). Same-sex couples' perceptions of family support: A consensual qualitative study. *Family Process*, *43*, 43–56.
- Rostosky, S. S., Riggle, E. D. B., Gray, B. E., & Hatton, R. L. (2007). Minority stress experiences in committed same-sex couple relationships. *Professional Psychology: Research and Practice*, *38*, 392–400.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, *52*, 141–166.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*, 1069–1081.
- Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*, 719–727.
- Ryff, C. D., Keyes, C., & Hughes, D. (2003). Status inequalities, perceived discrimination, and eudaimonic well-being: Do the challenges of minority life hone purpose and growth? *Journal of Health and Social Behavior*, *44*, 275–291.
- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry*, *9*, 1–28.
- Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene, & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical applications* (pp. 176–205). Thousand Oaks, CA: Sage.
- Smith, E. (2006). The strength-based counseling model. *The Counseling Psychologist*, *34*, 13–79.
- Stein, T. S. & Cabaj, R. P. (1996). Psychotherapy with gay men. In R. P. Cabaj and T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 413–432). Washington, DC: American Psychiatric Press.
- Tadlock, B. L., Gordon, C. A., & Popp, E. (2007). Framing the Issue of Same-Sex Marriages: Traditional Values vs. Equal Rights. In C. Rimmerman & C. Wilcox (Eds.), *The Politics of Same-Sex Marriage* (pp. 193–214). Chicago: University of Chicago.