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Belonging to Different Types of Families as a Protective Factor Against Minority Stress in Queer Young Adults

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Belonging to Different Types of Families as a Protective Factor Against Minority Stress in Queer

Young Adults

An Honors College Thesis

By

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Psychology

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Abstract

Research on resilience focuses on how people recover from stressful situations. This honors thesis addresses resilience in people who experience rejection from their families of origin. A common source of support in the Gay community is chosen families. However, these families are often formed related to a deficit in social support from the original family. Creating families to make up for a lack of social support could be come from a deficit-reduction approach to the need to belong, which is related to lower levels of well-being. To investigate this conceptual inconsistency between resilience and social support from a deficient orientation, I studied if all chosen families are related to resilience, or if only those of individuals with a growth belongingness orientation related to resilience in a sample of college-aged individuals. To answer these questions, I recruited a sample of emerging adults by contacting department chairs at various colleges and universities in the United States. Participants filled out a survey on Google Forms measuring: Social support from their original family; social support from their chosen family; their belongingness orientation; a non-clinical measure of depressive symptoms; and a measure of self-esteem. The results suggested that the relationship between social support and well-being may involve bi-directional causality, where people seek out social support to cope with low self-esteem and high levels of depression, and this may be especially common for people with a high growth belongingness orientation. Future research should include longitudinal studies to better understand this relationship.

Belonging to Different Types of Families as a Protective Factor Against Minority Stress in Queer Young Adults

The Need to Belong

The need to belong was first labeled as such by Baumeister and Leary in 1995, though it has been a topic of interest to many scholars before then. In their theoretical article, Baumeister and Leary define the need to belong as a fundamental psychological need to maintain a minimum number of positive relationships that endure over time and are of personal significance. From this perspective, humans should naturally feel compelled to seek out new relationships when their need to belong is unmet, and once the need is met, the desire should decrease. If the need remains unmet, it should result in psychological maladjustment or ill-being. The theory also proposes individual differences in the need to belong.

In order to measure these individual differences, Leary worked with colleagues to develop a scale to quantify variability in this need. In 2013, Leary et al. conducted a large-scale study of 14 samples of college students, and one Amazon Mechanical Turk sample to map the construct validity of the scale. As predicted, the need to belong was positively related to a desire for social acceptance and a fear of interpersonal rejection. They also found relationships to a variety of affective dispositions. Most relevant to the current paper, these include social anxiety and the likeliness of one's feelings being hurt. The need to belong was also found to be related to a social identity, but not personal identity, which could speak to the importance of social groups for people high in the need to belong. The need to belong was also related to the importance of secure, satisfying relationships, and the importance placed on signals of social acceptance (e.g. physical attractiveness).

Despite this interindividual variability in need to belong, Baumeister and Leary (1995) emphasized that everyone does have this fundamental need. Evidence that they cited for this need includes the likely evolutionary basis for the need to belong. Historically, belonging to a group has helped humans survive as individuals, and as a species through reproduction. A variety of evidence also suggests that humans form social bonds with relative ease, particularly when in the same adverse circumstances as another. In a variety of situations, people also show reluctance to break social bonds. There are many social institutions devoted to behavioral patterns for maintaining the appearance of social bonds in the absence of actual social contact, such as the greeting card industry. This also points to the amount of cognitive effort that people will devote to interpersonal relationships and interactions. Cognition is also affected by belonging to a group, as there are several cognitive processes related to group membership, such as transactive memory. This can connect back to the evolutionary basis for the need to belong, as small group processes and the human brain evolved simultaneously.

Responses to rejection

The fundamentality of the need to belong also comes from the consequences of having an unmet need to belong. Having an unmet need to belong is related to psychological ill-being (Baumeister & Leary, 1995). The need to belong can be threatened by real, potential, or imagined changes in an individual's belongingness, which should produce emotional and behavioral responses (Baumeister & Leary, 1995).

An obvious way that the need to belong can be threatened is by interpersonal rejection, or perceived interpersonal rejection. Stillman et al. (2009) used two common experimental methods to induce interpersonal rejection, showing some of the ways it relates to ill-being. In the first experiment, participants were told they will record a short introduction video for a partner, who

they will work with on a task for the experiment. After participants record their video, the experimenter left, telling them they were taking it to their partner, and came back to tell the participant that their partner is not continuing in the experiment. In the control condition, the participant is told that the partner had to leave because they remembered they had to go somewhere and did not have time to complete the experiment; in the experimental condition, participants are not given a reason that their partner quit the experiment. In the second experiment, participants were told they would play a game of catch online with two other participants in different labs. The game is set up to show each avatar in a triangle throwing a ball to the selected avatar. The other two avatars are computers and set up to either equally include the participant (control condition), or reject the participant by throwing the ball to them twice in the beginning, then never again (experimental condition). This procedure is referred to as cyberball. Results from both of these procedures showed that short-term experimentally induced interpersonal rejection led to lower ratings of life meaning, assessed after the experiments. Stillman et al. (2009) also showed that chronic social exclusion was negatively correlated with the presence of life meaning.

Individual differences have also been found to predict how long the effects of interpersonal rejection last. Using the cyberball procedure, Zadro et al. (2006) showed that social anxiety moderated the relationship between rejection in the experiment and need dissatisfaction 45 minutes later. Following the game of cyberball, need satisfaction was immediately measured. Participants were then given unrelated tasks for 45 minutes, and need satisfaction was assessed again. Immediately following the game of cyberball, all participants who had been ostracized reported lower need satisfaction. Forty-five minutes later, only participants who were high in social anxiety who had been ostracized reported low need satisfaction.

Rejection sensitivity, a concept related to social anxiety, has also been shown to play a role in how the need to belong relates to relational behaviors (Downey & Feldman, 1996; Woerner et al., 2016). Rejection sensitivity is characterized by anxiously expecting interpersonal rejection any time there is a possibility of rejection; it is thought to be a mediator in the relationship between having a high, unmet need to belong and behaviors in relationships (Downey & Feldman, 1996). Downey and Feldman (1996) found that rejection sensitivity moderated the relationship between experiencing an ambiguous social situation and feelings of rejection. In their experiment, participants talked with a confederate, thinking it was the beginning of an experiment they would do together. After the conversation, the confederate left, and the participant was then met by the experimenter. Many experiments designed to induce interpersonal rejection follow similar procedures (e.g. Stillman et al., 2009). In the control condition, the participant was told that the confederate had left because they remembered they had to do something else at that time, and in the ambiguous situation, participants were not given a reason. Feelings of rejection were then measured, and in the ambiguous situation, participants who were high in rejection sensitivity (assessed in an earlier study) reported more feelings of rejection than participants who were low in rejection sensitivity. This difference was not found in the control condition. Such findings suggest that rejection sensitivity fosters perceived rejection.

Rejection sensitivity is predictive of outcomes beyond those for the self. For instance, in a study of 80 committed, unmarried, straight couples, Downey and Feldman (1996) found that rejection sensitivity predicted self-rated and partner-rated feelings about the relationship. Rejection sensitivity was related to an individual's perception of their partner's desire to leave the relationship. An individual's rejection sensitivity was also negatively related to their partner's rating of relationship security. Both partners' relationship satisfaction levels were each

negatively related to one partner's rejection sensitivity. Rejection sensitivity was also found to be related to behaviors in the relationship, such as jealousy, hostility, and reduced emotional support. Given the theoretical link between rejection sensitivity and an unmet need to belong, this suggests that one person having an unmet need to belong can play a role in how they view the relationship, and how their partner views the relationship because of the kinds of behaviors individuals may engage in to meet this need (Downey & Feldman, 1996).

In a very different context, Woerner et al (2016) also found that rejection sensitivity predicted other types of interpersonal behaviors. Their study involved 258 patients at an inpatient substance use treatment facility. Rejection sensitivity was found to mediate the relationship between a history of abuse of any kind and engaging in risky sex behaviors. They also measured general risk-taking behaviors and did not find a relationship between rejection sensitivity and general risk-taking. Risky sex behaviors differ from general risk behaviors because sex involves connecting with another person, whereas other risky behaviors do not have an inherent social connection. This shows that people have a specific response to feeling socially rejected, and that response is to try to connect with others.

Maner et al. (2007) further investigated how situational factors may influence how individuals respond to rejection. In a series of six studies building on the methods from the previous study, Maner et al. (2007) manipulated several situational factors to see how they influenced individual responses to rejection. In the final study, participants made introduction videos and were then told that their partner would not meet them for an external reason (control condition) or without giving a reason (rejection condition); this is a commonly used procedure to induce interpersonal rejection (e.g., Stillman et al., 2009; Downey & Feldman, 1996). Adding to this procedure, participants were told they had been assigned a new partner whose work they

would evaluate using quarters in a management simulation. The manipulation of particular interest was the expectation of meeting the new partner; participants were told that following the simulation, they either would or would not have a chance to meet their new partner. This was designed to test if responses to rejection are influenced by a desire to enhance the quality of future social interactions. If responses to rejection foster a desire to have other social interactions, participants would be expected to give more money only when they are expecting to meet their new partner. The main findings were that rejected participants gave more money to new partners when they expected to meet them compared to the control group, and participants who were not expecting to meet their new partners gave less money to their new partners than the control group. This shows that an individual's expectations for future interactions influences how they treat others after experiencing rejection.

Overall, experimental findings lead to the conclusion that interpersonal rejection causes lower psychological well-being. The causal relationship between acute interpersonal rejection and low well-being complements correlational studies where long-term social rejection can be studied. In addition to their experiments, Stillman et al. (2009) studied the correlation between loneliness, as measured by chronic social exclusion, and life meaning. They found that loneliness was related to lower life meaning, and the relationship was mediated by a sense of purpose, self-esteem, and feeling valued. They also noted that they tended to see higher life meaning scores in the experiments than the correlational studies, where chronic rejection was studied. Though this pattern was not explored in-depth, this could indicate that while acute rejection is painful, chronic rejection is even more painful.

Using a preexisting national data set, Cacioppo et al. (2003) sought to further understand the relationship between loneliness and stress and how loneliness can be a risk factor for low

levels of well-being. Based on the patterns they found, they proposed that loneliness is related to negative health outcomes because social rejection and exclusion are stressors, which lead to negative affect, low sense of self-worth, and increased sympathetic nervous system activation. Negative psychological outcomes have been experimentally related to rejection (e.g., Downey & Feldman, 1996; Stillman et al., 2009). Cacioppo et al. (2003) found that lonely people reported more perceived stress, despite no reported difference in major life events from non-lonely people. This stress is then related to physical deterioration, which would lead to the negative health outcomes observed in lonely participants. From this, it can be inferred that long-term rejection, or social exclusion, could lead to more severe consequences than acute rejection typically induced in experiments.

Chronic Rejection

One reason an individual might be chronically rejected is because of their membership in a particular group. Worth and Williams (2009) changed the appearance of the avatars in a game of cyberball to manipulate how a participant's group membership could be interpreted as a reason for being ostracized. Three types of groups were created: Temporary groups were created based on the participant's avatar having a different colored shirt than the computer avatars'; permanent groups were created by having the participant's avatar appear as the participant's gender (assuming a binary female/male, permanent definition of gender), and the computer avatars appearing as the other gender; the control group did not have any sort of grouping apparent in the game, as all the avatars had the same appearance. Immediately following the game, participants' levels of basic psychological need satisfaction, and mood were measured in a reflexive state. Participants were also asked how much they identified as a member of their assigned group. Then, participants were told that there would be a one minute delay in loading

the next set of questions, designed as a break to change participants' thinking to a reflective process, basic psychological need satisfaction, and mood were assessed, as well as if participants made attributions for the outcome of the cyberball game. During the reflexive stage, all excluded groups reported similar levels of need satisfaction, suggesting that no matter what the reason may be, rejection is acutely painful. However, the temporary membership group showed the most recovery of basic needs in the reflective stage, while the permanent membership group showed the least recovery of basic needs. Mood recovery from the reflexive stage to the reflective stage was lowest for the permanent membership group, and no differences were found between the temporary membership group and the control. Compared to included participants, all ostracized participants used more internal and external attributions to explain the outcome of the cyberball game; this could suggest that people feel a need to make sense of why they are socially excluded. Lower levels of need recovery for participants in the permanent membership group could be explained by Williams' (2009) model of ostracism as a temporal need threat. In the experiment, ostracism based on an actual permanent group that the participant belongs to could be interpreted by the participant as part of a pattern of chronic group-based rejection. Their theory explains the increased effects of chronic ostracism by the resources needed to constantly engage in fortifying the psychological needs that are threatened by ostracism. If this happens, over time, an individual will have fewer resources to fortify their needs. They make a connection between social exclusion and stigma or discrimination, implying that this theory can be used to explain how people might respond to stigma or discrimination that often results in some form of social exclusion. They make a distinction between formal ostracism, which comes from an established institution or society as a whole, and informal ostracism, which comes from

interpersonal relationships. Similar distinctions are made between sources of stigmatization in research on stigma (Frost, 2011).

One group that experiences stigmatization in a variety of contexts is Queer People of Color. This comes in the form of formal ostracism where there rules baring them from membership in certain groups or aspects of society, and informal ostracism from interpersonal interactions. Kubicek et al. (2013) used a mixed methods approach to study what draws young Queer People of Color to the House and Ball scene. This is a highly structured environment in which Queer People of Color are the main participants, and therefore would feel accepted, and not be likely to experience ostracism. They may therefore be drawn to the House and Ball scene to fulfill their need to belong. In a study with 8 focus groups, they interviewed 45 House and Ball participants about House characteristics, challenges in the scene, and their relationships in and out of the Houses. In a second study, they interviewed 24 men who were at Balls, but not part of a House about their first experience in the scene, their role in the scene, the social and sexual networks in the scene, and serving as a bridge to other networks. They also collected 268 surveys from 12 House and Ball events measuring involvement in the scene, motivation for attending, experiences of rejection, and their connectedness to the community. They found that participants commonly reported interpersonal rejection and judgment from a variety of sources, including family of origin, Queer spaces, and racial spaces. Participants also reported that rejection from their family contributed to low self-esteem, low self-confidence, and an inferiority complex. They cited the widespread interpersonal rejection as a primary motivation for becoming involved in the House and Ball scene. From this, it can be seen that one response to chronic interpersonal rejection is seeking out supportive social connections in accepting environments.

Formal ostracism, or structural stigma, can be indirectly measured by social policies targeted at minorities, community-level attitudes, and neighborhood hate crimes. Various measures of structural stigma have shown that it is related to stigma felt by people with mental illnesses, heightened concerns about disclosure for people with HIV/AIDS, and an increased mortality risk for Black people. Using social policies as an indicator of structural stigma has allowed researchers to detect its relationship with the prevalence of mental disorders in Queer people; as marriage was legalized in some states in the United States, the prevalence of mental disorders for Queer people declined in those states (Hatzenbuehler, 2004). From this, it can be inferred that one way to counter the negative effects of formal ostracism is through formal inclusion, as structural factors can intensify individual-level stigma processes. As a response to the formal ostracism of marriage discrimination in the United States, a study conducted from 2008 to 2013 found that one response by Queer couples was to move to Canada, where their relationship would be recognized; couples who moved to Canada reported increased relationship strength with the formal recognition of their relationship (Rostosky, & Riggle, 2017).

Measures of structural stigma may also reflect informal ostracism or interpersonal rejection. Queer youths are over-represented in foster care, juvenile detention centers, and in homeless populations. A primary reason given for this is conflict over an individual's sexual or gender identity in their original family (Ryan et al., 2009). This may seem strange considering that in 2009, only 54% of American adults opposed same-sex marriage (Pew Research Center, 2019); however, Marques and Paez (1994) describe group processes that may lead original families with relatively neutral attitudes about same-sex marriage to reject Queer family members. They describe the black sheep effect, in which people judge the deviant behavior of ingroup members more harshly than they would the same behavior from outgroup members. This

finding is explained by a desire of group members to protect their group's social identity, leading them to ostracize group members who they see as threatening the social standing of the whole group.

One potential application of this is viewing the family as an ingroup, and family members may ostracize a Queer family member because they worry about how that individual's identity will change the standing of the whole family. Those same people may be fine with other Queer people who are outside of their family because the existence of Queer people does not threaten the status of their family. Even if a family does not blatantly ostracize a family member, feeling rejected or unaccepted may still lead to family estrangement. This idea is supported by findings from research investigating reasons for estrangement. Intrapersonal reasons were found in 22% of adult children's reported reasons for estrangement from their original family, and in 28% of the reasons reported by parents in an unmatched sample of 898 parents and adult children who reported experiencing family estrangement (Carr et al., 2015). This estrangement has implications for people's definitions of family. In a study of 350 Gay and Bisexual cisgender men, Soler et al. (2018) found that 12% of participants did not include their original family as part of whom they considered to be their family network, which suggests that family estrangement is not an uncommon experience for Queer people. In a sample of 245 white and Latinx LGB young adults, Ryan et al. (2010) measured adolescent family acceptance using agreement with 55 possible parental behaviors after the participant came out. The mean score of the sample was 23.9 (SD = 15.2), which suggests an overall low level of family acceptance, although the standard deviation also suggests a wide variety of experiences with family acceptance. Additionally, they found that low family acceptance was related to increased experiences of depression, increased substance abuse, more suicidal ideation, and more suicide

attempts. This suggests that a low level of family acceptance can have consequences for Queer people. In other analyses of those data, Ryan et al. (2009) found that family rejection during adolescence was related to lower mental health, and more substance use. They also found that young adults who experienced low levels of family rejection were at a lower risk of depression, substance use, suicidality, and engaging in risky sexual behaviors. To examine the relationship between parent rejection and mental health, Puckett et al. (2015) studied how internalized homophobia and social support potentially mediate this relationship in a sample of 241 18-75 year-old Queer people. Parental rejection was related to internalized homophobia, which was then related to lower social support, which was related to higher suicidal ideation, anxiety, and depression. Internalized homophobia was thought to come before lower social support because of the relationship between internalized homophobia and lower levels of outness, and not being out is then related to not having access to social supports. Parental rejection was thought to come before internalized homophobia because the researchers measured recalled parent reactions to the participant coming out, and internalized homophobia in the present. In this way, parental rejection can be seen not only as a threat to an individual's current need to belong, but also as a threat to their future belongingness by decreasing how much an individual is likely to come out, and an individual's level of outness is related to their ability to find social support.

Minority Stress

In addition to facing a variety of institutional and interpersonal sources of stress, Queer people experience a variety of negative mental health outcomes. Overall, the prevalence of mental health problems is higher in Queer populations than the general population. According to minority stress theory (Meyer, 2003), this can be explained by the stigma, prejudice, and discrimination in the social environment that creates stress for minorities who have to navigate

this social environment. There is a well-documented relationship between stress and health problems across populations and contexts that suggest that stress plays a causal role in health problems, including mental health problems. The concept of minority stress is defined as the excess stress that stigmatized individuals are exposed to as a result of their stigmatized identity. There are five processes through which this stress can be conceptualized: Prejudice, expectations of rejection, hiding or concealing, internalized homophobia, and the work that goes into coping. Minority stress is thought to affect individuals differently; the prominence, valence, and integration of an individual's stigmatized identity may change how external minority stressors affect the individual.

Sources of minority stress can be categorized as distal, objective environmental conditions, or proximal, the subjective appraisals of environmental conditions. Meyer (2003) proposes that the existence and consequences of minority stress can be studied through between-group studies that look at the risk of health problems in minorities compared to the general population, and that studies of minority groups can be used to identify risk and protective factors by differences in health problems within a group.

Looking specifically at Queer women, Riggle et al. (2018) examined the relationship between structural stigma and family of origin relationships by interviewing 20 Queer women from all census regions in the United States about how their families of origin responded to the legalization of marriage in 2015. Thirteen women reported supportive reactions from at least one family member; 12 women reported mixed or unclear reactions from their families, and seven reported that marriage legalization led to an increase in acceptance and support from their family of origin. Unfortunately, seven women also reported continued or increased rejection from their family of origin. Eleven women reported that with at least some of their family members they

live with a “don’t ask, don’t tell” policy around their sexual orientation. This shows that rejection from an individual’s family of origin is common, but often complicated by family dynamics and the presence of more formalized forms of ostracism. Studying relationships with an individual’s family of origin can give insights to both risk and protective factors, depending on the nature of the relationships. The social support provided by an individual’s family of origin may lead to better health outcomes for them through either less stress, or more support to cope with stress.

Meyer (2015) defines resilience as thriving despite adversity, which can be measured indirectly through health outcomes. Resilience can be influenced by suppressors, which are activated by stress and lessen the impact of the stressful situation, or moderators, which are factors that are always present and lessen the impact of stress. The resources that an individual can access to cope with stress come partially from their community, which means that coping with minority stress comes partially from an individual’s ability to access resources within their community. Access to a community is important to coping with minority stress because it can help fill the social needs that are unmet due to ostracism from formal social structures and institutions because of one’s stigmatized identity (Meyer, 2003).

To study how individuals cope with marginalization from one’s family of origin, Hall (2018) interviewed 30 25-35 year-olds who reported marginalization from their family for any reason. As families of origin are one of the formal institutions that exist for social support in the United States, this can give insight as to how Queer individuals might cope with marginalization from their families of origin. The most common response from individuals was seeking social support from other communication networks, including the creation of chosen families. Other strategies that were reported were creating boundaries with their families of origin, reframing how they thought about their marginalization, downplaying the importance of their

marginalization, and living authentically despite disapproval from their families of origin. Many of these strategies can be seen in how Queer people respond to rejection from their families of origin (e.g. Kubicek et al., 2013). Even with cognitive strategies to cope with marginalization from one's family of origin, individuals still need social support, which could be why it is so common for people to seek out other sources of social support when they experience stress in the specific form of low levels of social support from a particular source.

To understand more about how seeking out connections outside of one's family of origin can be beneficial to Queer people, Detrie and Lease (2007) explored how social connectedness and collective self-esteem may be related to social support from friends and family, as well as independently contribute to well-being. Social connectedness is defined as feelings of attachment that come from a sense of belonging to a group, and the group's collective self-esteem. Collective self-esteem comes from an individual's perception of their social identity; for this study, collective self-esteem about one's Queer identity was of particular interest. Queer people who are likely to experience rejection or a lack of acceptance from their family of origin may be more likely to have a sense of social connectedness and collective self-esteem from their friends. In a study of adolescent and young adult Queer people social connectedness was better predicted by social support from friends than social support from family. The relationships between social support and collective self-esteem followed the same pattern: Social support from friends was related to collective self-esteem, while social support from family was not. Social connectedness and collective self-esteem together explained variance in well-being beyond both measures of social support. Overall, these findings suggest that seeking social support from sources outside of one's family of origin is an important part of coping with minority stress. Even when there is

support from an individual's family of origin, it may not meet all of the needs that are threatened by the experience of stigmatization based on one's identity.

Chosen Families

Experiencing a deficit in social connectedness from one's family of origin may be an example of incomplete belonging, which would lead to an unmet need to belong on an interpersonal level. The experience of institutionalized stigmatization for one's identity could also threaten one's need to belong on a collective level. According to Baumeister and Leary (1995), an individual's need to belong should be met by anyone who is willing to make a long-term investment in the relationship. It would then be expected that people whose families of origin do not meet their need to belong would seek out other stable long-term relationships to fulfill their need to belong. This can be seen in the creation of chosen families in a variety of populations whose families of origin provide incomplete social support for a variety of reasons.

Braithwaite et al. (2010) interviewed 110 individuals who self-identified as members of voluntary kin families, and found four categories of chosen family relationships. Substitute families were described as chosen family relationships to make up for a lack of connection to an individual's family of origin, most commonly due to death or estrangement. Supplemental families were characterized by chosen family relationships that made up for a deficit in social support from one's family of origin, typically when the individual maintained contact with their family of origin. Convenience families were described as chosen families that arise in a specific context where people do not have access to their families of origin; this can be characterized by work families, or school families that people commonly become part of only while they are in the context in which the family was created. Extended families were based on growth and were described as an integration of one's chosen family with one's family of origin. The most

commonly reported type of chosen family was supplemental families. These were commonly reported when the chosen family enacted an underperformed or nonexistent family role, fulfilled unmet emotional needs, or enacted a family role for an individual who was geographically distant from their family of origin.

Based on the rejection or unacceptance experienced by Queer people, it could be expected that their chosen family creation could be categorized as supplemental or substitution, depending on the extremity of the rejection from their family of origin. The family of origin of Queer individuals, even if they are accepting, may not be able to provide the kind of social support that Queer people need to cope with stigmatization for their identity. This might result in a deficiency in social support that a chosen family may be able to fulfill. This is what Doty et al. (2010) found in a study of 98 Queer young adults. They measured sexuality stress, defined as the unique challenges related to one's sexual identity, sexuality-specific social support, other social support, and how much of each type of support was provided by the individuals' family of origin, straight friends, and Queer friends. Participants reported the most sexuality-specific social support from their Queer friends, followed by straight friends, and the least from their family of origin. Participants reported that both types of social support were equally available from their Queer friends, but sexuality-specific social support was less available than other social support from their straight friends and family of origin. Additionally, sexuality-specific social support was found to moderate the relationship between sexuality-related stress, and emotional distress. When there were low levels of sexuality-specific social support, there was a positive relationship between sexuality-related stress and emotional distress, but when there were high levels of sexuality-specific social support, there was no relationship between sexuality-related stress and emotional distress.

The need for unique forms of social support to deal with minority stress or sexuality-related stress could explain the role of chosen families in the Queer community. Negotiating family networks within the broader context of minority stress is related to negative outcomes for the family relationships (Oswald, 2002). To counter the effects of minority stress on family relationships, Queer people often intentionally redefine what family can be in a manner that reflects their life and where they feel supported (Oswald, 2002). This can be seen in how Queer people often define the concept of family; though structural and functional elements are often part of their definitions, the functional elements are weighted more heavily (Hull & Ortyl, 2019). In interviews with 105 Queer individuals, Hull and Ortyl (2019) found that the most common functional characteristics of a family were social support, love, intimacy, and unconditional positive regard, and individuals saw these as more important in defining who their family was than what their relationship to the members of their family might be. Oswald (2002) conducted a literature review and found that Queer people in chosen families may intentionally take on roles by performing the functions of those roles that are traditionally fulfilled by an individual's family of origin.

The consistency in findings over a 20-year period suggests that chosen families are a somewhat stable part of Queer culture. This is supported by patterns of caregiving seen in aging Queer populations. For Queer elders, spouses, partners, and friends provide 90% of elder care, while adult children provide just 3% of care. This reflects the pattern of family creation that these adults took part in when they were emerging adults. In the recent past, it was common for Queer individuals to be very estranged from their families of origin, which many cite as the reason for the history of chosen family creation in the Queer community (Knaver, 2016). A study by Kurdek (1988) of 238 cohabitating Lesbian and Gay men couples provides evidence that

Queer couples create family networks outside of their families of origin. The creation of these family networks follows the pattern where people in the Queer community most often define family based on function, such as being a source of social support. In an analysis of sources of social support reported by individuals in the couples, 99% of Lesbians, and 95% of Gay men listed at least one friend. Approximately 15% fewer listed a member of their family of origin as being a provider of social support with 86% of Lesbians and 81% of Gay men listing at least one member of their family of origin. Friends and partners were also listed as the two most common sources of social support, followed by mothers, sisters, fathers, and brothers. This pattern shows the importance of relationships outside of the family of origin that Queer people develop.

Similar patterns of social support from sources outside of an individual's family of origin can be seen in more recent studies (e.g. Doty et al., 2010; Frost et al., 2016). However, the way that Queer people define who is in their family may be changing as society is becoming more accepting of Queer people. For instance, on June 26, 2015, Gay marriage was legalized in the United States. More recently, as one of his first executive orders, President Biden reversed the ban on Transgender people serving in the military. Participants in Hull and Ortyl's (2019) interviews frequently reported seeing their chosen families as a complement to their families of origin rather than as a replacement, and often included members of their family of origin in their chosen family networks. In a study of 350 Gay and Bisexual young adult men, Soler et al (2018) found that the most common relationship types that participants considered family were members of their family of origin, followed by friends, and partners. Fifty-three percent of participants considered friends to be part of their family network, which shows that creating nontraditional family networks is still quite common in the Queer community, even as more people may experience acceptance from their families of origin. Assigning friends as family was

also found to be related to depression. It should be noted, though, that this could involve reverse causality as people who are depressed, possibly related to a lack of acceptance from their family of origin, may be more likely to consider friends to be family than people who are not depressed. This reverse causality is supported by findings from interviews with 43 young adult men (McDavitt et al., 2008), in which participants who reported strong heterosexist attitudes from their family of origin discussed making special efforts to find supportive peers to make up for the lack of support from their family of origin. These participants viewed their friends as family to help see value in their identity, and feel less isolated. Participants also reported that their Queer peers helped them find information to counter stigmatizing concepts and stereotypes present in society about their identities. Queer youth also benefit from having a social support network, often in the form of a chosen family, who understands their experiences with sexuality and gender, as well as the rejection they experience from society and their family of origin (Hailey et al., 2020). This may involve finding peers or adults who act as mentors and provide social support to cope with minority stress (Hailey et al., 2020). In a qualitative study of 15 Queer adolescents and young adults, DiFulvio (2011) found that finding social connectedness from similar others contributed to their sense of belongingness, and was the main process that they cited as contributing to their well-being.

Overall, the findings on Queer chosen family creation seem to follow the process of supplemental or substitute family creation, as defined by Braithwaite et al. (2010). Both of these processes are based on a deficit in one's family of origin that the chosen family compensates for. For Queer individuals, this process seems to be related overall to positive outcomes through fulfilling their sense of belonging, though findings in quantitative studies have not always supported this, as having a chosen family is often related to lower levels of well-being. Evidence

from qualitative studies support the interpretation that this may be due to reverse causality, where people seek out social support to cope with lower levels of well-being.

Belongingness Orientations

The complexity of findings about the use of chosen families to fill a gap in social support brings up questions of how individuals approach this effort to achieve a sense of belonging. Lavigne et al. (2011) propose that individuals can have a growth or deficit-reduction orientation to fulfilling their need to belong. Individuals with a growth orientation are characterized as approaching new relationships from a genuine interest in connecting with others unrelated to the satisfaction they may get from the relationship. Individuals with a deficit-reduction orientation are characterized as approaching new relationships with a desire to fill a social void in their life, essentially using relationships to avoid negative feelings. Lavigne et al. (2011) predicted that these orientations would have different interpersonal consequences for individuals. They found that a deficit-reduction orientation was related to lower self-esteem, and higher social anxiety and loneliness while a growth orientation was related to lower anxiety and loneliness.

The differences in interpersonal outcomes that are related to an individual's belongingness orientation seem to counter the outcomes of chosen family creation for Queer individuals. If Queer chosen families are created from a deficit-reduction orientation, as suggested by the process of supplemental family creation, then they should not be related to positive interpersonal outcomes for the individuals in the chosen family network; however, the general consensus around the interpersonal outcomes for individuals in Queer chosen families suggests the opposite. It is therefore worth investigating this inconsistency between the theories of belonging and the findings from studies on Queer individuals.

Overview of Present Study

The current study seeks to investigate this inconsistency by testing if a growth belongingness orientation moderates when chosen families are a protective factor against low levels of social support from one's original family. Specifically, I attempt to find out if all chosen families are related to resilience, defined as higher levels of well-being, or are only the chosen families of those with a growth belongingness orientation related to resilience. To test this, I recruited a sample of college students, as college is part of a unique developmental stage in which people have the chance to leave their families of origin for the first time, and build new relationships, thus making it an ideal time to study chosen family creation. The survey was strategically distributed to colleges that were rated as Queer-friendly to try to get a large sample of Queer students without directly targeting Queer students, as that creates problems with excluding Queer individuals who may not be as involved in the Queer community for a variety of reasons. To avoid problems inherent in making assumptions about a whole population, low levels of social support from original family was considered to be the high-stress condition, rather than using identity to operationalize stress. As is becoming increasingly common in the Queer community, and activist organizations, I am defining Queer as anyone who identifies as not-straight, and not-cisgender. Because I am using it to refer to a whole group of people, specifically people who have been marginalized, I have chosen to capitalize it, as is the convention for terms that refer to racial groups, ethnic groups, and religious groups. Self-esteem was chosen as a measure of positive well-being, as it has been shown to be related to original family acceptance and social support in Queer youth (e.g. Ryan et al., 2010; Watson et al., 2019). Depression was chosen as a negative indicator of well-being because it has been shown to be related to original family rejection, and low social support (e.g. Ryan et al., 2010; Soler et al.,

2018; Watson et al., 2019). Following these assumptions and definitions, the present study tests nine hypotheses.

Hypothesis 1: Queer (or questioning) participants will report lower levels of social support from original family than not-Queer participants.

Hypothesis 2: Social support from original family will be a unique predictor of self-esteem.

Hypothesis 3: Social support from chosen family will be a unique predictor of self-esteem.

Hypothesis 4: Social support from chosen family will moderate the relationship between social support from original family and self-esteem.

Hypothesis 5: Social support from chosen family will only moderate the relationship between social support from original family and self-esteem for people with a high growth belongingness orientation.

Hypothesis 6: Social support from original family will uniquely predict lower levels of depression.

Hypothesis 7: Social support from chosen family will uniquely predict lower levels of depression.

Hypothesis 8: Social support from chosen family will moderate the relationship between social support from original family and depression.

Hypothesis 9: Social Support from chosen family will only moderate the relationship between social support from original family and depression for people with a high growth belongingness orientation.

Methods

Study 1

Participants

Participants were 131 college or university students aged 18-32 ($M = 19.89$, $SD = 1.82$). Demographic information for gender, sexual orientation, and race/ethnicity were collected by three questions in which participants were given a variety of options and could select all that applied to them. For gender, participants could select from Agender, Genderfluid, Genderqueer, man, Non-Binary, questioning/unsure, Transgender, Two-Spirit, woman, prefer not to say, and other (fill-in). A separate question was then asked about whether the participant was cisgender. There were no participants who selected other or did not specify a gender identity. For sexual orientation, participants could select from Asexual, Bisexual, Gay, Lesbian, Pansexual, Queer, questioning/unsure, straight, prefer not to say, and other (fill-in). There were no participants who selected other or did not specify a sexual orientation. For race/ethnicity, participants could select from Afro-Caribbean, Asian/Asian-American, Black/African-American, Latinx or Hispanic, Native Hawaiian or other Pacific Islander, North American or Alaskan Native, white, prefer not to say, and other (fill-in). Four participants selected the other option.

Due to the intersectionality of identities, the gender, sexual orientation, and race are reported together in *Table 1*. For a summary of the demographics of the sample, see *Table 2*. The largest group of participants were straight, white, cisgender women ($n = 44$). Forty-two participants identified with a unique combination of intersecting identities. Based on my operational definition of Queer, 55 participants identified as Queer. The sample also contained a notable number of participants who were questioning either their gender or sexual orientation ($n = 11$).

To account for differing degrees of independence in young adults, socioeconomic status was calculated using parents' annual income and personal annual income, in categories from no income to over \$200,000. Participants were also asked how much they relied on their parents financially on a 7-point scale. The scale for socioeconomic status is the weighted average of the two income categories using how reliant they were on their parents to weight the two scores, resulting in a scale from 1 to 11. Using this weighted average, participants had a mean socioeconomic status of 6.74 ($SD = 2.17$), which translates back to an annual income in the \$150,000-\$199,999 bracket, in a left-skewed distribution.

Questions were also asked about the environment in which participants grew up. Two questions were used to assess the average acceptance of Queer people in the participant's microsystem and exosystem on a 7-point scale. Overall acceptance of Queer people in the participant's environment was calculated by taking the mean of these two questions. Participants reported coming from mostly accepting environments ($M = 4.54$, $SD = 1.51$). Religion was measured by asking if the participant was religious or spiritual, and how accepting their religion was of Queer people, both rated on a 7-point scale. Participants reported a moderate amount of religiosity ($M = 3.59$, $SD = 1.88$), with 25% of participants reporting not having a religion. Of the 75% who reported having a religion, they were rated as rather accepting ($M = 4.47$, $SD = 2.01$).

Table 1: Sexual orientation, race/ethnicity, and gender of participants.

Intersecting Identities	<i>n</i>	Queer or Not-Queer
Straight, white, cisgender women	44	Not-Queer
Straight, white, cisgender men	16	Not-Queer
Bisexual, white, cisgender women	7	Queer
Straight, Asian/Asian-American, cisgender women	4	Not-Queer
Cisgender, white Lesbians	3	Queer

Questioning, white, cisgender women	3	Not-Queer
Straight, Latinx/Hispanic, white, cisgender women	3	Not-Queer
Straight, white, Transgender women	3	Queer
Bisexual, Latinx/Hispanic, cisgender women	2	Queer
Pansexual, white, cisgender women	2	Queer
Straight, Black/African-American, cisgender women	2	Not-Queer
Straight, Latinx/Hispanic, cisgender women	2	Not-Queer
Asexual, Bisexual, white, Non-Binary person	1	Queer
Asexual, Bisexual, white, cisgender woman	1	Queer
Asexual, Gay, Latinx/Hispanic, white, Agender person	1	Queer
Asexual, Gay, white, cisgender man	1	Queer
Asexual, Latinx/Hispanic, cisgender woman	1	Queer
Bisexual, Afro-Caribbean, white, Genderfluid, Non-Binary person	1	Queer
Bisexual, Asian/Asian-American, cisgender woman	1	Queer
Bisexual, Latinx/Hispanic, white, cisgender woman	1	Queer
Bisexual, Pansexual, white, cisgender man	1	Queer
Bisexual, Queer, white, cisgender woman	1	Queer
Bisexual, Queer, white, Genderqueer, Non-Binary person	1	Queer
Bisexual, questioning, straight, white, cisgender man	1	Queer
Bisexual, questioning, straight, white, cisgender woman	1	Queer
Bisexual, questioning, white gender-questioning, cisgender woman	1	Queer
Bisexual, straight, Latinx/Hispanic, cisgender woman	1	Queer
Bisexual, straight, white, cisgender man	1	Queer
Bisexual, white, cisgender man	1	Queer
Gay, Queer, Black/African-American, Genderqueer, Transgender person	1	Queer
Gay, white, cisgender man	1	Queer
Gay, white, Non-Binary person	1	Queer
Pansexual, Queer, white, Non-Binary, gender-questioning woman	1	Queer
Pansexual, white, gender-questioning person	1	Queer
Queer, Asian/Asian-American, Genderfluid, Genderqueer, Non-Binary, Transgender person	1	Queer
Questioning, Black/African-American, gender-questioning person	1	Not-Queer
Questioning, straight, white, cisgender woman	1	Not-Queer
Questioning, Latinx/Hispanic, white, cisgender man	1	Not-Queer
Questioning, white, gender-questioning, cisgender man	1	Not-Queer
Straight, Afro-Caribbean, cisgender woman	1	Not-Queer
Straight, Afro-Caribbean, Latinx/Hispanic, cisgender man	1	Not-Queer
Straight, Black/African-American, Latinx/Hispanic, white, cisgender man	1	Not-Queer
Straight, Indian, white cisgender woman	1	Not-Queer

Straight, Iranian, white woman	1	Not-Queer
Straight, Latinx/Hispanic, cisgender man	1	Not-Queer
Straight, Latinx/Hispanic, Native Pacific Islander, white, cisgender man	1	Not-Queer
Straight, Latinx/Hispanic, not-cisgender man	1	Queer
Straight, Latinx/Hispanic, Transgender man	1	Queer
Straight, Latinx/Hispanic woman	1	Not-Queer
Straight, mixed-ethnicity, cisgender woman	1	Not-Queer
Straight, Native American, white, cisgender man	1	Not-Queer
Straight, Native Pacific Islander, Transgender woman	1	Queer
Straight, West Indian woman	1	Not-Queer
White Transgender Lesbian	1	Queer

Table 2. Sample Demographics

Demographic Category	<i>n</i>
Genders	
Agender	1
Genderfluid	2
Genderqueer	3
Man	31
Non-Binary	6
Questioning/Unsure	5
Transgender	2
Woman	91
Cisgender	115
Sexual Orientations	
Asexual	5
Bisexual	23
Gay	5
Lesbian	4
Pansexual	5
Queer	5
Questioning/Unsure	9
Straight	91
Race/Ethnicities	
Afro-Caribbean	3
Asian or Asian American	6
Black/African American	5
Indian	1
Iranian	1
Latinx or Hispanic	19
Mixed Race/Ethnicity (not-Hispanic)	1
Native Hawaiian or other Pacific Islander	2

North American or Alaskan Native	1
West Indian	1
White	106

Measures

Self Esteem

Self-esteem was measured using Rosenberg's (1979) self-esteem scale. The scale consists of 10 items, such as "I feel that I'm a person of worth," rated on a 4-point Likert-type scale, ranging from 1 to 4, with five reverse-scored items. Internal reliability in the sample was good (Cronbach's $\alpha = .87$). Scores were calculated by taking the mean of all the items, with higher scores indicating more self-esteem.

Depression

Depression was measured using the Center for Epidemiologic Studies Depression Scale (Radloff, 1977). The scale consists of 20 items, such as "I felt that I could not shake off the blues even with help from my family or friends," rated on a 4-point Likert-type scale, ranging from 1 to 4, with four reverse-scored items. Internal reliability in the sample was good (Cronbach's $\alpha = .92$). Scores were calculated by taking the mean of all the items, with higher scores indicating more depression.

Belongingness Orientation

Participants' growth belongingness orientation was measured using the Belongingness Orientation Measure (Lavigne et al., 2011). The scale consists of two subscales, and is scored using a 7-point Likert-type scale, ranging from 1 to 7. Total scores are calculated for each subscale by taking the mean of all the items for that subscale. All items in the scale ask the participant to rate their agreement with various endings to the phrase "my interpersonal relationships are important to me because...." The growth orientation subscale consists of five

items, such as “I have a sincere interest in others,” and was shown to have good internal reliability in the sample (Cronbach’s $\alpha = .86$). The deficit-reduction subscale consists of five items, such as “I don’t want to be alone,” and was shown to have good internal reliability in the sample (Cronbach’s $\alpha = .80$).

Social Support from Original Family

Measures of social support were adopted from Rook (1984). Participants were first given the operational definition for their original family, “Your original family described your family of origin, or biolegal family.” They were then asked to list the initials of people from their original family who provided companionship, emotional support, and instrumental social support. The total social support from original family was found by counting the number of unique initials across the three questions. Participants reported between 0 and 14 original family members who provided social support ($M = 3.61$, $SD = 2.063$).

Social Support from Chosen Family

Participants were then given the operational definition of their chosen family, “Your chosen family describes people outside of your original family to whom you feel particularly close, or who have come to fill roles normally filled by original family members.” They were then asked to list the initials of people from their chosen family who provided companionship, emotional support, and instrumental social support. The total social support from chosen family was found by counting the number of unique initials listed across the three questions. Participants reported between 0 and 15 chosen family members who provided social support ($M = 4.08$, $SD = 2.805$).

Study 2

Participants

I interviewed three college students who identify as part of the Queer community. A convenience sample was used to find participants who were Queer that I knew through my Queer communities. Participants were given pseudonyms, and all names and other identifying information was changed when the interviews were transcribed.

Participants included: Nate, a 21-year-old Bisexual, white man from Long Island, New York; Alex, a 22-year-old Bisexual, white Non-Binary, Gender-neutral person in Puyallup, Washington; and Jane, a 22-year-old Pansexual, white person who identifies their gender as “somewhere on the Non-Binary spectrum, but still figuring it out” in Puyallup, Washington. Interviews were all conducted over Zoom, and lasted 20-60 minutes.

Coding

I used open coding to find themes about approaches to relationships, who people consider to be important relationships, how people discuss family, and their well-being. Questions were designed to complement questions from my survey, providing more detailed information about people’s approach to belonging and family creation.

Results

Preliminary analyses

For the preliminary analyses, I checked for zero-order correlations of all the variables, which can be seen in *Table 3*. Living near their parents was related to religious acceptance ($r = .225, p < .05$). Socioeconomic status was found to be related to average community acceptance ($r = .291, p < .05$), negatively related to age ($r = -.270, p < .05$), and negatively related to if a participant was Queer ($r = -.274, p < .05$), and Queer or questioning ($r = -.240, p < .05$), but not

if a participant was only questioning ($r = -.064, p > .05$). Being Queer or questioning was negatively related to self-esteem ($r = -.205, p < .05$), and positively related to depression ($r = .207, p < .05$). Social support from chosen family was related to social support from original family ($r = .404, p < .05$), and a growth belongingness orientation ($r = .206, p < .05$). A growth belongingness orientation was related to self-esteem ($r = .207, p < .05$), and the deficit-reduction belongingness orientation ($r = .417, p < .05$). A deficit-reduction belongingness orientation was positively related to depression ($r = .243, p < .05$), and negatively related to self-esteem ($r = -.189, p < .05$). As expected, there was a strong negative relationship between self-esteem and depression ($r = -.725, p < .05$).

Table 3. Correlation Matrix

	Depression	Self-Esteem	Deficit-Reduction BO	Growth BO	SS from Chosen Family	SS from Original Family	Question	Queer or Question	Queer	Religion Accept	Average General Accept	SES	Age
Age	-.109	.119	-.082	.006	-.020	-.137	-.011	.003	-.039	.090	-.165	-.270	--
SES	-.154	.139	-.133	-.004	.003	.051	-.064	-.240	-.274	-.060	.291	--	
Average General Accept	-.031	.036	.034	.065	.045	.104	-.026	-.083	-.083	.190	--		
Religion Accept	-.002	.058	.059	-.014	.178	.119	.058	.036	.006	--			
Queer	.171	-.172	-.051	-.056	.101	-.041	.092	.902	--				
Queer or Question	.207	-.203	-.045	-.072	.125	.025	.405	--					
Question	.135	-.146	.073	.031	.114	.112	--						
SS from Original family	-.050	.167	.067	.160	.404	--							
SS from Chosen Family	.005	.144	.047	.206	--								
Growth BO	-.053	.207*	.417	--									
Deficit-Reduction BO	.243	-.189	--										
Self-Esteem	-.725	--											
Depression	--												

Bold = Significant at the .05 level

Two independent-samples t-tests were used to test if Queer participants reported lower levels of social support from original family than not-Queer participants. Queer participants did not report significantly different levels of social support from their original family than not-Queer participants, $t(127) = .467, p > .05$. To see if it would make a difference to include the questioning participants in the Queer group, I did the analysis with Queer or questioning participants compared to not-Queer or questioning participants; it did not make a difference, $t(127) = -.284, p > .05$.

Of participants who were interviewed, two of the three identified as having a chosen family, or being part of a chosen family. All participants reported having a connection to their original family, though the connections that individuals had to their original family members depended on the member that we were discussing at the time. Both Alex and Nate discussed their parents' divorces as a primary source of stress in their relationships with their original family, and reported at least some estrangement from one of their parents as a result of the divorce. Though Jane's parents were not divorced, she also reported a degree of estrangement from one parent. Interestingly, no participants cited their sexual or gender identity as a reason for estrangement from their original family members. However, Alex and Nate both cited their sexual or gender identities as a factor in the creation of their chosen families. Alex reported meeting their chosen family through being involved in the Gay-Straight Alliance at their community college, and Nate reported creating his chosen family along with creating the Gay-Straight Alliance at his college.

Self-Esteem

To test the unique contribution of social support from original and chosen families to self-esteem, I used a linear regression with social support from original family and social support

from chosen family entered simultaneously. Neither was found to uniquely predict self-esteem.

See *Table 4* for details.

Table 4. Social Support from Original and Chosen Families Predicting Self-Esteem

	Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Constant	2.559		24.069	0.000
SS from Chosen Family	0.018	0.092	0.956	0.341
SS from Original Family	0.035	0.130	1.350	0.180

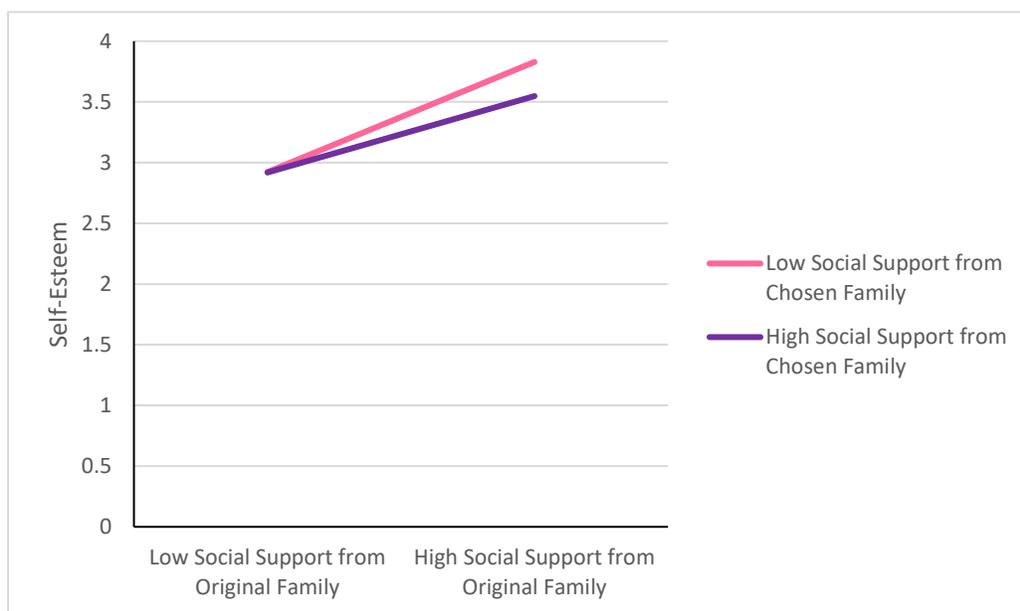
A linear regression was used to test if social support from chosen family moderated the relationship between social support from original family and self-esteem. The interaction term was significant; however, the graphed moderation showed that for people with low social support from chosen family, the relationship between social support from original family and self-esteem is slightly stronger. The moderation did not fit what was expected, as social support from chosen family was expected to be a protective factor for low social support from original family. Instead, it appears to be somewhat of a risk factor. See *Table 5* and *Figure 1* for details.

Table 5. Regression Analysis of Social Support from Chosen Family as a Moderator in the Relationship between Social Support from Original Family, and Self-Esteem

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	2.559		24.069	0.000
	SS from Chosen Family	0.018	0.092	0.956	0.341
	SS from Original Family	0.035	0.130	1.350	0.180

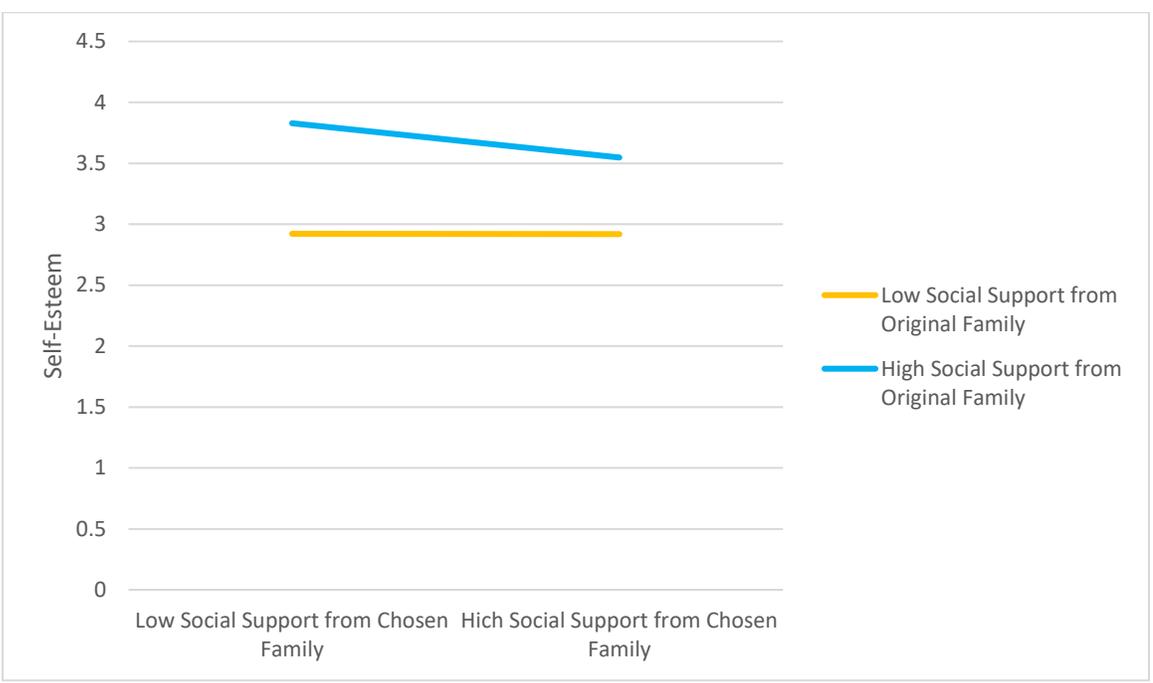
Step 2	Constant	2.278		13.655	0.000
	SS from Chosen Family	0.075	0.376	2.323	0.022
	SS from Original Family	0.107	0.395	2.550	0.012
	Chosen Family X Original Family	-0.012	-0.498	-2.164	0.032

Figure 1. Social Support from Chosen Family as a Moderator in the Relationship between Social Support from Original Family, and Self-Esteem



As a follow-up analysis, because the interaction between social support from original and chosen families showed unexpected results, I used the same regression equation to see if social support from original family moderated the relationship between social support from chosen family and self-esteem, which can be seen in *Figure 2*. From this, it can be seen that, consistent with *Figure 1*, there is no relationship between social support from chosen family and self-esteem among those with low levels of support from original family. In contrast, there is a negative relationship between social support from chosen family and self-esteem for people with high levels of social support from their original family.

Figure 2. Social Support from Original Family as a Moderator in the Relationship Between Social Support from Chosen Family and Self-Esteem



It was expected that growth orientation would moderate the relationships between social support and self-esteem. Specifically, it was expected that the moderation would only be true for people with a high growth belongingness orientation. There were no significant interaction terms, as can be seen in *Table 6*.

Table 6. Growth Belongingness Orientation as a Moderator in the Interaction Between Social Support from Original and Chosen Families Predicting Self-Esteem

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	2.036		7.320	0.000
	SS from Chosen Family	0.012	0.062	0.643	0.522
	SS from Original Family	0.031	0.113	1.186	0.238
	Growth Belongingness Orientation	0.101	0.181	2.032	0.044
Step 2	Constant	1.519		2.223	0.028
	SS from Chosen Family	0.304	1.535	2.311	0.023
	SS from Original Family	-0.071	-0.263	-0.417	0.678
	Growth BO	0.150	0.269	1.212	0.228
	SS from Chosen Family X Original Family	-0.011	-0.438	-1.902	0.060
	Growth BO X SS from Original Family	0.029	0.660	0.974	0.332
	Growth BO X SS from Chosen Family	-0.042	-1.312	-1.875	0.063
Step 3	Constant	1.432		1.312	0.192
	SS from Chosen Family	0.331	1.669	1.132	0.260
	SS from Original Family	-0.050	-0.183	-0.183	0.855
	Growth BO	0.166	0.298	0.821	0.413
	SS from Original Family X Chosen Family	-0.017	-0.703	-0.269	0.788
	Growth BO X SS from Original Family	0.025	0.568	0.502	0.616
	Growth BO X SS from Chosen Family	-0.047	-1.462	-0.900	0.370
	Growth BO X SS from Original Family X Chosen Family	0.001	0.280	0.102	0.919

Contrary to the negative relationship between social support from chosen family and self-esteem that can be seen in *Figure 2*, interview participants reported that their chosen families had a positive contribution to their self-esteem. One theme that emerged from this discussion was

how much the current pandemic has impacted their abilities to see their friends and chosen families. Nate discussed how he and his best friend were “a force of acceptance for each other,” and that he has been feeling generally worse about himself as a result of not being around his friends and chosen family throughout the pandemic. He also discussed how he has worked to maintain connections to the communities and friends he feels closest to throughout the pandemic: “But, in those sense of community, when I’m on calls with friends, when I’m in like zoom calls with like people in a discord chat that I’m in for a certain band, I feel accepted. When I’m being spoken to, I feel accepted, and like I’m part of a community, but when I am not, it is a blow to my self esteem, and how I feel about myself.”

This quote speaks to a common theme among all interviewees, that the sense of acceptance they feel from their friends or chosen family, as well as from the Queer community as a whole, has had a positive impact on their self-esteem. Within the theme of acceptance, participants distinguished between the feelings of acceptance from their original families and from friends or chosen families. Acceptance from original families was discussed primarily as a lack of rejection based on their Queer identities, whereas the acceptance that was felt from chosen families and friends was discussed as an embrace of their Queer identities.

Depression

To test whether social support from original and chosen families uniquely predicted depression, a linear regression with both variables entered simultaneously was used. Neither was found to uniquely predict depression, as can be seen in *Table 7*.

Table 7. Social Support from Chosen and Original Families Predicting Depression

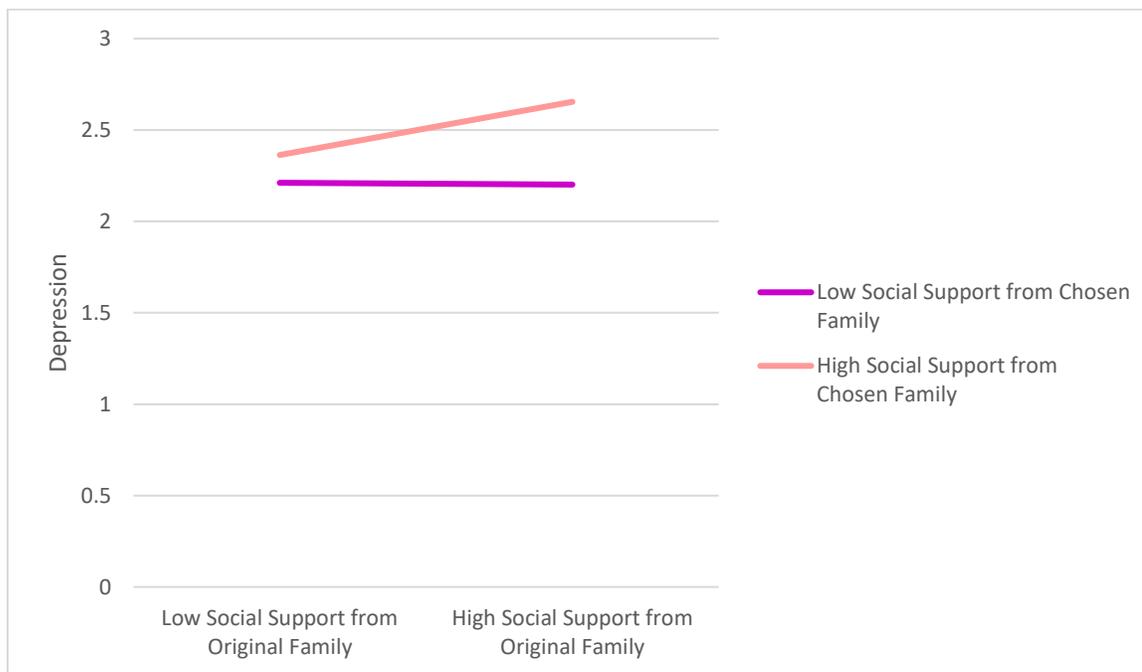
	Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Constant	2.206		18.068	0.000
SS from Chosen Family	0.007	0.030	0.306	0.760
SS from Original Family	-0.019	-0.062	-0.629	0.530

To test if social support from chosen family would moderate the relationship between social support from original family and depression, a linear regression with a two-way interaction term was used. The details of this regression can be seen in *Table 8*. Social support from chosen family was found to moderate the relationship. For people with high levels of social support from their chosen family, there was a positive relationship between social support from original family and depression. This can be seen in *Figure 3*.

Table 8. Regression with Interaction Between Social Support from Chosen and Original Families Predicting Depression.

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	2.206		18.068	0.000
	SS from Chosen Family	0.007	0.030	0.306	0.760
	SS from Original Family	-0.019	-0.062	-0.629	0.530
Step 2	Constant	2.516		13.168	0.000
	SS from Chosen Family	-0.056	-0.251	-1.513	0.133
	SS from Original Family	-0.098	-0.325	-2.044	0.043
	SS from Chosen Family X Original Family	0.013	0.492	2.090	0.039

Figure 3. Social Support from Chosen Family Moderates the Relationship Between Social Support from Original Family and Depression



To test if the moderation of social support from chosen family in the relationship between social support from original family and depression was further moderated by having a growth belongingness orientation, a linear regression with a three-way interaction term was used. The three-way interaction was not significant, but there was a significant interaction between growth belongingness orientation and social support from chosen family, which can be seen in *Table 9*. To have a better model for this interaction, the regression equation was simplified to only include the two-way interaction, which can be seen in *Table 10*. This is the equation that was used to then graph the interaction, seen in *Figure 4*.

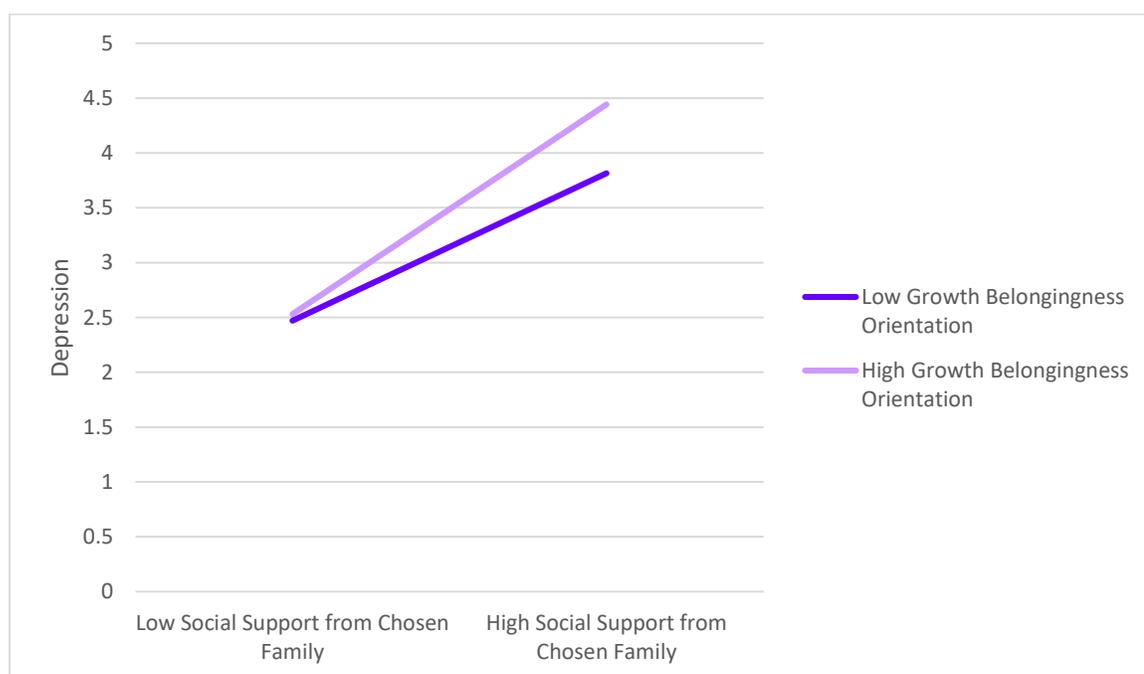
Table 9. Growth Belongingness Orientation Moderating the Interaction Between Social Support from Chosen and Original Families Predicting Depression.

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	2.383		7.412	0.000
	SS from Chosen Family	0.009	0.040	0.397	0.692
	SS from Original Family	-0.017	-0.057	-0.575	0.566
	Growth BO	-0.034	-0.055	-0.597	0.552
Step 2	Constant	3.078		3.912	0.000
	SS from Chosen Family	-0.380	-1.719	-2.508	0.013
	SS from Original Family	0.124	0.412	0.633	0.528
	Growth BO	-0.106	-0.172	-0.746	0.457
	SS from Original Family X Chosen Family	0.013	0.477	2.012	0.047
	Growth BO X SS from Chosen Family	0.057	1.598	2.210	0.029
	Growth BO X SS from Chosen Family	-0.038	-0.784	-1.122	0.264
Step 3	Constant	3.363		2.678	0.008
	SS from Chosen Family	-0.468	-2.114	-1.391	0.167
	SS from Original Family	0.054	0.178	0.172	0.864
	Growth BO	-0.160	-0.258	-0.686	0.494
	SS from Original Family X Chosen Family	0.034	1.259	0.468	0.641
	Growth BO X SS from Chosen Family	0.073	2.039	1.216	0.226
	Growth BO X SS from Original Family	-0.025	-0.512	-0.440	0.661
	Growth BO X SS from Original Family X Chosen Family	-0.004	-0.825	-0.292	0.771

Table 10. Interaction Between Growth Belongingness Orientation and Social Support from Chosen Family Predicting Depression

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	2.383		7.412	0.000
	SS from Chosen Family	0.009	0.040	0.397	0.692
	SS from Original Family	-0.017	-0.057	-0.575	0.566
	Growth BO	-0.034	-0.055	-0.597	0.552
Step 2	Constant	3.500		5.751	0.000
	SS from Chosen Family	-0.308	-1.394	-2.067	0.041
	SS from Original Family	-0.016	-0.053	-0.539	0.591
	Growth BO	-0.235	-0.381	-2.154	0.033
	Growth BO X SS from Chosen Family	0.055	1.545	2.149	0.034

Figure 4. Growth Belongingness Orientation Moderates the Relationship Between Social Support from Chosen Family and Depression

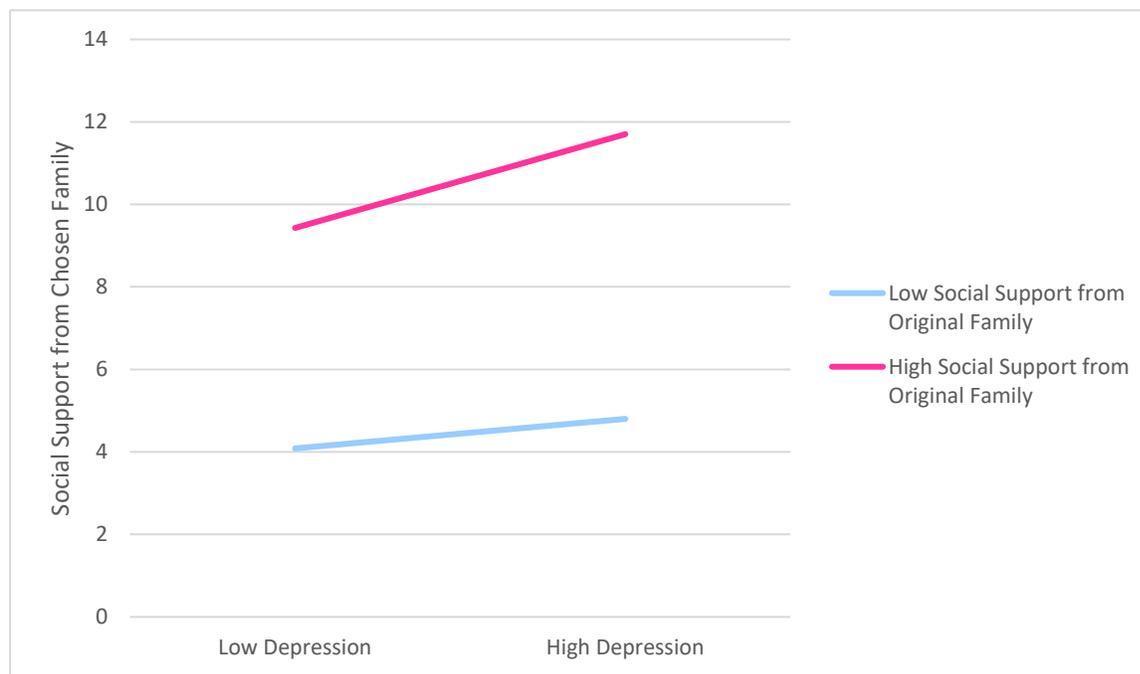


Because in all of the interactions, social support from chosen family was negatively related to well-being, I decided to look into reverse-causality. To test if higher levels of depression predicted social support from chosen family, and if that was moderated by social support from original family, I used a linear regression with a two-way interaction of depression, and social support from original family. The interaction was significant, as can be seen in *Table 11*. For people with low levels of social support from original family, their social support from chosen family was consistently low, but for people with high levels of social support from original family, there was a positive relationship between depression and social support from chosen family. This can be seen in *Figure 5*.

Table 11. Depression and Social Support from Original Family Predicting Social Support from Chosen Family

		Unstandardized Coefficients (<i>B</i>)	Standardized Coefficients (β)	<i>t</i>	<i>p</i>
Step 1	Constant	1.813		1.905	0.059
	SS from Original Family	0.554	0.405	4.912	0.000
	Depression	0.114	0.025	0.306	0.760
Step 2	Constant	4.602		2.666	0.009
	SS from Original Family	-0.232	-0.170	-0.549	0.584
	Depression	-1.087	-0.241	-1.501	0.136
	Depression X SS from Original Family	0.342	0.641	1.927	0.056

Figure 5. Social Support from Original Family Moderates the Relationship Between Depression and Social Support from Chosen Family



The reports from interviewees support the supplemental analysis in which reverse-causality is hypothesized. Similar to themes about self-esteem, participants who identified as having chosen families reported that their chosen families helped them cope with symptoms of depression. Alex addressed how their chosen family helps them with their mental illness specifically: "...they've been keeping me grounded, and they've, they're not pushing me to do anything. They're not they're not forcing me to be a part of anything, or to think a certain way, they're just friends. They're just people who accept me for who I am, and laugh at my dumb jokes, and weird voices, and they feed me even though I don't want to eat sometimes, and they make sure to remind me to drink water and take care of myself, and that's more than a lot of my family members that I have out here really do for me..." Alex also brought up that their chosen family, in some ways, makes up for a lack of support from their original family, even though

they reported their original family to be accepting of them. This relates to the differences in how acceptance was discussed when talking about original families and chosen families. Alex's chosen family is accepting of their moods and the way they are influenced by their mental illness, and knows how to help them, whereas they did not mention any of that kind of instrumental support when discussing their original family.

Despite not having a chosen family, Jane explicitly discussed seeking out friends to cope with symptoms of depression. She attributes her lack of a chosen family to a lack of close friends rather than a lack of desire for a chosen family. She spoke specifically about a desire to make friends to cope with symptoms of depression that she is currently experiencing.

Discussion

Summary of Findings

Several demographic variables were correlated in notable ways. Being Queer was related to a lower socioeconomic status. This could be because Queer college students may self-distance from their original families, or they could experience rejection from their original families, who may cut off more financial support. In either case, this would have influenced their socioeconomic status because of how socioeconomic status was calculated. This is not something that is typically included in measures of family rejection. Given the implications of the availability of family financial resources for coping with various stressors, it may be a good addition to such measures. Socioeconomic status was also predictive of more accepting communities, which is consistent with previous literature that neighborhoods with low socioeconomic status tend to be less accepting of Queer people, though relationships between demographic variables and acceptance of Queer people has been shown to be mediated by homonegativity, and adherence to traditional gender roles (e.g. Richter et al., 2017). Consistent

with previous research (e.g. Meyer, 2003), being Queer or questioning was related to lower well-being, measured by low self-esteem and more depression symptoms. Interestingly, the relationships were not significant when questioning participants were excluded from the Queer group. This could be related to processes that take place as people develop their identity and become more comfortable with themselves. In order to access community-level resources, such as a support from the Queer community, one would first need to identify as part of that community. If this is the case, it may indicate that the resources the Queer community has to cope with minority stress are at least somewhat effective.

Overall, the patterns of relationships found with the belongingness orientation measure are consistent with previous research on the measure (Lavigne et al., 2011). The relationship between growth belongingness orientation and social support from chosen family may indicate that people with a growth belongingness orientation are more likely to seek out chosen family relationships, or social support belong a minimal level. This is supported by the potential reverse-causality finding which would suggests that that depression predicts social support from chosen family. The idea that depression would predict social support from chosen family is further supported by the interview findings, in which all participants spoke of seeking out social support specifically to cope with symptoms of depression and low levels of well-being.

The lack of evidence for Queer participants having lower levels of social support from original families seems to go against the general assumption made in the framework of minority stress that Queer people have less social support from their original families. This could indicate a change in societal attitudes that has taken place recently. However, since I did not use any measure of social undermining or rejection, it could be that the perception of social support co-exists with negative aspects of original family relationships, which would be consistent with

previous research that has measured both simultaneously (e.g. Rook, 1984). Measuring social support is also a complicated problem. The phrasing of my questions did not address whether people were satisfied with the social support they received. Because the question about companionship asked about with whom they enjoyed socializing on a regular basis, people may have listed people in either their original or chosen family whom they see often, but are not particularly close with. In counting initials, I also noticed that this question elicited by far the greatest number of responses. Questions about emotional and instrumental support elicited roughly the same number of responses, for the most part. However, the questions only asked about behaviors, not about any affective components of the relationships. It would generally be assumed that people would not turn to people with whom they do not feel comfortable for social support, however, this may not be the case for everyone. This could be especially unlikely for Queer people, particularly if they are not out to the people they receive social support from, which was the case for many of the Queer participants. Previous research has also suggested that sexuality support may be a distinct form of social support that Queer people need (Doty et al., 2010), and I did not ask about if they felt support for their sexuality, or where that support may have come from. The distinctions made by interview participants between what acceptance from their original families compared to from their chosen families would support the interpretation that the forms of social support that Queer people receive from their chosen families is distinct from the social support they may receive from their original families.

Strengths and Limitations

There are strengths that lend confidence to the results and also limitations that must be taken into account. The consistency of the relationships that were found in the belongingness orientation measure indicate that participants were paying attention to the survey, which is

another strength of the study. The relationship between having a Queer identity and lower levels of well-being were also consistent with previous research (e.g. Meyer, 2003). This could indicate that the sample was not extremely unique, and though the sample size was small, results may have some generalizability.

One of the main limitations is that I could not directly measure stress and instead measured it indirectly through the measure of social support. Though I was specifically interested in the stress that comes from not having an accepting family, low levels of social support from original family may not accurately reflect a lack of acceptance. Furthermore, the measures of social support utilize number of sources of support. The range of possible numbers of support sources is limited by the number of actual people in their original family, whereas the number of people that could be part of an individual's chosen family is theoretically limitless. Comparing the two purely based on the number of people may not be appropriate. There could also be a minimum number of people that an individual needs to fulfill their need to belong, and counting the people an individual feels social support from would not give information about if they have reached the minimum number of people they need to fulfill their need to belong. Additionally, the cross-sectional nature of the research does not allow for judgments about how well-being and social support may temporally interact with each other.

An additional strength of the study is that, relative to estimates of the number of Queer people in the population, the sample included a large number of Queer people. At the same time, the sample also included a relatively small number of Queer people.

Furthermore, there are many challenges in Queer demography, most notably finding Queer people who are not involved in a Queer community, and getting those people to answer honestly. In this respect, the diversity of the sample could be seen as a strength, because by not

specifically targeting Queer people for recruitment, I was able to reach a relatively large number of people who were questioning their identity. Although the sample of 11 people who were questioning their identity is not large enough for meaningful statistical analysis, considering the difficulty that researchers have in finding participants who are questioning their identity (e.g. McInroy, 2016), having 11 such participants is a bit of an accomplishment. The success I had in finding participants who were questioning their identity could suggest that one way to gather data from people who are questioning their identity is to recruit from a general population, and focus on making an inclusive measure of demographics.

Directions for Future Research

To develop a more nuanced understanding of the relationship between chosen families and well-being, a longitudinal study that follows participants as they navigate life away from their parents for the first time would be beneficial. Quantitative studies that address chosen families usually find a negative relationship between having a chosen family and well-being, and though some address the likely reverse-causality in this relationship (e.g. Soler et al., 2018), it is not common to see analyses with well-being predicting having a chosen family. This idea has been explored in many qualitative studies (e.g. DiFulvio et al., 2011; Hull & Ortyl, 2019; McDavitt et al., 2008), and I think these findings could be used to inform how quantitative analyses are set-up, since the order of events comes directly from the people being studied, rather than what the researcher theoretically thinks should happen.

In order to be able to measure minority stress, it would also benefit quantitative researchers to come up with objective measures of various aspects of minority stress, such as family rejection. King et al. (2007) used information from interviews with a diverse sample of participants with various mental illnesses to create an objective measure of mental illness stigma,

which was validated in a separate study of 193 participants with various mental illnesses. A similar scale measuring minority stress could be beneficial to researchers interested in Queer populations.

Further, measures of social support could be better tailored to address multiple kinds of social support, and acceptance. Interview participants seemed to define acceptance differently based on if they were discussing acceptance from their original families or their chosen families. This could be explored in larger studies to see if there is a relationship between the potential source of acceptance and how acceptance is defined. This could then have implications for how acceptance or social support would be related to well-being.

Statement of Positionality

As a Queer college student with a chosen family, I feel a personal connection to the study. From my own experiences, and the experiences of other Queer people I know, I am unwilling to accept a simplistic interpretation of findings that social support from a chosen family is related to lower levels of well-being because I know from experience that it is not a simple one-way relationship. Having the experience of not knowing which bubble to choose in demographic questions about my sexual orientation and gender identity informed how I designed demographic variables asking about socially constructed identities. Participants were allowed to select as many options as they wanted, as I understand that it is common in the Queer community to identify with multiple labels. Personally, I identify my sexuality as Gay, Lesbian, and Queer, and my gender as the combination of Genderqueer, Non-Binary, and Woman (order subject to change depending on the day). Consequently, although it creates a lot of work for the researcher, I wanted to give all participants the opportunity to feel seen, and have their identity respected in

my survey. I care a lot about my contribution to the narratives that researchers tell about the Queer community, due in large part to my place in the community.

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