

Marriage Amendments and Psychological Distress in Lesbian, Gay, and Bisexual (LGB) Adults

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An online survey of lesbian, gay, and bisexual (LGB) adults ($N = 1,552$) examined minority stress (I. H. Meyer, 2003) and psychological distress following the 2006 general election in which constitutional amendments to limit marriage to 1 man and 1 woman were on the ballot in 9 states. Following the November election, participants living in states that passed a marriage amendment reported significantly more minority stress (i.e., exposure to negative media messages and negative conversations, negative amendment-related affect, and LGB activism) and higher levels of psychological distress (negative affect, stress, and depressive symptoms) than participants living in the other states. Multiple hierarchical regression analyses revealed significant positive main effects of minority stress factors and state ballot status on psychological distress. In addition, the association between amendment-related affect and psychological distress was significantly higher in states that had passed a marriage amendment compared with other states. Discussion of these findings emphasizes that marriage amendments create an environment associated with negative psychological outcomes for LGB individuals.

Keywords: gay, lesbian, bisexual, minority stress, psychological distress

In 2004, the American Psychological Association Council of Representatives, in recognition of the likely negative impact on psychological health, passed a resolution declaring that the denial of marriage rights to same-sex couples was unfair and discriminatory. The denial of marriage rights creates second-class citizens without access to the federal, state, and local rights, benefits, and privileges that are contingent on marital status (Riggle & Rostosky, 2007).

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Political campaigns aimed at restricting the rights of lesbian, gay, and bisexual (LGB) individuals promote and sustain sexual prejudice and legal inequities based on sexual identity (Russell, 2000). Scholars have argued that anti-LGB political campaigns, in themselves, reflect, create, and sustain an environment that likely compromises the health and well-being of LGB individuals, their children, and their families (Riggle & Rostosky, 2007; Russell, 2000). Failing to document, voice, and address the psychological impact of social inequities is tantamount to colluding to sustain them (Blustein, 2006). Unfortunately, available data systematically documenting associations between current initiatives to pass amendments to state constitutions restricting marriage rights to one man and one woman and psychological distress in LGB populations are scant.

Using minority stress theory (Brooks, 1981; Meyer, 1995, 2003) as the conceptual framework for our hypotheses, we conducted a national survey of LGB adults following the November 2006 elections, which included nine state marriage-amendment ballot initiatives. Minority stress is defined as the chronic social stress that individuals with stigmatized identities experience as a direct result of prejudice and discrimination over and above the stresses of daily living (Brooks, 1981; Meyer, 1995, 2003). When applied to LGB individuals, the theory of minority stress provides a conceptual framework that can account for the higher levels of psychological distress (including affective disorders) documented in LGB adults when compared with heterosexual adults (Cochran, 2001; see review in Meyer, 2003). Minority stress processes include chronic and acute prejudicial events and conditions, the anticipation of prejudice, the experience of discrimination and/or rejection, internalization of negative societal attitudes about LGB

Fn1

persons that results in a negative self-view (variously termed internalized homophobia, internalized sexual stigma, internalized heterosexism, and internalized homonegativity¹), hiding or concealment of the stigmatized identity, and the coping resources and coping efforts expended to manage stigma (Meyer, 2003).

Empirical studies focusing on various components of minority stress in LGB individuals (e.g., experiences of discrimination, anticipation of rejection, and internalized homophobia) have separately documented associations between these factors and negative mental health outcomes, including higher levels of depression, anxiety, and substance use (e.g., Balsam & Mohr, 2007; Huebner, Nemeroff, & Davis, 2005; Szymanski & Owens, 2008; Zakalik & Wei, 2006; also see review in Meyer, 2003). Qualitative studies have documented that marriage amendments (Levitt et al., 2007; Riggle & Rostosky, 2007) and other anti-LGB political campaigns (e.g., Russell, 2000) are perceived as acute prejudicial events by LGB citizens and thus, by definition, are a minority stress factor. We could locate no previously published study that systematically explored minority stress in relation to psychological experiences in a large sample of LGB individuals in the wake of the marriage-amendment campaigns.

As of June 2008, 45 states (and the U.S. federal government) prohibit the recognition of civil marriage for same-sex couples through specific laws (New York recognizes marriages performed elsewhere; New Jersey and New Mexico do not prohibit the recognition of same-sex marriages performed elsewhere; the District of Columbia, Guam, Puerto Rico, and American Samoa do not recognize same-sex marriages). This count includes the 26 states that have amended their state constitutions, through public votes, to define marriage as between one man and one woman. Some of these amendments also prohibit recognition of relationships similar to marriage (e.g., domestic partnerships or civil unions). Only the voters of Arizona have rejected a marriage amendment on the ballot. As of June 2008, only the commonwealth of Massachusetts and the state of California issue marriage licenses and record the civil marriages of same-sex couples.

Marriage-amendment campaigns, as with other campaigns aimed at limiting the rights of LGB citizens, are accompanied by inflammatory anti-LGB rhetoric disseminated in the print, electronic, and broadcast media that reinforces stigma, prejudice, and discrimination (Political Research Associates, 2006). Specific strategies used in anti-LGB lobbying efforts include disseminating an anti-LGB ideological position through faux-scientific research reports, using evocative language and images to demonize and problematize lesbians and gay men, and employing depravity narratives (see Irvine, 2005, for a critical analysis of these and other strategies used by opponents of civil marriage rights for same-sex couples during the Massachusetts debates on same-sex marriage).

Few psychologists have studied the psychological effects of the stigmatizing rhetoric that accompanies anti-LGB political campaigns. In the most notable exception, Russell (2000) documented the negative rhetoric, misinformation, and negative stereotypes that characterized the 1992 public campaign to deny legal recourse in Colorado to LGB individuals who were discriminated against on the basis of their sexual orientation. Although this amendment initially passed, it was declared unconstitutional by the U.S. Supreme Court in 1996. Using data from a follow-up survey conducted within 1 month of the Supreme Court's decision and

administered to 316 LGB individuals predominantly from the Denver, Colorado, area, Russell and Richards (2003) identified a number of stress and resiliency factors exhibited by the participants. In this study, respondents reported shock, fear, anger, and sadness in response to their encounters with homonegativity surrounding the public campaign. Respondents also noted that they experienced feelings of shame and negative feelings about themselves, which are defining features of internalized homophobia/homonegativity (Shidlo, 1994). In addition to these stresses, several resiliency factors were found. For instance, placing the anti-LGB campaign within a larger and longer term political perspective may have helped respondents to focus on their own efforts and contributions to social change rather than to personalize the events. This broader perspective appeared to reduce feelings of isolation and open the way to collective action (Russell & Richards, 2003). In this study, LGB individuals also reported that the anti-LGB campaign in their state gave them an opportunity to express their anger and sadness and to confront their internalized homonegativity, thereby attaining a stronger, more positive identity as a gay, lesbian, or bisexual person within their families, communities, and workplace settings. In conclusion, Russell and Richards identified empirically a set of stress and resiliency factors that were endorsed by LGB individuals in response to anti-LGB political campaigns. We built on these findings by hypothesizing and testing a model predicting that levels of psychological distress in LGB individuals would be associated with increased exposure to specific minority stressors surrounding marriage-amendment campaigns.

The specific minority stressors attendant to marriage-amendment campaigns that we assessed included exposure to negative messages about LGB people in the media and in negative conversations with others, negative amendment-related affect, and internalized homophobia. Although there is a diversity of political opinions, personal beliefs, values, and goals concerning the institution of marriage, all LGB persons, regardless of their stance, are subjected to demoralizing and dehumanizing negative stereotypes. Negative rhetoric and images are staples of the media offered during these campaigns and serve to maintain and even to capitalize on ignorance and fear at the expense of LGB human beings (Russell, 2004). We also assessed the level of LGB activism, a specific coping strategy that has been commonly reported by LGB adults (Russell & Richards, 2003). Yet, as Meyer (2003) sug-

¹ Internalized homophobia is the term coined initially by Weinberg (1972) to describe the process of incorporating societal antigay attitudes into a negative self-view. More recently, authors have argued that homophobia is an inaccurate descriptor that implies fear, avoidance, and aversion processes (Herek, 2004) and that the term has wrongly assumed a traitlike status used to label and pathologize LGB individuals (Russell, 2006). To address these concerns, some contemporary researchers use a variety of alternate terms including internalized heterosexism (Szymanski & Carr, 2008) and internalized homonegativity (Balsam & Mohr, 2007; Mayfield, 2001) to describe this process, although these terms are also not without limitations (see Herek, 2004, for a critique). In this article, we retain the term internalized homophobia when describing Meyer's (2003, 2007) minority stress model and Wright's (1999) Internalized Homophobia Scale and use alternate terms such as internalized homonegativity, internalized sexual stigma, and internalized heterosexism elsewhere in the article. AQ: 4

gested, coping strategies themselves may be stressful. We postulated that LGB activism to fight marriage amendments that are subsequently passed may have a direct negative effect on psychological distress.

Consistent with the previous findings related to minority stress and psychological outcomes reviewed above, we hypothesized that following the passage of the marriage amendments in November 2006, LGB individuals in states with marriage amendments on the 2006 ballot would report higher levels of minority stress factors and more psychological distress than LGB individuals in states that did not have a marriage amendment on the ballot. Our second hypothesis focused on the relative strength of associations between the minority stressors and psychological distress as related to an acute event (i.e., the election of November 2006). We expected that the correlation between minority stress factors and psychological distress would be higher in states with a marriage amendment on the ballot relative to those that were not considering such an amendment.

Method

Participants

The postelection survey was conducted online during November 2006 following the general election and generated an initial sample of 1,701 respondents. Listwise deletion of missing data resulted in a final sample of 1,552 LGB participants for data analysis. A subsample of 587 LGB participants also completed a preelection survey 6 months prior to the election. Preliminary analysis revealed no significant demographic differences between the respondents who took both surveys as part of the panel subsample and those who took only the November survey ($p > .05$). The demographics for this sample were similar to those found in other LGB samples; the sample demographics for this study included more women than men, included fewer persons of color, were more educated, and had a higher personal annual income than found in the general population (see Badgett, 2001). These sample characteristics are consistent with Web-based surveys and specifically Web surveys of LGB samples (see Riggle, Rostosky, & Reedy, 2005).

The mean age of the sample was 38.92 years ($SD = 12.81$). Participants indicated that they were female (56%) or male (44%). In terms of sexual identity, 40% identified as gay or man-loving man, 42% identified as lesbian or woman-loving woman, 11% identified as bisexual, and 7% identified as queer or other. The proportion of the participants with a college degree was 72%, with 28% holding an associate's or bachelor's college degree and 44% holding a graduate (master's/doctoral/professional) degree. Participants reported their personal annual incomes by selecting from the following categories: \$0-\$9,999 (14.2%), \$10,000-\$19,999 (12.3%), \$20,000-\$29,999 (10.7%), \$30,000-\$39,999 (14.8%), \$40,000-\$49,999 (13.4%), \$50,000-\$59,999 (10.7%), \$60,000-\$69,999 (6.9%), \$70,000-\$79,999 (5.1%), \$80,000-\$89,999 (3.5%), \$90,000-\$99,999 (2.4%), and 100,000 or more (6.2%). The majority of the sample indicated full-time employment (62%), and an additional 19% were students. European American/White participants constituted 88.9% of the sample. The remainder of the sample reported their race/ethnicity as African American/Black (2.3%), Hispanic/Latino/Chicano (2.5%), Asian American (1.7%),

Native American/indigenous (0.6%), biracial/multiracial (2.7%), and other (1.1%).

Participants reporting that they had children totaled 25% of the sample. Slightly more than half (51.5%) of the participants reported that they were currently in a committed relationship, 7.9% reported that their relationship was a registered civil union or domestic partnership, and 3.1% reported a civil marriage. An additional 6% of participants reported that they were in a legal marriage or civil union/partnership that was not recognized in their state of residence.

Measures

Negative messages. To assess participants' perceptions of negative media messages, we created the following self-report indicators of exposure to various media. Participants were asked,

Please indicate how often during the PAST MONTH you encountered negative messages about gays, lesbians, bisexuals or same-sex couples in the following media. Negative messages included negative stereotypes, derogatory terms, and opposition to the rights of LGB people or same-sex couples, including marriage rights.

Participants reported on their perceptions of negative messages in three sources of media: television news reports, including messages spoken by persons interviewed, reporters, or commentators; newspaper or magazine articles, including messages from persons quoted in an article, editorials, or the overall article message itself; and billboards, yard signs, bumper stickers, or other public advertisements (such as flyers). Participants were asked to respond along a 0-5 scale: *not at all*, *once or twice*, *about once a week*, *a couple of times a week*, *daily or almost daily*, or *more than once a day*. These three media sources were combined into an index of negative media message with a range of 0-15. The internal reliability coefficient $\alpha = .63$.

Participants were also asked to indicate how many negative conversations that they had engaged in or overheard during the previous month. Response choices were identical to the media sources described above. Scores on this item ranged from 0-5.

Internalized homophobia. The Internalized Homophobia Scale (Wright, Dye, Jiles, & Marcello, 1999) is a self-report inventory comprising 9 items. Participants responded to each item on a Likert-type scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Sample items include "I wish that I wasn't attracted to the same sex" (reverse-scored) and "I feel proud that I am gay/lesbian/bisexual." Wright and Perry (2006) reported a 6-month test-retest reliability coefficient of .56. Significant negative associations between scale scores and Rosenberg's (1965) self-esteem scale ($r = -.60$, $p < .001$) in a sample of 171 LGB late adolescents and young adults support the construct validity of the measure (Wright et al., 1999). Additional support for the construct validity of this measure can be found in Riggle, Rostosky, Prather, and Hamrin (2005) and Rostosky and Riggle (2002). To create the composite measure, item responses were summed. Scores ranged from 9-45, with lower scores indicating lower levels of internalized homophobia. For this sample of adults, the internal reliability coefficient $\alpha = .81$.

Amendment-related affect. Participants were asked, "When you think about state constitutional amendments that bar recognition of same-sex marriages: how [anxious/distressed/inspired/

nervous/afraid/determined/guilty/interested] do you feel?" Each of these eight adjectives was rated on a 1–5 point Likert-type scale: *very slightly or not at all, a little, moderately, quite a bit, or a lot of the time or extremely*. The two positive emotions were reverse-coded such that higher scores indicated lower positive and higher negative feelings. This measure, created by us for this study, was also included in a study of family members of LGB individuals assessing their amendment-related affect in the months preceding the election and again immediately following the election. For the sample of family members, internal reliability coefficient alphas were .79 and .74, respectively. For the current sample of LGB participants, scores ranged from 8–40, and the internal reliability coefficient $\alpha = .77$.

LGBT activism. To assess one aspect of coping, we created a behavioral indicator of lesbian, gay, bisexual, and transgender (LGBT) activism. Specifically, participants were asked, "Over the past 90 days, on how many days have you been involved in activities related to LGBT rights? (For example, campaigning, posting flyers, attending rallies, meetings, or fundraisers, etc.)" Participants responded by typing in a number between 0 and 90.

Negative affect. The Negative Affect subscale of the Positive and Negative Affect Schedule (PANAS; Crawford & Henry, 2004; Watson, Clark, & Tellegen, 1988) was used to assess levels of emotional distress during the previous few weeks. The Negative Affect subscale comprises 10 adjectives, including guilty, scared, and hostile, each of which is rated on a 5-point Likert-type scale ranging from 1 (*very slightly or not at all*) to 5 (*a lot of the time or extremely*). Item scores are summed to provide a composite score that ranges from 10–50. Participants are instructed to consider each adjective in turn and to "please indicate to what extent you have felt this way during the past few weeks." Watson and colleagues (1988) reported interitem consistency reliability for both the Positive Affect ($\alpha = .89$) and Negative Affect ($\alpha = .85$) subscales. Convergent and divergent validity with existing measures such as the Depression Anxiety and Stress Scales have also been reported for negative affect, including depression ($r = .60$), anxiety ($r = .60$), and stress ($r = .67$; Crawford, & Henry, 2004). For this sample, the internal reliability coefficient $\alpha = .88$.

Perceived stress. The Perceived Stress Scale–Short is a brief measure of the degree to which participants perceived the previous month to be stressful based on the original 14-item Perceived Stress Scale developed by Cohen and Williamson (1988). Cohen, Kamarck, and Mermelstein (1983) created a short form by selecting the four items most highly correlated with the 14-item scale. They reported the internal consistency reliability coefficient at .72, and the test–retest reliability of the short form during a 2-month interval was $r = .55$. Convergent validity was established with number of life events ($r = .38$) and impact of life events ($r = .49$) in a sample of participants in a smoking cessation program. This self-report measure consists of four items on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very often*); the range of possible scores is 4–20. Sample items include "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?" and "In the last month, how often have you felt that things were going your way?" (reverse-scored). The internal reliability coefficient $\alpha = .82$.

Depressive symptoms. The Center for Epidemiological Studies Depression Scale—Short Form (CES-D-S; Andresen, Malmgren, Carter, & Patrick, 1994) is a 10-item version of the

original CES-D developed by Radloff (1977). The shorter measure has been shown to be a reliable and valid measure of assessing dysphoric mood and symptoms associated with depression during the previous week (Grzywacz, Hovey, Seligman, Arcury, & Quandt, 2006). It has been shown to positively predict accuracy when assessed with the full-length 20-item version of the CES-D ($k = .97$), and a test–retest correlation has been reported at $r = .71$ (Andresen et al., 1994). In addition, convergent and divergent validity were reported for the CES-D-S (e.g., poor health status, $r = .37$; positive affect, $r = -.67$). Sample items include "I had trouble keeping my mind on what I was doing" and "I felt that everything I did was an effort." Each item is measured on a 4-point Likert-type scale ranging from 1 (*rarely or none of the time*) to 4 (*all of the time*), with two items reverse-scored. Scores are summed to create a composite measure and range from 10–40, with higher scores indicative of higher levels of depressive symptoms during the previous week. For the current sample of LGB individuals, the internal reliability coefficient $\alpha = .86$.

Procedure

Participants were recruited via e-mail LISTSERV announcements and Web-site postings aimed at the LGB community. The announcements stated that researchers were conducting an online survey concerning the attitudes and experiences of LGB, same-gender loving, and same-sex partnered individuals regarding the debate over recognition of civil marriage for same-sex couples. The announcements asked for participants who identified as gay, lesbian, bisexual, same-gender loving, or same-sex partnered; were 18 or older; and were U.S. citizens or living in the United States. Participants were directed to a Web site for more information on the survey and to link to the survey.

Approximately 350 Web-site and LISTSERV owners were contacted and asked to post the announcement. Because most did not respond to the e-mail, there is no way to count the numbers of sites or LISTSERVs that posted the announcement. Also, e-mails were forwarded by recipients, making a response rate impossible to compute. Special efforts were made to recruit participants from the nine states with amendments on the 2006 ballot by targeting LGB organizations, Web sites, and publications in those states. Answers to an open-ended question asking how participants heard about the survey indicated that they obtained the announcement in a variety of ways, including reading about the research study in publications, receiving forwarded e-mails from colleagues or friends, and LISTSERV announcements.

Participants were invited to complete the online survey during the month immediately following the November 2006 election (November 8–December 8). The survey included an informed-consent page, four pages of survey questions, and a follow-up open-ended question. Participants could stop their participation at any point and could skip any questions they wished to not answer. A subsample of participants were part of a panel study ($N = 587$) that had completed a preelection version of the survey during the May 15–June 15 time period preceding the November election. The Time 1 (May/June) survey included the measures of interest, with the exceptions of stress and amendment-related affect. Following the preelection survey administration, the participants in the panel study provided an e-mail address, which was then linked to an encrypted code. During the Time 2 (November/December)

data collection, the encrypted code was sent to these volunteers with an e-mail requesting their participation. The encrypted code linked the survey data for the panel study.

Results

Preliminary Data Analyses

Demographic results indicated that the 1,552 participants in the sample came from all 50 states and the District of Columbia. State of residence was recoded into five categories: states with an amendment on the ballot in June 2006 that passed (AL = Alabama; $N = 23$), states with an amendment on the ballot in November 2006 that did not pass (AZ = Arizona; $N = 43$), states with an amendment on the ballot in November 2006 that did pass (PASS = Colorado, Idaho, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin; $N = 373$), states with an amendment that passed prior to 2006 (PRIOR = Alaska, Arkansas, Georgia, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Oregon, Texas, Utah, Nevada; $N = 401$), and states with no amendment (NONE = California, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, New Jersey, New Mexico, North Carolina, Pennsylvania, Rhode Island, Vermont, Washington, West Virginia, Wyoming, and Washington, DC; $N = 712$). For the subsample of 587 participants who completed both the preelection and postelection surveys, 27 reported residence in AL, 12 in AZ, 113 in PASS states, 149 in PRIOR states, and 286 in NONE states.

Using the full sample, we first tested for systematic differences in the variables of interest between the states that had marriage amendments on the ballot in November 2006. Specifically, we compared the respondents from the seven states that passed the November marriage amendment, Alabama (which had passed an amendment during the June 2006 primary), and Arizona (which had defeated the amendment in November) on the minority stress and psychological distress measures. Participants from Alabama reported significantly less LGBT activism in the previous 90 days and more exposure to negative media messages than participants from PASS states. Alabama participants also reported significantly higher internalized homophobia. Participants from Arizona reported lower stress scores and fewer depressive symptoms than participants in the PASS states.

The different timing of the passage of the marriage amendment in Alabama and the defeat of the marriage amendment in Arizona may at least partially account for some of the group differences summarized above. Therefore, for the purposes of this article, we dropped these two groups (AL and AZ) from further analyses ($N = 66$), leaving a total sample of 1,486 participants to use in the analyses described below. Since preliminary analyses revealed no significant differences in any of the variables of interest between states that had previously passed a marriage ban amendment and states that did not have an amendment, we combined these states into one group ($N = 1,113$) for comparison with the seven states that passed the marriage amendment ($N = 373$) in the November 2006 election. Thus, our comparison by ballot status is between respondents from states with no amendment on the ballot in 2006 (coded 0) and respondents from states that passed an

amendment on the ballot in November 2006 (coded 1). Finally, we compared the demographic characteristics of participants in the PASS and the NONE/PRIOR states but found no significant group differences.

Tests of Hypotheses

Prior to testing the hypotheses, data were checked to ensure that the variables' distributions met the statistical assumptions for the proposed analyses (i.e., linearity, normality, and homoscedasticity). All variables were acceptable on tests of normality. To test the first hypothesis that LGB individuals in PASS states would report higher levels of minority stress and higher levels of psychological distress than LGB individuals in NONE/PRIOR states following the November election, we first performed a repeated measures multivariate analysis of variance treating the available measures from the panel data ($N = 548$) collected at both Time 1 and Time 2 as dependent variables (negative media messages, negative conversations, LGBT activism, internalized homophobia, PANAS negative affect, and depression; stress and negative amendment affect were not measured at Time 1). The independent variables were time as the two-level within-subjects measure (Time 1 and Time 2) and ballot status of the state of residence of the participant as the two-level between-subjects factor (PASS states and NONE/PRIOR states). Main and interaction effects were examined. Results of the multivariate test were significant. The analysis indicated main effects of time, $F(6, 430) = 12.23, p < .001$, and ballot status, $F(6, 430) = 2.46, p < .05$. A significant interaction, Time \times Ballot Status, supported the hypothesis, $F(6, 430) = 11.91, p < .001$.

Follow-up univariate tests and examination of the means for each variable were examined. The means and standard deviations for the panel data (Time 1 and Time 2) for PASS and NONE/PRIOR states are shown in Table 1. The significant Time \times Ballot T1 Status interactions support Hypothesis 1. Except in the case of internalized homophobia, each minority stress factor (negative media messages, negative conversations, and LGBT activism) significantly increased among participants living in states that had just passed a marriage amendment but not among participants in other states. Likewise, participants living in states that had just passed a marriage amendment reported significant increases in negative affect and depressive symptoms relative to participants in other states.

Before proceeding to the second hypothesis, we followed up the preceding analyses using the full sample of postelection data (Time 2) and the full set of measures to be used in the regression analyses. We performed t tests for mean differences on the minority stress factors and a test of between-subject effects using a general linear model with multivariate tests and post hoc univariate tests on each of the three psychological distress variables. The results of the t tests (see Table 2) once again indicated that LGB T2 participants in PASS states were exposed to more negative media messages and negative conversations than participants in NONE/PRIOR states. Participants in PASS states also reported more negative amendment-related affect and more days of LGBT activism than participants in NONE/PRIOR states. Levels of internalized homophobia did not significantly differ between the two groups. Results of the multivariate test of the psychological distress variables were significant, $F(3, 1483) = 13.62, p < .001$, and

Table 1
Means, Standard Deviations, and Univariate Comparisons Between Participants in PASS States and NONE/PRIOR States for Panel Data (Time 1 and Time 2)

Variable	Time 1		Time 2		Cells compared	df	t
	M	SD	M	SD			
PASS states ^a							
Negative media messages	(a) 6.89	2.90	(b) 9.06	3.12	a < b	108	6.99***
Negative conversations	(c) 2.27	1.16	(d) 2.69	1.28	c = d	111	2.93
Internalized homophobia	(e) 15.43	5.45	(f) 15.73	5.77	e = f	110	0.81
LGBT activism	(g) 14.30	22.87	(h) 19.21	28.61	g = h	103	1.96
Negative affect	(i) 19.12	6.37	(j) 21.80	7.82	i < j	106	4.33***
Depressive symptoms	(k) 17.46	5.67	(l) 20.30	7.07	k < l	107	5.20***
NONE/PRIOR states ^b							
Negative media messages	(m) 7.38	2.79	(n) 7.61	2.94	m = n	407	1.56
Negative conversations	(o) 2.34	1.27	(p) 2.18	1.22	o > p	425	2.41*
Internalized homophobia	(q) 15.19	5.05	(r) 15.14	4.89	q = r	423	0.29
LGBT activism	(s) 13.14	24.20	(t) 10.58	20.96	s > t	409	2.50*
Negative affect	(u) 19.71	6.72	(v) 19.67	6.52	u = v	413	0.15
Depressive symptoms	(w) 17.58	5.31	(x) 17.50	5.31	w = x	412	0.31
					a = m	525	1.72
					c = o	538	0.55
					e = q	535	0.36
					g = s	535	0.21
					i = u	533	1.06
					k = w	530	0.32
					b > n	635 ^c	9.82***
					d > p	671 ^c	5.60***
					f = r	565 ^c	1.36
					h > t	560 ^c	4.32***
					j > v	615 ^c	4.50***
					l > x	613 ^c	5.90***

Note. Results for univariate 2 × 2 analysis of variance (ANOVA) for negative media messages: main effect of time, $F(1, 515) = 54.63, p < .001$; main effect of ballot status, $F(1, 515) = 3.29, p > .05$; Time X Ballot Status interaction, $F(1, 515) = 35.86, p < .001$. Results for univariate 2 × 2 ANOVA for negative conversations: main effect of time, $F(1, 536) = 3.18, p > .05$; main effect of ballot status, $F(1, 536) = 3.89, p < .05$; Time X Ballot Status interaction, $F(1, 536) = 15.39, p < .001$. Results for univariate 2 × 2 ANOVA for LGBT activism: main effect of time, $F(1, 512) = 0.96, p > .05$; main effect of ballot status, $F(1, 512) = 4.67, p < .05$; Time X Ballot Status interaction, $F(1, 512) = 9.75, p < .01$. Results for univariate 2 × 2 ANOVA for internalized homophobia: main effect of time, $F(1, 533) = 0.42, p > .05$; main effect of ballot status, $F(1, 533) = 0.65, p > .05$; Time X Ballot Status interaction, $F(1, 533) = 0.82, p > .05$. Results for univariate 2 × 2 ANOVA for negative affect: main effect of time, $F(1, 519) = 17.55, p < .001$; main effect of ballot status, $F(1, 519) = 1.38, p > .05$; Time X Ballot Status interaction, $F(1, 518) = 18.66, p < .001$. Results for univariate 2 × 2 ANOVA for depressive symptoms: main effect of time, $F(1, 519) = 24.42, p < .001$; main effect for ballot status, $F(1, 519) = 6.40, p < .05$; Time X Ballot Status interaction $F(1, 519) = 27.24, p < .001$. LGBT = lesbian, gay, bisexual, and transgender; PASS states = states with a marriage amendment on the ballot in November 2006 that did pass; NONE/PRIOR states = states with a marriage amendment that passed prior to 2006 or with no amendment.
^a For PASS states, $n = 113$. ^b For NONE/PRIOR states, $n = 435$. ^c *df* reflects adjustment for violation of homogeneity of variance assumption.
* $p < .05$. *** $p < .001$.

follow-up univariate tests (shown in Table 2) indicated that participants in PASS states reported more negative affect, higher levels of stress, and higher levels of depressive symptoms than participants in NONE/PRIOR states.

Prior to running the hierarchical multiple regression models, a psychological distress variable was created from a composite calculated by standardizing Time 2 scores for stress, depression, and negative affect and then averaging the scores. This composite was used in the analyses described below. To examine the relative strength of the associations between minority stress factors and psychological distress at Time 2 (November/December), we first performed bivariate correlation analyses, which are displayed in Table 3. Each of the minority stress factors was significantly positively associated with psychological distress; however, no correlation was high enough to pose a problem with multicollinearity in the following regression analyses.

In performing the hierarchical multiple regressions, centered independent variables were used to reduce multicollinearity between the main effects and interaction terms (Aiken & West, 1991). Moderation effects were tested using two-way interactions between ballot status and the other independent variables. Specifically, in Step 1, negative media messages, negative conversations, internalized homophobia, negative amendment-related affect, and LGBT activism were entered. In Step 2, the dichotomous ballot variable (PASS or NONE/PRIOR) was entered. In Step 3, the interactions between each of the five independent variables in Step 1 and the ballot variable were entered.

The final model is displayed in Table 4. Significant main effects for negative conversations, internalized homophobia, negative amendment-related affect, and LGBT activism were found. Higher levels on each of these variables were significantly associated with higher levels of psychological distress. Additionally, living in a

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MARRIAGE AMENDMENTS AND PSYCHOLOGICAL DISTRESS

Table 2
 Means, Standard Deviations, and Univariate Comparisons Between Participants in PASS States and NONE/PRIOR States for Time 2

Variable	Range	Total sample (N = 1,486)		PASS (N = 373)		NONE/PRIOR (N = 1,113)		F	η^2
		M	SD	M	SD	M	SD		
Negative media messages	3-18	7.90	3.06	9.23	3.25	7.47	2.87	109.56***	0.25
Negative conversations	0-5	2.39	1.30	2.70	1.35	2.29	1.26	33.45***	0.14
Internalized homophobia	9-45	15.55	5.07	15.85	5.18	15.46	5.03	1.85	0.03
Negative amendment affect	8-40	21.95	5.90	22.83	5.82	21.66	5.90	11.56**	0.08
LGBT activism	0-90	13.18	23.50	18.14	27.44	11.55	21.83	23.46***	0.12
Negative affect	10-50	20.48	7.15	22.00	7.79	20.00	6.87	24.05***	0.12
Stress	4-20	9.62	3.19	10.32	3.42	9.39	3.08	26.29***	0.12
Depressive symptoms	10-40	18.49	6.08	20.13	6.63	17.98	5.80	39.94***	0.15

Note. Negative media messages = sum of TV, print, ads/billboards/bumper stickers; Negative affect = Negative Affect subscale of the Positive and Negative Affect Schedule; Stress = Perceived Stress Scale-Short; Depressive symptoms = score on the Center for Epidemiological Studies Depression Scale-Short Form; LGBT = lesbian, gay, bisexual, and transgender; PASS = states with a marriage amendment on the ballot in November 2006 that did pass; NONE/PRIOR = states with a marriage amendment that passed prior to 2006 or with no amendment.
 ** $p < .01$. *** $p < .001$.

PASS state was significantly associated with more psychological distress.

The interactions entered in Step 3 tested for the moderation effect of living in a PASS state on the relation between minority stress and psychological distress. One of these interactions, Negative Amendment Affect \times Ballot Status, was significant. To determine the direction of this effect, additional analyses were performed.

Because the moderator variable is dichotomous, two separate regressions were run (with Step 1 independent variables only) to compare the unstandardized betas and standard errors of negative amendment affect for PASS versus NONE/PRIOR states. This simple slope analysis indicated that the effect of negative amendment affect ($b = .029$, $SE = .004$) for the NONE/PRIOR states was significantly less than the effect of negative amendment affect ($b = .064$, $SE = .008$) for the PASS states. Negative amendment affect had a significantly greater impact ($p < .001$) on the psychological distress of residents of PASS states than on that of residents of NONE/PRIOR states.

Discussion

This study is an initial exploration of the psychological impact of marriage-amendment campaigns on LGB individuals. We were

able to document increased minority stress and concurrent increased psychological distress in a sample of LGB individuals following the passage of a marriage amendment in their state of residence and to compare this change with a sample of LGB individuals in states without an amendment on the November 2006 ballot. Our findings support the hypothesis that marriage-amendment campaigns have a negative and immediate effect on LGB psychological health.

We found support for the hypothesis that marriage-amendment campaigns increase the minority stress and psychological distress of LGB adults, thus creating a harmful environment that may adversely affect health and well-being. LGB participants in states that passed a marriage amendment in 2006 reported higher levels of exposure to negative media messages and negative conversations than LGB participants in other states. Furthermore, exposure to negative media messages and negative conversations significantly increased around the election period in the states that had an amendment on the ballot and did not significantly increase in other states.

Additional minority stress factors, specifically negative amendment-related affect and frequency of participation in LGB activism, were also significantly higher among LGB participants living in states that passed a marriage amendment in 2006. Find-

Table 3
 Intercorrelations of Psychological Distress and Minority Stress Variables for Time 2 Data
 (N = 1,486)

Variable	1	2	3	4	5	6
1. Psychological distress	—					
2. Negative media messages	.10***	—				
3. Negative conversations	.20***	.43***	—			
4. Internalized homophobia	.30***	-.07***	.09***	—		
5. Negative amendment affect	.24***	.26***	.17***	-.06*	—	
6. LGBT activism	.10***	.19***	.20***	-.15***	.18**	—

Note. Negative media messages = sum of TV, print, ads/billboards/bumper stickers; Psychological distress = a composite of the Negative Affect subscale of the Positive and Negative Affect Schedule, the Center for Epidemiological Studies Depression Scale-Short Form, and the Perceived Stress Scale-Short; Negative amendment affect = negative amendment-related affect; LGBT = lesbian, gay, bisexual, and transgender.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

Summary Table of the Moderating Effect of State Ballot Status on the Relation Between Minority Stress and Psychological Distress Following the November 2006 Election

Step	Variable	B	SE	β	t	Total R ²	Adjusted R ²	ΔR^2	ΔF	df
1	Negative media	-.01	.01	-.04	-1.15	.42	.18	—	64.73	(5, 1481)
	Negative conversations	.08	.02	.11	3.57***					
	Internalized homophobia	.06	.01	.32	11.47***					
	Negative amendment affect	.03	.00	.19	6.69***					
	LGBT activism	.00	.00	.06	2.97**					
2	Ballot status	.21	.05	.10	3.98***	.44	.19	.01	19.86	(6, 1480)
3	Negative Media × Ballot Status	-.01	.02	-.03	-0.78	.45	.20	.01	4.38	(11, 1475)
	Negative Conversations × Ballot Status	.01	.04	.00	0.12					
	Internalized Homophobia × Ballot Status	-.02	.01	-.06	-2.00					
	Negative Amendment Affect × Ballot Status	.03	.01	.11	3.98***					
	LGBT Activism × Ballot Status	.00	.00	.02	0.67					

Note. State ballot status coded as 0 (no amendment or prior amendment) or 1 (passed amendment in November 2006). LGBT = lesbian, gay, bisexual, and transgender.
 ** $p < .01$. *** $p < .001$.

ings indicated that LGBT activism increased among participants in PASS states and was higher than reported by those in NONE/PRIOR states as the election approached. However, this more frequent participation in LGBT activism in the months preceding the vote was associated with increased levels of psychological distress. The counseling implications of this finding are discussed below.

Only reported levels of internalized homophobia did not significantly differ between pre- and postelection surveys or between states that did and did not have an amendment on the November ballot. Some have argued that the degree to which a person is exposed to homonegativity and sexual prejudice and then internalizes those beliefs and assumptions is highly contextual (Russell, 2006). Perhaps standardized measures that assume that internalized homophobia tends to be stable or traitlike are not sensitive to the divergent social contexts in which LGB individuals interact over time. Future longitudinal research is needed to fully examine the extent to which and under what conditions internalized heterosexism is stable across time (Szymanski, Kashubeck-West, & Meyer, 2008).

In the meantime, perhaps the other measures of amendment-related variables examined in this study (e.g., exposure to negative conversations in the face of elections or negative affect related to the amendments) were more sensitive to the immediate sociocultural context of the amendment campaigns. Overall, our findings lend further support to the notion that anti-LGB political campaigns increase specific minority stressors that are associated with the negative environment created by these campaigns. That is, LGB individuals living in the midst of these campaigns are exposed to more negative messages and negative conversations, experience more negative affect related specifically to the amendment, and are more frequently involved in LGBT activist efforts.

The results of this study also support the hypothesis that living in a state that has just passed a marriage amendment is associated with higher levels of psychological distress. LGB participants in PASS states reported significantly higher levels of negative affect, stress, and depressive symptoms than did LGB participants in other states. We have presented evidence that these differences are not due to preexisting conditions, thus supporting the acute impact

of the amendment campaigns. Bivariate results and multiple hierarchical regression analyses further support the hypothesis that specific minority stress factors are associated with increases in psychological distress.

The regression analyses indicated that minority stress factors predicted psychological distress and that living in a PASS state (vs. a NONE/PRIOR state) moderated the relationship between experiencing amendment-related affect and psychological distress such that those living in PASS states experienced this relationship to a stronger degree. This finding supports the hypothesis that the immediate environment of the marriage amendments may increase the negative psychological effect on LGB individuals. Although participants from all states may experience minority stress, an acute adverse event may translate that minority stress into increased psychological distress for those most immediately affected.

Although it is plausible that the current amendment campaigns might trigger negative memories and feelings about the amendment passage in participants from PRIOR states, we found no group differences in measures of minority stress or psychological distress between participants living in states that had previously passed a marriage amendment and participants living in states that have never had an amendment on the ballot. Perhaps participants from PRIOR states had processed these negative memories and engaged in coping strategies to lessen their impact (see Russell, 2001). Thus, the effects of the campaigns may be relatively short-lived, and LGB citizens, overall, may bounce back from these specific minority stressors and their related psychological effects. Future research may explore this hypothesis, as well as potential processes of coping and resilience in the face of minority stress events.

On the other hand, Russell (2007) found that some LGB individuals suffered negative psychological effects of the Colorado anti-LGB political campaigns a full decade after the ballot initiatives. Perhaps those who were most psychologically distressed by the prior campaigns and who did not have adequate coping skills did not elect to participate in this survey. Also, we could have oversampled those LGB individuals most deeply invested in and concerned about the outcome of the campaigns. Further research

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may identify mediating factors that increase or ameliorate the risk for poor psychosocial outcomes in the wake of anti-LGB campaigns. For example, the degree to which individuals endorse a movement perspective (e.g., a belief that marriage-amendment campaigns are merely one small setback in a larger human rights movement) may buffer individuals from long-term impact on psychological distress (Russell, 2000). The extent to which the passage of anti-LGB measures represents a loss to LGB individuals and how possible imputed meanings and storying of losses may facilitate coping and resiliency for these individuals (Harvey, 2001) are other important processes to explore. Other factors such as social support, antidiscrimination policies that protect LGB individuals, or successes in other policy areas that impact LGB lives may also promote resiliency among LGB individuals facing antigay campaigns.

Limitations and Future Directions

A number of strengths characterize the current study: a large national sample with a cross-sectional design and data from a previous survey for limited comparison over time. Yet these findings should be interpreted with some caution. As with all studies of populations with a concealable stigmatized identity, random probability sampling is impossible. Our survey relied on volunteers, most likely representing LGB individuals who are relatively high functioning, relatively more connected to supportive community resources, and reasonably comfortable disclosing their sexual identities on a Web survey. LGB individuals who are closeted and perhaps most vulnerable to minority stress and psychological distress might be less likely to volunteer to participate in a study such as this. These self-selection factors may have suppressed the potential to find larger group differences.

Future studies should also examine multiple intersecting minority identities and the multiple sources of minority stress experienced by ethnic minority LGB individuals. Unfortunately, we were unable to address this important issue in the current study. Although efforts were made to contact LISTSERVs and Web sites serving LGB communities of color, recruitment of participants from these communities often requires direct contacts with community leaders to negotiate endorsement of the study. Therefore, future studies using diverse methodologies are needed to expand the model to the effects on specific LGB communities of color.

Likewise, other within-group differences not examined in this study may be important to understanding psychological distress in the face of a negative political environment. For example, many of the negative messages accompanying marriage-amendment campaigns use religious arguments against homosexuality that may be particularly distressing to religious LGB individuals. Other potentially important mediating variables for future examination include group consciousness, group affiliation, and individual commitment to gay identity (Meyer, 2007).

Two of the minority stress indicators, negative amendment-related affect and negative media messages, were created specifically for this study. Thus, the reliability and validity of these indicators across other samples of LGB individuals are not available. Finally, the causal direction of the associations between minority stress and psychological distress could not be discerned in this study. Longitudinal research collected at a minimum of three time points would permit growth-curve analyses that could

examine trajectories of minority stress and psychological distress over time and test hypotheses related to reciprocal effects. The lack of data (and funding for research) on LGB adults represents a serious impediment to researchers. However, increased access to LGB adults through the Internet and other media may help to facilitate the type of large-scale longitudinal research studies that are needed. Developing and pursuing the answers to important questions about the quality of life and well-being of LGB (and transgender) adults are one example of an important social justice agenda for counseling psychology.

Implications for Effective Counseling Intervention and Social Justice Action

For psychological practitioners who work with LGB clients and for those who train counselors to work with this population, the findings from this study provide further empirical support for using theoretical perspectives that carefully consider the social contexts that create, sustain, and exacerbate individual psychological stress and distress. The American Psychological Association (APA) "Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients" state that "psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients" (APA, 2000, p. 1442, Guideline 3). Although empirically supported treatments for depressive symptoms may be of value in treating LGB clients, culturally competent therapists who have been well trained in providing affirmative therapy and who have confronted their own heterosexism and homophobia as part of that training are crucial to effective interventions and successful therapeutic outcomes (Brown, 2006).

As a part of culturally competent counseling, therapists need to consider that, consistent with a minority stress perspective (Meyer, 2003), coping efforts themselves may exacerbate stress. That is, coping with stigma and the resulting psychological distress creates a cognitive-affective and physical demand that may further detract from health and well-being, work productivity, creative pursuits, and intimate relationships. Counseling psychologists can help to provide a corrective emotional experience by prizing their LGB clients (Brown, 2006) and by validating LGB clients' experiences of minority stress and negative affect. Increasing awareness of minority stress, educating clients about the social construction of stigmatized identities, and relocating the source of so-called abnormality in the homonegative social context can validate LGB client experience and help to keep LGB individuals from engaging in inappropriate self-blame, thereby ameliorating internalized homophobia and depressive symptoms.

The findings from this study demonstrate that exposure to negative messages and negative conversations are associated with higher levels of psychological distress. Therapists can aid clients to develop a critical consciousness that situates their psychological distress within a context of pervasive homonegative sociopolitical influences (Russell & Bohan, 2007). LGB clients who experience alienation and social disconnection as a result of exposure to such messages may benefit from cognitive-behavioral interventions that use positive forms of selective attention or active disputation to deal with negative messages in the environment. That is, clients may need to focus on and highlight the positive messages in their environments and increase their exposure to these messages by

actively building stronger social support networks. Bibliotherapeutic resources, such as Betty Berzon's (1996) *Setting Them Straight*, can offer concrete models for confronting and disputing homonegative messages encountered in conversations with friends, family, acquaintances, and strangers rather than internalizing them. Narrative approaches that externalize the problem, critique destructive cultural narratives about LGB individuals, and reauthor new personal stories can relieve psychological distress and facilitate positive identity transformation by focusing on strengths and fostering pride, as well as social change (Prilleltensky & Nelson, 2002; Russell & Bohan, 2007).

In empowerment models of therapy (e.g., Worell & Remer, 2003), engagement in social activism is often a homework assignment or intermediate treatment goal that is recommended for increasing clients' coping with discrimination, stigma, or oppression. In the current study, LGB individuals increased their engagement in LGB activities during the time of the marriage-amendment campaign. However, this increase in engagement was associated with higher levels of psychological distress. These findings suggest that encouraging clients' social activism should be done with caution and only after exploring possible side effects of such involvement. Although social activism may increase a client's social network and sense of agency, it may also increase his or her exposure to negative messages, discrimination, and other stressors. Particularly in the aftermath of a successful anti-LGB political campaign, clients who have been highly engaged in social activism may experience symptoms of depression and burnout (Whitcomb & Loewy, 2006) and may benefit from additional psychoeducational, therapeutic, and/or social support.

Counseling psychologists, in their increasing concern with issues of social justice and psychological health for all human beings, need a strong knowledge base and awareness on a personal level of the harmful psychological effects of anti-LGB rhetoric and public initiatives. As professional psychologists, we have an ethical responsibility to reflect on and use our influence, our skills, and our expertise to raise awareness not only in ourselves, our LGB clients, and their family members but also among our professional colleagues and trainees, in our local communities, and in the larger social institutions that continue to stigmatize and oppress. Beyond raising awareness, counseling psychologists may have opportunities to provide key leadership in advocating for legislative equality for all LGB individuals, who often report feeling like second-class citizens (Riggle & Rostosky, 2007) or as less than human (Levitt et al., 2007). Training future generations of counseling psychologists should include not only skills for intervening at the level of the individual but also skills for addressing social injustice and facilitating change at the grassroots level and at the level of social policy (Horne & Mathews, 2006).

In 1998, Louise Douce challenged the field of LGB research in counseling psychology to "move beyond clinical issues and use of clinical subjects to a wide range of interesting questions" (Douce, 1998, p. 781). This project represents our response to this challenge in hopes that other counseling psychologists will design and conduct contextually sensitive and culturally responsive studies that will facilitate positive development and psychological health at the level of the individual as well as the positive development and health of a socially just society. This effort should extend into further theory building, as transformative change in the larger society requires that our efforts be undergirded with a theory (or

theories) of social power that would form the cornerstone of a theory of social injustice, thus advancing a psychology of liberation or emancipation (Prilleltensky & Nelson, 2002). This study is a step in the direction of exploring how issues that fall in the realm of social justice, specifically the psychological effects of minority rights decided by a majority vote, can impact individual and community psychological experience.

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