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## The effect of a lesbian woman's coming-out experience on her psychological well-being

Carrie Elizabeth Allen

Cheryl Marie Hughes

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THE EFFECT OF A LESBIAN WOMAN'S COMING-OUT EXPERIENCE ON  
HER PSYCHOLOGICAL WELL-BEING

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Carrie Elizabeth Allen  
Cheryl Marie Hughes

June 2001

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Approved by:

  
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6/5/01  
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Dr. Rosemary McCaslin,  
M.S.W. Research Coordinator

## ABSTRACT

The purpose of this study was to determine the effects of a lesbian woman's coming-out experience on her psychological well-being. A survey was administered consisting of 22 questions and the Center for Epidemiologic Studies-Depressed Mood Scale (CES-D). The data was analyzed using quantitative research methods.

The objective of this research project was to determine a lesbian woman's severity of depression at the time of her coming-out experience and to provide understanding regarding this issue. The intention was to provide social workers with insight into the dynamics of the coming-out experience for the lesbian woman. With this knowledge it is hoped that social workers will be better equipped to serve this population.



## ACKNOWLEDGMENTS

We would like to thank Rachel Estrada MSW, Dr. Rosemary McCaslin, and Dr. Janet Chang. We extend our gratitude for their support, interest, and instruction that led us to explore this important research topic.

Cheryl would like to express her thanks to the following: I'd like to thank my parents, Gene and Connie Oliver, for always being there for me through good and bad times. Words cannot fully express how much I love you. To my dear friend and partner, Carrie, you will always have a special place in my heart! I would like to thank my children, Brittany, Brandon, and Spencer for supporting their mom through 7 years of college. I would also like to thank my wonderful husband, Randal, who supported my decision to go back to college and who never complained when his clothes weren't washed, our house wasn't spotless, and I turned into a shrew from sheer frustration and stress. I love and adore you all, you are my life and I truly could not have achieved this goal without each one of you. Thank you!

Carrie wishes to extend her gratitude to her very supportive family: Thank you, Coralyn, for your love, support, and encouragement. I love you all the lots. To Zachary and Stephanie who are my constant reminders that I am already successful even before I started this journey. My love for each of you grows with every beat of my heart.

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To my friend and research partner, Cheryl Hughes, we've been a great team I wish you and yours the very best of everything, you deserve it.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

The purpose of this study was to gain insight into the coming-out experience of the lesbian woman and its impact on her risk for depression. This study was performed to provide social workers with knowledge about the psychosocial risks of a lesbian client's coming-out event. Examining this issue continues to be important as lesbianism is slowly becoming more acceptable in our society. This is evidenced by the increase of lesbian roles in the mass media and changes in the laws favoring domestic partnerships. Therefore, it is likely that there will be an increase in the amount of lesbian disclosures. Social workers need to be prepared for the effect of this possibility.

It is important to study women's issues, especially lesbian women's issues because researchers largely overlook them. According to Rothblum (1990), "Homophobia, the coming-out process, and the integration into the lesbian community are issues that concern lesbians, but not heterosexual women" (p.1). The research regarding gay and lesbian issues is primarily focused on gay males. While there may be some similarities in the coming-out experience of these two groups, lesbian concerns and strengths need to



be pinpointed in order for social workers to do their jobs effectively. Therefore, it is necessary to address the needs of the lesbian woman as well as the gay man in research concerning the coming-out experience.

#### Problem Focus

Many gays and lesbians try to hide their sexuality because heterosexuality is considered superior to homosexuality in this heterosexist society. The problem is that remaining silent can be harmful to the individual. "Those who invest themselves in keeping their sexual orientation a secret expend significant emotional energy to hide a central aspect of their identity. The emotional toll of secrecy can result in internalized shame and self-doubt. To be out in a heterosexist culture requires courage" (Morrow, 1996, p.1). Social workers can help facilitate the courage and coping skills necessary for a more positive outcome.

There appears to be two types of feelings that coming-out provokes in many lesbians: fear and acceptance. According to Merighi, acceptance was a "primary" theme in the coming-out experiences of his study participants (1997). Erving Goffman (1963) defines stigma as a shameful characteristic that if seen by others, will reduce the social actor in the eyes of the spectator. Lesbians who feel discredited by their stigmatized status have often

tried to conceal or manage their homosexuality by passing as heterosexual (Rosenfeld, 1999). Due to the stigma surrounding homosexuality, fear and anxiety often precede the coming-out experience. On the other hand, according to Rosenfeld (1999), some lesbians associate coming-out as a desirable acceptance of one's own homosexuality. She also adds that not worrying about disclosure provides the lesbian woman with a source of happiness and freedom (1999). This is often a freedom that allows these women to experience a life that does not center on their sexuality.

By understanding the feelings associated with coming-out the social worker can better serve the lesbian client who wishes to explore issues related to this event. If the social worker can assess and identify the level of risk for depression in the lesbian client he or she can create an optimal plan for treatment and intervention. Meeting the psychosocial needs of the lesbian client can be difficult for the social worker that does not understand the dynamics of the lesbian lifestyle. Part of that lifestyle is the relevance of the coming-out event.

When a social worker uses an ecological perspective to focus on the interaction of the person within the environment, the important concept is adaptation (Germaine, 1991). This theory suggests that clinical social work interventions try to improve one's ability to adapt to his

or her environment to obtain "goodness of fit." For the lesbian client seeking services, it is important for the social worker to aid the client with coming-out issues. This includes increasing the client's social support and coping skills in order to establish ego-strength that will aid the lesbian client in her coming-out experience.

Does a lesbian's coming-out experience put her at risk for depression? Are there significant psychological differences in lesbians who have been able to come-out to almost everyone in their lives as opposed to lesbians who have only been able to come-out to a select few? The answers to these questions were addressed in this research project.

## CHAPTER TWO

### LITERATURE REVIEW

Research has shown that gay and lesbian issues are more prevalent in daily interactions, politics, and the media than ever before (Morrow, 1996). Therefore, it is relevant to research the impact that coming-out has on adult lesbians. With this information social workers can "therapeutically address coming-out issues with lesbians" (Morrow, 1996). Research shows that one way to do this is through cognitive therapy. Padesky (1988) states that, "Two features of cognitive therapy, a collaborative therapy relationship and guided discovery, can help form a feminist therapy relationship and provide a methodology that helps women take control over their own emotional and mental well-being" (p.1).

According to Morrow (1996), "Coming-out can be defined as acknowledging one's sexual orientation to self and others" (p.1). Morrow (1996) further describes the needs of the adult lesbian as she encounters different areas in her life where she must make the decision to come-out or not. The article suggested a group intervention to help these women to make these decisions. The article also states that lesbian issues that are pivotal to the coming-out process include; lesbian identity development,



homophobia and heterosexism, religious concerns, career concerns, and concerns about family relationships (Morrow, 1996).

Luhtanen (1996) discussed the importance of identity development. She states that some lesbians experience adjustment difficulties during the initial stages of developing their identity. She also reports that the dismissal of negative stereotypes and active involvement in the lesbian community led to a positive lesbian identity (Luhtanen, 1996). Padesky (1989), states that, "Cognitive therapy can help lesbians gain a more positive identity by testing and changing maladaptive beliefs" (p.1).

When a lesbian woman attempts to make a choice about whether or not to come-out, homophobia and heterosexism play a part. This issue has an important role in the lesbian's psychological well-being as suggested by Morrow (1996). In our society homophobia still exists to a large extent. Hubert (1999) asserts that homophobia and heterosexism are prevalent in the United States. She describes Ellen DeGeneres' television show episode that has DeGeneres coming-out to her friends and family as proof of the attitudes that prevail in the United States. According to Hubert (1999) organizations associated with the Religious Right took out an ad to denounce the show. Two major advertisers, Chrysler and J.C. Penney, canceled their

sponsorship of the show, one ABC affiliate refused to air the show, the taping of the final show was interrupted by a bomb threat, and DeGeneres was harassed by a man at one of her concerts. Hubert (1999) asserts that these types of incidents reveal the level of hostility directed toward gays and lesbians in society today. Because of the oppression that results from homophobia, heterosexism is widespread in our society, and so is the reluctance to come-out by lesbians.

Another issue mentioned that is essential to the coming-out process is the lesbian's concern regarding religion. According to Davies et al., (1996), the effect of organized Christian religions on the psychological well-being of the lesbian woman is most often negative and destructive. Having a spiritual or religious identity predicted both internal and external conflict, although the likelihood of experiencing internal conflict was higher (Mahaffy, 1998). To resolve these problems lesbian women have chosen to change their beliefs, leave their place of worship, or live with the conflict. Lesbians who were feeling internal dissonance were more likely to alter their beliefs (Mahaffy, 1998).

Career concerns also plague the lesbian. When a lesbian decides to disclose her sexual identity she must often consider how that could affect her career. Day and Schoenrade (1997) found that the threat of discrimination

at work causes many lesbians to keep their sexual identity secret. By being closeted on the job, it was found that the work attitudes of the lesbians tended to be negative (Day and Schoenrade, 1997). Day and Schoenrade (1997) concluded that these negative attitudes were predicted partly by the amount of communication about their sexual identity that the lesbian workers were willing to express.

Spradlin (1998) shared her experience working in an organization that enforced the policy of "don't ask, don't tell." ("Don't ask, don't tell" was coined by the military in regards to enlisted men's and women's sexual identity). That attitude within her workplace caused her to employ passing strategies rather than disclose her sexual identity. Random House Webster's College Dictionary (1992) describes passing as to live as a member of a group other than one's own.

Spradlin (1998) would remove herself from conversations that encouraged the exchange of personal information. She minimized her public interactions with other lesbians or gays. Spradlin also avoided topics that included personal questions or discussion of gay and lesbian issues. These are some of the tactics she employed in order to pass at work where the climate wholly enforced the "don't ask, don't tell" practice (Spradlin, 1998).

Spradlin's article made clear the effects of a workplace environment on a lesbian's coming-out experience.

Concerns regarding family relationships also play a large role in the decision of a lesbian to come-out. The literature suggests that it is important to understand how and why lesbians come-out to others. In addition to the fears the lesbian may have about coming-out to family members she also faces changes within the family system by disclosing this information. Family members may become aware of feeling angry toward the lesbian sister or daughter for placing them and the family in a new marginalized position. Also, parents may feel loss of control over family life (Crosbie-Burnett & Foster, 1996). These types of responses can either reflect or dispel the lesbian's expectations of coming-out to family members.

It is also important to examine what effect releasing this information has on the lesbian's psychological well-being. Another part of this equation, according to Herek (1996), is that self-disclosure about one's orientation, whether to achieve one's goals or to be an end in itself is key for an individual's well-being. Many factors contribute to the lesbian's social interaction and interpersonal disclosure that either impede or pave the way for her to come-out. Thus, the decision to come-out and the reception of the coming-out event appear to play a

significant role toward the psychological well-being of the lesbian woman.

There are other concerns in addition to coming-out for women who are from a minority culture. For example, the literature suggests that it can be doubly difficult for the Latina lesbian to come-out because in her culture the topic of sex in general is taboo let alone the discussion of an alternative lifestyle (Hidalgo, 1995). On the other hand, according to Zea, Reisen, and Poppen (1999), the psychological well-being of Latina lesbians showed lower levels of depression for those who had active coping mechanisms and social support. When the Latinas identified with their lesbian community they had lower levels of depression (Zea, Reisen, & Poppen, 1999). It is important to recognize the identity issues that a woman of color faces when she chooses to come-out. It is also imperative to identify her level of emotional well-being (Hidalgo, 1995).

Prior research has examined the relationship of the coming-out experience. Research has also addressed depression while describing and exploring the coming-out experience and why that experience has become recognized as the core of the lesbian identity. Lesbians are concerned with the coming-out process and integration into the lesbian community. These concerns can lead to mental health issues related to depression such as suicide,

substance abuse and/or alcoholism, and sexual/physical abuse (Rothblum, 1990). Previous research also reports established models of coming-out. For example, the Woodman and Lenna model names "denial, identity confusion, bargaining, and depression" (Davies et al, 1996, p.1) as the stages a lesbian woman will go through as part of coming-out.

It has also been reported through previous research that young lesbians were found to be vulnerable to depression, harming themselves, and attempted suicide as they came to terms with their sexual identity (Bridget & Lucille, 1997, p.1). Another study reports that gay-related stress that includes the coming-out experience is a considerable correlate of anxiety and depression (Gilmore, 1996). Among the participants in Gilmore's study, gay-related stress was one of the strong predictors of depression (1996). Berg-Cross (1985) reported that troubled lesbians identified having moderate to severe degrees of depression that made it difficult for them to function.

Results of a previous study indicate that lesbian women go to therapy in order to cope with their depression just as heterosexual women do (Sorensen & Roberts, 1997). It was also reported in the findings that suicide attempts among lesbians decrease after the coming-out experience

(Sorensen & Roberts, 1997). This study hoped to find that the lesbian woman's coming-out experience is a predictor of her psychological well-being. The purpose was to identify the needs of lesbian women and help produce an expanded knowledge base for social workers that work with lesbian clients. Obstacles included data collection and reaching lesbians that have come-out in the community.

Methodological limitations included the difficulty of obtaining a true random sample. Morrow (1996) discusses this in her study, "Because of the invisibility of much of the lesbian population, true random samples were nearly impossible to obtain." It was difficult to generalize the findings in this study due to a small sample size. The method of sampling was a non-random selection.

Research limitations also included the inability to address the issues of bisexual women due to the focus and size of this study. Participants for this study were recruited through a snowball sampling method. It was believed that finding lesbians willing to participate in this study was more likely if they knew someone else who was also a willing participant.

## CHAPTER THREE

### METHODS

#### Overview and Research Design

This research explored the relationship between the psychological well-being and the coming-out experience of lesbian women. Researchers used a self-administered questionnaire survey design and a snowball sampling method. The data was collected from 65 lesbian women who have come-out to someone in their lives. The study's participants were from the Riverside and San Bernardino areas of California.

The sample began with people in the researchers' social circle and continued from there with acquaintances of participants. All questionnaires were personally handed to participants by the researchers. Of the 68 questionnaires dispersed, 65 were returned.

#### Sampling

The study consisted of 65 females, 64 self-identified lesbians and 1 unsure about her sexual orientation but living in a lesbian relationship. Participants ranged in age from 20 to 59. The study was performed using only women living a lesbian lifestyle because the main focus of the study was on the coming-out experience of lesbian women. The sample was drawn using a non-probability snowball method from acquaintances of other participants.



This method was chosen because of the difficulty in locating large groups of lesbian women who have come out to anyone. Due to the difficulty in finding large groups of lesbian women participants, researchers had difficulty acquiring data from a diverse demographic and socioeconomic population.

#### Data Collection and Instrumentation

The data was collected by means of self-administered questionnaires handed to the participants by the researchers. The collection sites included various lesbian social gatherings and community center meetings throughout the Inland Empire. Questionnaires were given in English only and were completed in approximately 15 minutes. In addition to questions from Radloff's (1977) Center for Epidemiologic Studies-Depressed Mood Scale (CES-D), the participants were asked questions concerning 1) who they have come-out to 2) others' reactions to their coming-out 3) victimization due to their sexual orientation 4) and support for their coming-out. Demographic information was also gathered including age, relationship status, ethnicity, and SES. The researchers were responsible for all data collection, coding, cleaning, and storage.

One independent variable, "Who have you come-out to?" was measured on a nominal scale of acquaintances. Another independent variable, "How would you describe the overall

reaction of others to your coming-out?" was measured on an ordinal scale ranging from 1, "very receptive" to 5, "very unreceptive". The study's dependent variable, psychological adjustment, was measured on an ordinal scale ranging from 1, "rarely or none of the time" to 4, "most or all of the time", using the CES-D (Radloff, 1977). The CES-D has good internal consistency with alphas of roughly .85 for the general population and .90 for the psychiatric population. Split-half and Spearman-Brown reliability coefficients ranged from .77 to .92. The CES-D has excellent concurrent validity, correlating significantly with a number of depression and mood scales. The CES-D also has good known-groups validity, discriminating well between psychiatric inpatients and the general population, and moderately among levels of severity within patient groups (Radloff, 1977). This depression scale also discriminated between people in the general population who state they "need help" and those that did not, and it was shown to be sensitive to change in psychiatric patients' status after treatment. There was a very small association with social desirability response bias but it does not appear to affect the utility of CES-D (Radloff, 1977).

## Procedure

Once the researchers obtained permission from the Institutional Review Board to conduct the study, the data was collected. Data collection began in December 2000 and ended in January 2001.

The researchers contacted friends who are self-identified lesbian women and asked them to participate in the study. After explaining the purpose of the study and procedures, the researchers provided the questionnaires, which included a written consent and debriefing form, and a pen for each participant. When the participants finished their questionnaires they were furnished with the debriefing form and allowed to keep the pen. Completed consent forms were number coded and separated from the questionnaires to insure confidentiality.

Data was entered into the Statistical Package for the Social Sciences (SPSS) by the researchers as it was gathered. The researchers will keep the questionnaires in a locked cabinet for three years after which time the materials will be destroyed.

The anonymity of the participants was kept by using numbers rather than names to identify the questionnaires. Participants were asked to put an X on the consent form to indicate their willingness to participate, and the consent form was separated from the questionnaire once it was completed. Maintaining the participants' confidentiality

and anonymity was the main concern of the researchers because of the private nature of the questions. The participants filled out the questionnaires alleviating the need for verbal disclosure to the researchers.

The researchers are keeping all materials used in this study in confidence and will destroy the questionnaires in June 2004. An attached consent form detailed the purpose of the study and assured confidentiality for the participants. In addition, it was made clear to each participant that she could withdraw from the study at anytime while she was filling out the questionnaire. A debriefing statement was included with phone numbers for participants to call if they had any questions about the study or if they would like to talk to a counselor because of issues brought up while completing the questionnaire.

## CHAPTER FOUR

### DATA ANALYSIS

Data analysis included descriptive and inferential statistics. Descriptive analysis included univariate statistics such as frequency distribution, measures of central tendency and dispersion to describe various demographic variables. Bivariate statistics were analyzed using chi-square and student t-test to evaluate the relationship between the variables. Pearson's correlational coefficients were used to examine the relationship between demographic variables such as age, number of children, income, relationship status, and the CES-D scale. Analysis of variance (ANOVA) was performed to examine the relationships between psychological well-being and each independent variable dealing with the coming-out experience such as: who have you come-out to, who did you first come-out to, how has coming-out effected your primary relationship, and describe the overall reaction of others to your coming-out experience.

#### Results

The age of the participants ( $\bar{x}=39.23$ ) ranged from 20 to 59 with 20 percent being 20-29 years old ( $n=13$ ). The majority, 30.8 percent, was between the ages of 30 and 39 ( $n=20$ ), and 29.2 percent of the sample indicated that they were between the ages of 40-49 years old ( $n=19$ ). Twenty-

percent of the sample indicated that they were between the ages of 50 and 59 years of age (n=13). The modal age for survey participants was 37.

The greater percent of participants identified themselves as Caucasian 78.5 percent (n=51); while 4.6 percent (n=3) identified as Latina; 3.1 percent (n=2) identified as Asian/Pacific Islander, and 3.1 percent (n=2) identified as both Caucasian and American Indian; 1.5 percent (n=1) of participants identified in one of three ethnic categories, African American, Native American, or Caucasian and Latina; and 6.2 percent (n=4) classified themselves as other.

When respondents reported their highest level of education, 6.2 percent (n=4) indicated that they were high school graduates, 30.8 percent (n=20) had attended some college, 7.7 percent (n=5) maintained that they had a 2-year college degree, 21.5 percent (n=14) reported having a 4-year college degree, 23.1 percent (n=15) declared that they had a graduate degree, and 10.8 percent (n=7) of the participants reported having a post-graduate degree.

The estimated gross annual household income of 14.1 percent of participants was less than \$20,000 (n=9). The majority of respondents, 25 percent, reported gross annual incomes of \$20,000-\$40,000 (n=16), while 23.4 percent reported \$40,001-\$60,000 (n=15), and 10.9 percent had incomes of \$60,001-\$80,000 (n=7). The smallest percent,

4.7 percent, claimed an annual income of \$80,001-\$100,000 (n=3), and 17.2 percent indicated more than \$100,000 (n=11). Of the participants, 4.7 percent, indicated that they could not estimate their household's income (n=3), and 1.5 percent of participants chose not to answer the question (n=1).

When asked if they had children, 58.7 percent (n=37) of participants responded no, 41.3 percent (n=26) of participants responded yes, and 3.1 percent (n=2) of participants did not respond. Of those who reported having children, 75 percent (n=48) responded that they were not currently raising their children. Participants indicated the following when reporting the number of children they were raising; 13 percent (n=8) were raising 2 children, 7.8 percent (n=5) were raising 1 child, 1.6 percent (n=1) were raising 3 children, 1 percent (n=1) was raising 5 children, and 1 percent (n=1) did not respond to the question.

Participants who reported being in a partnered relationship made up 67.7 percent (n=44) of the respondents, those who reported being single made up 26.2 percent (n=17), and 6.2 percent (n=4) of participants reported being in an undefined relationship status.

Approximately 54 percent (n=33) of participants reported that they had not been victims of abuse due to their sexual orientation, 42.9 percent (n=27) reported they

were victimized due to their sexual orientation, and 4.8 percent (n=3) responded they didn't know.

Use of chi-square showed a relationship between independent variables and the severity of depression and yielded a statistically significant finding at the .05 level for age of respondents  $\chi^2(3, n = 62) = 6.718, df 2, p < .05$ . Due to the lack of statistical significance within the variables we accepted the null hypothesis that there was no relationship between the coming-out experience of lesbian women and their severity of depression as measured by the CES-D scale. Contrary to predictions, all other chi-square tests failed to yield significant findings.



## CHAPTER FIVE

### DISCUSSION

This research examined the effects of a lesbian woman's coming-out experience on her psychological well-being. The statistics failed to yield expected significant findings but provide implications for further research.

The majority of the respondents indicated that at the time of their coming-out experience they were depressed, but to differing degrees. The findings concurred that the majority of the respondents either possessed high symptomology for depression or displayed criteria for depression. This demonstrates that the population shows a high degree of depressive symptoms, however, results did not indicate that the independent variables employed were significantly related to the expressed symptomology.

Although there was not a large enough sample to determine significant findings, a trend was found among age and severity of depression. Women who were over 30 years of age showed less depressive symptomology than their younger counterparts. It is possible that this is due to the lesbian's identity being more established as she matures. Another possible reason is that older women are less impacted by what others think of them.

According to Jackson and Watts (1997), developing a homosexual identity was a difficult process for the

respondents in their survey. "During the process, the women of this study went through stages to reach their sexual identity... Many women wrote that the process was slow, difficult, painful, and confusing" (Jackson & Watts, 1997, p.40). Sexuality is probably best described as being on a continuum and Jackson and Watts (1997) defined one's discovery of sexual identity very succinctly when they wrote, "A person's sexual orientation may not be easily captured in a single word and it may change over time" (p.40).

#### Limitations of Study

The researchers were unable to locate respondents who had not come-out to many people in their lives. This was most likely due to the snowball sampling technique. This technique limited the respondents to people who knew each other and thus appeared to share similar social systems. The researchers were unable to access lesbians who were not actively participating in the lesbian community.

The small sample size could also be seen as a hindrance to obtaining significant findings. Due to limitations of time and accessibility, researchers were unable to construct a larger sample size for this study.

## Future Research

The social economic status of this sample was considerably high as indicated by their high educational levels and annual incomes. How this influenced their levels of depression is a topic for further exploration. It could be surmised that with the high level of education achieved by the respondents and their higher socioeconomic status these women would be able to access professional services that could aid them during the coming-out process.

Future research could employ a more objective depression scale. This could serve to recognize respondents' differing definitions of happiness. The purpose of a less subjective survey would be to identify significant findings regarding sexual identity formation and psychological well-being.

Research using a larger sample size is indicated and could be used to determine variables that fuel the lesbian's depression. By having a larger sample size the variables become more measurable and more likely to show significant results.

## Implications for Social Work

This research revealed that a lesbian woman often has symptomolgy related to depression during the time of her coming-out experience. It is vital that social workers recognize this occurrence and find ways to facilitate an

easier transition for the lesbian at this crucial life stage.

It is the social worker's responsibility to become acquainted with the needs of the consumer especially when those needs are alien to the worker's knowledge base. By reading literature and research regarding the lesbian's lifestyle, and by asking the client about her experience and what her sexual identity means to her, the social worker can better equip him or herself with the tools to assist the lesbian woman through life's transitions. It is the researchers' hope that this study provides some access to new material for the social worker looking to broaden his or her knowledge base surrounding lesbian women.

## CHAPTER SIX

### CONCLUSION

The lesbian woman encounters many prejudices throughout her life some of which pertain solely to her sexual identity. Being a woman in a patriarchal society has its own limitations but when compounded by a lifestyle that can lead to ostracism, ridicule, and scorn the lesbian woman has special needs requiring professional attention. Her coming-out experience could be a time of happiness and freedom at having found her place in her sexual habitat. Her heterosexual counterparts enjoy the delights in their parent's eyes as they introduce their prom dates or future husbands. There is joking and levity among the family and male partners but the lesbian's world is often secretive and frowned upon. It is important to work toward normalizing the lesbian's life experiences in order to help her accept herself and have others accept her.

It is our hope as researchers and social workers that this research will enlighten others who serve the lesbian population. Building upon a social work knowledge base can encourage future research whose implications will result in making our world a better place for all humankind.

**APPENDIX A:**  
**INFORMED CONSENT**

## Informed Consent

Our names are Carrie Allen and Cheryl Hughes and we are MSW students at California State University, San Bernardino. We would like to invite you to participate in our study that investigates a lesbian's coming-out experience and how it influences her psychological well-being. Although you are not expected to benefit directly by your participation, it is hoped that the results will expand the knowledge base for those social workers that work with lesbian clients. You will receive a pen to use in filling out the questionnaire that is yours to keep whether you complete the study or not. The Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino, has approved this study.

If you choose to participate in this study, you will be asked to complete the enclosed questionnaire. This should take about 10-15 minutes of your time. The questions asked will concern your coming-out experience as well as questions pertaining to your psychological well-being. Finally, individual questions may be left unanswered without any consequences.

Your decision to participate in this study is entirely voluntary. If you decline or withdraw from the study, you are free to do so without any negative consequences. This study entails no foreseen risks.

Your responses will remain completely confidential and your identity will not be revealed at any time during this study. If you choose to participate, please complete the survey and sign the informed consent letter with an X. Place the letter and the questionnaire in the envelope provided and mail no later than February 1, 2001.

Please feel free to contact us, Carrie Allen, at (909) 658-1827, Cheryl Hughes, at (909) 681-1962, or our research advisor, Rachel Estrada MSW at (909) 736-6660, if you have any questions or concerns regarding this study. If you have any questions about your rights as a participant in this study, you may call California State University, San Bernardino, at (909) 880-5000 and ask for the Department of Social Work.

Thank you for considering participation in this study. If you agree to do so please indicate with an X and fill in the date below.

By placing an X on the blank below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study. I freely choose to participate. I also acknowledge that I am at least 18 years of age.

\_\_\_\_\_ (Please mark this space with an X).

Date: \_\_\_\_\_



**APPENDIX B:**  
**DEBRIEFING STATEMENT**

## Debriefing Statement

The study you have just completed was designed to investigate the relationship of the lesbian woman's coming-out experience and her psychological well-being. In this study two ideas were assessed: The overall acceptance of a lesbian's coming-out experience by herself and others and her psychological well-being. The questions were designed to elicit the responses necessary to draw conclusions about this relationship.

Thank you for your participation. If you have any questions about this study, please feel free to contact Carrie Allen at (909) 658-1827, Cheryl Hughes at (909) 681-1962 or Rachel Estrada MSW at (909) 736-6660. The results of this study will be available in the Pfau Library and in the Department of Social Work at California State University, San Bernardino beginning July 2001.

If this study has brought up any personal issues that you feel need further discussion please call your local Mental Health Department or your local Gay and Lesbian Center.

Riverside County Department of Mental Health

(909) 358-4500

San Bernardino County Department of Behavioral Health

(909) 387-7055

San Bernardino Gay and Lesbian Community Center

(909) 882-4488

**APPENDIX C:**  
**QUESTIONNAIRE**

Questions 1-13 are being asked in order to assess your overall coming-out experience.

1. Who have you come-out to? (Check all that apply).

- 1-  Friends
- 2-  Family
- 3-  Co-workers, bosses, supervisors etc.
- 4-  Classmates
- 5-  Teachers
- 6-  Counselor
- 7-  Other (please specify) \_\_\_\_\_

2. At what age did you first come-out? \_\_\_\_\_

3. Who did you first come-out to? (Please indicate their relationship to you, i.e. mother, father, counselor, etc.). \_\_\_\_\_

4. How do you feel about having come-out?

- 1-  Very satisfied
- 2-  Satisfied
- 3-  Neutral
- 4-  Unsatisfied
- 5-  Very unsatisfied

For questions 5 and 6, please complete the following statements:

5. "Coming-out has affected my primary relationship by..."

- 1-  Increasing our closeness
- 2-  No affect
- 3-  Decreasing our closeness
- 4-  Not Applicable

6. "Coming-out has..."

- 1-  Increased my self-esteem
- 2-  Not affected my self-esteem
- 3-  Decreased my self-esteem

7. How would you describe the overall reaction of others to your coming-out experience?

- 1-  Very receptive
- 2-  Somewhat receptive
- 3-  Neutral
- 4-  Unreceptive
- 5-  Very unreceptive

Please answer questions 8 and 9 in regards to your sexual orientation. (Please give the relationship of the person to you, i.e. parent, sibling, friend, etc.)

8. Who is the most supportive person in your life?

\_\_\_\_\_

9. Who is the least supportive person in your life?

\_\_\_\_\_

Please complete the next two statements according to your responses above.

10. “The person who is most supportive of my sexual orientation is...”

- 1-  Very supportive
- 2-  Somewhat supportive
- 3-  Neutral
- 4-  Unsupportive
- 5-  Very unsupportive

11. “The person who is least supportive of my sexual orientation is...”

- 1-  Very supportive
- 2-  Somewhat supportive
- 3-  Neutral
- 4-  Unsupportive
- 5-  Very unsupportive

12. Have you ever been the victim of abuse due to your sexual orientation? If yes, please go to question 13. If no, please go on to question 14.

- 1-  Yes
- 2-  No
- 3-  Don't know

13. In which of the following ways have you been victimized? (Check all that apply).

- 1-  Rape/sexual assault
- 2-  Physical abuse
- 3-  Verbal abuse
- 4-  Other (please specify) \_\_\_\_\_

The next series of questions are designed to get a better picture of you as a person responding to this survey.

14. What is your sexual orientation?

- 1-  Lesbian
- 2-  Gay male
- 3-  Bisexual
- 4-  Heterosexual
- 5-  Other (please specify) \_\_\_\_\_

15. What is your age: \_\_\_\_\_

16. What is your relationship status?

- 1-  Single
- 2-  Single, dating exclusively
- 3-  Single, dating non-exclusively
- 4-  Living with partner
- 5-  Registered domestic partnership
- 6-  Joined by Holy Union
- 7-  Registered domestic partnership and joined by Holy Union
- 8-  Other (please specify) \_\_\_\_\_

17. What is your ethnicity?

- 1-  African-American
- 2-  Asian/Pacific Islander
- 3-  Caucasian
- 4-  Latino
- 5-  Native-American
- 6-  Other (please specify) \_\_\_\_\_

18. What is your highest level of formal education?

- 1-  No high school
- 2-  Some high school
- 3-  High school graduate
- 4-  Some college
- 5-  2-year college graduate
- 6-  4-year college graduate
- 7-  Graduate degree
- 8-  Postgraduate degree

19. What is your household's estimated annual gross income?

- 1-  Less than \$20,000
- 2-  \$20,000 - \$40,000
- 3-  \$40,001 - \$60,000
- 4-  \$60,001 - \$80,000
- 5-  \$80,001 - \$100,000
- 6-  More than \$100,000
- 7-  I cannot estimate my household's income.

20. Do you have children? If not, please skip to question 23.

- 1-  Yes
- 2-  No

21. How many children do you have? \_\_\_\_\_

22. What are the ages of your children? \_\_\_\_\_

Using the scale below, please indicate the number which best describes how often you felt or behaved this way – DURING THE TIME OF YOUR COMING-OUT EXPERIENCE.

- 1= Rarely or none of the time (less than 1 day)
- 2= Some or a little of the time (1-2 days)
- 3= Occasionally or a moderate amount of time (3-4 days)
- 4= Most or all of the time (5-7 days)

During the time of my coming-out experience:

- 23. \_\_\_\_ I was bothered by things that usually don't bother me.
- 24. \_\_\_\_ I did not feel like eating; my appetite was poor.
- 25. \_\_\_\_ I felt that I could not shake off the blues even with help from my family or friends.
- 26. \_\_\_\_ I felt that I was just as good as other people.
- 27. \_\_\_\_ I had trouble keeping my mind on what I was doing.
- 28. \_\_\_\_ I felt depressed.
- 29. \_\_\_\_ I felt that everything I did was an effort.
- 30. \_\_\_\_ I felt hopeful about the future.
- 31. \_\_\_\_ I thought my life had been a failure.
- 32. \_\_\_\_ I felt fearful.
- 33. \_\_\_\_ My sleep was restless.
- 34. \_\_\_\_ I was happy.
- 35. \_\_\_\_ I talked less than usual.
- 36. \_\_\_\_ I felt lonely
- 37. \_\_\_\_ People were unfriendly
- 38. \_\_\_\_ I enjoyed life.
- 39. \_\_\_\_ I had crying spells.
- 40. \_\_\_\_ I felt sad.
- 41. \_\_\_\_ I felt that people disliked me
- 42. \_\_\_\_ I could not get "going."

Thank you for your time.



APPENDIX D:

AT WHAT AGE DID YOU COME-OUT?

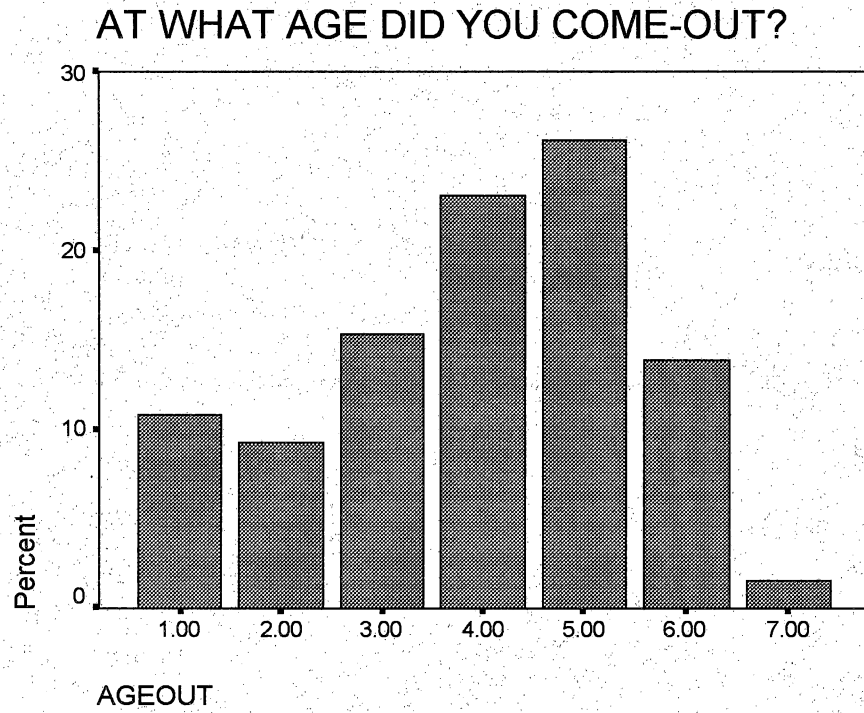


Figure 1. This bar chart shows the distribution of age of the respondent at the time of her sexual identity disclosure.

**APPENDIX E:**  
**SEVERITY OF DEPRESSION**

## SEVERITY OF DEPRESSION

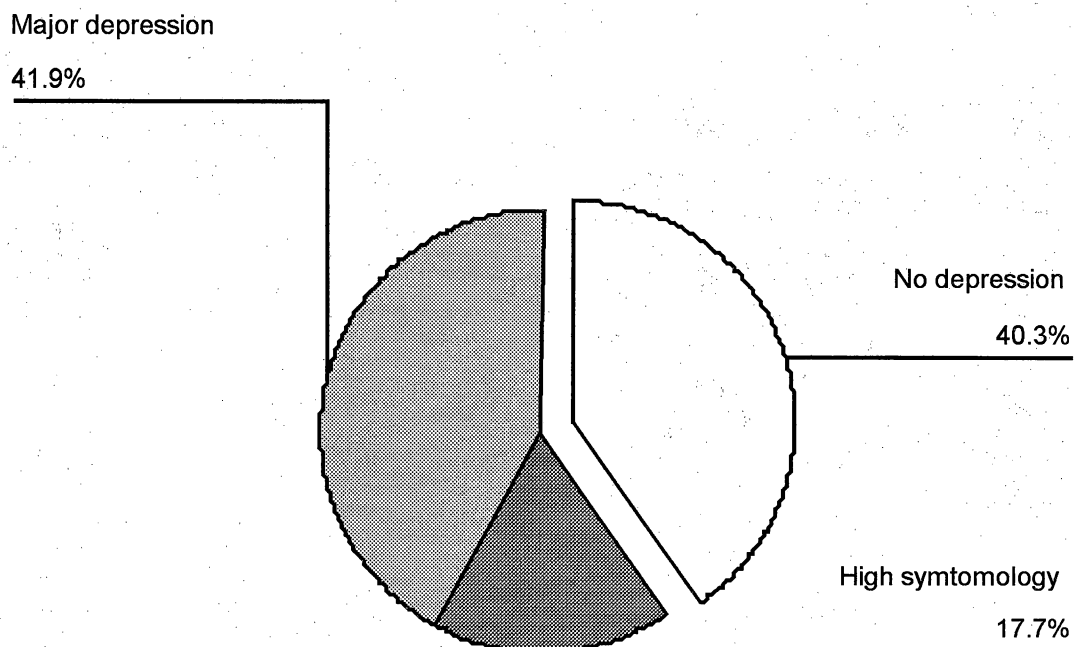


Figure 2. This figure shows the severity of depression of the lesbian woman at the time of her coming-out event. The majority of the women evidenced depressive symptomology.

## REFERENCES

- Berg-Cross, L. (1982). Existential issues in the treatment of lesbian clients. Women & Therapy, 1, 67-83.
- Bridget, J., & Lucille, S. (1996). Lesbian youth support information services (LYSIS): Developing a distance support agency for young lesbians. Journal of Community & Applied Social Psychology, 6, 355-364.
- Costello, R. B. (Ed.). (1992). Random House Webster's College Dictionary. New York: Random House.
- Crosbie-Burnett, M. & Foster, T. L. (1996). Gays' and lesbians' families-of-origin: A social-cognitive-behavioral model of adjustment. Family Relations, 45, 397-404.
- Davies, D. (1996). Working with people coming-out. In D. Davies, & C. Neal (Eds.), Pink therapy: A guide for counselors and therapists working with lesbian, gay and bisexual clients (pp. 66-85). Buckingham, England UK: The Open University.
- Day, N. E., & Schoenrade, P. (1997). Staying in the closet versus coming-out: Relationships between communication about sexual orientation and work attitudes. Personnel-Psychology, 50, 147-163.
- Germain, C. B. (1991). Human Behavior in the Social Environment (1<sup>st</sup> ed.). New York: Columbia University Press.
- Gilmore, T. C. (1996). Stress, coping and adjustment among gay, lesbian, and bisexual youth (Doctoral dissertation, George Mason University, 1996). Dissertation Abstracts International: Section B: The Sciences & Engineering, 57, 2865.
- Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. New Jersey; Prentice-Hall.



- Herek, G. M. (1996). Out in force: Sexual orientation and the military. In G. M. Herek, & J. B. Jobe (Eds.), Worlds of Desire (pp. 197-225). Chicago: The University of Chicago Press.
- Hidalgo, H. (Ed.). (1995). Lesbians of color: Social and human services. New York: Harrington Park Press/Haworth Press, Inc.
- Hubert, S. J. (1999). What's wrong with this picture? The politics of Ellen's coming out party. Journal of Popular Culture, 33, 31-37.
- Jackson, C. D., & Watts, B. J. (1997). A study of sexual identity: women who have been intimately involved in a heterosexual relationship and have later turned to same sex partners. Master's thesis, California State University, San Bernardino.
- Luhtanen, R. K. (1996). Identity, stigma management and psychological well-being in lesbians and gay men (Doctoral dissertation, New York State University at Buffalo, 1996). Dissertation Abstracts International: Section B: The Sciences & Engineering, 56, 5773.
- Mahaffy, K. A. (1997). Cognitive dissonance and its resolution: A study of lesbian Christians. Journal for the Scientific Study of Religion, 35, 392-402.
- Merighi, J. R. (1997). Coming out in black and white: An exploratory analysis of African-American and Caucasian gay male youth. (Doctoral dissertation, University of California at Berkley, 1997). Dissertation Abstracts International: Section A: Humanities & Social Sciences, 57, 3682.
- Morrow, D. F. (1996). Coming-out issues for adult lesbians: A group intervention. Social Work, 41, 647-657.
- Padesky, C. A. (1988). Attaining and maintaining positive lesbian self-identity: A cognitive therapy approach. Women & Therapy, 8, 145-156.
- Radloff, L. S. (1977). Center for Epidemiologic Studies-Depressed Mood Scale. In K. Cocoran, & J. Fischer (Eds.) (1987). Measures for clinical practice: A sourcebook (pp. 118-119). New York: The Free Press.

- Rosenfeld, D. (1999). Identity work among lesbian and gay elderly. Journal of Aging Studies, 13, 121-145.
- Rothblum, E. D. (1990). Depression among lesbians: An invisible and unresearched phenomenon. Journal of Gay and Lesbian Psychotherapy, 1, 67-87.
- Sorensen, L., & Roberts, S. J. (1997). Lesbian uses of and satisfaction with mental health services: Results from Boston lesbian project. Journal of Homosexuality, 33, 35-49.
- Spradlin, A. L. (1998). The price of "passing". Management Quarterly, 11, 598-606.
- Zea, M. C., Reisen, C. A., & Poppen, P. J. (1999). Psychological well-being among Latino and gay men. Cultural Diversity & Ethnic Minority Psychology, 5, 371-379.

## ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:  
Assigned leader Carrie Allen  
Assisted by Cheryl Hughes
2. Data Entry and Analysis:  
Assigned leader Cheryl Hughes  
Assisted by Carrie Allen
3. Writing Report and Presentation of Findings:
  - a. Introduction and Literature  
Assigned leader Carrie Allen  
Assisted by Cheryl Hughes
  - b. Methods  
Assigned leader Cheryl Hughes  
Assisted by Carrie Allen
  - c. Results  
Assigned leader Cheryl Hughes  
Assisted by Carrie Allen
  - d. Discussion  
Assigned leader Carrie Allen  
Assisted by Cheryl Hughes