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HEALING FROM HETEROSEXISM THROUGH EXPRESSIVE WRITING

A Thesis Presented

by

KATHLEEN M. COLLINS

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

December 2018

Clinical Psychology Program

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HEALING FROM HETEROSEXISM THROUGH EXPRESSIVE WRITING

A Thesis Presented

by

KATHLEEN M. COLLINS

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ABSTRACT

HEALING FROM HETEROSEXISM THROUGH EXPRESSIVE WRITING

December 2018

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Simply by existing within our society, LGBTQ people encounter widespread exposure to heterosexist attitudes, behaviors, and policies on a daily basis that ignore, invalidate, or outright discriminate against them. This marginalization contributes to myriad psychological consequences such as depression, suicidality, anxiety, and substance abuse. Despite the fact that LGBTQ people experience mental health issues and some subsequently seek treatment, few interventions exist that specifically address LGBTQ minority stressors; those that do exist tend to treat mental health consequences of societal heterosexism, rather than offering ways to heal from heterosexist experiences directly. In the current study, I explored the ability of three variations of online expressive writing exercises to reduce distress related to experiencing a heterosexist event. In addition to

comparing baseline to post-intervention and follow-up scores on measures of psychological distress (including depression, negative affect, trauma-related distress, and internalized homophobia scales) between the three writing conditions and between demographic groups, I conducted a qualitative task analysis on participant responses to study the process by which participants benefitted from the writing exercises. This study contributes to the development of population-specific interventions for LGBTQ people, as well as to the understanding of the processes by which LGBTQ people derive benefit from writing about heterosexist experiences.

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CHAPTER 1

SPECIFIC AIMS

The overarching goal of this study is to test an expressive writing intervention for LGBTQ individuals who are coping with an experience of heterosexism. Specifically, the current study addresses the following three aims:

Aim 1

The first aim seeks to empirically test whether LGBTQ participants benefitted from an expressive writing exercise aimed at helping people cope with experiences of heterosexism and whether the effects differed between conditions..

Aim 1a. The hypothesis of Aim 1a was that LGBTQ participants who completed the emotion-focused writing condition, which provides more structure to support the processing of the event, would exhibit larger reductions in psychological distress. Psychological distress was measured using the negative subscale of the Positive and Negative Affect Schedule (PANAS), the Center for Epidemiological Studies Depression Scale Revised (CES-D), the Impact of Events Scale Revised (IES-R), and the Wright Internalized Homophobia Scale (TIHS).

Aim 1b. The hypothesis of Aim 1b was that LGBTQ participants would experience reductions in general psychological distress following the writing exercises, regardless of condition.

Aim 1c. The hypothesis of Aim 1c was that LGBTQ participants would report that they made progress in dealing with their specific heterosexist event. Participants' reported progress was measured using a composite Direct Assessment of Progress score created by combining six Likert-type scale questions (three on Day 4, three at follow-up) directly assessing how much progress participants felt they made in dealing with the event, how helpful they found the exercise, and how they felt about the exercise overall.

Aim 2

The second aim sought to explore if demographic factors determine which participants benefitted most from the expressive writing exercises. Specifically, I explored whether or not LGBTQ participants who differ in gender identity, sexual orientation, or race had significant differences in the reduction of psychological distress. As this aim was exploratory in nature, there were no a priori hypotheses about the results of these analyses.

Aim 3

Finally, the third aim sought to answer the question of how the process of engaging in emotion-focused expressive writing about a heterosexist event leads to reduced psychological distress. This aim was analyzed by conducting a qualitative task analysis on a selection of participant writing responses from the emotion-focused expressive writing condition. Task analyses involve developing a theory-based rational model of the expected process, which is then iteratively applied to a subset of actual

participant responses to create an updated empirical model. The model is refined through continued comparison to additional sets of participant responses and results in a synthesized rational-empirical model.

CHAPTER 2

BACKGROUND AND SIGNIFICANCE

Relatively little research has focused on designing interventions to address issues faced by lesbian, gay, bisexual, transgender, and queer (LGBTQ) clients. This scarcity is surprising in a population that demonstrates a high prevalence of both mental health issues and utilization of mental health services (Cochran, Sullivan, & Mays, 2003; King, Semlyen, Killaspy, Nazareth, & Osborn, 2007). LGBTQ-affirmative therapy has been developed as a useful approach to working with sexual and gender minority clients on a variety of presenting issues (Bieschke, Perez, & DeBord, 2007). However, affirmative therapies constitute an overall approach rather than a specific intervention (Johnson, 2012). While affirming a client's identity and experience is beneficial during therapy, therapists must also consider what happens in the client's life outside of the therapy room. LGBTQ mental health issues can be conceptualized within a minority stress framework, which posits that people with marginalized identities experience additive stress as a result of their oppression (Meyer, 2003). The unique stressors that LGBTQ people face, such as rejection or harassment due to one's identity, are in addition to stressors that affect many people within a given culture; this implies that the additional

stress caused by pervasive social attitudes about sexual and gender minorities contributes to the higher rates of mental health problems in this population (Meyer, 2003).

This documented relationship between sociopolitical oppression and personal distress is consistent with both feminist theory and minority stress theory (Szymanski, Kashubeck-West, & Meyer, 2008) and suggests that population-specific interventions should not only target presenting problems, such as depression or anxiety, but should address them in the context of social forces that contribute to the development of these problems. Researchers at the Center for LGBTQ Evidence-Based Applied Research (CLEAR) are currently working to establish an evidence base for integrative affirmative therapy (IAT), an approach that emphasizes positive identity development and the role of minority stress in order to reduce psychological distress (Goldblum, Pflum, Skinta, Evans, & Balsam, 2016). This consideration of context as essential to the development of personal problems is an inspiring advancement in the field of LGBTQ psychotherapy research. Even so, specific interventions for achieving this goal remain unclear. IAT's treatment planning model initially involves resolving conflict related to sexual orientation before moving on to reducing distress and aching life goals while affirming orientation. For clients who are not experiencing conflict about their orientation, the treatment plan describes that, "In phases three to five, clients who are clearer about their sexual orientation and identity are provided a more explicit LGB-affirmative approach" (Goldblum et al., 2016, p. 337); however, explanations of the affirmative approach are not particularly explicit (Johnson, 2012).

Current LGBTQ-affirmative interventions that have been tested often involve cognitive-behavioral techniques that are modified to incorporate issues relevant to sexual

and gender minorities, such as internalized stigma and developmental milestones like coming out (Austin & Craig, 2015; Matthews & Salazar, 2012; Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2008). LGBTQ people face a range of chronic stressors aside from the more commonly-cited milestones like coming out, such as various forms of microaggressions (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Nadal et al., 2011) and the psychological impact of unequal civil rights (Levitt et al., 2008; Rostosky, Riggle, Horne, & Miller, 2009). While IAT and cognitive-behavioral interventions are promising, they typically involve coping with the internalized sequelae of discrimination (e.g., depression, anxiety, internalized homophobia) rather than explicitly navigating reactions to external events. Developing ways to guide clients through processing their thoughts and feelings about these chronic, and sometimes seemingly minor, stressors may prevent the internalization of stigma, as well as reduce psychological distress associated with experiencing discrimination from others.

Definition of Heterosexism

The root of identity-related stressors that LGBTQ individuals face is heterosexism in its many forms. Heterosexism refers to the pervasive attitude in Western culture concerning the superiority of heterosexual orientations, relationships, and behaviors, and the subsequent inferiority of all orientations that deviate from heterosexual; it simultaneously refers to the systemic oppression of non-heterosexual identities (Herek, 2004). Heterosexism is a nuanced concept that is similar to, and is often used interchangeably with, related terms like homophobia, homonegativity, and heteronormativity. These terms all stem from the same systems of oppression and are

perpetuated by the same types of behavior, but they represent slightly different constructs. A critical aspect of heterosexism is that it refers to a cultural ideology, as opposed to individually held and transmitted prejudices (Herek, 2004).

Heterosexism is perpetuated through individual factors, such as attitudes and behaviors, as well as systemic factors, such as policies and actions that discriminate against non-heterosexuals. These stressors range from distal, such as stressful events and hypervigilance stemming from expectation of such events, to proximal, including internalization of heterosexist attitudes that cause individual psychological distress (Meyer, 2003). Stressful heterosexist events can be as minor as being assumed heterosexual and carrying the burden of coming out repeatedly in new environments, to stressors as major as being fired solely based on your sexual orientation.

Heterosexism is not only transmitted through overtly hostile acts of discrimination. Acts of violence, interpersonal harassment, lack of legal protection, and lack of equal civil rights are certainly harmful to the LGBTQ community; however, subtle micro-aggressive acts and comments that endorse heterosexism can be just as harmful due to their insidious nature. Unlike overt violence or harassment, which may be less likely to occur in a professional environment such as work or healthcare settings, microaggressions that perpetuate heterosexism occur in both professional and casual social environments. Harm caused by microaggressions is often unintentional and unrecognized by the perpetrator, which results in microaggressions occurring in a wide range of environments. This pervasiveness makes them difficult to escape and increases the chance of having routine stressful heterosexist experiences. Given the ubiquity of heterosexism and its negative effects on the wellbeing of LGBTQ individuals (Bostwick,

Boyd, Hughes, West, & McCabe, 2014); Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Gleason et al., 2016), there is a demonstrated need for interventions that help people cope with heterosexism and heterosexist events. Helping LGBTQ people develop skills for coping with heterosexist events as they occur may in turn reduce the severity of mental health issues stemming from prolonged exposure to heterosexism.

Consequences of Heterosexism

Exposure to overt and covert heterosexism can have myriad psychological consequences. The past few decades of research have documented higher rates of psychological distress in LGBTQ individuals than in heterosexual individuals. This distress includes higher rates of depression, anxiety, and substance abuse disorders (Cochran, Mays, & Sullivan, 2003; King et al., 2008; Lehavot & Simoni, 2011; Meyer, 2003), as well as internalized heterosexist attitudes that both moderate, and are independently related to, these psychological consequences (Herek, Cogan, Gillis, & Glunt, 1998; Igartua, Gill, & Montoro, 2009; Russell & Bohan, 2006; Szymanski, Chung, & Balsam, 2001; Szymanski & Henrichs-Beck, 2014; Szymanski et al., 2008). These psychological issues result in LGBTQ individuals attempting suicide at higher rates than their heterosexual counterparts (Haas et al., 2011), as well as seeking mental health services at higher rates (Cochran et al., 2003; King et al., 2007).

Although psychological distress often is considered to be an internal experience, distress due to heterosexism is related to both the immediate interpersonal environment and the broader sociopolitical environment. LGBTQ individuals may face interpersonal consequences like social isolation, relationship problems, and family conflict as a result of their sexual orientation or gender identity (Pearson & Wilkinson, 2013; Ryan, Russell,

Huebner, Diaz & Sanchez, 2010; Szymanksi & Kashubeck-West, 2008). Interpersonal conflicts may increase social isolation and its harmful psychological correlates, creating a negative feedback loop that increases distress while simultaneously diminishing social supports to help cope with that distress.

Systemic factors, like discriminatory legislation, also negatively impact LGBTQ mental health. Negative affect, depressive symptoms, and stress are shown to increase in LGB individuals (Rostosky et al., 2009) and their supportive family members (Horne, Rostosky, Riggle, & Martens, 2008) when living in states that deny marriage to same-sex couples. Transgender college students who are denied access to gender-appropriate bathrooms or housing are more likely to have a lifetime suicide attempt, even after accounting for experiences of interpersonal victimization that may also be associated with suicide attempts (e.g., bullying; Seelman, 2016). The negative psychological impact of discriminatory legislation and policies means that even LGBTQ individuals who have a supportive social network may still face mental health challenges to which non-LGBTQ people are not subjected.

In addition to being psychologically harmful, heterosexism can have significant functional consequences for LGBTQ individuals. Societal heterosexism can restrict access to job opportunities (Pichler, Varma, & Bruce, 2010), contribute to absenteeism in school (Pizmony-Levy & Kosciw, 2016), impede psychotherapeutic progress (Shelton & Delgado-Romero, 2011), and negatively influence treatment and rapport with healthcare providers (Morrison & Dinkel, 2012). The consequences of avoiding school, not seeking healthcare, and losing job opportunities only contributes to the psychological distress seen in this population.

Mechanisms of Change Related to Heterosexism

Recent research has begun to identify the mechanisms through which exposure to heterosexism results in psychological distress. Experiencing distal stressors (e.g., microaggressions, discriminatory legislation) can increase proximal stressors (e.g., internalized stigma) through psychological processes like rumination, hopelessness, expectation of rejection, and interpersonal isolation, all of which influence the development of mental health disorders (Hatzenbuehler, 2009). Exposure to both distal stressors and proximal stressors can change from day to day depending on an individual's environment, which suggests that the psychological consequences of these stressors are also not static. Indeed, Mohr and Sarno (2016) show that various identity-salient experiences (ISEs), including both negative and positive ISEs with both heterosexual and non-heterosexual people, can predict daily changes in stress and affect in LGB young adults. The way that sexual and gender minority people process identity-related experiences, both positive and negative, contributes to the psychological complexity of such experiences. People may vary in what they find more stressful (e.g., a negative ISE with a heterosexual versus an LGB person), as well as in how they understand and respond to it.

Qualitative research has documented strategies employed by sexual and gender minority individuals to cope with heterosexism, including seeking social support, modifying behavior based on situation, challenging heterosexist attitudes in others and themselves, and engaging in activism (Bjorkman & Malterud, 2012; Grossman et al., 2009; Levitt et al., 2008; McDavitt et al., 2008). The relative lack of research testing the efficacy of the strategies described by LGBTQ individuals makes it difficult to evaluate

these clinical interventions. Thus, there is a need to develop and test specific interventions aimed at both coping with heterosexism and at understanding the mechanisms behind how sexual minority stressors yield psychological distress.

The focus on treating internalized reactions to heterosexism in LGBTQ psychotherapy research is incomplete. Direct effects of distal stressors, such as acute or chronic heterosexist experiences, can cause distress independently of internalized heterosexism (Szymanski & Henrichs-beck, 2014); an incomplete focus on internalized heterosexism can result in clinicians guiding people to focus mainly on countering their internalized responses, rather than the heterosexist messages in society. This is harmful because it puts the onus on marginalized individuals to change, and also may ignore distress caused by experiencing heterosexist events. Accordingly, there is a need for understanding not only how to counter internalized heterosexism, but how to cope with external experiences of heterosexism, and how to keep these distal stressors from becoming internalized or psychologically harmful.

Expressive Writing Exercises

The expressive writing paradigm is based upon interventions aimed at helping people cope with difficult emotions or situations through personal disclosure. The initial study testing this method (Pennebaker & Beall, 1986) showed that participants who wrote about an upsetting experience for 15 minutes over 4 consecutive days showed improvements in physical health compared to participants who wrote about a neutral topic. The original paradigm has been utilized with various methodological adaptations. There is evidence that expressive writing can be helpful when lasting as few as 2 minutes rather than the typical 15, or in one intensive session rather than on consecutive days

(reviewed in Smyth & Pennebaker, 2008). However, a meta-analysis of 146 studies found that the majority of studies schedule sessions on consecutive days; furthermore, using at least three sessions that last at least 15 minutes yields larger effect sizes in psychological health, physical health, subjective impact, and overall effect size (Frattaroli, 2006). The same meta-analysis reports that experimental disclosure has a positive overall effect size (r= 0.075), which is especially promising considering this benefit comes from a low-cost (e.g., inexpensive, low-risk) intervention. Thus, this commonly used method of writing (at least 15 minutes on consecutive days) is shown to be effective, although variations of this paradigm have been tested using different timeframes, populations, and formats.

Expressive writing exercises have been used with people facing a variety of psychological issues, including depression (Baike, Geerligs, & Wilhelm, 2012; Baum & Rude, 2013; Stice, Burton, Bearman, & Rhode, 2007), trauma (Smyth, Hockemeyer, & Tulloch, 2008), and life transitions (Pennebaker, Colder, & Sharp, 1990; Spera, Buhrfeind, & Pennebaker, 1994), as well as in people coping with physical conditions such as cancer (Henry, Schlegal, Talley, Molix, & Bettencourt, 2010; Smyth & Helm, 2003). These exercises have reliably led to psychological improvement, as measured by scales assessing depression (Henry et al 2010; Pachankis & Goldfried, 2010; Stice et al., 2007), anxiety (Baikie, et al., 2012; Hirai, Skidmore, Clum, & Dolma, 2012), positive and negative affect (Pachankis & Goldfried 2010; Pennebaker et al., 1990), self-esteem (Pennebaker et al., 1990), and avoidance behaviors (Swanbon, Boyce, & Greenberg, 2008), as well as reduced physiological measures (e.g., cortisol in response to traumatic memories; Smyth et al., 2008). These positive effects typically have been demonstrated

using a pen-and-paper method, but online formats also have demonstrated effectiveness in yielding positive psychological change (Baike et al., 2012; Lange, van de Ven, Schrieken, Bredeweg, & Emmelkamp, 2000; Possemato, Ouimette, & Geller, 2010).

An expressive writing approach also has been used with participants from minority groups to address minority-specific issues and their psychological correlates. Such issues include internalized racism (Kaufka, 2009), trauma-related distress in Hispanic individuals (Hirai et al., 2012), gay-related stress in both men (Pachankis & Goldfried, 2010; Pérez-Benítez, O'Brien, Carels, Gordon, & Chiros, 2007; Swanbon et al., 2008) and women (Lewis et al., 2005), and coping with hate speech in LGB individuals (Crowley, 2014). This confirms that expressive writing is effective for a range of participants, as well as offers a promising method for helping marginalized individuals cope with psychological distress associated with minority-related stressors. This is particularly relevant to the current study due to the lack of population-specific interventions for LGBTQ individuals, a population that is known to seek mental health services (Cochran et al., 2003).

Emotion-Focused Adaptation of Expressive Writing

The instructions given to participants in expressive writing studies are often general; participants are typically asked to write about their "deepest thoughts and feelings" about an upsetting event (Frattaroli, 2006). Given the success of expressive writing exercises in addressing emotionally evocative topics with a relatively simple prompt, the question arises of whether a more structured approach would enhance these effects. While emotions are often the subject of disclosures in psychotherapy or expressive writing, therapeutic approaches differ in the emphasis placed on emotions,

cognitions, behaviors, and other aspects of human experience. A prompt that elaborates on the typical expressive writing instructions, perhaps by guiding participants through steps to access, experience, and process their emotions, may prove particularly effective.

An emotion-focused adaptation of the typical expressive writing prompt may help clients truly access and reflect on their deepest thoughts and feelings more effectively than the broad, unstructured instructions. An emotion-focused therapy (EFT) approach is centered around facilitating clients' acknowledgement and exploration of their emotions, both adaptive and maladaptive, within an empathic relationship between therapist and client (Greenberg, 2002). This experience of engaging with one's emotions, particularly those that are inadvertently avoided or considered unacceptable, can empower clients through strengthening their self-awareness and facilitating a coherent self-organization as opposed to experiencing internal conflict (Elliot & Greenberg, 2007). Expressive writing is completed individually, so there would not be a trained professional facilitating empathic exploration of the participants' emotional experiences during the exercise; however, EFT prompts can be worded in such a way that they guide participants through the process of exploring their emotions. This guidance can encourage them to approach the task with nonjudgmental curiosity and validate that it can be difficult to engage with certain emotions. Indeed, the lack of a therapist during an expressive writing exercise may free participants to introspect in a sustained manner and to express concerns that they might fear would invoke a therapists' judgment.

Current Study

The current study tested the ability of a series of online expressive writing exercises to reduce psychological distress in LGBTQ adults who have experienced a

heterosexist event. Participants chose one specific event to focus on and were randomly assigned to one of three conditions. The first condition was an open writing condition based on the typical Pennebaker paradigm (Pennebaker et al., 1990); the second condition was a control condition in which participants are asked to objectively describe the previous 24 hours; the final condition was a structured prompt drawing from principles of EFT (Greenberg, 2002). Participants in all three conditions completed measures that assessed psychological distress at Baseline (Day 1), completed three consecutive days of expressive writing for 15 minutes following a 5-minute description of the heterosexist event (Day 2, Day 3, Day 4), and completed the same distress measures after the final writing exercise (Day 4) and at a follow-up two months later (Follow-Up). This format is based on previous research that demonstrated that writing for at least fifteen minutes over at least three consecutive days yielded the largest effect sizes (Frattaroli, 2006).

CHAPTER 3

METHOD

This study is a mixed methods study using both quantitative and qualitative analyses. As such, the method sections describes both of these analytic methods in turn.

Participants

Quantitative analyses. The initial sample included 136 participants who completed the study through Follow-Up (see Table 1). Out of these, 3 people did not complete Baseline measures (or at least their answers did not transfer to the dataset), so they were excluded from analysis. 2 people were removed from analysis due to being outliers. As such, the final sample consisted of 131 LGBTQ individuals from 31 different states who completed the study through Follow-Up. The majority of the sample identified as White (73.3%, *N*=96), followed by Asian (16.0%, *N*=21), Multiracial (7.6%, *N*=10), Black (6.1%, *N*=8), Latinx (5.3%, *N*=7), White Latinx (4.6%, *N*=6), Native American (4.6%, *N*=6), Pacific Islander (0.8%, *N*=1), and participants who wrote in a self-descriptive response (3.1%, *N*=4). It was a relatively diverse sample in terms of sexual orientation, including participants who identify as queer (24.4%, *N*=32), lesbian (24.4%, *N*=32), bisexual (17.6%, *N*=23), gay (16.0%, *N*=21), asexual (7.6%, *N*=10), questioning (2.3%, *N*=3), and participants who wrote in a self-descriptive response (7.6%, *N*=10). It

was also a relatively diverse sample in terms of gender identity, including participants who identify as female (52.7%, *N*=69), male (28.2%, *N*=37), transgender (22.9%, *N*=30), genderqueer (19.8%, *N*=26), and participants who wrote in a self-descriptive response (10.7%, *N*=14). These numbers represent the frequency of categories, as participants were able to select as many racial, sexual orientation, and gender identity categories as they felt best described their identity. This was a highly educated sample in which the majority of participants completed at least some college (33.6%, *N*=44) or held a bachelor's degree (33.6%, *N*=44) or a graduate degree (26.7%, *N*=35). The age of participants ranged from 18 to 50, with an average age of 27.2 (*SD*= 7.0).

Qualitative analyses. Only participants who completed the EFT expressive writing condition were considered for the task analysis. Ultimately, 10 productive and 8 unproductive cases were analyzed for the task analysis (see Table 1). These 18 participants included people who identified as White (83.3%, *N*=15), Asian (11.1%, *N*=2), and Latinx (5.6%, *N*=1). These participants identified as queer (38.9%, *N*=7), lesbian (33.3%, *N*=6), bisexual (16.7%, *N*=3), gay (5.6%, *N*=1), and asexual (5.6%, *N*=1). Most of these participants identified as female (72.2%, N=13), although others identified as genderqueer (16.7%, *N*=3), male (16.7%, *N*=3), and transgender (5.6%, *N*=1). These numbers represent the frequency of categories, as participants were able to select as many racial, sexual orientation, and gender identity categories as they felt best described their identity. These 18 participants were also highly educated, with the majority holding a college degree (38.9%, *N*=7) or higher (38.9%, *N*=7). They ranged in age from 19-38 and their average age (27.2 ± 6.1 *SD*) was similar to that of the overall sample (27.2 ± 7.0 *SD*).

Table 1

Sample Demographics

Characteristic	Overall sample *N* = 131	Task analysis *N* = 18
Age [Mean (*SD*)]	27.2 (7.0)	27.2 (6.1)
Sexual Orientation [*N* (%)]*		
Asexual	10 (7.6)	1 (5.6)
Bisexual	23 (17.6)	3 (16.7)
Gay	21 (16.0)	1 (5.6)
Lesbian	32 (24.4)	6 (33.3)
Queer	32 (24.4)	7 (38.9)
Questioning	3 (2.3)	0 (0)
Self-identified	10 (7.6)	0 (0)
Gender Identity [N (%)]*		
Female	69 (52.7)	13 (72.2)
Male	37 (28.2)	3 (16.7)
Transgender	30 (22.9)	1 (5.6)
Genderqueer	26 (19.8)	3 (16.7)
Self-identified	14 (10.7)	1 (5.6)
Racial/Ethnic Identity [N (%)]*		
Asian	21 (16.0)	2 (11.1)
Black	8 (6.1)	0 (0)
Latinx (non-white)	7 (5.3)	0 (0)
Latinx (white)	6 (4.6)	1 (5.6)
Multiracial	10 (7.6)	0 (0)
Native American	6 (4.6)	0 (0)
Pacific Islander	1 (.8)	0 (0)
White	96 (73.3)	15 (83.3)
Self-identified	4 (3.1)	0 (0)
Education		
Some High School	1 (.8)	0 (0)
High School/GED	4 (3.1)	0 (0)
Some college	44 (33.6)	4 (22.2)
Associate's degree	3 (2.3)	0 (0)
Bachelor's degree	44 (33.6)	7 (38.9)
Master's degree	30 (22.9)	6 (33.3)
Doctoral or professional degree	5 (3.8)	1 (5.6)

Note. *Participants could identify with more than one sexual orientation, gender identity, and racial/ethnic identity.

Recruitment

Quantitative analyses. My study team contacted LGBTQ-specific organizations across the country, including those designed for groups with intersectional identities (e.g., LGBTQ people of color or transgender-specific organizations), as well as on messages boards oriented toward the LGBTQ community (e.g., forums on www.Reddit.com). Inclusion criteria include being over 18, being a United States resident, having English language fluency, and being troubled by an experience of heterosexism. Initially, advertisements directed participants to the link for the Day 1 survey, so they could enter the study directly. We screened the participants by checking for duplicate IP addresses, country of origin, and whether the questions were answered intelligibly. Then, because the number of fraudulent responses was increasing (i.e., the same participants completing the survey more than once), we implemented a phone screening and advertisements directed participants to the phone screening webpage.

The screening webpage collected information on name, email address, a sentence description of the heterosexist event, state of residence, phone number, and times they can be contacted. Participants who completed this survey were contacted for a brief phone screen by a member of the research team. The purpose of this is to explain the study further, to confirm that potential participants had a particular heterosexist event in mind that had been troubling them, and to confirm their interest in completing the study. If the potential participants met the criteria for inclusion in the study, they were given the link to the first survey as well as a unique passcode to enter. Participants receives an $80 Amazon.com gift card for completing the entire 5-day study and were automatically entered in a raffle to win a $100 Amazon.com gift card if they participated at all.

Qualitative analyses. Participants were recruited for the qualitative analyses in the same manner as for the quantitative analysis, as they were selected from that larger database. Only participants who completed the EFT expressive writing condition were considered for the task analysis. Specific cases were selected for the task analysis based on whether they exhibited a productive or unproductive outcome as indicated by scores on a process measure and clinical judgement. More detail on this process is provided in the forthcoming description of the task analytic method.

Measures and Data Collection

Quantitative analyses.

Expressive writing exercises. The study used three expressive writing conditions (see Appendix A). The first condition was an open writing condition, in which participants were asked in an open-ended way to write about their thoughts and emotions surrounding their heterosexist experience. No additional prompts were given. The second condition was a control condition, in which participants were prompted to practice focused attention and write about their actions over the past 24 hours. In this condition, they were encouraged to be as objective as possible and to not mention their own emotions, feelings, or opinions. The final condition was designed based on principles for emotion-focused therapy (EFT; Greenberg, 2002). This involved giving participants instructions that guided them to focus on their feelings for five minutes, then their needs as related to these feelings for an additional five minutes, and, finally, actions they would like to take based upon their needs. The prompt for the EFT condition was relatively structured compared to the other conditions, as it had three prompts total (one

each for feelings, needs, and how to meet those needs) instead of a single prompt (see Appendix B).

Direct assessment of progress. In the Baseline survey, and before every writing exercise, each participant was asked to briefly describe their heterosexist experience in an open-ended format. At the end of every writing exercise, participants were asked three questions about their experience: How much progress they felt they made in dealing with the heterosexist event, how helpful they found the exercise, and overall how they felt about they exercise they just completed. All three questions were scored on a 7-point Likert-type scale. To assess participants' own sense of progress independent from outcome measures, I created a composite Direct Assessment of Progress score based on the average of six questions: the three questions asked at the end of the Day 4 and the three asked at Follow-Up. The inter-item correlation of these measures was quite high on both Day 4 (r = .74 to .85, p < .01) and Follow-Up (r = .50 to .73, p < .01), suggesting that they represent a related construct and may be a stronger measure of progress when combined.

CESD-R. Participants responded to The Center for Epidemiological Studies Depression Scale-Revised (CESD-R; Eaton, Muntaner, Smith, Tien, & Ybarra, 2004) at Baseline, after Day 4, and at Follow-Up. The CESD-R consists of 10 self-report items, measured on a 4-point Likert-type scale, assessing frequency of depression-related thoughts and feelings over the past week. The CESD-R has shown strong internal validity (α = .93) and convergent validity with other measures of negative affect, including the negative affect scale of the PANAS (r = 0.576, p < 0.01). In the current study, Cronbach's alpha was .85 on Day 1, .85 on Day 4, and .86 at Follow-Up.

PANAS. In addition, participants completed the negative subscale of the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) at Baseline after Day 4, and at Follow-Up. The PANAS consists of 20 self-report items, 10 measuring positive affect and 10 measuring negative affect, that use a 5-point Likert-type scale to assess the experience of negative and positive emotions during the past week. The PANAS has shown strong internal reliability for both the positive (α range= .86 to .90) and negative (α range= .84-.87) affect subscales and strong validity when compared to measures of similar constructs (e.g., anxiety, depression. In the current study, Cronbach's alpha was .76 on Day 1, .84 on Day 4, and .79 at Follow-Up. All psychological distress scales can be found in Appendix B.

IES-R. Participants completed the Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1996) at Baseline, after Day 4, and at Follow-Up. The IES-R consists of 22 self-report items that measure stress reactions to traumatic events. The scale has demonstrated internal consistency (α = .96), as well as construct validity when compared to another common measure of posttraumatic stress disorder (PTSD) symptoms (r =0.84, p <0.001; Creamer, Bell, & Failla, 2003). In the current study, Cronbach's alpha was .93 on Day 1, .91 on Day 4, and .93 at Follow-Up.

TIHS. Participants also completed the Wright et al. Internalized Homophobia Scale (TIHS; Wright, Dye, Jiles, & Marcello, 1999) at Baseline, after Day 4, and at Follow-Up. This scale is a self-report measure that uses 9 questions on a 5-point Likert-type scale to assess levels of IH, with lower scores indicating less IH. The measure has demonstrated strong inter-item reliability (α = .87) and strong convergent validity with

distress measures. In the current study, Cronbach's alpha was .85 on Day 1, .85 on Day 4, and .84 at Follow-Up.

Qualitative analyses. To address Aim 3, which explores the process through which engaging in emotion-focused expressive writing about a heterosexist event leads to reduced distress, I conducted a task analysis on a select group of participant responses. Only participants from the EFT condition were analyzed, as a thematic analysis of data from this same expressive writing study shows that the EFT condition lead participants to experience a distinctive process that could be valuable in the change process (Maroney, Levitt, Wadler, Roberts, & Collins, 2017). Participants in the EFT condition reported that the exercise structured deeper emotional reflection, that the question wording made them delve deeper into their feelings and confront negative emotions, led to a new understanding of their feelings, helped them change their perspective on others, and helped them experience catharsis. They also reported that the exercise helped them reflect on LGBTQ+ identities and inspired them to seek greater involvement in the LGBTQ community. In addition to the EFT condition from this particular study showing promise, the extant literature on EFT as an approach allows us to make an informed theoretical model of participant change. Indeed, the concept of task analysis was developed by clinicians and researchers who espoused emotion theory and also developed EFT, which results in task analytic methods being particularly useful for analyzing emotional changes, although this method can be applied to many psychotherapeutic models (Benítez-Ortega & Garrido-Fernandez, 2016).

Task analysis is a psychotherapy process research method that incorporates qualitative and quantitative components to understand how change occurs in

psychotherapy on a micro level (Greenberg, 2007). Task analyses typically develop in multiple phases as part of a larger research program (reviewed in Benítez-Ortega & Garrido-Fernandez, 2016). These phases, and instructions for carrying them out, are outlined extensively by Greenberg (2007) and colleagues (Pascual-Leone, Greenberg, & Pascual-Leone, 2009). The phases include a discovery phase and a validation phase, and potentially a dynamic modeling phase.

The discovery phase begins with developing a rational model of change based on theoretical understanding of the issue at hand. This rational model then is refined by applying it to actual cases to create an empirical model. Aspects of the rational model are either culled or adapted, which allows for the solidification of the theory through observation and abductive reasoning. The result of this application is a synthesized rational-empirical model. The validation phase breaks down the components of the synthesized model into measurable units, which can then be used to quantitatively test the predictive validity of the original model. In the validation phase, observers who are unaware of the original model code a larger set of new cases using a model-specific measurement (e.g., Classification of Affective Meaning States; CAMS; Pascual-Leone & Greenberg, 2005) to see if outcomes emerge in same sequence as the synthesized model. Finally, recent advancements in task analysis suggest that once the categories in the model have been verified on additional cases beyond the discovery phase, new hypotheses can be generated about the applicability of the model and micro-processes within the model during a dynamic modeling phase. The current study followed the steps of the discovery phase of a task analysis, with the subject of analysis in question consisting of expressive writing responses rather than psychotherapy sessions. The

validation phase is beyond the scope of the current study due to constraints in time and access to additional coders; a validation study of the current model may be pursued in future research.

Rational model. As informed by recent guidelines on developing a task analysis (Greenberg, 2007), I first established a rational model in consultation with Dr. Heidi Levitt, a clinical psychologist with expertise in both EFT and qualitative methods. Since the task in question is the resolution of negative emotions in response to a troubling heterosexist event, the task marker for the proposed sequence to take place was the participant describing distress related to a heterosexist event. This marker is intentionally general, since clients who experience these events might evidence a range of emotion (and, for this reason, general distress rather than a specific emotion was required for participation in the study). There are two possible pathways through which I expected that negative emotions could be resolved. These pathways are based on previous task analytic work looking at the resolution of anger (Kannan et al., 2011), global distress (Pascual-Leone & Greenberg, 2007), resolution of unfinished business and self-criticism (Greenberg & Malcolm, 2002; Greenberg & Foerster, 1996) and research on facilitating client experiencing (Klein, Mathieu-Coughlan, & Kiesler, 1986). The facilitation of client experiencing has been developed to describe the process through which change is made in client centered therapy by guiding clients to focus on their emotions, differentiate them, and identify questions about their understanding of these emotions to explore. Neither pathway necessarily results in the eradication of distress, but progression through either pathway does result in reduction of distress and resolution of previously

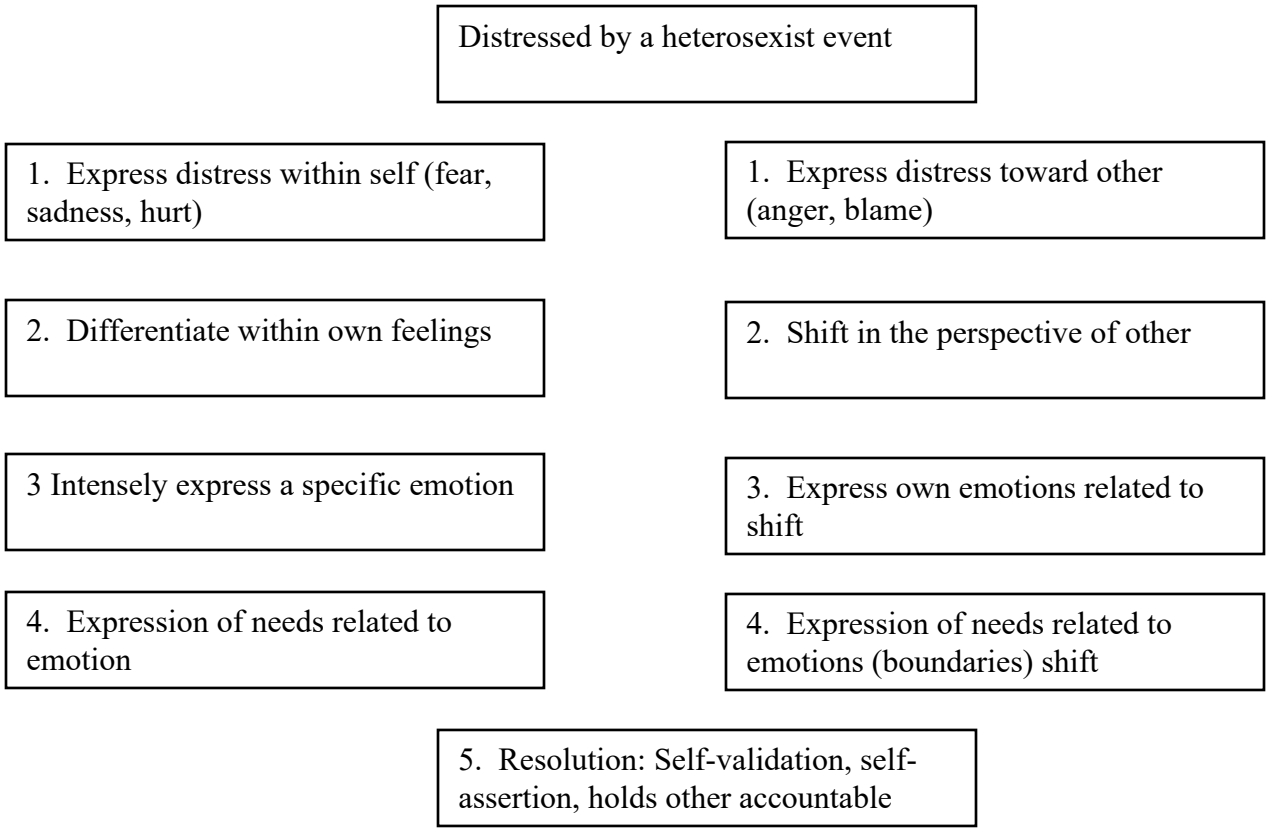
unexplored negative emotions regarding the heterosexist event. Based on this literature review, we established the following rational model (see Figure 1):

First pathway. This pathway is characterized by the development of a deeper understanding of the participants' own emotions. The stages are as follows: (1) Participants get in touch with feelings of distress about their heterosexist event; (2) Next, participants stay with their feeling of distress long enough to differentiate their feelings and identify distinct emotional components (such as hurt, sadness, or fear); (3) Then, participants express this newly recognized emotion until they can express it with more certainty and have integrated it better into their understanding; (4) The awareness and claiming of this new emotion can lead to the awareness of the needs underlying that experience and help people express those needs; (5) Finally, this awareness of a new set of needs can lead to a stage of self-validation and new choices.

Second pathway. This pathway is characterized by the development of a deeper understanding of the behavior of a significant other. The stages are as follows: (1) Participants express a general complaint about a marginalizing other (e.g., family member or friend) who is involved in the heterosexist event via blaming or expressing anger toward them; (2) Next, participants adopt the perspective of that other and why they might have behaved as they did and develops a new attribution (e.g., realizes person meant well or that person is unredeemable); (3) awareness of a new attribution progresses into the expression of a specific, intense emotion (e.g., moving from being defensively hurt to accessing internal experience of sadness or anger); (4) The participant then begins to express their needs in relation to the new emotion, based upon their new understanding of the other; (5) Finally, this new understanding of the other can lead to a stage of self-

affirmation, self-assertion, and holding others appropriately responsible (e.g., setting boundaries to avoid future distress).

Figure 1
Rational model of two potential pathways of resolving distress related to a heterosexist event.



Synthesized model. To create a synthesized rational-empirical model, Dr. Heidi Levitt and I first compared our rational model with a subset of six actual participant responses to create an empirical model. Each participant's responses across all three writing days were combined to constitute one complete response. All cases were eligible for analyses unless they did not include the task marker; however, since the task marker (being troubled by a heterosexist event) is explicitly the subject of the study, and this was

explained to participants during both the phone screening and the instructions for each writing day, all cases contained the task marker.

As is typical in task analyses (Greenberg, 2007), we initially identified three productive and three unproductive cases. The main process of distinguishing these cases was by expert judgment by a psychologist with two decades of expertise practicing, supervising, and teaching EFT in discussion with myself. To structure these discussions, we first independently reviewed and identified cases with a good process rating, as indicated by at least 8 out of 10 score on a process rating measure developed by my supervisor (see Appendix C). To guide our conceptualizing of the cases, we considered client-centered processes, such as the concept of experiencing (Klein et al., 1986), and the processes of change in other emotion-focused therapy tasks (Shahar et al., 2012). Via our discussion, cases were selected that exemplified an ideal process of resolution and poor processes. The three cases that exemplified productivity had higher process scores (≥8 out of 10), while those that exemplified unproductivity had lower process scores (≤ 3 out of 10). Once these six cases were selected, we began a comparative analysis between these transcripts and our rational model by examining the processes by which change unfolds.

The comparative analysis of the three productive and three unproductive cases involved intensive analysis conducted by myself, with consensus from my supervisor. We began with the productive cases before continuing on to the unproductive cases. We individually identified micro-processes that led to resolution in each case by identifying component categories (e.g., expresses anger; criticizes self) and their sequence of progression, which involved constant comparison to the rational model. We met regularly

to compare our maps of the micro-processes until we reached a consensus between us, which resulted in our first empirical model. This process of analysis was followed by the analysis of continued sets of three productive and three unproductive process sessions until the model has demonstrated stabilization, meaning the additional analysis of cases does not lead to further refinement of the model and thus we had created a synthesized rational-empirical model.

Although the nature of qualitative research makes it unrealistic to firmly state the number of cases that need be analyzed before saturation is reached (i.e., sample size), the developer of task analysis states that nine to 12 cases are typically sufficient, although this depends on both the nature of the sample and the complexity of the process in question (Greenberg, 2007). This method of continuing to apply cases until the model is no longer refined echoes the concept of saturation that is commonly used in qualitative research to strengthen the methodological rigor of the project (Morrow, 2005). Saturation, a term originally put forward by Glaser and Strauss (1967) in their methodology of grounded theory, indicates the point at which new data no longer provides new information, which in the case of task analysis means that new data does not further develop the model at hand. We analyzed a total of 18 cases, 10 productive and 8 unproductive, before we felt that the empirical model was sufficiently refined and had produced a synthesized model.

CHAPTER 4

RESULTS

Quantitative Results

Preliminary analyses. Prior to hypothesis testing, data were screened for violation of normality assumptions. Results showed that PANAS Day 4 and Follow-Up scores were positively skewed, and TIHS Follow-Up scores were negatively skewed. Furthermore, there were many outliers across the DVs (*N*=21). Two participants had outlier scores on multiple DVs; subsequent investigation of their qualitative responses indicated that both participants' heterosexist event involved a traumatic sexual assault that they equated to severe psychological distress. Recent traumatic events were not typical of the other responses and so these two participants were excluded from analysis. I attempted $\log_{10}$ and square root transformations to correct for the remaining skew and outliers, but the results remained skewed after each transformation. Next, I used a Winsorization technique (described in Dixon, 1960) to limit scores below the 5th percentile and above the 95th percentile by having them equal scores at the 5th and 95th percentile of each DV. This technique allowed me to retain the variables while mitigating the impact of the outliers (described in Pek, Wong, & Wong, 2017) and resulted in all the DVs meeting normality test assumptions. It should be noted that the Direct Assessment of Progress score met test assumptions from the beginning and did not require Winsorizing.

Next, I explored significant differences in Baseline scores between conditions and demographic groups using ANOVAs or independent *t*-tests. For the most part, there were no differences in Baseline CESD-R, PANAS, IES-R, or TIHS scores between participants with different gender identities, different sexual orientations, different racial/ethnic groups, or participants in different conditions. However, there was one exception: There was a significant difference in Baseline TIHS scores ($F(5, 124)=3.388$, $p=.007$) between racial groups. A Tukey post-hoc analysis specified that Black participants (30.6 ± 7.9 *SE*) endorsed significantly less internalized homophobia than White participants (38.2 ± 4.9 *SE*, $p=.050$), although there were no other significant differences between specific racial/ethnic groups. A Huynh-Feldt correction of degrees of freedom was used when epsilon was higher than 0.75 and a Greenhouse-Geisser correction was used when epsilon was lower than 0.75 for all of the following repeated measure ANOVAs (as specified by Girden, 1992). Effect sizes are interpreted using the guidelines delineated by Cohen (1988).

Aim 1a. Aim 1a explores if certain writing conditions are associated with better mean outcome scores and/or greater change in scores across time on the same outcome measures.

Expressive writing condition ANCOVAs. A series of ANCOVAs explored if there was a difference in mean outcome scores at Day 4 and Follow-Up, where Baseline scores were the covariates, between participants who were randomly sorted into three different expressive writing conditions (see Table 2). There was not a significant difference in mean CESD-R [$F(2, 120)=1.634$, $p=.199$, $\eta p^2=.027$], PANAS [$F(2, 125)=0.134$, $p=.683$, $\eta p^2=.005$], IES-R [$F(2, 117)=.027$, $p=.973$, $\eta p^2=.002$], or TIHS [$F(2, 123)=0.630$, $p=.534$, $\eta p^2=.010$] scores on Day 4 between people in different expressive writing conditions. There was also not a significant difference in mean CESD-R [$F(2, 120)=.145$ $p=.866$, $\eta p^2=.002$], PANAS [$F(2, 125)=.200$,

p=.819, ηp^2=.003], IES-R [F(2, 118)=1.042, p=.356, ηp^2=.017], and TIHS [F(2, 126)=.236, p=.790, ηp^2=.004] scores at follow-up.

Table 2

ANCOVA Summary Table of Mean Outcome Scores by Condition after Controlling for Baseline Scores

Scale	EFT Mean (SD)	Write Mean (SD)	Control Mean (SD)	p (ηp^2)
CESD-R				
Day 4	9.0 (5.6)	8.5 (5.3)	8.2 (5.4)	.199 (.027)
Follow-Up	9.2 (5.5)	9.6 (5.4)	9.2 (6.3)	.866 (.002)
PANAS				
Day 4	15.2 (4.8)	16.5 (5.7)	15.4 (5.7)	.874 (.002)
Follow-Up	15.5 (6.3)	16.6 (7.4)	15.6 (6.1)	.819 (.003)
IES-R				
Day 4	17.9 (13.2)	19.4 (13.7)	17.5 (12.0)	.973 (.000)
Follow-Up	10.4 (10.2)	9.9 (10.1)	10.2 (11.3)	.356 (.017)
TIHS				
Day 4	37.25 (5.30)	37.0 (6.0)	37.4 (5.8)	.534 (.010)
Follow-Up	37.51 (5.57)	37.0 (4.9)	37.8 (6.1)	.790 (.004)

Note. ηp^2= Partial eta squared; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

Expressive writing condition mixed ANOVAs. A series of mixed ANOVAs explored if there was a difference in change in outcome scores over three time points (Baseline, Day 4, Follow-Up) between participants in each of the three expressive writing conditions (see Table 3). There was not a significant main effect of expressive writing condition on CESD-R [F(2, 117)=0.210, p=.811, ηp^2=.004], PANAS [F(2, 125)=1.942, p=.148, ηp^2=.030], IES-R [F(2, 114)=0.621, p=.599, ηp^2=.010], or TIHS scores [F(2, 124)=0.041 p=.960, ηp^2=.001], which

indicates that participants in all three conditions had similar overall scores on all four outcome measures. There was also not a significant interaction effect of expressive writing condition and time on CESD-R [$F(4, 234)=1.079$, $p=.368$, $\eta p^2=.018$], PANAS [$F(3.839, 239.915)=0.758$, $p=.549$, $\eta p^2=.012$], IES-R, or TIHS scores [$F(2.792,173.135)=0.156$ $p=.915$, $\eta p^2=.003$], which indicates that participants in different conditions had similar outcome scores across all three timepoints.

Table 3

Mixed ANOVA Summary Table for Condition

Source	*df*	*F*	*p*	ηp^2
CESD-R				
Time	2	10.492	< .001	.082
Condition	2	.210	.811	.004
Time x Condition	4	1.079	.368	.018
Total	234			
PANAS				
Time	1.919	2.542	.083	.020
Condition	2	1.942	.148	.030
Time x Condition	3.839	.758	.549	.012
Total	239.915			
IES-R				
Time	2	48.298	< .001	.298
Condition	2	.599	.551	.010
Time x Condition	4	.908	.460	.016
Total	228			
TIHS				
Time	1.396	.159	.773	.001
Condition	2	.041	.960	.001
Time x Condition	2.792	.156	.915	.003
Total	173.135			

Note. ηp^2= Partial eta squared; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

Aim 1b. To address Aim 1b, which examines whether LGBTQ individuals benefited from the expressive writing exercises, I tested the effect of the writing exercises overall by running a series of one-way repeated measures ANOVAs on the sample as a whole to explore the interaction of time by outcome scores on CESD-R, PANAS, IES-R, and TIHS at Day 4 and Follow-Up (see Table 4). Given the lack of a treatment effect indicated in Aim 1a, Aim 1b sought to explore the possibility that engaging in expressive writing exercises at all was helpful, regardless of specific prompts associated with each of the three conditions.

Table 4

One-Way Repeated ANOVA Summary Table

Scale	Baseline Mean (SD)	Day 4 Mean (SD)	Follow-Up Mean (SD)	Effect of Time p (ηp^2)
CESD-R	10.8 (6.0)	8.5 (5.5)	9.4 (5.7)	.000 (.082)
PANAS	16.9 (6.0)	15.7 (5.4)	15.8 (6.5)	.086 (.019)
IES-R	19. 5 (13.9)	18.3 (12.8)	10.2 (10.6)	.000 (.289)
THIS	31.2 (5.6)	37.2 (5.7)	37.4 (5.5)	.762 (.001)

Note. SD= Standard deviation; ηp^2= Partial eta squared; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

There was not a significant main effect of time on PANAS [F(1.901, 241.419=2.508, p=.086, ηp^2=.019] or TIHS scores [F(1.400, 177.742)=.172, p=.762, ηp^2=.001]. However, there was a significant medium-large main effect of time on CESD-R [F(2, 238)=10.595, p < .001, ηp^2= .082; see Figure 2] and a very large main effect of time IES-R scores [F(2, 232)=47.258, p< .001, ηp^2=.289; see Figure 3]. More specifically, CESD-R scores were significantly lower at Day

4 (8.5 ± 5.5 SD, p< .001) and Follow-Up (9.4 ± 5.7 SD, *p*=.034) compared to Baseline (10.8 ± 6.0), although Day 4 and Follow-Up scores were not significantly different (*p*=.212). IES-R scores were significantly lower at Follow-Up (10.2 ± 10.6 SD) than at Baseline (19.4 ± 13.9 SD, p< .001) and Day 4 (18.3 ± 12.8 SD, *p*< .001), although scores were not significantly different between Baseline and Day 4 (*p*=.631). It is important to note that these changes in CESD-R and IES-R scores cannot serve as evidence of a treatment effect because this analysis used the entire sample and therefore was not compared to a sample comprised of participants who did not engage in any expressive writing.

Figure 2

Estimated marginal means of CESD-R scores on full sample

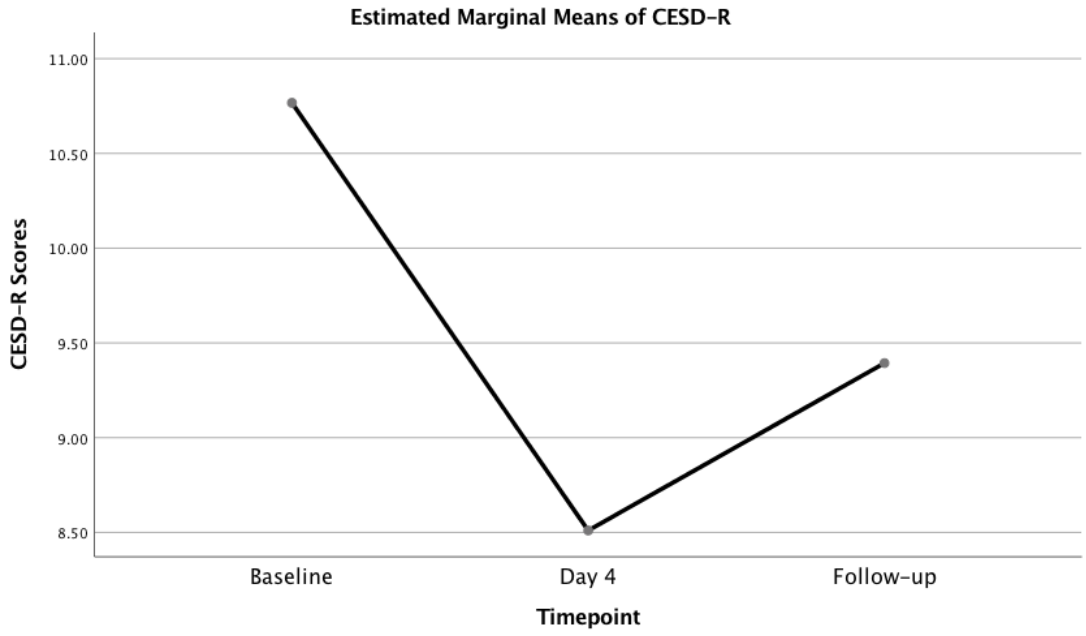
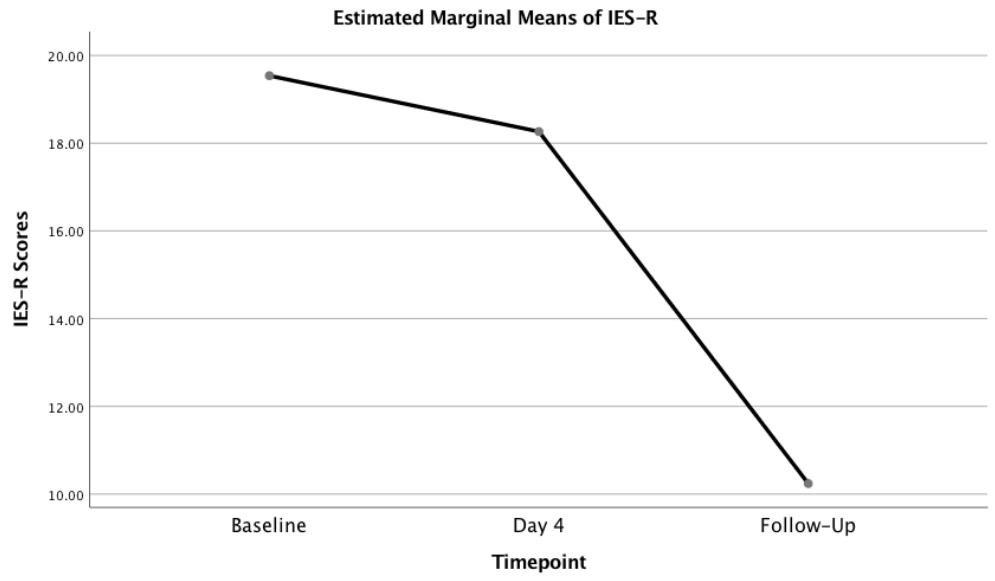


Figure 3

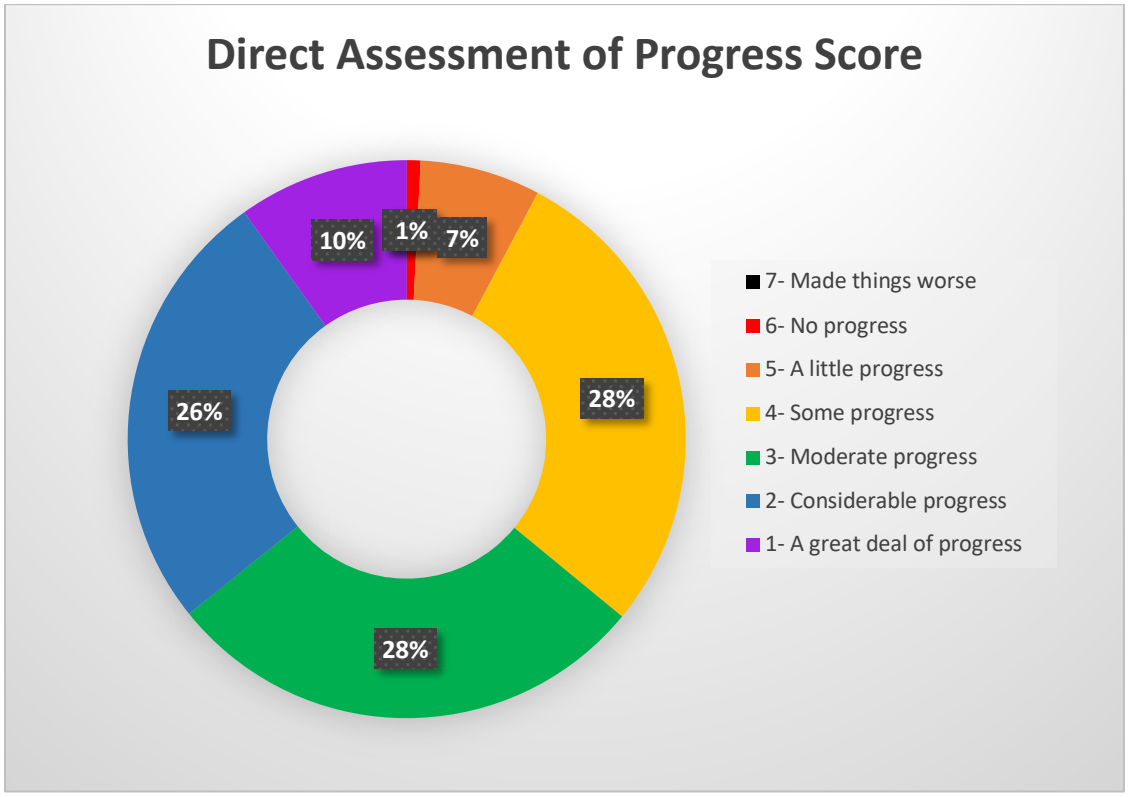
Estimated marginal means of IES-R scores on full sample



Aim 1c. To address Aim 1c, which explores whether LGBTQ individuals report that they made progress in dealing with their event after engaging in the exercises, I tested the subjective impact of the expressive writing exercises on the sample as a whole by running descriptive analyses on the Direct Assessment of Progress score (see Figure 4). The average score was 3.9 (SD = 1.1), suggesting an average evaluation of "some progress". Overall, 99.2% (*N*=130) of participants reported making at least "a little progress", as indicated by scores lower than 6. Only .8% (*N*=1) of participants reported that they made "no progress" and 0% reported that the study "made things worse."

Figure 4

Direct assessment of progress scores



Aim 2. To address Aim 2, which explores if certain demographic factors are associated with better outcome scores on the same four measures described in Aim 1 (CESD-R, PANAS, IES-R, TIHS), I ran a series of ANCOVAs and mixed ANOVAs. Using both of these analytic methods allowed an answer for both the question of which factors (e.g., sexual orientation, gender identity, race/ethnicity; ANCOVA) are associated with better outcomes at Day 4 and follow-up, after controlling for Baseline scores, as well as the question of which factors are associated with the greatest change by looking at the interaction of demographic category by outcome scores by time (ANOVA).

To complete these analyses, I combined some demographic variables into groups to avoid having too many levels with uneven sample sizes in a particular variable, which could reduce

statistical power. Sexual orientation was transformed by grouping queer, questioning, and self-identified responses (e.g., "pansexual") into "queer," while keeping lesbian, bisexual, gay, and asexual as distinct groups. Gender identity was transformed by grouping participants who chose only male or female, but not transgender or genderqueer, into men and women, respectively, and grouping participants who chose transgender, genderqueer, and self-identified responses (e.g., "genderfluid") into "transgender/gender non-conforming." Finally, in some cases racial and ethnic categories were combined to avoid having excessively uneven group sizes and subsequent loss of power (i.e., combined White Latinx and non-White Latinx into "Latinx"; combined participants who selected both White and wrote in a self-identified response such as "Ashkenazi Jewish" into "White").

Sexual orientation ANCOVAs. A series of ANCOVAs explored if there was a difference in mean outcome scores at Day 4 and Follow-Up, where Baseline scores were the covariates, between participants of different sexual orientations (see Table 5). There was not a significant difference in CESD-R [$F(4, 118)=1.298$, $p=.275$, $\eta p^2=.042$], PANAS [$F(4, 123)=0.355$, $p=.840$, $\eta p^2=.011$], IES-R [$F(4, 115)=1.149$, $p=.337$, $\eta p^2=.038$], or TIHS [$F(4, 121)=1.740$, $p=.146$, $\eta p^2=.054$] scores on Day 4 between participants of different sexual orientations. There was also not a significant difference in PANAS [$F(4, 123)=0.796$, $p=.530$, $\eta p^2=.025$], IES-R [$F(4, 116)=0.309$, $p=.872$, $\eta p^2=.011$], or TIHS [$F(4, 124)=0.435$, $p=.783$, $\eta p^2=.014$] scores at follow-up. There was a slight difference between participants of different sexual orientations in their mean CESD-R scores at follow-up [$F(4, 118)=2.526$, $p=.044$, $\eta p^2=.079$]; however, post-hoc analyses using the Bonferroni adjustment showed no significant differences between participants of any particular sexual orientation (pairwise comparison p-values ranged from .065 to 1.00).

Table 5

ANCOVA Summary Table of Mean Outcome Scores Between Demographic Groups after Controlling for Baseline Scores

Scale	SO *p* (ηp^2)	GI *p* (ηp^2)	REI *p* (ηp^2)
CESD-R			
Day 4	.275 (.042)	.413 (.015)	.479 (.037)
Follow-Up	.044 (.079)	.257 (.022)	.376 (.044)
PANAS			
Day 4	.840 (.011)	.105 (.035)	.475 (.036)
Follow-Up	.530 (.025)	.394 (.015)	.379 (.042)
IES-R			
Day 4	.337 (.038)	.715 (.006)	.575 (.033)
Follow-Up	.872 (.011)	.428 (.014)	.145 (.068)
TIHS			
Day 4	.146 (.054)	.265 (.021)	.116 (.070)
Follow-Up	.738 (.014)	.831 (.003)	.992 (.004)

Note. SO= Sexual orientation; GI= Gender identity; REI= Racial/ethnic identity; ηp^2= Partial eta squared; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

Sexual orientation mixed ANOVAs. In addition to exploring mean outcome scores, a series of mixed ANOVAs explored if there was a difference in the amount of change in outcome scores over three time points (Baseline, Day 4, Follow-Up) between participants of different sexual orientations by assessing the interaction of the categorical IVs by outcome scores by time (see Table 6). There was not a significant main effect of sexual orientation on CESD-R [$F(4, 115)=1.233$, $p=.301$, $\eta p^2=.041$], PANAS [$F(4, 123)=0.611$, $p=.656$, $\eta p^2=.019$], IES-R [$F(4, 112)=0.589$, $p=.671$, $\eta p^2=.021$], or TIHS scores [$F(4, 122)=1.370$, $p=.248$, $\eta p^2=.043$], which

indicates that participants of all sexual orientations had similar overall scores on all four outcome measures. There was also not a significant interaction of sexual orientation and time on CESD-R [$F(8, 230)=1.612$, $p=.122$, $\eta p^2=.053$], PANAS [$F(7.824, 240.952)=0.817$, $p=.588$, $\eta p^2=.026$], IES-R [$F(8, 224)=.680$, $p=.709$, $\eta p^2=.024$], or TIHS scores [$F(5.578, 170.137)=0.977$, $p=.439$, $\eta p^2=.031$], which indicates that participants of different sexual orientations had similar outcome scores across all three timepoints.

There was a large significant main effect of time on CESD-R [$F(2, 230)=13.719$, $p<.001$, $\eta p^2=.107$], a small significant effect of time on PANAS [$F(1.956, 240.952)=3.990$, $p=.020$, $\eta p^2=.031$], and a very large significant effect of time on IES-R scores [$F(2, 224)=36.139$, $p<.001$, $\eta p^2=.244$], meaning that overall participants' scores on these three outcome measures changed significantly between timepoints, and as stated above this was true for participants of all sexual orientations. More specifically, CESD-R scores were significantly lower on Day 4 (8.4 ± 0.6, $p<.001$) and Follow-Up (9.1 ± 0.6, $p=.002$) when compared to Baseline scores (11.1 ± 0.6), but there were no significant differences between Day 4 and Follow-Up CESD-R scores ($p=.609$). PANAS scores were significantly lower on Day 4 (15.8 ± 0.5, $p=.032$) and Follow-Up (15.6 ± 0.7, $p=.032$) than Baseline (17.2 ± 0.6) but were not significantly different on Day 4 and Follow-Up ($p=1.000$). IES-R scores were significantly lower on Follow-Up (10.1 ± 1.1) than Day 4 (17.5 ± 1.3, $p<.001$) and Baseline (19.3 ± 1.4, $p<.001$) but were not significantly different on Day 4 and Follow-Up ($p=.345$). The TIHS was the only measure without a significant main effect of time [$F(1.395, 170.137)=0.806$, $p=.408$, $\eta p^2=.007$], meaning that overall participants' TIHS scores did not change significantly between timepoints.

Table 6

Mixed ANOVA Summary Table for Sexual Orientation

Source	*df*	*F*	*p*	ηp^2
CESD-R				
Time	2	13.719	< .001	.107
SO	4	1.233	.301	.041
Time x SO Interaction	8	1.612	.122	.053
Total	230			
PANAS				
Time	1.956	3.990	.020	.031
SO	4	.611	.656	.019
Time x SO Interaction	7.824	.817	.586	.026
Total	240.592			
IES-R				
Time	2	36.139	< .001	.244
SO	4	.589	.671	.021
Time x SO Interaction	8	.680	.709	.024
Total	224			
TIHS				
Time	1.395	.806	.408	.007
SO	4	1.370	.248	.043
Time x SO Interaction	5.578	.997	.439	.031
Total	170.137			

Note. ηp^2= Partial eta squared; SO= Sexual orientation; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

Gender identity ANCOVAs. A series of ANCOVAs explored if there was a difference in mean outcome scores at Day 4 and Follow-Up, where Baseline scores were the covariates, between participants of different gender identities (see Table 5). There was not a significant difference in CESD-R [$F(2, 120)=0.891$, $p=.413$, $\eta p^2=.015$], PANAS [$F(2, 125)=2.297$, $p=.105$, $\eta p^2=.035$], IES-R 4 [$F(2, 117)=0.337$, $p=.715$, $\eta p^2=.006$], or TIHS [$F(2, 123)=1.344$, $p=.265$,

ηp^2=.021] scores on Day 4 between participants with different gender identities. There was also not a significant in CESD-R [F(2, 120)=1.373, p=.257, ηp^2=.022], PANAS [F(2, 125)=0.939, p=.394, ηp^2=.015] PANAS, IES-R [F(2, 118)=0.584, p=.428, ηp^2=.014], or TIHS [F(2, 126)=0.185, p=.831, ηp^2=.003] scores at follow-up.

Gender identity mixed ANOVAs. In addition to exploring mean outcome scores, a series of mixed ANOVAs explored if there was a difference in the amount of change in outcome scores over three time points (Baseline, Day 4, Follow-Up) between participants with different gender identities by assessing the interaction of the categorical IVs by outcome scores by time (see Table 7). There was not a significant main effect of gender identity on CESD-R [F(2, 117)=0.321, p=.726, ηp^2=.005], PANAS [F(2, 125)=1.086, p=.341, ηp^2=.016], IES-R [F(2, 114)=0.578, p=.563, ηp^2=.010], or TIHS scores [F(2, 124)=0.275, p=.760, ηp^2=.004], which indicates that participants of all gender identities had similar overall scores on all four outcome measures. There was also not a significant interaction of gender identity and time on CESD-R [F(4, 234)=0.644, p=.631, ηp^2=.011], PANAS [F(3.840, 239.997)=0.820, p=.509, ηp^2=.013], IES-R [F(4, 228)=0.767, p=.548, ηp^2=.013], or TIHS scores [F(2.787, 172.775)=0.581, p=.616, ηp^2=.009], which indicates that participants of different gender identities had similar outcome scores across all three timepoints.

Table 7

Mixed ANOVA Summary Table for Gender Identity

Source	*df*	*F*	*p*	ηp^2
CESD-R				
Time	2	11.342	< .001	.088
GI	2	.321	.726	.005
Time x GI Interaction	4	.644	.631	.011
Total	234			
PANAS				
Time	1.920	3.384	.037	.026
GI	2	1.086	.341	.017
Time x GI Interaction	3.840	.820	.509	.013
Total	239.997			
IES-R				
Time	2	42.959	< .001	.274
GI	2	.578	.563	.010
Time x GI Interaction	4	.767	.548	.013
Total	228			
TIHS				
Time	1.393	.219	.721	.002
GI	2	.275	.760	.004
Time x GI Interaction	2.787	.581	.616	.009
Total	172.775			

Note. ηp^2= Partial eta squared; GI= Gender identity; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

There was a large significant main effect of time on CESD-R [$F(2, 234)=11.342$, $p<.001$, $\eta p^2=.088$], small effect of time on PANAS [$F(1.920, 239.997)=3.384$, $p=.037$, $\eta p^2=.026$], and very large effect of time on IES-R scores [$F(2, 228)=42.959$, $p<.001$, $\eta p^2=.274$], meaning that overall participants' scores on these three outcome measures changed significantly between timepoints, and as stated above this was true for participants of all gender identities. More

specifically, CESD-R scores were significantly lower on Day 4 (8.4 ± 0.5, p<.001) and Follow-Up (9.3 ± 0.5, *p*=.020) than Baseline (10.8 ± 0.6) but were not significantly different on Day 4 and Follow-Up (*p*=.247). PANAS scores were significantly lower on Day 4 (15.5 ± 0.5, *p*=.025) than Baseline (16.8 ± 0.6) but were not significantly different on Day 4 and Follow-Up (15.6 ± 0.6, *p*=1.000) or on Baseline and Follow-Up (*p*=.100). IES scores were significantly lower on Follow-Up (10.6 ± 1.0) than Day 4 (18.3 ± 1.2, *p*<.001) or Baseline (19.9 ± 1.3, *p*<.001) but were not significantly different on Baseline and Day 4 (p=.397). The TIHS was the only measure without a significant main effect of time [$F(1.393, 172.775)=0.219$, $p=.721$, $\eta p^2=.002$], meaning that overall participants' TIHS scores did not change significantly between the three timepoints.

Race/ethnicity ANCOVAs. A series of ANCOVAs explored if there was a difference in mean outcome scores at Day 4 and Follow-Up, where Baseline scores were the covariates, between participants of different racial/ethnic identities (see Table 5). There was not a significant difference in mean CESD-R [$F(5, 117)=0.907$, $p=.479$, $\eta p^2=.037$], PANAS [$F(5, 122)=0.913$, $p=.475$, $\eta p^2=.036$], IES-R [$F(5, 114)=.768$, $p=.575$, $\eta p^2=.033$], or TIHS [$F(5, 120)=.1.810$, $p=.116$, $\eta p^2=.070$] scores on Day 4 between participants with different racial/ethnic identities. There was also not a significant difference between CESD-R [$F(5, 117)=1.079$, $p=.376$, $\eta p^2=.044$], PANAS [$F(5, 122)=1.072$, $p=.379$, $\eta p^2=.042$], IES-R $F(5, 115)=1.680$, $p=.145$, $\eta p^2=.068$], or TIHS [$F(5, 123)=0.097$, $p=.992$, $\eta p^2=.004$] scores at follow-up.

Race/ethnicity mixed ANOVAs. A series of mixed ANOVAs explored if there was a difference in change in outcome scores over three time points (Baseline, Day 4, Follow-Up) between participants of different racial/ethnic identities (see Table 8). There was not a significant main effect of racial/ethnic identity on CESD-R [$F(5, 114)=0.598$, $p=.701$, $\eta p^2=.026$], PANAS [$F(5, 122)=0.859$, $p=.511$, $\eta p^2=.034$], or IES-R [$F(5, 111)=0.293$, $p=.916$, $\eta p^2=.013$] scores,

which indicates that participants of all racial/ethnic identities had similar overall scores on these three outcome measures. Participants with different racial/ethnic identities did have significantly different TIHS scores [$F(5, 121)=2.403$, $p=.041$, $\eta p^2=.09$]; however, the effect size was very small and a Tukey post-hoc analyses showed no significant differences between any particular racial identities (multiple comparison p values ranged from .330 to 1.00). There was not a significant interaction of racial/ethnic identity and time on CESD-R [$F(10, 228)=1.198$, $p=.293$, $\eta p^2=.050$], PANAS [$F(9.931, 242.307)=1.114$, $p=.35$, $\eta p^2=.044$], IES-R [$F(10, 222)=0.788$, $p=.640$, $\eta p^2=.034$], or TIHS scores [$F(6.896, 166.889)=0.948$, $p=.470$, $\eta p^2=.038$], which indicates that participants of different racial/ethnic identities had similar outcome scores across all three timepoints.

There was not a main effect of time on PANAS [$F(1.986, 242.307)=2.268$, $p=.106$, $\eta p^2=.018$] or TIHS scores [$F(1.379, 166.889)=2.243$, $p=.126$, $\eta p^2=.018$], which means that overall scores on these two outcome measures did not change significantly between the three timepoints, and as stated above this was true for participants of all racial/ethnic identities. There was a small significant main effect of time on CESD-R [$F(2, 228)=3.911$, $p=.021$, $\eta p^2=.033$] and a large effect of time on IES-R scores [$F(2, 222)=12.659$, $p<.001$, $\eta p^2=.102$], meaning that overall participants' scores on the CESD-R and IES-R did differ between timepoints. More specifically, CESD-R scores were significantly lower on Day 4 (9.2 ± 0.8, $p=.051$) than Baseline (11.1 ± 1.0) but were not significantly different between Baseline and Follow-Up (9.0 ± 0.9, p=.062) or Day 4 and Follow-Up (p=1.000). IES-R scores were significantly lower on Follow-Up (11.7 ± 1.6) than Baseline (19.3 ± 2.2, $p<.001$) and Day 4 (19.2 ± 2.0, $p<.001$) but were not significantly different between Baseline and Day 4 ($p=1.000$).

Table 8

Mixed ANOVA Summary Table for Racial/Ethnic Identity

Source	*df*	*F*	*p*	ηp^2
CESD-R				
Time	2	3.911	.021	.033
REI	5	0.598	.701	.026
Time x REI Interaction	10	1.198	.293	.050
Total	228			
PANAS				
Time	1.986	2.268	.106	.018
REI	5	.859	.511	.034
Time x REI Interaction	9.931	1.114	.352	.044
Total	242.307			
IES-R				
Time	2	12.659	< .001	.102
REI	5	.293	.916	.013
Time x REI Interaction	10	.788	.640	.034
Total	222			
TIHS				
Time	1.379	2.243	.126	.018
REI	5	2.403	.041	.090
Time x REI Interaction	6.896	.948	.470	.038
Total	166.889			

Note. ηp^2= Partial eta squared; REI= Racial/ethnic identity; CESD-R= Center for Epidemiological Studies Depression Revised; PANAS= Positive and Negative Affect Scale (negative subscale); IES-R= Impact of Events Scale Revised; TIHS= The Wright et al. Internalized Homophobia Scale

Qualitative Results

Synthesized model of productive resolution. The task analysis produced a 4-stage synthesized model of the progression of the task of resolving heterosexism that the productive cases completed (see Figure 5). This synthesized model ended up combining the two pathways initially theorized in the rational model because every task analysis case wrote about

heterosexism that occurred in interpersonal contexts, which is consistent with the second pathway of the rational model; upon review of all 43 EFT cases, only two wrote about internal markers of distress (e.g., wanting to overcome internalized heterosexism), neither of which were included in the task analysis due to not exemplifying particularly good or poor processes. However, despite starting out on pathway two, cases eventually tended to incorporate aspects of pathway one in which they shifted from exploring their perspective on the perpetrator to differentiating their own feelings. As such, the two pathways were combined in the synthesized model. Unproductive cases shared similar presentations to productive cases in Stage 1 of the synthesized model, but their progress was stagnated by a variety of blocks to their progress. The stages of the synthesized model are described in detail below, including an identification of the issues, feelings, and needs that are characteristic of each stage, followed by a description of the blocks that characterized unproductive cases.

Stage 1 – Expressing pain in reaction to the event. Stage 1 is characterized by the description of immediate reactions that arose, most typically, when presenting the event for the first time. The incident (e.g., a specific conversation or interaction) during which the participant was harmed or wronged is described in an episodic manner; more details tend to be given about the actual event in Stage 1 than in subsequent stages. Participants identify a wide range of feelings (e.g., sadness, anger, hurt, shame, hopelessness, jealousy of people who don't have this problem) that are expressed in an outpouring of emotion, in that many emotions are expressed consecutively but are not dwelled upon or explored. Needs expressed in Stage 1 involve needing the heterosexism to stop, needing perpetrators to change, or needing pain and negative emotions to cease being overwhelming in an almost unrealistically wishful manner. Although participants described that having the space to tell their story and express pain was cathartic, problems were

described as outside their control and thus an underlying sense of hopelessness typically accompanied the writing. Below is a selection of participant quotes that exemplify Stage 1 responses:

> At first I felt really shocked. … I was not out at work. Then it pissed me off. Then when the incident was reported to my mgr, I got scared. In college, I was fired for being gay. I did not want that to happen again, so I refused to make any sort of written statement about what occurred even though the personnel mgr really pressured me to do so. I was nervous and scared for a few weeks afterwards, also. I just wanted the situation to be forgotten. So that's it...shocked, pissed, scared, nervous. … When I was scared and nervous, I probably just needed reassurance that I would not lose my job if I reported this situation. Or not even lose my job...just not face harrassment or judgment from co-workers for being gay. (EFT case 1)

> I feel sad. I feel like my Mom doesn't know how to love me, and I'm struggling to know how to love her. I feel disappointed in her. I feel guilty for feeling disappointed in her. … I wish I could be one of those people who just says fuck off to their family to focus on their own health. But I love my family so much. I don't want to picture my life without them and it terrifies me that I might never be truly close with them again. I feel such a sense of loss. I just feel drained and angry. (EFT case 13)

> Maybe I just need to stop thinking about all this until I'm actually ready to have kids. I should also just stop caring what my mother thinks or what she will or will not do because I know I can do this on my own. … I think I'm pretty good with the second one

and getting better with it each day. But the first one is something I've always struggled with. Anyone I've ever been close to leaves my life within a few years, if not a few months. I don't know how to answer these questions, I don't know how to meet this need and I wish others would come to meet this need, but that's exactly the problem. They aren't. (EFT case 41)

Stage 2 – Shifting perspective from reactive to reflective to make meaning while remaining actively engaged with feelings. In Stage 2, participants moved beyond reacting to the event as a passive recipient of heterosexism and began to reflect on the broader contexts (both macro/sociopolitical and micro/personal) in which the aggressor acted. The specific event was summarized in less detail and the implications of being hurt became the more salient issue. Although participants still name a range of emotions in Stage 2, they appear less overwhelmed by these feelings. After the deluge of emotional expression on day 1, some explicitly realized that it was important to process their emotions and committed to doing so, while others described self-compassion in realizing that their emotions were important. Negative emotions were not replaced by positive ones, but rather were differentiated in a way that promoted their exploration and integration of their varied emotions and reduced shame. Participants explored the fear, pain, or anger that lay underneath their initially expressed emotions or descriptions. As participants shift from perceiving their problems as insurmountable towards recognizing what is in their control, they began to describe the need to set boundaries with toxic others, increase their support network, and continue to process their feelings and needs even though it might be painful, although their plans were not yet detailed. This burgeoning sense of agency yielded responses that were more hopeful than those in Stage 1. Below is a selection of participant quotes that exemplify Stage 2 responses:

Sometimes, I just need to cry about my situation instead of trying to suppress it and pretend like I'm feeling 100% positive that day. I need to stop trying to suppress those feelings because suppressing them causes them to come out at other times, especially when I am under a lot of stress. … I need to redirect my emotions into building up the relationship that I have now instead of obsessing over things that I will never be able to change. (EFT case 6)

I know that I should go back to see a counselor and work on more healthy ways to process the feelings that I have. Past coping skills revolved entirely around obliteration - drugs/alcohol/dissociation, and while all of these have calmed down significantly, they haven't really been replaced. Instead I focus on working, being a father, and a being a husband instead of taking care of myself. … I cannot change the way other people see me, or my family, but I can work on the way that I perceive myself in the face of these obstacles. (EFT case 9)

The way I'm interpreting my emotions is I need to deal with events as they happen or as soon as possible. As much as I want to say I can deal with things later, I know that the emotions and events that I don't process will affect me as long as it takes me to finally process them. I need to go confide in the people I trust. I should probably give myself a break. I don't need to put this much pressure on myself to immediately be better. I should give myself time to process and just feel what I'm feeling. (EFT case 40)

Stage 3 – Developing a self-prizing narrative. Whereas Stage 2 responses achieve the task of recognizing the need to persevere in processing their emotions and experiences,

participants in Stage 3 gained new insights as a result of this perseverance. This stage is characterized by the development of a self-compassionate narrative in which participants' experiences of being hurt are more firmly valued, and the perspectives and behavior of heterosexist others are devalued. Although similar emotion words may be used (e.g., angry, sad, hurt, frustrated), the feelings expressed in Stage 3 differ from the reactive pain in Stage 1 and the reflective differentiation of feelings in Stage 2 in that they tend to be responding to these differentiated emotions by being self-protective. Rather than focusing on their current circumstances and direct reactions to those, participants expressed self-protectiveness, often including regret at having not cared better for their past selves and/or anger at people who marginalized them. Inherent in this new perspective was the sentiment that participants intended to protect themselves from heterosexist incidents going forward and wished they had been committed to protecting themselves in the past. Indeed, needs specified by Stage 3 responses centered around taking actions to nurture the self, including not letting heterosexist others define how they feel about themselves, not tolerating mistreatment, setting interpersonal boundaries, developing healthy coping mechanisms, and proactively bolstering their support networks. Although these needs are nascent in Stage 2, participants express these needs with more clarity and vehemence in Stage 3. Below is a selection of participant quotes that exemplify Stage 3 responses:

I need to recognize that my value as a person is not reliant on my [heterosexist] mother, even though growing up we do get a lot of validation from parents…. I need to recognize that … it is not up to me to please her. I need to learn to put myself and my value as a higher priority to her feelings and stand up for my own self-worth when her words and actions threaten them. … She is the caretaker of herself and I need to be the same for me.

…. That is the only way we can have an honest and authentic relationship anyway. (EFT case 13)

Right now I'm feeling sad, sad for my college self who was feeling really alone in the world after that experience. I think I'm kind of feeling protective of hir … I think I need to soothe myself, but it's a different kind of need than yesterday, because it's not that I'm feeling really raw right now, but that I'm feeling kind of vulnerable I guess…. And I also feel a little bit like I need to embrace this experience, because… it's very helpful to be able to step back and to think about taking care of myself the way I would want to take care of someone else. (EFT case 10)

My heterosexist experience was influenced heavily by my being a woman of color and because of my young age. But, I can't let experiences like that hold me back or make me feel ashamed of who I am. I have tried so hard to control and shape my identity to secure a specific image in others' minds. But honestly, their opinions on who I am don't fucking matter (pardon my language). Who I innately am is who I fucking am. I don't need to change or shape perceptions to gain respect. I deserve basic human decency regardless of my identity. (EFT case 40)

Stage 4 – Becoming empowered to advocate for self and queer community. In Stage 4, a sense of empowerment emerges from the process of grappling with concepts introduced in the previous stages. After sticking through the difficult process of reflecting on themselves and their heterosexist event, participants in Stage 4 have at least partially reconciled the conflicts that their heterosexist event represented and now report feeling a greater sense of agency and self-

compassion—sometimes seeing themselves as someone who can make a difference to the larger structure of heterosexism. In addition to increased holistic positive self-regard, many participants also described feeling affirmed in their queer identity and increased solidarity with the LBGTQ+ community. Participants in Stage 4 appear to have transcended their personal hurt from their heterosexist event and instead turn their focus outward to consider how they can advocate for themselves and the broader LGBTQ+ community going forward; some also describe feeling more compassion for heterosexist others as a result of feeling less defensive and seeing the heterosexism as stemming from outside of a particular person. Feelings of peacefulness, calmness, and forgiveness are reported rather than solely negative or painful emotions. Needs described in this stage center around balancing activism implementation (e.g., educating heterosexist others) with commitment to living authentically and maintaining self-protective boundaries. Below is a selection of participant quotes that exemplify Stage 4 responses:

> I feel very gentle right now. In a physical sense I want to handle everything with a delicacy. I want to be forgiving and kind. I'm not afraid of the negative connotations attached to these values; I am at an ease with myself. This morning I woke up and felt okay. .... Okay is not just content with the status quo. It is actively undoing the nagging forces which typically prevent me from being okay. And that makes me feel gentle. … I want to hold onto this feeling of tenderness, of kindness. I am thinking of tenderness as a politic for behaving in a space with other people. Am I keeping their interests in mind? Even if they don't necessarily align with mine? Can I be forgiving? (EFT case 7)

> I feel relieved because I can recognize it is not my responsibility to change her and I likely wouldn't be able to in the time I have left with her anyways. … I need to remind

myself of the compassion I've started feeling towards her experience. I need to hold on to the notion that she is missing out on the beauty of queer people and queer culture, and that makes me more sad for her than angry at her. I need to continue practicing not just compassion for her, but also compassion for myself. Specifically, self-compassion around advocacy efforts and recognizing I am not responsible to move everyone I encounter into acceptance. I need to continue celebrating the strength, connectedness, and pride I feel to my queer identity and the queer community. … The biggest need I have from this study going forward, is that I need to keep my heart open. If I let my heart close in anger and pain, I feel like the oppressor wins. (EFT case 24)

Figure 5

Synthesized model of the stages through which productive cases progress

Stage	**1**	**2**	**3**	**4**
Title – Clients' central activity	**Expressing pain in reaction to the event**	**Shifting perspective from reactive to reflective to make meaning while remaining actively engaged with feelings**	**Developing a self-prizing narrative**	**Becoming empowered to advocate for self and queer community**
Issue	Episodic description of heterosexist event	Recognized/perspective broader patterns of harm evidenced in event and personal reactions to event	Separate self-worth from others' behavior	Claim sense of agency in response to heterosexism
Feelings	Outpouring of painful emotions in reaction to event	Access self-compassionate emotions after reflecting on event	Decrease shame and increased protectiveness of self	Pride and emotional catharsis
Needs	Wish for cessation of pain in an unspecified/abstract. manner	Needs to process rather than avoid feelings	Needs to establish boundaries and nurture self	Needs to live authentically

Unproductive blocks. As mentioned previously, unproductive cases showed a similar presentation to productive cases in Stage 1 of the model. They also experienced an outpouring of emotions in response to having the space to discuss a harmful heterosexist event. However, in contrast to productive cases who shifted in Stage 2 to reflection and realizing that they need to process their emotions, unproductive cases did not move beyond their initial level of description and processing. Instead, their progress became blocked by one or more of the following microprocesses:

Block 1 - Feeling passive/helpless. Some participants maintained the sense of hopelessness that is characteristic of Stage 1 responses. Such responses tended to be based on the concept that not only will specific people never change, but oppressive societal structures will never change, which makes them feel that processing events and emotions is ultimately futile. Below is an example of a response exemplifying this block:

> Anxiety and stress remain, primarily because I know that it is not at all uncommon. Heterosexism will continue to negatively effect my emotional life, my earning potential, and my social life. … My emotional self-management will not ameliorate heterosexism; simply by continuing to exist in society I am forced to deal with implicit heterosexism everyday. … Even as a highly educated white middle class cis gender man, I don't have the resources adequate to deal with the ongoing stress of heterosexism. (EFT case 12)

Block 2 - Dismissing their own ideas. Despite also feeling helpless in the face of structural oppression, some participants generated ideas for what they need going forward in a way that is reminiscent of the burgeoning sense of agency in Stage 2. However, rather than fortifying these ideas with a self-prizing narrative, participants debunk these ideas and remain hopeless to the idea of real change. Below is an example of a response exemplifying this block:

> I need to rise up and become a leader and push for change, although this seems like a daunting task as I am obviously, as a graduate student, already very busy with other responsibilities that will impact my career more. … I think I may just need to finish my PhD as quickly as possible and move to a more accepting town, although that will be hard as job options are limited in academia. I also need to recognize that I need to take time for self-care, which as a grad student is something I am kind of bad at doing. I'd probably be better at advocating for change if I actually slept at night. (EFT case 37)

Block 3 - Self-blaming. Some participants went beyond dismissing their ideas to taking on a sense of blame for their initial reaction to their heterosexist event. The sense of shame that often accompanies descriptions of the event is transferred to another situation (i.e., their reflection on the event) rather than transformed into self-compassion. Below is an example of a response exemplifying this block:

> Well now that I've had the opportunity to write about it yesterday and think about it, I feel foolish. Why I even cared what people at work think of me is a waste of energy. Plus, even if I had been fired, I could have easily found another job. But realistically, I don't think I would've gotten fired for complaining because i am really good at my job. ... So besides feeling foolish, I sort of regret not pursuing it because maybe that particular co-worker would have been talked to and her behavior would have changed. (EFT case 1)

Block 4 - Not motivated to process. As to be expected, some participants had already processed their heterosexist event in the past. While some participants who progressed through Stage 4 described being pleasantly surprised by having new realizations about the event, some participants' progress was blocked because rather than continuing to process, they exhibited

some resistance to the study by stating that there was nothing new that they could glean from continuing to process the event. Below is an example of a response exemplifying this block:

> Third verse, same as the first and the second and still nothing new. Cultivate and engage with support system, be more forgiving of self, etc., etc. There is literally nothing new I can say here whatsoever. I feel like I am already tending to the needs pretty well. … I plan to continue all of the good habits I've been cultivating and use my experiences to remind myself of what I do not need in my life. And once again, I'm out of things to write. Good thing I only have a minute left in which to generate things to type up. (EFT case 42)

Block 5 – Disengaging from exercise. Finally, some participants gradually disengaged from the exercises without an explanation. As opposed to reiterating their hopelessness or explaining why they felt they had nothing new to say, these participants did not engage with their emotions or generate new content. These responses tended to be sparse and short, which precluded the processing necessary to progress to a new stage. Below are two examples of responses exemplifying this block:

> I still feel guilty. Like I was a disappointment. The feelings really haven't changed. I have no new insights. (EFT case 15)

> I'm still upset and disappointed like the last time or so I filled this out. (EFT case 36)

CHAPTER 5

DISCUSSION

The current study did not provide evidence that any expressive writing condition was superior to the others, as indicated by the results of Aim 1a, which means that there is no causal evidence from the experimental design of a treatment effect. However, when taking multiple sources of evidence into consideration, the results suggest that expressive writing about heterosexist events may in fact be beneficial to LGBTQ participants despite a lack of causal evidence. For example, rather than interpreting the similarities in outcome between conditions as indicative that the expressive writing interventions had no effect on outcome, they could be interpreted as beneficial when compared to an outcome that is established as efficacious. The Write condition was modeled after Pennebaker's classic expressive writing paradigm, whose positive effects have been documented for decades (Frattaroli, 2006). This may indicate that the EFT and Control conditions were similarly effective to a condition that is known to be beneficial for participants, especially considering ways that the current study's control group had therapeutic elements (see next section). The approach of comparing interventions to other treatments rather than a "true" control group is common in psychotherapy research due to ethical limitations of providing some participants with treatment and not others; studies using this design to establish relative efficacy tend to ask which intervention is best for treating a particular disorder or problem rather than asking whether the intervention works, per se (Wampold & Imel, 2015). For example, a study comparing the effects of cognitive-behavioral therapy (CBT) to

psychodynamic therapy for depression may not include a control group, implying that they are not testing whether CBT works but rather if it is more effective than psychodynamic therapy for treating depression (Driessen et al., 2013).

When taking this perspective, the evidence of change in scores over time seen across conditions becomes more compelling than the lack of difference between them. More specifically, scores on measures of depression (CESD-R) and trauma-related distress (IES-R) were significantly decreased in the sample as a whole, with a notably strong effect size (ηp^2= .289) associated with the reduction of IES-R scores at Follow-Up compared to Baseline. Additionally, almost every participant (99.2%) reported feeling as if the exercises helped them make at least a little progress in processing their event. While some may regard self-report questions as less empirically valid than validated outcome measures (e.g., CESD-R), using measures of psychological distress may not capture progress in processing a heterosexist event as accurately as self-report questions written specifically to assess how much progress participants feel they have made. Finally, a task analysis of participants' writing revealed forms of processing that are characteristic of productive and unproductive responses by identifying four stages through which many participants progressed and blocks that stymied others. The results of this analysis offer insight into the process through which expressive writing may yield psychological benefits.

Taken together, the quantitative, qualitative, and self-report results of this mixed-methods study serve as are promising indicators that the writing intervention had an impact on outcome scores. However, further research is required to empirically document a treatment effect of these writing exercises.

Interpreting Why the Control Condition Did Not Serve as a Control Condition

A surprising finding from this study is that there were no significant differences in outcome scores between participants in different expressive writing conditions. Not only did the EFT condition not produce greater reductions in outcome scores as hypothesized, participants in the Control condition had similar outcomes to both the EFT and Write conditions. Even when considering the aforementioned interpretation that the Write condition represents an efficacious treatment, we would only expect the EFT condition to have a similar effect to the Write condition. The fact that all three conditions had similar outcomes suggests that the Control condition did not actually serve as a typical control.

One possible reason for the similar effects between conditions is that an innovation in this study was the provision of a rationale for all the conditions, including the Control condition (i.e., described it as a mindfulness exercise). Furthermore, participants were asked to evaluate whether they felt there was a good rationale for the condition they were in using a Likert-type scale, and previous analyses using the current study's dataset show that there were no significant differences of this rating between conditions [$F(2, 152)= 0.983$, $p= .376$] (Collins et al., 2017). According to the Contextual Model, clients' expectations that psychotherapy will work is one of the three major components necessary for psychotherapeutic change, a key aspect of which is the clients' acceptance of a cogent rationale for that treatment (Wampold & Imel, 2015). While expressive writing exercises are not equivalent to psychotherapy and are missing other core components of the Contextual Model (e.g., the real relationship between therapist and client), the positive influence of a treatment rationale on clients' (or in this case, participants') expectations remain relevant to understanding why the control condition did not actually seem to serve as a control condition. It is possible that simply providing a rationale for the control condition turned

it into a therapeutic condition, even though participants were instructed to not write about their heterosexist experience and focus instead on describing their previous day without emotion.

Another possibility is that providing a rationale in conjunction with having participants summarize their heterosexist event for five minutes before completing each exercise had a similar impact across conditions, meaning that the different prompts for the three conditions had no extra effect beyond summarizing the event after being provided with a rationale. Simply summarizing the event three days in a row may account for the change seen across all three conditions. To test this theory, future research should incorporate a more traditional control condition in which participants receive a rationale for their condition but do not summarize their heterosexist event again, although additional considerations must be considered to design an ethical control condition that does not harm participants by having them write about a potentially traumatic event one Day 1 and then not returning to it at all.

Finally, despite the intent for the three conditions to be different, it could be that doing any kind of writing on such a specific experience is beneficial regardless of the prompts because it structures thinking and, perhaps acclimatizing to a difficult experience. Two recent meta-analyses on expressive writing (Frattaroli, 2006; Reinhold, Burkner, & Holling, 2017) agree that more specific writing prompts with directive instructions yield higher effect sizes than less specific prompts, and all three writing conditions were about the same specific prompt of processing a heterosexist event as opposed to writing about a "distressing experience" or a similarly vague topic. Furthermore, future research should investigate participant adherence to each condition. While aspects of research design such as including a rationale for all three conditions and having all participants repeatedly summarize their heterosexist event may account for the lack of difference between conditions, it could also be that participants in the control

condition did not follow directions and wrote emotionally evocative reflections about their heterosexist event anyway.

Differentiating Long-Term and Short-Term Effects of Expressive Writing

Although many individual studies over the years have documented the physical (Henry et al., 2010; Smyth et al., 20008) and psychological (Baikie, et al., 2012; Baum & Rude, 2013) benefits of expressive writing, including in samples with diverse samples writing about minority stress issues (Kaufka, 2009; Pachankis & Goldfried, 2010), confusion remains in the literature about the specific mechanisms through which expressive writing facilitates these benefits. Efforts to systematically assess this topic using meta-analytic methods also have yielded contradictory results. Whereas the largest meta-analysis to date on the effects of expressive writing found a small but significant effect size of r= .075 (Frattaroli, 2006), which is roughly equivalent to a Cohen's d= .15 (small effect), a recent meta-analysis found that expressive writing had no significant long-term effect on depressive symptoms as evidenced by an effect of g= –0.03, which is roughly equivalent to d= –0.03 (no effect; Reinhold et al., 2017). This meaningful difference in results necessitates a careful analysis of each article to understand why their results differed from each other and how the results of the current study can be understood in context of their differences.

One key difference between these two meta-analyses is the timeframe used to assess effects. Reinhold et al. (2017) found no significant long-term effect (g= -0.03) of expressive writing on depressive symptoms, as measured by scores at an average follow-up of 6.4 months. However, they did find a significant albeit small effect (g= -0.09) of expressive writing on depressive symptoms immediately post intervention, which in their sample lasted an average of 3.8 writing days spaced 2.6 days apart. Similarly, Frattaroli (2006) tested the moderating effect

of how long post-intervention the follow-up measures were administered. She found that although expressive writing did have a significant effect even when accounting for the fact that the average follow-up occurred at three months (r= .075), follow-ups that occurred less than one-month post-intervention had stronger effects (r= .111) than those that occurred more than one-month post-intervention (r= .064). Together, these results suggest that expressive writing has stronger short-term effects.

The idea that expressive writing may have stronger short-term effects appears to contradict the current study's findings of significant large effects of time trauma-related distress scores ($p < .001$, $\eta p^2 = .289$) in which IES-R scores of the entire sample dropped significantly between baseline and the two-month follow-up. However, this finding could have been influenced by the phrasing of the IES-R scale question at Day 4, as participants were asked to reflect upon the last seven days which included the time before the study began. In future research, it might be useful to ask about the immediate experience only on Day 4 after participating in the study. Additionally, the current study's IES-R findings were only based on analyses using the entire sample without a comparison group that did not engage in expressive writing, which means that we cannot conclude definitively that the writing exercises caused the decrease in IES-R scores over time. However, if you consider the similar outcomes across conditions as indicative of a positive impact of expressive writing given the documented efficacy of the classic Pennebaker design used in the Write condition, the large effect of IES-R decreases over a time period beyond Frattaroli's (2006) one-month cutoff could indicate that expressive writing about heterosexism is uniquely helpful in reducing trauma-related distress. Ultimately, further investigation is necessary to determine if this effect lasts beyond the two-month mark or if the effect wanes by six months, as indicated by Reinhold et al. (2017).

Conceptualizing Heterosexism as a Form of Trauma

Another key difference between the aforementioned meta-analyses is that Reinhold et al. (2017) focused specifically on the effect of expressive writing on depressive symptoms in adults without PTSD, whereas Frattaroli (2006) included articles with broader inclusion criteria and outcome measures. Notably, Frattaroli included articles that sought participants who had experienced a traumatic event. The fact that stronger effects were found in a meta-analysis that included participants with trauma suggests that expressive writing may be particularly useful for people who have experienced trauma. The current study's finding that trauma-related distress was reduced after writing specifically about a heterosexist event brings into question how we conceptualize heterosexism. Could the fact that the current study's findings about the effect of expressive writing more closely align with Frattaroli's (2006) findings indicate that the impact of heterosexism should be conceptualized as a form of trauma?

A potential rebuttal to this idea is that not every sexual minority person has PTSD, although presumably all experience heterosexism in some way. This is an ineffectual argument because not everyone who experiences a traumatic or extremely stressful life event develops PTSD (Seidler & Wagner, 2006). Even if someone does experience the requisite symptoms (e.g., intrusive thoughts, hyperarousal, avoidance of trauma-related cues, emotional dysregulation), PTSD cannot be diagnosed in the DSM-5 without exposure to one or more events that involve death or threatened death, actual or threatened serious injury, or actual or threatened sexual violence (American Psychiatric Association, 2013). This requirement defines trauma as something a) interpersonal (as opposed to internal or systemic) and b) that threatens or harms the body rather than something that threatens or harms less-concrete aspects of personhood (e.g., self-concept, sense of safety). However, experiencing stressors that do not qualify by these

criteria can still cause PTSD-like symptoms (Seidler & Wagner, 2006), which calls into question the sway that the event criteria (referred to as Criterion A) has over the defining what is traumatic.

In line with these critiques, scholars have recently begun conceptualizing oppression as a traumatic event and calling for this Criterion A to be expanded to include what is referred to as the insidious impact of oppression (Holmes, Facemire, & DaFonseca, 2016). As relevant to the current study, heterosexist oppression in particular has a compelling body of empirical evidence supporting the claim that heterosexism is traumatic. Recent literature shows that heterosexist events that meet Criterion A (e.g., a sexual orientation-based hate crime) and those that do not (e.g., heterosexist discrimination) are both predictors of PTSD symptoms in LGB individuals and account for a quarter of the variance in PTSD symptoms when their influence is combined (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011). Furthermore, qualitative evidence shows that both Criterion A and non-Criterion A events share thematic similarities, such that a range of heterosexist events are associated with a compromised sense of safety and the need to make major life changes following the event (Alessi, Martin, Gyamerah, & Meyer, 2013). Together, these findings suggest that experiencing heterosexism is related to the development of PTSD symptoms, even in the case of non-life-threatening discrimination that would not historically be characterized as traumatic.

Exploring the Relationship Between Trauma and Depression

If heterosexist events are conceptualized as a form of trauma, understanding the relationship between trauma and depression can help elucidate why depressive symptoms were reduced in Frattaroli's (2006) meta-analysis but not Reinhold et al.'s (2017), which excluded participants with a history of trauma. One study that explored the relationship between

expressive writing, trauma symptoms and depressive symptoms showed that expressive writing did not reduce the frequency of intrusive event-related thoughts but did moderate the impact of intrusive thoughts on depressive symptoms, which were reduced after engaging in an expressive writing exercise (Lepore, 1997). The follow-up period in that study was only two weeks, which may explain the reduction in depressive symptoms that at first glance contradicts Reinhold et al.'s (2017) meta-analysis. Also, the fact that Lepore found no reduction in IES scores is consistent with the current study's findings that IES-R scores were not significantly different immediately post-intervention but were significantly lower at Follow-Up two months later. In context of the results from Lepore's (1997) study, it could be that the current study's participants had lower depression scores post-intervention because writing about their heterosexist event helped reduce the negative emotional impact of event-related thoughts.

While moderators of the relationship between event-related thoughts and depressive symptoms can potentially explain the current study's CESD-R results, the question remains of why trauma-related stress scores in the current study stayed consistent throughout the intervention but significantly dropped two months later. IES-R scores could have dropped between Day 4 and Follow-Up because participants did not engage in expressive writing and so were no longer actively thinking about the event. However, the fact that the current sample's IES-R scores were lower at Follow-Up (10.2 ± 10.6) even after controlling for Baseline scores than they were at Baseline (19.5 ± 13.9) indicates that completing the expressive writing intervention influenced this score reduction. One possible interpretation of these results is that the sustained presence of trauma-related distress at Day 4, as opposed to the score reduction seen at Follow-Up, is not inherently negative and does not fully represent whether participants were "getting better." This theory is consistent with the therapeutic adage that "the only way out is

through," which has empirical support from psychotherapy research showing that clients must process distressing emotions to transform them, which often means feeling worse before ultimately feeling better (Pascual-Leone & Greenberg, 2007).

Post-traumatic growth (PTG) refers to positive changes that can happen in response to a stressful life event such as increased appreciation for life, increased sense of personal strength, changed priorities, and the development of more meaningful interpersonal relationships (Tedeschi & Calhoun, 2004). A recent meta-analysis seeking to understanding the relationship between PTG and post-traumatic stress symptoms found that their relationship takes the shape of an inverted U, such that increased PTSD symptoms are associated with increased PTG until the PTSD symptoms reach a certain level of severity, at which point the relationship becomes reversed (Shakespeare-Finch, & Lurie-Beck, 2013). In other words, PTG is ultimately associated with a reduction in distress but does not necessarily eradicate it. In fact, the researchers who coined the term (Tedeschi & Calhoun, 2004) believe that distress catalyzes growth and "some enduring upset may accompany the enhancement and maintenance of PTG" (p. 12). As such, the fact that high IES-R scores were maintained from Baseline through Day 4 may indicate that participants were in the process of cultivating post-traumatic growth during the process of expressive writing rather than not deriving benefit from the exercises.

Critiquing Outcome Scores as Indicators of Progress

When considering that PTG necessitates distress (Tedeschi & Calhoun, 2004) and is positively associated with PTSD symptoms (Shakespeare-Finch & Lurie-Beck, 2013), it appears that relying on reduced scores on measures of PTSD symptomology (such as the IES-R) may be an insufficient method of measuring personal growth or otherwise determining the positive impact of an intervention. This brings into question not only the specific interpretation of the

current IES-R results but also the entire method of using symptom-based outcome measures as a way to determine holistic improvement. In the case of expressive writing interventions specifically, studies often determine whether expressive writing is beneficial to participants by comparing outcomes between participants who did or did not engage in expressive writing (e.g., with a control condition). These outcomes are compared statistically, which means that the outcome variables are necessarily quantitative; scores on measures of psychological distress are commonly used, although some studies use other outcome indicators relevant to the study population that go beyond symptom-based measures (e.g., number of trips to the doctor, exercise and eating habits, length of time to find a job). Even deliberate attempts at capturing the subjective benefits of expressive writing results are quantified, as is the case with the current study's composite Direct Assessment of Progress score. Both types of outcomes tell researchers about changes in participants' experience, including physical, cognitive, affective, and behavioral experiences. Reduced scores on measures of theoretically undesirable experience (e.g., depression scores) and high scores on measures of theoretically positive experiences (e.g., subjective wellbeing) indicate that the exercises are worth doing, meaning they are more beneficial than doing nothing. However, as in the case of PTG, quantitative outcome measures should be interpreted carefully. Although it may seem clear that lower trauma-related distress scores are good or higher depression scores are bad, relying solely on quantitative outcome measures may result in deceptively simplistic interpretations. These measures necessarily constrain what forms of change can be assessed, which is why alternative forms of data collection and analysis are necessary to explore what additional processes are at play within the documented change in outcome scores.

Describing the Utility of the Task Analysis Results

In the past two decades there has been an increase in mixed methods research that combines quantitative and qualitative methodology, such that "problem-oriented" quantitative data and "process-oriented" qualitative data are collected and analyzed according to their respective standards and then integrated to offer a comprehensive understanding of a research question (Tashakkori, Teddlie, & Sines, 2013). Task analysis is a mixed methods approach that was developed specifically for the purpose of studying the process of change in psychotherapy (Pascual-Leone, Greenberg, Pascual-Leone, 2009) which is why I chose this method of data analysis for the current project. By making use of the enormous amount of rich qualitative data produced through this study in addition to noticing statistically significant score changes, I was able to explore the question of not only if but how participants benefitted from expressive writing.

The task analysis produced a synthesized model outlining four stages through which productive cases progressed as they processed a heterosexist event, as well as a description of several common blocks to progress experienced by unproductive cases. This model can serve as a guide for clinicians working with LGBTQ clients who are processing discriminatory experiences because they can notice what stage their client is currently in and formulate interventions to help them advance to the next stage. Additionally, understanding the common blocks that kept unproductive cases from shifting from feeling hopeless about overcoming their pain (Stage 1) to recognizing the need to turn towards their emotions (Stage 2) can allow clinicians to help their clients notice and circumvent these pitfalls, which can in turn facilitate their progression through the later stages in which they transcend the details of the particular heterosexist event to develop a self-prizing narrative (Stage 3) and feel empowered to advocate

for themselves and others in the LGBTQ community (Stage 4). This model is particularly valuable considering that very little qualitative research has been conducted on LGBTQ issues in therapy (Singh & Shelton, 2011) or the process of healing from heterosexist events; for example, a content analysis of publication patterns in a leading journal on LGBT issues in counseling revealed that only four articles about counseling process were published between 2006-2012 (Goodrich, Sands, & Catena, 2015). This lack of research precludes a rich understanding of the issues LGBTQ clients face in therapy and the processes through which these issues are resolved. The model produced by the current study's task analysis offers unique insight into microprocesses that help or hinder the resolution of heterosexist events.

In addition to providing insight into microprocesses involved in resolving a heterosexist event, the synthesized model complements the previously discussed quantitative results by offering a context in which to interpret the outcome scores. Stage 4 of the model shows that productive cases ultimately affirmed their queer identity and felt empowered to advocate not just for themselves but for the LGBTQ community as a whole. Recent literature shows that feeling connected to the LGBTQ community is an important coping resource that is associated with stress-related growth (Bonet, Wells, & Parsons, 2007), which is in turn associated with reduced depression and anxiety as a result of improved emotion regulation skills (Wang, Rendina, & Pachankis, 2017). Furthermore, affirming queer (Fingerhut, Peplau, & Gable, 2010) and gender (Glynn et al., 2016) identities increases self-esteem, reduces reactivity to perceived stigma, and generally buffers against the negative psychological consequences of heterosexism such as depression and anxiety.

Together, these results offer an interpretation of the current study's finding that depression scores did not significantly change between Day 4 and Follow-Up and that negative

affect scores did not significantly change between any time points; participants who did not persevere through processing their emotions were unable to develop affirmative narratives that can buffer against psychological distress, and even participants who did progress through Stage 4 are likely not at the end of their period of stress-related growth but the consolidations of their insights into post-traumatic growth may continue. Working through several days of expressive writing resulted in significantly decreased trauma-related distress, which may reflect participants' shift from feeling less burdened by the event itself and the perceived stigma associated with the event, as consistent with the literature on stress-related growth through connecting with the LGBTQ community (Bonet et al., 2007). However, they may have further processing ahead of them before the benefits of developing a self-affirming narrative and connecting with the community has a buffering effect, as indicated by lower depression scores (Wang et al., 2017); this buffering effect may happen as participants put the needs and values that they uncovered throughout the study into effect. As such, future research should replicate the study with either a longer follow-up period or multiple check-ins across a longer span of time.

When making such interpretations, it is necessary to consider that the task analysis only analyzed cases from the EFT condition. Further research is required to understand how participants benefitted from the Write and Control conditions. Task analyses on each separate condition could potentially clarify processes that are unique to each condition as well as those that are shared between conditions. Additionally, the current study only completed the discovery phase of a task analysis. Future research should complete the subsequent phases of task analysis, including a validation phase to empirically validate the model on a new sample and a dynamic modeling phase to develop a scale representing the model (Pascual-Leone, Greenberg, Pascual-Leone, 2009), as previously described in the Method section.

Strengths and Limitations

As to be expected, the current study has both strengths and limitations. Tailoring an empirically supported intervention (e.g., expressive writing) to the needs of sexual minorities increases the resources available to help people cope with marginalization. Many LGBTQ people lack access to an LGBTQ-affirmative therapist, or are financially prohibited from accessing one, and others may not want to invest the necessary time and money into using psychotropic medication to combat the psychological sequelae of heterosexism. The potential benefits of high-investment treatments like psychotherapy or medication may not outweigh the cost for many people who are burdened by heterosexism in addition to attending to their various daily responsibilities. However, the process of sitting down to write about your thoughts and feelings is low-risk and essentially free, meaning that the well-documented psychological benefits in the literature (Frattaroli, 2006) are likely to be worth the minimal cost. Unfortunately, the current study did not provide causal evidence that expressive writing reduces psychological distress, although the self-reported benefits offer promising evidence that this particular set of writing exercises is a useful low-cost exercise for sexual minority people coping with heterosexism.

Furthermore, the mixed methods design offers the opportunity to explore the effect of the writing exercises from multiple epistemological perspectives, which richens the results and their potential implications. Additional mixed methods research on the current sample could provide further insight into how expressive writing leads to psychological benefits in LGBTQ individuals. Specifically, participants who complete the study could be interviewed about their experience of the exercises and analyzed using a grounded theory approach so that their perspective can be deeply understood beyond a score on a composite Direct Assessment of Progress score. Finally, the use of an online format to capture independently written responses

rather than transcriptions of recorded psychotherapy sessions is an innovative adaptation of a task analysis, which is a relatively new qualitative method. The capacity of the current study to produce compelling and useful results suggests that future research can use this or other adaptations of the task analysis method to approach research questions in innovative ways.

Despite these contributions to the field of LGBTQ psychology, this study is not without its limitations. The exploratory analyses of outcome scores between demographic groups was limited by the fact that many demographic categories had unevenly small group sizes. Although recruitment efforts focused on trying to recruit diverse populations of LGBTQ people, our sample was 73.3% White, which means our results disproportionately represent the experience of White LGBTQ people. Although it is presently unclear how the relative lack of racial and ethnic diversity in the current sample impacted outcomes, increasing racial and ethnic could increase generalizability of the findings and thus future research should focus more intently on recruiting racially and ethnically diverse participants. Similarly, while our sample had a relatively even representation of LGBQ individuals, the small proportion of asexual LGBTQ participants (7.6%) may have impacted the between-group analyses due to power issues related to the uneven group sizes. If aiming to understand the resolution of heterosexist events in the full LGBTQ community, as is the case in the current study, recruitment efforts should focus on underrepresented populations such as asexual participants. If aiming to specify the writing exercises further in the interest of improving the generalizability of findings, unique exercises could be developed for population-specific challenges such as monosexism, cissexism, and allosexism in addition to the overarching construct of heterosexism.

Conclusion

The results of this study do not provide causal evidence that any of the three expressive writing exercises was more effective than the others, although the self-report data that subjects felt they made progress in resolving their heterosexist event paired with the significantly reduced depression and trauma scores in the entire sample support the idea that expressive writing may be beneficial for resolving a heterosexist event. Considering the large effect size of time on trauma-related distress scores in our sample (ηp^2=.289) and the fact that participants who have a history of trauma have higher subjective impact effect sizes in expressive writing studies (Frattaroli, 2006), the current study supports the conceptualization of heterosexism as an insidious form of trauma even when it does not meet traditional diagnostic criteria for a traumatic event. Furthermore, the synthesized model resulting from the task analysis provides insight into the process through which participants derived benefits from expressive writing. This model can be utilized by clinicians in session to facilitate the resolution of heterosexist events and the cultivation of self-affirmation in their LGBTQ clients, as well as in supervision to guide clinicians who feel stymied in their work with clients who discuss heterosexist experiences. Although future research is necessary to further refine the field's understanding of both how expressive writing works and the nature of psychotherapy processes that are unique to LGBTQ issues, the current study offers promising evidence supporting a therapeutic intervention that can help LGBTQ individuals who are experiencing distress. In a society that systemically oppresses non-heterosexual people and causes them psychological harm but does not commit the necessary resources to helping them or even trying to understand how to help them, the potential benefits of this easily accessible intervention should not be ignored.

APPENDIX A

EXPRESSIVE WRITING PROMPTS

Expressive Writing Prompt: EFT Condition

1. First, please take 5 minutes to write a description of the heterosexist experience that you are focusing on for this study in the space provided below. Please let us know what happened, what was upsetting for you at the time, and what remains upsetting for you now. (Examples: being insulted or bullied, being harassed, being denied services, etc.)

2. Now, we encourage you to consider the feelings you have. Sometimes people feel like pushing their feelings away, but we encourage you to gently hold those feelings and see if you can describe them. We encourage you to stay present with the emotions that you experience, to be nonjudgmental about them, and accept them as part of the experience of being human. Once you feel that you have explored a feeling, keep asking yourself, "Is that word or phrase the right fit for what I feel? Is there anything else that I feel?" Because people are taught to bury their feelings, sometimes feelings are hidden and noticing them is a slow process. Be curious about what other feelings accompany or underlie the feelings that you first notice. While you are writing over the next five minutes, see how many feelings you can allow yourself to really feel connected to and describe well.

3. Often feelings tell us about things that we are needing but not getting, or not getting in the way that would be most helpful for us. Now, I'd like to ask you to stay with the feelings you have just been experiencing and ask yourself what each of those feelings are telling you that you are needing. What would make that emotion feel better? What does it need? As you ask this question, notice but set aside needs that you can't control, like "I need someone else to change or for systems to change and become less homophobic," and instead focus on needs that you could meet, like "I need to express myself," "I need to soothe myself" or "I need to find or create reassurance, support, protection or compassion." There can be many different needs that arise. Be open to them.

If new feelings arise in the process of exploration, especially ask yourself what those feelings are needing. At this point, don't worry about how to meet those needs or resolve them, but just notice what each feeling is telling you that it needs. If you feel finished, you can back to the description of feelings you wrote and consider if there is anything else that they might need. Over the next five minutes see what need or needs arise and whether there is any central need that seems most pressing to you.

4. Now, focus on what you have written about your needs to consider what might be helpful to meet those needs. If you have described a number of needs, you may notice that there might be some that you haven't thought about as much as others or needs you were hoping others might meet that you might need to meet yourself. Thinking about those less understood needs might lead to new ideas on possible ways to move forward. Ask yourself questions like: Is there a way that I can come to better accept that I have this need? Can others or can I help myself to better meet those needs? Is there a new way that I'd like to relate to others or something I'd like to ask

them? Is there a message that I can tell myself that might be good for me to keep in mind? Over the next five minutes, take your time in considering these questions and noticing what responses seem most useful to you, knowing that you can look back at your description of needs if that is helpful.

Expressive Writing Prompt: Write Condition

1. First, please take 5 minutes to write a description of the heterosexist experience that you are focusing on for this study in the space provided below. Please let us know what happened, what was upsetting for you at the time, and what remains upsetting for you now. (Examples: being insulted or bullied, being harassed, being denied services, etc.)

2. Now, please use the next 15 minutes to really explore your deepest feelings and thoughts about this experience. Please give yourself the time to really explore your very deepest emotions and thoughts as you consider this experience.

Expressive Writing Prompt: Control Condition

1. First, please take 5 minutes to write a description of the heterosexist experience that you are focusing on for this study in the space provided below. Please let us know what happened, what was upsetting for you at the time, and what remains upsetting for you now. (Examples: being insulted or bullied, being harassed, being denied services, etc.)

2. Now, please use the next 15 minutes to practice focused attention. Describe in detail what you have done since you completed the first survey yesterday. It is important that you describe things exactly as they occurred. If thoughts about the heterosexist experience emerge, notice them without judgment but then quickly return your attention back to the exercise. As though you are describing a movie in slow motion, describe what you saw, did, and heard. Your description should be as objective as possible – like you are seeing yourself through someone else's eyes. Do not mention your own emotions, feelings, or opinions. See if you can keep your focus on describing the events that happened.

APPENDIX B

QUESTIONNAIRES

The Center for Epidemiological Studies Depression Scale Revised (CESD-R)

Please indicate how often you have felt this way DURING THE PAST WEEK by checking or circling the appropriate number.

Please use the following scale for questions 1 – 20

0----------1----------2----------3

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

_____ 1. I was bothered by things that don't usually bother me.
_____ 1. I had trouble keeping my mind on what I was doing.
_____ 1. I felt depressed.
_____ 1. I felt that everything I did was an effort.
_____ 1. **I felt hopeful about the future. ***
_____ 1. I felt fearful.
_____ 1. My sleep was restless.
_____ 1. **I felt happy. ***
_____ 1. I felt lonely.
_____ 1. I could not "get going."

*Bolded items are reverse scored.

The Positive and Negative Affect Schedule (PANAS)

Please rate how you feel today:

Please use the following scale for questions 1 – 20

1----------2----------3----------4----------5

Very slightly or not at all	**A Little**	**Moderately**	**Quite a bit**	**Extremely**

_____ 1. Enthusiastic
_____ 2. Interested
_____ 3. Determined
_____ 4. Excited
_____ 5. Inspired
_____ 6. Alert
_____ 7. Active
_____ 8. Strong
_____ 9. Proud
_____ 10. Attentive
_____ 11. Scared
_____ 12. Afraid
_____ 13. Upset
_____ 14. Distressed
_____ 15. Jittery
_____ 16. Nervous
_____ 17. Ashamed
_____ 18. Guilty
_____ 19. Irritable
_____ 20. Hostile

Items 11-20 make up the negative subscale of the PANAS.

The Impact of Events Scale Revised (IES-R)

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the heterosexist experience that you are considering in this study. How much were you distressed or bothered by these difficulties?

Please use the following scale for questions 1 – 22

0----------1----------2----------3----------4

Not at all A little bit Moderately Quite a bit Extremely

_____ 1. Any reminder brought back feelings about it.

_____ 2. I had trouble staying asleep.

_____ 3. Other things kept making me think about it.

_____ 4. I felt irritable and angry.

_____ 5. I avoided letting myself get upset when I thought about it and was reminded of it.

_____ 6. I thought about it when I didn't mean to.

_____ 7. I felt as if it hadn't happened or wasn't real.

_____ 8. I stayed away from reminders of it.

_____ 9. Pictures about it popped into my mind.

_____ 10. I was jumpy and easily startled.

_____ 11. I tried not to think about it.

_____ 12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.

_____ 13. My feelings about it were kind of numb.

_____ 14. I found myself acting or feeling like I was back at that time.

_____ 15. I had trouble falling asleep.

_____ 16. I had waves of strong feelings about it.

_____ 17. I tried to remove it from my memory.

_____ 18. I had trouble concentrating.

_____ 19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.

_____ 20. I had dreams about it.

_____ 21. I felt watchful and on-guard.

_____ 22. I tried not to think about it.

Intrusion subscale: 1, 2, 3, 6, 9, 14, 16, 20

Avoidance subscale: 5, 7, 8, 11, 12, 13, 17, 22

Hyperarousal subscale: 4, 10, 15, 18, 19, 21

The Wright Internalized Homophobia Scale (TIHS)

Please answer the following questions:

Please use the following scale for questions 1 – 9

1----------2----------3----------4----------5

Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**

_____ **1. I have a positive attitude about being LGBQ. ***

_____ 2. I feel uneasy around people who are very open in public about being LGBQ.

_____ 3. I often feel ashamed that I am LGBQ.

_____ **4. For the most part, I enjoy being LGBQ. ***

_____ 5. I worry a lot about what others think about my being LGBQ.

_____ **6. I feel proud that I am LGBQ. ***

_____ 7. I feel that being LGBQ is a sin.

_____ 8. I wish that I weren't attracted to the same sex.

_____ **9. I feel that being LGBQ is a gift.** *

*Bolded items are reverse scored.

APPENDIX C

PROCESS RATING SCALE

Process Rating Scale

1 = Got worse
2 = Stayed the same/didn't engage
3= Some change but then resistance/stopped, disengaged
4 = Emoted/expressed self but superficially
5 = Some differentiation in awareness of feelings
6 = Change in awareness of new needs, but superficial
7 = Change in awareness of meeting needs, takes new perspective on needs
8 = Change in awareness of needs and plan in relationship or self
9 = Change in awareness of needs and plan in relationship and self entirely
10 = Shift in emotional experiencing with regard to other/self as well (more holistic change)

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