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Minority Stress and Well-Being in Adult Gay Men: The Mediating Role of Authenticity

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MINORITY STRESS AND WELL-BEING IN ADULT GAY MEN: 
THE MEDIATING ROLE OF AUTHENTICITY

By

Daniel K. Birichi

A DISSERTATION

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MINORITY STRESS AND WELL-BEING IN ADULT GAY MEN: THE MEDIATING ROLE OF AUTHENTICITY

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Minority stress processes that include perceived discrimination, expectations of rejection, internalized homophobia and concealment of sexual orientation have been previously linked to psychological distress but not much is known about their relationship with hedonic and eudaimonic well-being. In this study, hedonic well-being was defined as satisfaction with life, the presence of positive affect and absence of negative affect. Eudaimonic well-being was defined as purpose in life, personal growth and positive relations with others. Additionally, not much is known about their relationship with authenticity which has been deemed necessary for optimal human functioning, and positive gay identity. The purpose of this study was to examine the relationships between minority stress and well-being and whether authenticity mediated this relationship in a sample of 226 self-identified gay men surveyed via the internet. Findings suggest that authenticity fully mediated the relationships between internalized homophobia and both well-being outcomes. Authenticity fully mediated the relationship between concealment and hedonic well-being and partially mediated the relationship between concealment and eudaimonic well-being. Expectations of rejection was significantly associated with both hedonic and eudaimonic well-being but not authenticity. Perceived discrimination was not significantly associated with authenticity or either well-being outcomes. Implications and future directions are discussed.
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CHAPTER 1: INTRODUCTION

There have been many positive developments in the past few years towards establishing equal rights for sexual minorities, particularly gays and lesbians. Such events include the removal of the U.S. Armed Forces’ policy of “Don’t Ask, Don’t Tell” and the passing of marriage equality in several states. In June 2013, the U.S. Supreme Court ruled that the Defense of Marriage Act (DOMA), a federal law that defined marriage as between a man and a woman, is unconstitutional. As of May 2015, same sex marriage is legal in 37 states and the District of Columbia (“Where State Laws Stand”, 2015).

Despite these major policy and legal shifts, disparities still exist between heterosexuals’ and sexual minorities’ mental health. Indeed, there is a higher prevalence of mood, anxiety, and substance use disorders in lesbian, gay and bisexual (LGB) individuals when compared to their heterosexual counterparts (Cochran, Sullivan, & Mays, 2003; King, et al., 2008). Additionally, LGBs report more suicide attempts than do heterosexuals (King et al., 2008; Meyer, Dietrich, & Schwartz, 2008; O’Donnell, Meyer, & Schwartz, 2011). Sexual minorities also fare significantly worse than heterosexuals on positive assessments of well-being (Riggle, Rostosky, & Danner, 2009). As the population of self-identified sexual minorities in the U.S. is estimated to be about 9 million (Gates, 2011), it is important to examine and address the factors that might contribute to mental health disparities between heterosexuals and sexual minorities.

Minority Stress

The minority stress model is a theoretical framework that has been used to explain LGB well-being (Meyers, 1999, 2003), and offers an explanation for mental health disparities between LGB individuals compared to heterosexuals. The model hypothesizes
that increased stigma, discrimination, and associated stress related to sexual minority status, all contribute to psychological distress. More specifically, the factors contributing to negative psychological outcomes are perceived discrimination, expectations of rejection, internalized homophobia, and concealment of sexual orientation. Minority stress in LGBs has parallels to race related stress in ethnic minorities. Researchers have found associations between discrimination and poor mental health outcomes among ethnic minority individuals (Banks, Kohn-Wood & Spencer, 2006; Landrine & Klonoff, 1996; Kessler, Mickelson, & Williams, 1999; Williams, Neighbors, & Jackson, 2003)

Minority stress presents an obstacle to LGB well-being. LGB individuals report multiple incidences of stressors in their daily lives such as experiencing discriminatory events and microaggressions that may be acute and/or chronic (Nadal, 2013). For example, LGB participants in a PEW Research Center study (2013) reported that although they felt that there was increased societal acceptance of sexual minorities, about half of the sample (N = 1197) reported perceiving that LGB individuals still experienced discrimination in society. Additionally, results from a national probabilistic U.S. sample of LGB adults on lifetime experiences of discrimination, found that half the respondents reported experiencing verbal harassment; one in five reported experiencing person or property crimes; and more than one in ten reported experiencing employment and housing discrimination (Herek, 2009). Several studies have found associations between discrimination, stigma, victimization and negative mental health, suicide and self-harm (House, Van Horn, Coppeans, & Stepleman, 2011; Huebner, RebChook, & Kegeles, 2004; Mays & Cochran, 2001).
Gay men in particular may be at more risk for minority stress based on their sexual orientation. Gay men are significantly more likely than lesbians and bisexuals to have experienced violence based on their orientation (Herek, 2009). According to Hate Crime statistics from the Federal Bureau of Investigation, the majority of Hate Crime offenses are directed towards gay males or males perceived to be gay (United States Department of Justice, 2000, 2012). Gay men may have increased odds for depression, anxiety or comorbidity when compared to heterosexual men (Cochran, et al., 2003). Furthermore, gay men are also more likely than heterosexual and bisexual males to have experienced a mental health disorder in the past year (Bostwick et al., 2014).

The minority stress model is important in explaining health disparities; however, it is limited as it represents a deficit-based approach mostly due to the focus on psychological distress. Deficit models focus on psychopathology while strength based approaches focus on positive qualities of life that include virtue and meaning (Smith, 2006). A recent theoretical reformulation of mental health persuasively suggests that mental health is more than the absence of psychopathology and should include the presence of positive mental health and well-being as well (Keyes, 2002). Therefore, this investigation of the relationship between minority stress and well-being provides more understanding into gay males’ life experiences and mental health.

**Well-Being**

There are various definitions of well-being. Some researchers posit that well-being may be categorized into two traditions: hedonic and eudaimonic well-being (Ryan & Deci, 2001; Ryan, Huta & Deci, 2008). Hedonic well-being refers to experiences such as the presence of positive affect, absence of negative affect, and an assessment of
personal life satisfaction (Diener & Lucas 1999). Eudaimonic well-being refers to the “actualization of human potentials” (Ryan & Deci, 2001, p. 143); these include, for example, purpose in life, positive relations with others, and personal growth (Ryff, 1989). Flourishing, defined as a “syndrome of symptoms of positive feelings and positive functioning in life” provides greater insight into well-being as it is possible to have psychological distress but also have positive psychological functioning (Keyes, 2002, p. 208). Eudaimonic well-being may also be thought of as flourishing “because it signifies a complete life in which the individual pursues meaningful goals” (Fowers, Mollica, & Procacci, 2010, p. 139).

Although there has been research examining hedonic and eudaimonic well-being in the general population, the majority of the research on gay men has been deficit-focused, with an emphasis on outcomes such as psychological distress and psychopathology (Riggle et al., 2008). While there is information on the prevalence and possible explanations of psychological distress, there is sparse evidence for how minority stress may affect more positive functioning outcomes for mental health and well-being in gay men.

Gay men, much like other sexual minorities, often go through a process of identity acquisition or coming out that involves the acceptance of sexual identity and disclosure of their orientation to others (Cass, 1979; Troiden, 1989). The Cass model of coming out suggests that well-being increases as gay men progress from the first stage of the model, identity confusion, to the final stage, identity synthesis (Cass, 1979). Young and Meyer (2005) assert that self-identification as a sexual minority is an act of self-determination, which some theorists relate to eudaimonic well-being (Deci & Ryan,
Acceptance of one’s sexual orientation offers opportunities for personal growth, being able to connect with others and also to live according to one’s values, all of which are related to eudaimonic well-being. Eudaimonic well-being is of particular relevance to sexual minorities because becoming more authentic or true to oneself often relates to coming out (Riggle, Rostosky, & Danner, 2009). Moreover, as authenticity is related to being true to oneself and sexual orientation acceptance, it may play an important role in the experience of eudaimonic well-being. How an individual responds to minority stress may have an impact on well-being. Authenticity may improve hedonic and eudaimonic well-being even in the face of minority stress.

**Authenticity**

A unique aspect of LGB life that may provide more insight into the relationship between minority stress and well-being is the experience of authenticity. Authenticity is a term thought to encompass an individual’s genuineness in relationships, in making choices of varying magnitude, and in living a life true to and consistent with one’s personal values (Menard & Brunet, 2012). To be true to oneself and act accordingly has been regarded as one of life’s highest moral pursuits by philosophers such as Nietzsche and Kierkegaard (Kernis & Goldman, 2006). Humanistic, existential and psychodynamic theorists in psychology have also deemed authenticity necessary for optimal human functioning and well-being (Horney 1950; Rogers, 1961; Yalom, 1980). Recently, there has been a renewed interest in researching authenticity and an acknowledgement of its importance for human flourishing (Kernis & Goldman, 2006; Wood, Linley, Maltby, Baliousis, & Joseph, 2008) With this increased interest in the concept of authenticity in psychology, more studies are needed to elucidate the relationship with well-being.
Living authentic lives is likely important to sexual minorities. Feeling inauthentic may result in shame and low self-esteem (Galatzer-Levy & Cohler, 2002). Concealing same sex attraction has been found to be associated with lower self-esteem and a higher rate of depression in adolescents (Bos et al., 2008). Qualitative studies on the positive aspects of being a sexual minority indicate that living authentically is a major aspect of positive identity (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Kiecolt (1994) hypothesizes that acute and chronic stress may have an effect on one’s sense of authenticity. During their life course, many gay men are routinely faced with situations in which they have to decide whether to self-disclose, and/or behave in a particular manner in order to conceal their sexual orientation due to living in a society that is heterosexist (Cass, 1979). The variety and multitude of these types of situations indicate that coming out may be a continual process. These situations could be as diverse as holding a same sex partner’s hand in public, to questioning whether to disclose orientation at work and face the fear and possibility of losing employment. As such, being authentic in these situations can be quite stressful, suggesting that minority stress may have a particularly strong effect on gay men’s authenticity.

Advances in the study of authenticity have led to various conceptualizations with corresponding empirical measures. In one of these conceptualizations, authenticity is defined as the “unobstructed operation of one’s true self or core self in one’s daily enterprise” (Kernis & Goldman, 2006, p. 294). Borrowing from humanistic and existential psychology, another conceptualization of authenticity is defined as the consistency between actual experience of emotions and states, cognitive awareness and
expressed behavior and communication (Wood, et al., 2008). Both conceptualizations have been significantly associated with authenticity and well-being. Although these studies suggest a positive association between authenticity and well-being and have been undertaken using various populations consisting largely of college student and community samples, not much is known about the relationship between authenticity and individuals from stigmatized groups who possess hidden identities and may face minority stress. Authenticity may be particularly salient for such individuals because they face a choice between having to hide parts of themselves that may not be generally accepted in society. While it is possible that concealing one’s sexual orientation may serve as a protective function from stigma (Cole, Kemeny, & Taylor, 1997), it may also have the cost that individuals do not feel that they are being genuine with people in their lives. It is important to examine the mediating role of authenticity in adult gay men’s lives and how it may be related to their current experience of well-being.

The Present Study

The purpose of this study was to extend the field beyond a deficit model of well-being in gay men by investigating flourishing among gay men. In particular, the relationships among minority stress, authenticity, hedonic well-being, and eudaimonic well-being in gay men were examined. Examining well-being in gay men in this way shifts the focus of research on sexual minorities from a deficit model with psychopathology as an outcome, to a focus on positive aspects of mental health and functioning, providing a comprehensive picture of gay men’s experiences.

A number of previous studies suggest that minority stress negatively affects well-being; however, there is sparse evidence for mediators in this relationship (Lehavot &
Simoni, 2011). Authenticity is an important facet of gay men’s lives that has not been explored in previous research, but could be a process by which minority stress may influence both hedonic and eudaimonic well-being. Minority stress may be problematic to gay men because it impedes their ability to be authentic.

Most studies on minority stress have not included all four minority stress factors as predictors of mental health outcomes (Lehavot & Simoni, 2011). Additionally, researchers have included a wide range of sexual and gender identities within their samples that make inferences specific to gay men difficult (Meyer & Wilson, 2009). Transgender individuals, individuals whose gender identity does not match their assigned sex at birth, have different experiences and face different challenges than cisgender individuals, individuals whose gender identity matches their assigned sex at birth, just as bisexual identifying individuals differ from gay and lesbians (Institute of Medicine, 2011). Likewise men who have sex with men (MSM) and do not self-identify as gay are a different population from men who do self-identify as gay (Meyer & Wilson, 2009). In order to increase the ability of inferring evidence from the present study to a gay male population, only cisgender gay men were included in the study.

In summary, the gaps in the literature were addressed in this study by: examining gay men’s experiences of flourishing; using all four minority stress factors; and determining whether the relationships among the minority stress factors, authenticity, and well-being can be modeled such that authenticity mediates the relationship between minority stress and well-being. To determine the influence of minority stress on well-being and whether authenticity mediates this relationship, a cross-sectional survey design was utilized. The investigation included two preliminary aims:
1. To examine the relationship between minority stress (experiences of discrimination, expectations of rejection, internalized homophobia and concealment of orientation), and authenticity in adult gay men.

2. To examine the relationship between authenticity and well-being, both hedonic and eudaimonic, in adult gay men.

Based on the results of the two preliminary aims, the main study aim was:

3. To examine whether authenticity mediates the relationship between minority stress and hedonic and eudaimonic well-being in adult gay men.
CHAPTER 2: LITERATURE REVIEW

In this chapter, the literature is reviewed as it relates to the four minority stress constructs (perceived discrimination, internalized homophobia, expectations of rejection, and concealment of orientation), authenticity and well-being as it relates to gay men. In the areas in which studies with exclusively gay male samples were lacking, studies undertaken using gay and bisexual male samples, or LGB samples are reviewed to indicate likely relationships among study variables as related to gay men.

Perceived Discrimination

The relationship between perceived discrimination and mental health has mainly been studied among racial minorities. A number of meta-analytic studies indicate an overall positive association between perceived discrimination and psychological distress (Lee & Ahn, 2013; Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Schmitt et al., 2014). This relationship has been shown to exist for African Americans (Lee & Ahn, 2013; Pieterse et al., 2012), Latino/Latin Americans (Lee & Ahn, 2012) and Asian Americans (Lee & Ahn, 2011). Overall, discrimination has a negative impact on racial minorities’ mental health.

Some researchers have gone beyond studying the relationship between discrimination with psychological distress and have examined the association of discrimination and well-being. Specifically, Pieterse et al. (2012) and Schmitt et al (2013) studied the effect of discrimination on general positive well-being. Pieterse et al. (2012) used life satisfaction and self-esteem as measures of positive well-being and Schmidt et al. (2013) used the same measures but added a measure of positive affect. Not only did both studies find a positive correlation between discrimination and distress, they also
found a significant negative association between discrimination and positive well-being, albeit a smaller magnitude than the one for distress. Additionally, Schmitt et al. (2013) found that the association of perceived discrimination with well-being was greater for individuals with a concealable identity, such as sexual orientation, than for those who did not have a concealable identity. Schmitt et al. (2013) also found that the correlation of self-esteem with sexual orientation discrimination was greater than that with racial discrimination ($r = -.17$ and $r = -.13$, respectively). These meta-analyses provide evidence for a negative association between discrimination and positive well-being.

Experiences of discrimination are prevalent for gay men. In a meta-analysis of the prevalence of victimization experiences of LGB individuals, Katz-Wise and Hyde (2012) found that LGB individuals reported having more experiences of victimization defined as discrimination (41%), threats of violence (37%), property violence (24%), physical assault (28%), verbal or emotional abuse (40%), robbery (19%) and workplace victimization (25%) than their heterosexual counterparts. Of the sexual minority men in the meta-analysis, 35% indicated having experienced discrimination, 53% indicated having been generally victimized and 45% reported having been threatened due to their sexual orientation. Martin and Alessi (2012) found that 72% of their nationwide sample of gay and bisexual men had a victimization experience within the past six months. Huebener et al. (2004) found that 37% of the gay and bisexual men in their study experienced verbal harassment and 11% had experienced discrimination. These studies provide evidence of the frequency and different types of discrimination experienced by gay men that likely affects their well-being.
In addition to psychological distress, discrimination has been related to other factors that negatively affect gay men. Perceived discrimination has been related to suicidal thoughts, and both suicidal and non-suicidal self-injurious behavior in gay men. In a nationally representative sample of adolescents, Russel and Joyner (2001) found that experiences of victimization mediated the relationship between same sex attraction and suicidal thoughts and behavior. House, Van Horn, Coppeans and Stepleman (2011) found that both interpersonal trauma and perceived discrimination were directly related to psychological distress in a sexual minority sample including gay males. In a sample of African American gay males, Zamboni (2007) found that lifetime experiences of discrimination were significantly related to psychiatric symptoms. Waldo (1999) examined sexual orientation discrimination in the workplace and found that it was related to lower job satisfaction and greater psychological distress. All in all, discrimination clearly has significant impact on gay men’s well-being.

A number of studies have examined other demographic variables in combination with sexual orientation with regard to perceived discrimination. Gamarel et al. (2012) found that for gay and bisexual men living in New York City, perceived socioeconomic status discrimination was positively associated with depressive and anxiety symptoms, controlling for perceived discrimination attributed to race, gender, age, HIV status and sexual orientation. Similarly, Diaz et al. (2001) found that low socioeconomic status in conjunction with experiencing sexual orientation and racial discrimination was significantly associated with psychological distress for gay and bisexual Latino males. Conversely, Chen and Tyron (2012) found that only sexual orientation discrimination had a significant positive association with psychological distress when it was examined in
tandem with racial discrimination. Bostwick et al. (2014) found that gay men were significantly more likely than bisexual men to have experienced discrimination in the past year when examining data from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC). Of interest was their observation that sexual orientation discrimination was predictive of having experienced a mental disorder within the past year only when it occurred with either racial or gender discrimination. These studies imply that discrimination due to race, ethnicity and socioeconomic position may have an additive negative effects association with gay men’s well-being.

Different perspectives exist regarding the temporal ordering of the minority stress factors that affect well-being. While Meyer (1995, 2003) proposes that the four minority stress factors co-occur at the same time, Hatzenbuehler (2009) proposes a ‘Psychological Mediation’ theory in which discrimination precedes expectations of rejection, internalized homophobia and concealment of sexual orientation. Hatzenbuehler proposes that concealment, internalized homophobia and expectations of rejection are in response to stigma related stressors such as discrimination, prejudice and violence. There are few studies that have tested Hatzenbuehler’s theory with mixed evidence. Szymanski and Ikizler (2013) found that internalized homophobia mediated the relationship between perceived heterosexist discrimination and depressive symptoms in a sample of sexual minority men. Feinstein, Goldfried, and Davila (2012) found that internalized homophobia and rejection sensitivity both mediated the relationship between perceived discrimination and depressive symptoms. Velez, Moradi and Brewster (2012) utilized structural equation modeling to test Hatzenbuehler’s proposal in a workplace context. They tested two models in their investigation. In one of their models, expectations of
stigma, internalized homophobia, and sexual identity management strategies, mediated the relationship between workplace heterosexist discrimination and psychological distress (Hatzenbuehler’s theory). In the other model, workplace discrimination, expectations of rejection and internalized heterosexism were all independent variables, sexual identity management strategies (identity concealment) was a mediator, and psychological distress was the dependent variable. The model testing Hatzenbuehler’s psychological mediation theory did not have as good of a model fit as the model as the other model. More evidence is therefore needed to test Hatzenbuehler’s proposal regarding the temporal ordering of discrimination.

**Internalized Homophobia**

Throughout the literature, a number of terms have been used as alternatives for internalized homophobia. These terms include “internalized homonegativity” (Mayfield, 2001) and “internalized heterosexism” (Szymanski, 2004). Models of the coming out process indicate that overcoming internalized homophobia is a means of achieving a positive gay identity (Cass, 1979; Troiden, 1989). There is, however, criticism of the use of the term “homophobia” due to the definition as an irrational fear of gay individuals (Szymanski, Kashubeck-West, & Meyer, 2008). Some researchers feel that internalized homonegativity and heterosexism are more appropriate terms as they reflect the larger culture that creates negative social values (Herek, 1995; Szymanski, 2004). However, for consistency within this review and study, the original term internalized homophobia will be used to be consonant with the term used in the minority stress framework (Meyer, 1995, 2003). Meyer and Dean (1998) describe internalized homophobia as the “most insidious of the minority stress processes…” and define it as “the gay person’s direction
of negative societal attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard” (p.40).

A number of studies have examined the relationship between internalized homophobia and depressive symptoms in gay men. Lewis et al. (2003) found positive correlations between expectations of rejection and depressive symptoms with internalized homophobia in a U.S. sample of 204 individuals, of which 110 of them identified as gay and bisexual males. Frost and Meyer (2009) found a positive association between internalized homophobia and depressive symptoms, and additionally found that depressive symptoms mediated the relationship between internalized homophobia and relationship problems for lesbian, gay and bisexual individuals. Herek et al. (1998) found that internalized homophobia was significantly positively associated with depressive symptoms and demoralization and that it was significantly negatively associated with self-esteem. Wagner, et al. (1994) found that internalized homophobia was related to depressive symptoms in a longitudinal study of HIV positive gay men. Internalized homophobia was positively correlated with depressive symptoms at both baseline and follow-up. Newcomb and Mustanski (2010) conducted a meta-analysis to assess the relationship between internalized homophobia and internalizing mental health problems, which they defined as depression and anxiety. They specifically included studies that had measures of depression and anxiety that were based on psychiatric symptomology and not general psychological distress. Using 31 studies, they found a moderate correlation between internalized homophobia and mental health problems ($r = .26$). They found that gender, year of data collection, and publication type did not moderate the relationship between internalized homophobia and mental health problems. The two significant
moderators in their study were age and type of mental health problem. The association between internalized homophobia and mental health problems was greater for older participants than for younger ones. The correlation between internalized homophobia and depressive symptoms was greater than that of internalized homophobia with anxiety. All the evidence from the literature suggest that internalized homophobia appears to have a positive association with negative affect and poor mental health.

There are a few studies that have examined the association between internalized homophobia and other outcomes. Weiss and Hope (2011) found that internalized homophobia was negatively correlated with positive affect, measured using the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) and that it was also negatively correlated with scores from the Quality of Life Inventory (Frisch, 1994) which measures life satisfaction and positive mental health. Similarly, Herek, Gillis, and Cogan (2009) found that internalized homophobia was a significant negative predictor of positive affect controlling for gender, sexual orientation, race, education level and age in a sample of LGB adults. Several studies provide evidence that internalized homophobia is negatively correlated with self-esteem (Allen & Oleson, 1999; Herek et al., 1998; Rowen & Malcolm, 2002; Szymanski & Gupta, 2009). Taken together, previous research indicates internalized homophobia is negatively associated with positive well-being.

**Expectations of Rejection**

Experiences of rejection negatively impact mental health, and the expectation that these events could occur also negatively affects the targets of such events. Meyer (1995, 2003) defines expectations of rejection and stigma as the expectations of negative events based on sexual orientation. Meyer (1995) found that expectations of rejection were
significantly predictive of demoralization, guilt, AIDS related traumatic stress, sex problems and suicidal ideation in a sample of 734 gay men living in New York City. Controlling for demographic variables (age, income, education and race/ethnicity), and also controlling for the minority stress factors (internalized homophobia, experiences of discrimination and concealment of orientation), expectations of rejection had a significant positive correlation with demoralization, guilt, suicidal ideation and AIDS related traumatic stress. Following this landmark study, expectation of rejection in the minority stress framework has been studied with two primary concepts in the literature: Stigma Consciousness (Pinel, 1999) and Rejection Sensitivity (Pachankis, Goldfried, & Ramrattan, 2008). This section will focus on the literature related to both these constructs.

**Stigma Consciousness.** Pinel (1999) defines stigma consciousness as the extent to which individuals who are targets of stereotyping expect to be stereotyped. In the development of a measure for stigma consciousness, Pinel (1998) examined the construct on a range of social identities including gender, specifically focused on stigma consciousness related to being a female and also on sexual identity (self-identifying as gay or lesbian). Pinel (1998) found positive associations between stigma consciousness, private and public self-consciousness, and perceptions of having been discriminated against for the participants who self-identified as gay or lesbian. The associations between stigma consciousness and private and public self-consciousness suggest that gay men high in stigma consciousness worry a lot about what others think about them.

Stigma consciousness has been linked with experiences of negative affect, more specifically depressive symptoms. For example, in a study focused on the stressors for
gay men and lesbians, consisting of a U.S. sample of 110 men, of which majority of the male participants were gay (75%), Lewis et al. (2003) found that stigma consciousness was a significant predictor of depressive symptoms controlling for life stressors, openness about sexual orientation, internalized homophobia and gay related stressors that included violence and harassment and general discrimination. Kelleher (2009) found that stigma consciousness was significantly positively correlated with experiences of discrimination, internalized homophobia and psychological distress in a sample of sexual minority youth of a mean age of 20 years. Additionally, stigma consciousness significantly contributed to the variance in psychological distress in combination with experiences of discrimination and internalized homophobia. Berghe, Dewaele, Cox, and Vincke (2010) similarly found that stigma consciousness was related to depressive symptoms in a sample of sexual minority youth under the age of 26 years. Stigma consciousness hence appears to have a positive association with psychological distress.

Relationship concerns are also associated with stigma consciousness. In a study of intimate partner violence and its association with minority stress, Carvalho et al. (2011) found that greater stigma consciousness was related to intimate partner violence. In the study, consisting of a U.S. sample of 228 gay men, individuals with greater stigma consciousness were 1.30 times as likely to be a victim of intimate partner violence. In addition, individuals with greater stigma consciousness were 2 times as likely as those with lower levels to be a perpetrator of intimate partner violence. In another study of gay male relationships, with the aim of elucidating factors related to gay men’s relationship stability, Van Eeden-Moorefield and Benson (2014) found that stigma consciousness was negatively associated with relationship duration, closeness and relationship stability and
it was positively associated with internalized homophobia. These studies highlight how stigma consciousness relates to the ability of gay men to have positive relationships with others.

**Rejection Sensitivity.** Rejection Sensitivity as it relates to sexual minorities refers “to the tendency to anxiously expect to be rejected because of one’s sexual orientation” (Feinstein, Goldfried, & Davila, 2012, p. 918). Rejection sensitivity in gay males has been mainly linked to interpersonal functioning. Pachankis, Goldfried, and Ramrattan (2008) developed a measure to examine a construct that consisted of 14 vignettes. Examples of vignettes within the measure include: “You go to a party and you and your partner are the only gay people there. No one seems interested in talking to you.”, and “Your colleagues are celebrating a co-worker’s birthday at a restaurant. You are not invited.” Participants rate both the likelihood and concern that the event occurred due to their sexual orientation. Rejection sensitivity scores were positively correlated with two other minority stress constructs, internalized homophobia and perceived discrimination. Rejection sensitivity was also positively associated with interpersonal worry and negatively associated with assertiveness and self-esteem. In another study, Feinstein, Goldfried, and Davila (2012) tested whether rejection sensitivity and internalized homophobia were mediators in the relationship between discrimination and psychological distress defined as depressive symptoms and social anxiety. The study included a U.S. sample of 249 gay male participants obtained from a web-based survey. A positive moderate correlation ($r = .54$) was obtained between rejection sensitivity and experiences of discrimination. When controlling for depressive symptoms, rejection sensitivity fully mediated the relationship between experiences of discrimination and
social anxiety. When controlling for social anxiety, rejection sensitivity did not significantly mediate the relationship between experiences of discrimination and depressive symptoms. The evidence from these two studies elucidates the relationship between rejection sensitivity and negative affect. There have been no studies, however, related to rejection sensitivity and positive affect, satisfaction with life and eudaimonic well-being.

Rejection sensitivity has also been linked to physical health in gay men. In a study that included 72 initially healthy HIV positive gay men, Cole, Kemeny, and Taylor (1997) found that individuals who were high in rejection sensitivity had faster HIV progression. Interestingly, these researchers also discovered that concealment of sexual orientation was a protective factor for individuals’ with high rejection sensitivity. This suggests that for individuals who fear being stereotyped, concealing one’s hidden identity may be an adaptive coping mechanism. Therefore, examining the role of rejection sensitivity along with concealment and well-being is an important contribution of the present study.

**Summary.** Expectations of rejection as defined by stigma consciousness and rejection sensitivity, appear to have a negative effect on gay men’s well-being. Gaps in the literature on expectations of rejection include the relationship of these expectations with both authenticity and eudaimonic well-being. Based on the review of the literature, it was hypothesized that expectations of rejection has a negative relationship with authenticity and eudaimonic well-being. While both stigma consciousness and rejection sensitivity are closely related, they are some differences. Rejection sensitivity appears to mostly capture social anxiety while stigma consciousness appears to capture more global
evaluations of stereotypes and fits closer to Meyers’ conceptualization of expectations of rejection (1995, 2003). Based on these differences, stigma consciousness is used as the construct of interest with regard to expectations of rejection in this study.

**Concealment of Sexual Orientation**

Concealment has been hypothesized to have consequences for physical and mental health. Larson and Chastain (1990) define self-concealment as “a predisposition to actively conceal from others personal information that one perceives as distressing or negative” (p. 440). They found that this tendency to conceal personal information was related to physical symptoms, anxiety, depression, and social support. Therefore, disclosing one’s sexual orientation as a sexual minority, which is personal information, may affect the physical and mental health of gay men. The following section is a review of the literature on concealment of sexual orientation and its association with relationship concerns and health in gay men.

**Concealment of Sexual Orientation and Physical Health.** Evidence exists for concealment of sexual orientation having a negative effect on physical health. Ullrich, Lutgendorf and Stapleton, (2003) found that concealment of sexual orientation was related to lower CD4 cell counts in 73 HIV sero-positive gay and bisexual males. Additionally, Ulrich et al. found that concealment was positively associated with social constraints and depressive symptoms, and was negatively associated with social support. Cole, Kemeny, Taylor, and Visscher (1996) found that concealment was related to higher incidences of cancer, pneumonia, bronchitis, sinusitis, and tuberculosis over a five year period for 222 HIV sero-negative gay men participating in the National History of AIDS Psychosocial Study. The effect of concealment on incidence of disease was obtained
controlling for age, race/ethnicity, socioeconomic status, coping, drug use, exercise, depression, anxiety and social desirability. Pérez-Benítez et al. (2007) used an experimental design to examine the effects of disclosure on physiology in adult gay males. During the experiment, participants were asked to speak about difficulties with concealing their sexual orientation with other others for several minutes. Researchers observed that gay men who had higher levels of concealment experienced a greater degree of cardiovascular recovery (reduced psychophysiological activation) after disclosing more information about negative experiences related to concealing their sexual identity. These gay men had a greater degree of cardiovascular recovery when compared to those who had the same level of concealment but disclosed less about their experiences with concealment. These studies highlight how concealing one’s sexual orientation may be a mechanism linked to poor health.

There is also evidence, however, that the effects of concealment on physical health may vary by demographic. In a study of older LGB adults with an average age of 67 years, Fredriksen-Goldsen et al. (2013) found that concealing one’s sexual orientation was not related to general physical health over the previous four weeks at the time of the study. Concealment was also not related to disability which was defined as the use of a cane, wheelchair, special bed or telephone. For this sample, poor general health was related to lifetime victimization, social support, socioeconomic status and health indicators that included routine checkups, smoking, excessive drinking and obesity. It is possible that other factors have more of an influence on physical health and well-being as one ages, or that generational differences exist. McGarrity and Huebener (2014) found that socioeconomic status moderated the effects of concealment on physical health for
gay and bisexual males. Concealment of sexual orientation was only related to physical symptoms for individuals who reported having low socioeconomic status. Being of average or high socioeconomic status was a buffer of the effects of concealment. Therefore, careful consideration should be paid to demographics when considering concealment.

Concealment and Relationships. There is mixed evidence regarding the effects of concealment of sexual orientation and relationship concerns in gay men. Mohr and Daly (2008) found in a longitudinal study of gay male couples that concealment of sexual orientation was unrelated to relationship quality. Frost and Meyer (2009) found that for sexual minorities, being ‘out’ to family, straight and LGB friends and coworkers was positively correlated with connectedness to the LGB community and also with having positive relations with others for all participants in their study. Being ‘out’ was negatively associated with relationship strain for those who were coupled. When Frost and Meyer tested a structural model that included other constructs such as internalized homophobia, community connectedness and depressive symptoms, however, concealment of sexual orientation was not significantly related to relationship problems in either single or coupled LGBs. In a study of intimate partner violence, concealment of sexual orientation in LGB college youth was related to perpetrating intimate partner violence (Edwards & Sylaska, 2013). These two studies demonstrate that concealment of sexual orientation has inconsistent associations with relationship concerns in sexual minority populations.

Concealment of Sexual Orientation and Mental Health. Mixed results have also been obtained when the relationship between concealment and mental health outcomes has been studied. For example, in a study of older LGB adults (Fredriksen-
Goldsen et al., 2013) concealment was not significantly associated with depressive symptoms, controlling for lifetime victimization, expectations of rejection, social support and health indicators that included, financial barriers, obesity, and engagement in exercise. Similarly, in another study of older LGB adults who were over 50 years old, concealment was related to internalized homophobia, expectations of rejection and perceived discrimination but not to emotional and social loneliness (Kuyper & Fokkema, 2010). Sandil et al. (2014) found that for 142 South Asian-American LGB individuals, concealment was significantly related to acculturation and internalized homophobia, but not significantly correlated with heterosexist discrimination and psychological distress. In this same study, however, concealing one’s sexual orientation moderated the relationship between racial discrimination and psychological distress. The relationship between racial discrimination and psychological distress was most pronounced in instances of low concealment, such that individuals reporting high frequencies of racial discrimination and low concealment reported the highest levels of psychological distress. Conversely, Szymanski and Sung (2010) found that concealment was related to heterosexist discrimination, internalized homophobia and psychological distress in another sample of Asian American sexual minorities. Hu, Wang, and Yu (2013) found that concealment from family, friends and acquaintances was negatively associated with life satisfaction for 152 LGB college students. In this study, overall concealment of sexual orientation from family, friends and acquaintances, fully mediated the relationship between expectations of rejection and life satisfaction. Kuyper and Fokkema (2011) found that concealment was not related to the general mental health for gay Dutch males, but Frable, Wortman, and Joseph (1997) found that outness was positively correlated with having a
positive identity and self-esteem in a cohort of gay men. All these studies indicate the need for more research on the relationship between concealment of sexual orientation to mental health.

Researchers have attempted to examine mediators in the relationship between concealment of sexual orientation and mental health outcomes. One hypothesis has been that concealing one’s sexual orientation causes a schematization of private and public selves as a means of coping with stigma (Sedlovskaya et al., 2013). Sedlovskaya et al. defined schematization as the separation of public and private selves. Using social psychological experiments, Sedlovskaya et al. (2013) found that individuals identifying as gay showed higher public and private self-schematization than heterosexuals, which was true across multiple domains (e.g. self-at-work and self-at-home). Greater public and private schematization was also associated with greater perceived stress and was found to mediate the relationship between concealing one’s identity and perceived stress. In another study of mediators of the relationship between concealment and mental health, Feldman and Wright (2013) found that concealment in LGBs was only marginally related to mental health which was defined as satisfaction with life, psychological distress and self-esteem. Having a negative LGB identity, consisting of internalized homonegativity, need for privacy, acceptance concerns and having a difficult LGB identity development process, mediated the relationship between concealment and mental health, measured as a composite variable of satisfaction with life, self-esteem and psychological distress. Environments that support personal autonomy have also been related to concealment and well-being. Legate, Ryan, and Weinstein (2012) found that autonomy supportive environments moderated the relationship between concealment, anger, self-esteem and
depressive symptoms. Outness was related to higher self-esteem and lower depressive symptoms, in the context of high autonomy support but not in the context of low autonomy support. The three studies above highlight the need to examine context when examining the relationship between concealment and well-being. While these studies highlight the contextual variables associated in the relationship between concealment and mental health, more studies are needed to elucidate the relationship between psychological constructs, concealment and well-being. Authenticity is one such psychological variable. Thus, it is important to examine authenticity as a process through which concealment may affect well-being.

**Authenticity**

This section focuses on a review of authenticity, conceptualized as a construct that is dispositional. First, the two major conceptualizations of authenticity are reviewed. Second, the relationship between authenticity and demographic variables is outlined followed by its relationship with well-being in diverse populations. Finally, studies in which authenticity has been studied exclusively with LGB samples are reviewed.

**Conceptualizations of Authenticity.** There are currently two main conceptualizations of authenticity. Wood et al. (2008) conceptualized authenticity as the consistency between primary experience, symbolized awareness and outward behavior and communication. This conceptualization is based on Barret-Lennard’s (1998) model adapted from humanistic psychology. According to the model (see Table 1), authenticity consists of three facets: Authentic Living, Self-Alienation, and Accepting External Influence. Authentic Living refers to the congruence between conscious awareness and behavior. It involves living and behaving in accordance to one’s values and being able to
express emotions in a way that is consistent with conscious awareness. Self-Alienation is the degree of mismatch between conscious awareness and actual experience. According to Wood et al. (2008), Self-Alienation involves the difference between “true self” values, beliefs, states and emotions with what is in cognitive awareness. Self-Alienation involves the inability to recognize one’s own emotions. The third aspect of authenticity is Accepting External Influence. This is indicated by the belief that one needs to conform to other people’s expectations and how much one accepts the influence of others, particularly when these expectations do not conform to personal values. Rogers (1961) believed that individuals who are not authentic are especially prone to accepting external influence without relating this influence to personal values. Karen Horney, a psychodynamic theorist, believed that individuals who are not authentic introject other peoples’ values (Horney, 1950). Psychometric validation of the Wood et al. conceptualization (2008) indicated that their construct demonstrated discriminant validity with Big 5 personality measures: Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience. A non-significant relationship was found between authenticity and social desirability.

The other key conceptualization of authenticity is by Kernis and Goldman (2006). They define authenticity as “the unobstructed operation of one’s true or core self in one’s daily enterprise” (Kernis & Goldman, 2006, p. 294). This conceptualization represents authenticity as not just as a singular construct but comprised of four related components: Awareness, Unbiased Processing, Behavior and Relational Orientation. Awareness refers to the knowledge of one’s feelings, desires, wants, and emotions. Unbiased Processing involves the objective interpretation of positive and negative self-aspects and not
distorting external evaluation information. The Behavioral aspect refers to conducting oneself according to one’s values and following one’s intentions. Finally, Relational Orientation refers to being sincere and open in one’s relationships. To date there have been no studies conducted that test this conceptualization in relation to social desirability and personality traits.

**Authenticity and Demographics.** There is mixed evidence regarding the relationship between authenticity and different demographic variables such as age, race, ethnicity or cultural background. In developing their 12-item measure for authenticity, *the Authenticity Scale*, Wood et al. (2008) used three samples consisting of two separate college student samples and one community sample. The age range across the three samples was 18-76 years. In this study, a multi-group confirmatory factor analysis (CFA) across the three samples indicated the measure was sample invariant. Also, multiple group CFAs indicated the measure is sample invariant by both ethnicity and gender. Grégoire, Baron, Ménard and Lachance (2014) conducted a French translation of the Wood et al. (2008) measure using a French speaking sample of undergraduate students in Canada and confirmed the factorial structure obtained by Wood et al. (2008). The results showed that the psychometric properties of the French Authenticity Scale are comparable to those of the original English version. The limited evidence suggesting that the Kernis and Goldman (2006) measure of authenticity, *Authenticity Inventory 3 (AI-3)*, is applicable across diverse populations is based on one study. Toor & Ofori (2009) found no significant differences by age group in authenticity in a sample of 90 Singaporeans. There is no information on the racial differences in authenticity using the AI-3. This
evidence suggests an applicability of the Wood et al. (2008) authenticity conceptualization across age, race, and gender and sample type.

Observed differences in authenticity have been found to be based on cultural context. In a study on authenticity, social context and well-being in the United States, United Kingdom and Russia, differences were found based on country (Robinson, Lopez, Ramos, & Nartova-Bochaver, 2013). The sample comprised a total of 628 adults (477 women, 151 men) across the three subsamples. No significant gender differences were found on authenticity but there were significant difference in reported authentic living; U.S. participants reported higher scores than those living in the U.K. and Russia. In another study of authenticity and social context comparing individuals from a Western culture (U.S.) to individuals from an Eastern Cultural Context (Singapore, China, and India), the Wood, et al. (2008) measure was observed to be culturally equivalent (Slabu, Lenton, Sedikides, & Bruder, 2014). However, similar to Robinson et al. (2013), individuals from the U.S. reported higher overall levels of trait authenticity than the other participants in the study. There have been no other studies examining the relationship between demographic variables and the authenticity model posited by Kernis and Goldman (2006). Authenticity may therefore differ based on the cultural interpretation of the construct.

**Authenticity and Well-Being.** The relationship between authenticity and different indicators of well-being has been examined in various studies. Indicators of well-being included satisfaction with life, positive and negative affect, depressive symptoms, psychological vulnerability, self-esteem and general well-being. The
The following section provides a review of these studies to elucidate the relationship between authenticity and well-being.

A number of studies have examined the relationship between satisfaction with life and authenticity. Both Wood et al. (2008), and Kernis and Goldman (2006) showed positive correlations between satisfaction with life and authenticity when developing their measures of authenticity. Goldman and Kernis (2002) found a moderate correlation between life satisfaction and authenticity (.40) in a U.S. sample of 79 psychology students. Grégoire et al. (2014) found that Authentic Living, Self-Alienation and Accepting External Influence were all significantly correlated with satisfaction with life (r = .23, r = -.42 & r = -.21 respectively). Stevens and Constantinescu (2014) found significant correlations between Authentic Living (.31) and Self-Alienation (-.31) with life satisfaction. They did not find a significant relationship between Accepting External Influence and satisfaction with life in a sample of European and Eurasian adults whose nationalities were Romanian, Turkish, German, Albanian, Polish Estonian, and Italian. Boyraz, Waits and Felix (2014) demonstrated that authenticity predicts later satisfaction with life. In this study, a cross lagged panel longitudinal analysis was conducted with a sample of college students. Authenticity, using the Authenticity Scale (Wood et al., 2008) and Satisfaction with Life (SWLS, Diener et al., 1985) were taken at both waves of the longitudinal study about an average of 46 days apart. Controlling for temporal stability, Boyraz et al. (2014) found that initial authenticity predicted authenticity and life satisfaction at Time 2. Life Satisfaction at Time 1 did not predict authenticity at Time 2. All of this evidence suggests that authenticity is positively associated with life satisfaction and that it may predict life satisfaction.
Similar to life satisfaction, there are a number of studies providing evidence for the relationship between authenticity with positive and negative affect. Wood et al. (2008) and Kernis and Goldman (2006) both found positive associations with positive affect and negative associations with negative affect in developing their measures for assessing authenticity based on their conceptualizations. Grégoire et al. (2014) found that all three components of authenticity in the Wood et al. (2008) framework were associated with both positive and negative affect in the same manner when translating their measure to French. They found that Self-Alienation and Accepting External Influence were both negatively correlated with positive affect (r = -.32 and r = -.18 respectively) and Authentic Living was positively correlated with positive affect (.21). Authentic living was negatively correlated with negative affect (-.15). Self-Alienation and Accepting External Influence were positively correlated with negative affect (.41 and .33 respectively). These studies used the Positive and Negative Affect Scale (PANAS, Watson et al., 1988) as the measure for Positive and Negative affect. Some studies suggest a positive association between authenticity and self-esteem (Wood et al., 2008; Kernis & Goldman, 2002; Kernis & Goldman 2006; Toor & Ofori, 2009; Wenzel & Lucas-Thompson, 2012). Taken together, there appears to be evidence for the relationship between authenticity and affect.

Authenticity has also been linked with psychological distress. For example, in a study of college aged students’ mental health, Wenzel and Lucas-Thompson (2012) examined the association between authenticity and psychological distress. They found that male participants’ authenticity was positively associated with self-esteem and negatively associated with depressive symptoms. In a longitudinal study on authenticity,
life satisfaction and psychological distress, Boyraz et al. (2014) found that authenticity at Time 1 predicted later psychological distress after a period of 6 weeks. In another study using Turkish university students as sample participants, Satici, Kayis, and Akin (2013) found that Authentic Living, Accepting External Influence and Self-Alienation explained 33% of the variance in psychological vulnerability, defined as a set of cognitions that promote harmful reactions to stress. Self-Alienation was the strongest predictor of psychological vulnerability ($\beta = .37$) followed by Accepting External Influence ($\beta = .26$) and then by Authentic Living ($\beta = -.16$). This evidence is similar to results from Wood et al. 2008 that suggests that the two measures of inauthenticity in their model (Accepting External Influence and Self-Alienation) are positively associated with psychological distress measured as symptoms of anxiety and stress.

Numerous researchers have examined links between authenticity and psychological well-being. Psychological well-being is often used interchangeably with eudaimonic well-being and is measured based on the constructs of Environmental Mastery, Autonomy, Personal Growth, Positive Relations with Others, Purpose in Life and Self-Acceptance (Ryff, 1989). Overall there is evidence that authenticity, regardless of which conceptualization utilized, is positively associated with psychological well-being (Brunell et al., 2010; Grégoire et al., 2014; Kernis & Goldman, 2006; Toor & Ofori, 2009; Wood et al., 2008).

**Authenticity and LGBs.** Three studies have been conducted specifically focusing on LGBs. Riggle et al. (2014) found that authenticity was significantly positively associated with positive aspects of LGB identity that included self-awareness, comfort with LGB identity, activism for social justice, enhanced capacity for intimacy and sexual
freedom and community involvement. Luu (2011) found that authenticity, using Wood et al.’s (2008) conceptualization, was one of the variables that was negatively correlated with depressive symptoms in a sample of LGBT Asian American and Pacific Islanders. In Luu’s study, perceived discrimination, internalized homophobia and concealment of one’s sexual orientation were significantly and positively correlated with the authenticity subscales of accepting external influence and self-alienation, and were negatively correlated with the authentic living subscale. Each of the components of authenticity was significantly associated with depressive symptoms, controlling for age, gender, religious affiliation, occupation status, discrimination and internalized homophobia. Russon and Schmidt (2014) examined the relationship between authenticity and career decision-making self-efficacy in a sample of 95 lesbian, gay and bisexual college students of which 29.5% identified as gay males. Using the Authenticity Inventory 3 (Kernis & Goldman, 2006), the authors investigated the relationships between authenticity and dimensions of career decision-making self-efficacy such as self-appraisal, occupation information, goal selection, planning and problem solving. Three of the subscales of the Authenticity Inventory 3 had low Cronbach alpha reliability coefficients (Awareness = .52, Behavior = .30 and Relational Orientation = .56). The overall authenticity score reliability coefficient was .81. The total score for authenticity was not related to career decision-making self-efficacy. Alternatively, in a regression analysis predicting, the constructs of self-efficacy, unbiased processing, and awareness were significantly associated with career decision making, when Behavior and Relational Orientation were controlled for. Unfortunately, the results obtained by Russon and Schmidt (2014) are
tentative given the low reliabilities of the subscales of the authenticity measure that was utilized.

In reviewing the literature on authenticity, most of the studies did not report the sexual orientation of their participants. This study provides more information regarding the role of authenticity in the well-being of gay men. Prior research indicated that authenticity is related to positive well-being regardless of the conceptualization of authenticity. The Authenticity Scale (Wood et al., 2008) appears to have been more rigorously tested with diverse populations and has exhibited reliabilities that are more stable than the Authenticity Inventory (Kernis & Goldman, 2006). Therefore, for the purposes of this study, the Wood et al. (2008) authenticity framework was utilized based on the strong psychometric properties of its measure, its shorter length (12–items vs. 45 items), and its use with diverse populations.

**Hedonic and Eudaimonic Well-Being**

While there are multiple heuristics of well-being in the literature, an important distinction between different types of well-being has been made. In their review of well-being, Ryan and Deci (2001) distinguish between hedonic well-being and eudaimonic well-being. Hedonic well-being refers to the evaluation of life satisfaction and the balance between positive and negative affect, and is often referred to as subjective well-being (Diener, 1984). Eudaimonic well-being, on the other hand, is based on Aristotle’s concept of human flourishing which is tied to individuals living complete lives full of meaning (Fowers et al., 2010). While hedonic and eudaimonic well-being are positively related, they are different in that positive affect alone is not a sufficient indicator of a meaningful life (Waterman, 2008).
Ryff’s (1989) conceptualization of psychological well-being was developed from theories by Rogers, Maslow, Jung and Allport. From these psychologists’ work she theorized that psychological well-being consisted of six components: positive relations with others (the importance of having trustworthy relationships with others); autonomy (being self-determined and independent); personal growth (to develop one’s potentials); purpose in life (to have the feeling of meaning in one’s life); environmental mastery (to create environments and situations for optimal functioning); and self-acceptance (to have positive feelings about oneself). These six components have also been used to measure eudaimonic well-being (Deci & Ryan, 2001).

A number of studies have examined the distinction between hedonic and eudaimonic well-being. Compton, Smith, Cornish, and Quals (1996) found in examining the factor structure of multiple mental health measures that two main factors emerged: subjective well-being and personal growth. The measures that Compton et al. examined included happiness, satisfaction with life, psychological well-being, affect balance, self-esteem, optimism, self-actualization and sense of coherence. Keyes, Smotkin and Ryff (2002) found that the best fitting model of well-being consisted of two latent factors: subjective and psychological well-being. In an investigation of personal projects, McGregor and Little (1998) found that their well-being measures consisted of two factors: happiness and meaning. There were significant correlations between each of the factors within the studies mentioned above, however, the distinction between the two factors was evident in each of these three studies.

There is limited research on eudaimonic well-being in sexual minorities. Riggle et al. (2009) used data from the National Survey of Midlife Development in the United
States (MIDUS) to examine group differences in eudaimonic well-being between sexual minorities and heterosexuals. They also examined the relationship between perceived discrimination and eudaimonic well-being. They used the short scale of Ryff’s Scale of Psychological Well-being (Ryff, 1989) as their measure for eudaimonic well-being. They found significant mean group differences between sexual minorities and heterosexuals in the domains of positive relations with others, purpose in life, environmental mastery and a composite score of psychological well-being; with heterosexuals having reported higher levels of psychological well-being across all areas. Interestingly, identifying as a racial minority was associated with higher levels of eudaimonic well-being, which is similar to findings from Keyes, Ryff, and Hughes (2003) who also found that ethnic minorities reported higher levels of psychological well-being than White participants. Kertzner et al. (2009) examined the effects of race, gender, age and sexual identity on psychological well-being in a community sample of 396 self-identified LGBs drawn from New York City. There were no group differences among lesbians, gays and bisexuals in psychological well-being. They found lower levels of both education and SES associated with lower levels of psychological well-being. Identifying as a racial minority was not associated with psychological well-being, however, White participants had significantly greater composite scores than Latinos. There were no group differences between African Americans and White participants. Therefore, while evidence is available for the relationship between discrimination and eudaimonic well-being, there exists a gap in evidence regarding the relationship between the other minority stress factors and eudaimonic well-being. This study fills this gap by examining the relationship between all four minority stress factors with eudaimonic and hedonic well-being.
This Current Study

Based on the evidence from the extant literature, minority stress is negatively associated with well-being. As highlighted here, gay men appear to be at more risk for discrimination than other sexual minorities. Most studies in the literature lump sexual minorities all together which makes specific inferences to gay men difficult. Sexual minorities experience different types and rates of stressors, such as discrimination, and therefore should be studied separately.

Authenticity is a central part of positive gay identity for which there is limited research (Riggle et al., 2014). The minority stress factors are likely ever-present in the current environment that gay men live in. Kiecolt (1994) proposes that life stressors are related to reduced authenticity. As not much empirical evidence exists for the relationship between the minority stress factors and authenticity it was warranted that these individual associations be examined first before including them in a theoretical model. Given the negative associations between minority stress constructs and well-being, it was hypothesized that similar directions would exist for the relationships between the minority stress constructs and authenticity. Additionally, there isn’t much empirical evidence about the association of authenticity and well-being for individuals with concealable identities (Wood et al., 2008). The second aim of this investigation was intended to remedy this research gap by specifically focusing on one group with a concealable identity: gay men. Finally, based on the results on the evidence of the first two preliminary aims, establishing the associations between minority stress, authenticity and well-being, the final aim of the study was intended to include all the constructs in a
theoretical model establishing the link between minority stress, hedonic well-being and eudaimonic well-being through authenticity.

In summary, the aims and hypotheses of this study were:

**AIM 1:**
To examine the relationship between minority stress (experiences of discrimination, expectations of rejection, internalized homophobia, and concealment of orientation), and authenticity in adult gay men.

Hypothesis 1a: Experiences of Discrimination will be negatively associated with authenticity.

Hypothesis 1b: Expectations of Rejection will be negatively associated with authenticity.

Hypothesis 1c: Internalized Homophobia will be negatively associated with authenticity.

Hypothesis 1d: Concealment of Sexual Orientation will be negatively associated with authenticity.

**AIM 2:**
To examine the relationship between authenticity and well-being, both hedonic and eudaimonic, in adult gay men.

Hypothesis 2a: Authenticity will be positively associated with hedonic well-being.

Hypothesis 2b: Authenticity will be positively associated with eudaimonic well-being.

**AIM 3:**
To examine whether authenticity mediates the relationship between minority stress and hedonic and eudaimonic well-being in adult gay men.
Hypothesis 3a: Authenticity will mediate the relationship between experiences of
discrimination, expectations of rejection, internalized homophobia and
concealment of orientation and hedonic well-being.

Hypothesis 3b: Authenticity will mediate the relationship between experiences of
discrimination, expectations of rejection, internalized homophobia and
concealment of orientation and eudaimonic well-being.
CHAPTER 3: METHOD

This study investigated the mediating role of authenticity in the relationship of the minority stress factors of perceived discrimination, expectations of rejection, internalized homophobia and concealment of sexual orientation with hedonic and eudaimonic well-being in adult gay men. This chapter provides an overview of the study’s participants, procedures and measures.

Participants

To participate in this study, individuals had to indicate that they were 18-years-old or older. Participants also had to have self-identified as gay. Additionally, participants had to have self-identified as a male and identified their assigned sex at birth as being male. Participants had to indicate that they were currently residing in the United States, and also were English-speaking. Participants must also have had access to the internet in order to participant in the study given the method of administration.

A total of 322 individuals provided consent to take the study. There were 10 individuals who consented but did not provide any data and were hence excluded. Also, 44 individuals did not meet the inclusion criteria for the study and thus were not permitted to continue on to the study measures. Therefore, a total of 268 individuals were eligible to take the study. Of these, 30 individuals provided demographic information but did not answer any of the survey questions and were excluded from the analyses. There were 12 individuals who had more than 50% of their responses missing for study variables and were also excluded from analyses. The final analytic sample consisted of 226 participants.
Using an a-priori sample size calculator for SEM with two latent variables, 11 observed variables, a desired statistical power level of .8, and a probability level of .05, the minimum sample size recommended was 152 participants (Soper, 2014). Kline (2011) recommends that the smallest number of participants needed to conduct SEM analysis is 200 participants. Also, 200 participants is the smallest sample size recommended by researchers in counseling psychology (Crocket, 2012; Weston & Gore, 2006). Based on the results from the sample size calculation, and from counseling psychology research recommendations, the 226 analytic sample size was deemed to be sufficient to detect an effect.

Participants varied on a number of demographic variables. The age range of the sample was from 18 to 62 years ($M=29.11$, $SD=9.49$). A diverse range of racial/ethnic identities were represented in the sample: 71.2% ($n=171$) identified as White, Non-Hispanic; 5.8% ($n=13$) identified as Black, Non-Hispanic; 10.2% ($n=23$) identified as Latino/Hispanic; 5.3% ($n=12$) identified as Asian or Pacific Islander; 4.0% ($n=9$) identified as Biracial or Multiracial; and 3.5% ($n=8$) identified their racial/ethnic identity as “other.” The majority of the sample reported their HIV status as negative ($n=199$, 88.1%) Of the remaining participants, 5.3% ($n=12$) reported being HIV positive and 5.3% ($n=12$) reported not knowing their HIV status. Most of the sample reported having been born in the U.S. ($n=198$, 87.6%). Of the individuals who reported not having been born in the U.S., the range of the number of years that they have lived in the U.S. was from 1 to 50 years ($M=16.88$, $SD=11.82$). The majority of the sample reported their relationship status as being single ($n=167$, 73.9%). Over half the sample reported having either a bachelor’s degree ($n=86$, 38.1%) or a master’s degree ($n=35$, 15.5%). Regarding the state
in which participants resided, 37 states were represented. Participant demographic characteristics are summarized in Table 1.

Procedure

Web-based sampling was utilized to recruit the sample for this study. Web-based sampling has the advantage of reaching LGB populations who have not been included in previous research (Meyer & Wilson, 2009). Snowball sampling, a technique in which the participants who are the target population of a study distribute the study to other target participants in their social network was also utilized. Snowball sampling has been successfully utilized with sexual minority populations who are at times difficult to reach (Meyers & Wilson 2009). Invitation emails providing a description of the study and a link to the survey webpage were sent to professional organizations and online groups/forums with a sexual minority focus. Emails inquired whether the survey could be forwarded to group members on the listserv. Participants were recruited through organization listservs and other online groups (e.g. Facebook groups or Reddit) that have LGB membership. Recruitment efforts included the targeting of organizations and online Facebook groups that catered to gay Latino, Black, Asian and Native Americans. Participants were offered an incentive by having a chance to enter a raffle for one of three gift cards of $50.00 in value.

Upon entering the website, individuals were taken to the informed consent page providing a description of the study and the inclusion criteria. After consenting to the study, participants were asked their age, sexual orientation, gender and sex assignment at birth (as it appears on their original birth certificate). If they met the inclusion criteria, they proceeded to take the survey measures. If they did not meet study criteria, they were
directed to a page thanking them for their interest in the survey, but notifying them that they do not meet the inclusion criteria for the study.

**Measures**

**Demographic questionnaire.** Demographic information was collected for age, self-identified sexual orientation, biological sex at birth, current self-identified gender identity, race, HIV status, education, relationship status, total household income and geographic location.

**Perceived Discrimination.** Perceived discrimination was assessed by the *Heterosexist Harassment, Rejection and Discrimination Scale* (HHRDS, Syzmanski, 2006). This is a 14-item measure of the frequency of heterosexist harassment, rejection, and discrimination experiences within the past year. Examples of items include: “How many times have you been verbally insulted because you are a gay man?” and “How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are a gay man?” Each HHRDS item is rated on a 6-point Likert response scale, from 1 (the event has never happened to you) to 6 (the event happened almost all the time [more than 70% of the time]). Total scores are computed using the mean of the 14 items. Means range from 1-6 with higher scores indicating greater experiences with discrimination within the past year. The HHRDS was initially developed for use with lesbians and in previous studies obtained a Cronbach’s alpha of .90 (Syzmanski, 2006). It has since been adapted for use with gay and bisexual men and the Cronbach’s alphas for inter-item correlations have ranged from .91 to .94 (Syzmanski, 2009; Feinstein, Goldfried & Davilla, 2012). In this study, the Cronbach’s alpha coefficient obtained from the study sample was similar (α = .89).
Expectations of rejection. Expectations of Rejection was assessed with the *Stigma Consciousness Questionnaire for Gay Men and Lesbians* (SCQ, Pinel, 1999). This is a 10-item measure of the extent to which sexual minority persons expect to be stigmatized by others. Examples of items on this measure include: “Most heterosexuals have a problem viewing homosexuals as equals” and “When interacting with heterosexuals who know of my sexual preference, I feel like they interpret all of my behaviors in terms of the fact that I am a homosexual.” Respondents indicated their agreement to individual items on a 6-point Likert response scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Pinel (1999) reported an internal consistency of $\alpha = .81$. Seven items are reverse scored. Mean scores are generated with higher scores indicating greater expectations of prejudice. Other studies utilizing this measure have reported alphas of .75 (Carvalho et al., 2011), .76 (Lewis, et al., 2003), and .86 (Hunt, et al., 2012). The reliability coefficient in this study was consistent with previous studies ($\alpha = .75$).

Internalized Homophobia. Internalized homophobia was assessed with the *Internalized Homophobia Scale* (IHP, Herek, 1998). This is a 9-item measure assessing the extent to which LGB individuals reject their sexual orientation, are uneasy about their same-sex desires, and seek to avoid same-sex attractions and sexual feelings. Sample items include “I wish I weren’t gay” and “If someone offered me the chance to be completely heterosexual, I would accept the chance.” Each item is rated on a 5-point Likert response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Mean scores are generated, with high scores reflecting greater amounts of internalized homophobia. The IHP has demonstrated adequate psychometric
properties, for example studies utilizing this measure have reported internal consistency of $\alpha = .85$ (Herek & Glunt, 1995) and .86 (Carvalho et al., 2011). Internal consistency for the sample in this study was similar ($\alpha = .86$).

**Concealment of sexual orientation.** Sexual Orientation concealment was assessed with the Outness Inventory (OI; Mohr & Fassinger, 2000) The OI consists of 11 items that measure the degree to which respondents’ sexual orientation is disclosed versus concealed with people in different areas of their life: family, everyday life and religion. Respondents use a 7-point Likert response scale ranging from 1 (person definitely does NOT know about your sexual orientation status) to 7 (person definitely knows about your sexual orientation status, and it is openly talked about). Lower scores indicate more concealment of orientation. Carvalho et al. (2011) reported high inter-item correlations ($\alpha = .91$) for overall OI scores with a sample of lesbians and gay men. Items were reversed scored so that a high score indicated greater concealment of sexual orientation. For the sample obtained in this study, the alpha coefficient was good ($\alpha = .82$).

**Authenticity.** Authenticity was measured with the Authenticity Scale (Wood et al., 2008). The Authenticity Scale contains three subscales, each measured by 4 items each. The Authentic Living subscale examines the degree to which behaviors are consistent with one’s conscious awareness (e.g. “I live in accordance with my values and beliefs.”). The Self-Alienation subscale measures the difference between values, beliefs, states and emotions with what is in cognitive awareness. An example of an item in this scale is “I feel alienated from myself.” The Accepting External Influence subscale examines the degree to which one accepts the influence of others (e.g., “I usually do what
other people tell me to do.”) Respondents use a 7-point Likert response scale ranging from 1 (*does not describe me at all*) to 7 (*describes me very well*) for each subscale. Higher scores in authentic living subscales and lower scores in the self-alienation and accepting external influence are reflective of greater authenticity. Wood et al. (2008) reported Cronbach’s alphas ranging from .69 to .78 for the subscales. Internal consistencies obtained from the sample for the subscales in this study were Authentic Living ($\alpha=.73$), Self-Alienation ($\alpha=.91$) and Accepting External Influence ($\alpha=.84$). Self-Alienation and Accepting External Influence items were reversed coded so that high authenticity total scores reflected greater authenticity. A total Authenticity score was obtained by taking the average of the three subscales after the reverse coding. Cronbach’s alpha for the total authenticity score for the sample obtained in this study was good ($\alpha = .87$).

**Eudaimonic Well-being.** Eudaimonic well-being was measured using three subscales from Ryff et al.’s *Psychological Well-Being Inventory: Personal Growth, Purpose in Life, and Positive Relations with Others* (Ryff, Lee, Essex, & Shmutte, 1994). Each of these subscales is comprised of 7 items. Due to a measurement error in data collection, four questions on the Purpose in Life and Positive Relations with Others subscales, and three questions on the Personal Growth subscale had a 6-point Likert scale. Three questions on the Purpose in Life and Positive Relations with Others subscales, and four questions on the Personal Growth subscale were asked based on a 5-point Likert scale. A description of each of the scales is provided below:

*Personal Growth:* Personal Growth measures the extent to which individuals use their potential. An example of an item from the scale is “I have the sense that I have
developed a lot as a person over time.” Typically, respondents used a 6-point Likert scale that ranges from 1 (completely disagree) to 6 (completely agree). Higher scores are reflective of greater feelings of personal development. Ryff et al. (2012) reported an adequate inter-item reliability ($\alpha = .75$) for this scale. For the sample obtained in this study, the inter-item correlation for the three questions on the 6-point Likert scale was .46 and the inter-item correlation for the four questions on the 5-point Likert scale was .66. Cronbach’s alpha for the sample obtained in this study of all 7 items was .75.

*Purpose in Life:* Purpose in Life measures the extent to which individuals feel that their lives have meaning and purpose. An example of an item from the scale is “I have a sense of direction and purpose in life.” Typically, respondents use a 6-point Likert scale that ranges from 1 (completely disagree) to 6 (completely agree). Higher scores are reflective of greater feelings of purpose. Ryff et al. (2012) reported an adequate inter-item reliability ($\alpha = .70$) for this scale. For the sample obtained in this study, the inter-item correlation for the four questions on the 6-point Likert scale was .73 and the inter-item correlation for the three questions on the 5-point Likert scale was .56. Cronbach’s alpha for the sample obtained in this study of all 7 items was .81.

*Positive relations with others:* This scale measures the connection that an individual feels with significant others in their life. An example of an item from the scale is “Most people see me as loving and affectionate.” Ordinarily, respondents use a 6-point Likert scale that ranges from 1 (completely disagree) to 6 (completely agree). Higher scores are reflective of greater feelings of warmth and having trusting relationships with others. Ryff et al. (2012) reported a reliability of .78 for this scale. For the sample obtained in this study, the inter-item correlation for the four questions on the 6-point
Likert scale was .71 and the inter-item correlation for the three questions on the 5-point Likert scale was .51 Cronbach’s alpha for the sample obtained in this study of all 7 items was .78.

**Hedonic Well-Being.** Hedonic Well-Being was measured using the *Satisfaction with Life Scale* (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) and the *Positive and Negative Affect Scale* (PANAS: Watson et al., 1988). Descriptions of both scales are provided below:

*Satisfaction with Life Scale:* This is a 5-item scale that assesses global life satisfaction. Examples of items include “The conditions of my life are excellent” and “In most ways my life is close to my ideal.” Diener et al. (1985) reported good internal consistency for the scale ($\alpha = .87$). For the sample obtained in this study, the inter-item correlation was good ($\alpha = .89$).

*Positive and Negative Affect Scale:* It is a 20-item scale that assessed the extent that respondents had experienced the listed emotions. PANAS comprises two 10-item affect scales. The Positive Affect scale includes items such as “excited”, and “enthusiastic.” The Negative Affect scale comprises items such as “distressed”, and “irritable.” Respondents indicate the extent they experienced the listed emotions on a five-point scale ranging from 1 (“very slightly or not at all”) to 5 (“extremely”). Watson et al. (1988) reported that the measure has high internal consistency for both the positive and negative affect scales ($\alpha = .88$ and $\alpha = .87$, respectively). For the sample obtained in this study, internal consistency was good for both the positive affect scale ($\alpha = .90$), and the negative affect scale ($\alpha = .88$).
CHAPTER 4: RESULTS

Missing Data Analysis

For a missing data analysis, a dummy code variable was created to distinguish between participants who had missing data on any study items related to the independent, mediator, and dependent variables of the study. A “0” indicated that a participant did not have any missing data, while a “1” indicated that a participant had missing data on at least one item. Of the eligible participants (n=268), 170 did not have any missing data. Using the missing data dummy code, the relationship between having missing data and demographic characteristics was examined. The associations between missing data with age and with total household income were tested using Pearson’s correlation coefficients. Missing data was not significantly associated with age ($r = -.05, p = .45$) nor with total household income ($r = -.08, p = .20$). Race, HIV status, highest education attainment, being born in the U.S., relationship status, and religion were treated as categorical variables. Crosstabs and Chi-square ($\chi^2$) difference tests were used to examine significant differences between having missing data and these demographic characteristics. No significant Chi-square differences were found between having missing data and any of these demographic characteristics. Due to the lack of association between missing data and any of the demographic characteristics, missing data were assumed to be missing completely at random (MCAR), allowing the studies hypotheses to be estimated using Maximum Likelihood Estimation (ML). ML estimates parameters from available complete data and “…computes a casewise likelihood function with observed variables for each case” (Schlomer, Bauman & Card, 2010, p. 5). Allison (2003) recommends this as a preferred method for handling missing data and Schlomer et al.
(2003) consider it one of the best practices for data estimation in counseling psychology research.

**Bivariate Associations**

Pearson’s correlations were obtained for all continuous study variables and are summarized in Table 3. Perceived discrimination had significant positive associations with two other minority stress factors: expectations of rejection ($r = .28, p < .001$) and internalized homophobia ($r = .17, p < .001$). Perceived discrimination was also significantly associated with negative affect ($r = .25, p < .001$). Perceived discrimination was not significantly associated with concealment of sexual orientation, authenticity, satisfaction with life, positive affect or any of the three indicators of eudaimonic well-being. While concealment of sexual orientation was only related to one minority stress factor, internalized homophobia ($r = .39, p < .001$), it had significant negative associations with all three indicators of eudaimonic well-being, satisfaction with life and positive affect. Concealment was positively associated with negative affect ($r = .17, p < .001$). Authenticity had significant associations with all the indicators of hedonic and eudaimonic well-being (see Table 3).

**AIM 1: To examine the relationship between minority stress (experiences of discrimination, expectations of rejection, internalized homophobia, and concealment of orientation), and authenticity in adult gay men.**

Hierarchical multiple regressions were utilized to examine the relationship between each minority stress factor with authenticity. Descriptive statistics of the study variables are described in Table 2. Conditions for regression, which include normality, independence of errors, and homoscedasticity were examined for each of the study
variables using histograms, q-q plots and scatterplots. Expectations of rejection, internalized homophobia, concealment, and authenticity all met these conditions. An examination of the discrimination variable showed that the variable was positively skewed and had positive kurtosis (skewness= 2.32, kurtosis=8.22) Kline (2005) states that skewness values less than three and kurtosis values less than ten are not problematic for structural models, and therefore the discrimination variable was not transformed.

Correlations and univariate Analyses of Variance (ANOVA) were used to determine which demographic characteristics to include as covariates. Age had a small significant positive association with authenticity (r = .22, p < .001). Total household income had a small significant positive association with authenticity (r = .19, p < .001). Both demographic variables were included as covariates in the regression models. Having been born in the U.S., HIV status, and relationship status did not reach significance for group differences on authenticity. There were also no significant group differences by race. As each of the racial minority groups in the sample size did not match the number of white participants, race was recoded as a binary variable to examine whether there were any differences between White and racial minority participants. A t-test was used to determine whether there was a group difference by racial minority status on authenticity. Although the t-test was not statistically significant, racial minority status was kept in the model, due to the conceptual similarity between minority status and minority stress.

**Hypothesis 1a: Perceived discrimination will be negatively associated with authenticity.** The results of hierarchical regression model testing the relationship between authenticity and discrimination, controlling for age, racial minority status, and income, are detailed in Table 4. Controlling for age, income, and racial minority status,
discrimination was not significantly associated with authenticity ($b = -.15$, $t (221) = -1.39$, $p = .17$). The overall model was significant and explained 7% of the variance in authenticity ($F(1, 222) = 3.98$, $p = .004$). Based on results from these data, however, hypothesis 1a was not confirmed.

**Hypothesis 1b: Expectations of rejection will be negatively associated with authenticity.** The results of the hierarchical regression model testing the relationship between authenticity and expectations of rejection, controlling for age, racial minority status, and income, are detailed in Table 5. Controlling for age, income, and racial minority status, expectations of rejection had a significant and negative association with authenticity ($b = -.17$, $t (221) = -1.98$, $p = .05$). The 95% confidence interval for the unstandardized coefficient of expectations of rejection was (-0.34, 0). As the confidence interval contained a zero, hypothesis 1b was determined to not have been confirmed. Overall, the model was significant and explained 8% of the variance in authenticity ($F(1,222) = 4.50$, $p = .002$).

**Hypothesis 1c: Internalized homophobia will be negatively associated with authenticity.** The results of hierarchical regression model testing the relationship between authenticity and internalized homophobia, controlling for age, racial minority status, and income, are detailed in Table 6. Controlling for age, income, and racial minority status, internalized homophobia had a statistically significant and negative association with authenticity ($b = -.46$, $t (221) = -5.61$, $p < .001$). Overall, the model was significant and explained 18% of the variance in authenticity ($F (1,222) = 11.82$, $p < .001$). Therefore, based on results obtained from these data, hypothesis 1c was confirmed.
Hypothesis 1d: Concealment of Sexual Orientation will be negatively associated with authenticity. The results of hierarchical regression model testing the relationship between authenticity and concealment of sexual orientation, controlling for age, racial minority status, and income are detailed in Table 7. Controlling for age, income and racial minority status, concealment of sexual orientation had a statistically significant and negative association with authenticity (b = -.24, t (221) = -4.72 p <.001). The model was significant and explained 15% of the variance in authenticity (F (1,222) = 9.39, p <.001). Therefore, based on results obtained from these data, hypothesis 1d was confirmed.

AIM 2: To examine the relationship between authenticity and well-being, both hedonic and eudaimonic, in adult gay men.

Pearson Correlations indicated that authenticity had significant positive associations with all the well-being outcomes, Therefore, Multiple Analysis of Variance (MANOVAs) were conducted to determine whether there were significant group differences by demographic variables. The dependent measures in the MANOVAs were authenticity, satisfaction with life, positive affect, negative affect, purpose in life, positive relations with others and personal growth. Wilk’s Lambda was the statistic used to determine whether there were significant group differences. There was no significant group differences in any of the dependent measures for racial minority status (λ=.95, p = .20), HIV status (λ=.89, p = .12), being U.S. born (λ=.96, p = .29), or education (λ=.82, p = .57). Age and income were the only group variables for which differences in outcome variables were apparent. Age was significantly correlated with three of the dependent variables – authenticity (r = .22), negative affect (r = -.16), and purpose in life (r = .18).
Income was significantly correlated with authenticity ($r = .19$), satisfaction with life ($r = .22$), and purpose in life ($r = .15$).

To clearly elucidate the relations among authenticity and well-being, structural Equation Modeling (SEM) using MPLUS 7.2 (Muthen & Muthen, 1998-2012) was used to explore Aim 2. Kline (2011) recommends a two-step approach to structural regression modeling. In the first step, a measurement model is specified as a confirmatory factor analysis (CFA). This enables investigators to determine whether the measurement model fits the data before introducing structural elements. The model had two outcome latent variables. The indicators for the first latent variable, hedonic well-being, were satisfaction with life, positive affect, and negative affect. The indicators for the second latent variable, eudaimonic well-being, were purpose in life, positive relations with others, and personal growth.

Due to an error in data collection, some items on the indicators for eudaimonic well-being were measured on a 6-point Likert response scale while others were measured on a 5-point Likert response scales. As there were differences in the Likert response scales, a number of measurement models were tested to determine both conceptual and statistical fit. As having scales with more items with the same Likert response scales provides higher reliability, this measurement model was examined first as the one most likely to provide the best fit. In this model, subscales contained 4 questions each. The purpose in life and positive relations with others subscales were measured on a 6-point Likert response scale ($\alpha = .73$ and $\alpha = .70$ respectively) and the personal growth subscale was measured with a 5-point Likert response scale ($\alpha = .66$). This measurement model had good model fit: $\chi^2 (7) = 9.24, p = .24$; CFI = 1.00; TLI =
Thereafter, different measurement models were examined to determine whether they had good model fit. Figure 3 is a graphical representation of the measurement model in which the eudaimonic subscales were all measured on a 5-point Likert scale. The reliabilities of the eudaimonic subscales in this measurement model were as follows: purpose in life (α=.56), positive relations with others (α=.51) and personal growth (α=.66). This measurement model did not have as good a fit as the first model based on its CFI, TLI and RMSEA values and was not retained. Figure 4 is a graphical representation of the measurement model in which the eudaimonic subscales were measured on 6-point Likert scale. The reliabilities of the eudaimonic subscales in this measurement model were as follows: purpose in life (α=.73), positive relations with others (α=.71) and personal growth (α=.45). This measurement model had good model fit with the data, however, Kline (2011) recommends using measures with good reliability. Figure 5 provides both the fit statistics and a graphical representation of the measurement model in which the eudaimonic subscales were measured on both 6-point and 5-point Likert scales. This measurement model did not have good model fit based on its RMSEA (.13) and SRMR (.19) values. While the three measurement models with one indicator each for purpose in life, positive relations with others and personal growth had adequate fit with the data, the model with four items in each scale with the same Likert responses (Figure 2) was hence retained due to having the best model fit and higher reliability due to having more items.

The following is a description of model specification for the final measurement model. The measurement model was first tested with only the indicator paths from the
latent variables specified, i.e. paths to satisfaction with life, positive affect and negative affect from the hedonic well-being latent variable; and paths to purpose in life, positive relations with others and personal growth from eudaimonic well-being. All indicators were significantly associated with each other. The correlations between all the variables examined in Aim 2 is presented in Table 3. The original measurement model did not have good fit: $\chi^2 (8) = 29.82, p<.001; \text{RMSEA} = .11; \text{CFI} = .96; \text{TLI} = .92; \text{SRMR} = .04$.

Further, the latent covariance matrix was not positive definite, such that the solution included a negative covariance. Modification indices were utilized to improve model fit. Modification indices indicated that correlating positive affect and negative affect would improve model fit. As both these constructs are subscales on a single measure, and some researchers have argued that the PANAS might measure dimensions other than positive and negative affect such as affect polarity (Gaudreau et al., 2006; Leue & Beauducel, 2011), adding the correlation of their error variance was theoretically sound. The resultant final measurement model had good model fit: $\chi^2 (7) = 9.24, p = .24; \text{CFI} = 1.00; \text{TLI} = .99; \text{RMSEA} = 0.04; \text{SRMR} = .02$.

**Hypothesis 2a: Authenticity will be positively associated with hedonic well-being.**

Once the resulting measurement model obtained a good fit, the second step of modeling, was to add the structural elements. In this step, hedonic and eudaimonic well-being were regressed on authenticity. Figure 6 provides a graphical representation of the model with path coefficients and factor loadings included. The final structural equation model had good model fit: $\chi^2 (11) = 23.96, p = .01; \text{RMSEA} = 0.07; \text{CFI} = .98; \text{TLI} = .96; \text{SRMR} = .03$. The unstandardized direct effect of authenticity on hedonic well-being was statistically significant ($b = .73, p < .001$). The model explained 47% of the variance in
hedonic well-being. Therefore, the obtained SEM results indicated that hypothesis 2a was confirmed.

**Hypothesis 2b: Authenticity will be positively associated with eudaimonic well-being.** Figure 6 provides a graphical representation of the relationship between authenticity and eudaimonic well-being. As noted, the final model had good model fit. The unstandardized direct effect of authenticity on eudaimonic well-being was statistically significant ($b = .52, p < .001$). The model explained 39% of the variance in eudaimonic well-being. Therefore, the obtained SEM results indicated that hypothesis 2b was confirmed.

**AIM 3: To examine whether authenticity mediates the relationship between minority stress factors and hedonic well-being and eudaimonic well-being in adult gay men.**

Figure 1 presents the proposed theoretical associations among perceived discrimination, expectations of rejection, internalized homophobia, concealment of sexual orientation, authenticity, hedonic well-being and eudaimonic well-being. Correlations between all the study variables are detailed in Table 3. Authenticity was hypothesized to be a mediator between the minority stress factors and both well-being outcomes (see Figure 1). Two models were examined. The theoretical model, which only included the indirect effects of the minority stress factors to both well-being outcomes, was first examined. The second model examined included both direct and indirect effects of the minority stress factors to both well-being outcomes. To test for mediation, bootstrapping was performed. Shrout and Boulger (2002) suggest bootstrapping as a means of obtaining confidence intervals for mediation effects. Bootstrapping was
performed with 1000 bootstrap samples. The theoretical model had adequate model fit: $\chi^2(35) = 81.15, p = .01$; RMSEA: 0.08; CFI = .94; TLI = .91; SRMR = .07.

The second model, which included both direct and indirect effects, had good fit with the data: $\chi^2(27) = 56.83, p < .001$; RMSEA = 0.07; CFI = .96; TLI = .93; SRMR = .04. As both the theoretical model and the model including both indirect and direct effects had good model fit, a chi-square difference significance test was calculated between the two models. A chi-square difference significance test is carried out when models are and can provide information whether the nested and more parsimonious model has better fit with the data (Kline, 2011). The chi-square difference significance test results inferred that the model with both direct and indirect effects had better fit with these data than the proposed theoretical model ($\Delta \chi^2(8) = 24.32, p = .002$). Figure 7 provides a graphical representation of the final retained model with path coefficients and factor loadings included.

**Hypothesis 3a: Authenticity will mediate the relationship between perceived discrimination, expectations of rejection, internalized homophobia, and concealment of orientation and hedonic well-being.** Table 8 details the unstandardized direct, indirect, and total effects of the final model. Discrimination was not significantly related to either authenticity or hedonic well-being. Expectations of rejection only had a significant direct effect on hedonic well-being ($b = -.21, p = .03$). Authenticity did not mediate the relationship between expectations of rejection and hedonic well-being.

Bootstrapping was utilized to determine whether mediation occurred using the method outlined by Shout and Bolger (2002). According to Shout and Bolger (2002), if the confidence interval for the indirect effect does not contain a zero, mediation has
occurred. The unstandardized indirect effect of internalized homophobia on hedonic well-being was -0.25, \( p < .001 \), with a standard error of 0.07. The 95% confidence interval for the two-sided bias-corrected bootstrap had a lower bound of -0.39 and an upper bound of -0.13. As the confidence interval did not contain a zero, authenticity fully mediated the relationship between internalized homophobia and hedonic well-being.

The unstandardized indirect effect of concealment of sexual orientation on hedonic well-being was -0.13, \( p = .001 \). The 95% confidence interval for the two-sided bias-corrected bootstrap had a lower bound of -0.21 and an upper bound of -0.05. The proportion of the mediated effect was 0.87. As the confidence interval did not include a zero, authenticity fully mediated the relationship between concealment of sexual orientation and hedonic well-being.

To summarize, overall, the model explained 51% of the variance in hedonic well-being. Based on these results, hypothesis 3a was partially confirmed as the relationships between discrimination and expectations of rejection with hedonic well-being were not mediated by authenticity.

**Hypothesis 3b: Authenticity will mediate the relationship between experiences of discrimination, expectations of rejection, internalized homophobia, and concealment of orientation and eudaimonic well-being.** Table 8 summarizes the unstandardized direct, indirect, and total effects of the final model. Discrimination did not have a statistically significant direct or indirect effect on eudaimonic well-being. Expectations of rejection had a significant direct effect on eudaimonic well-being (\( b = -.19, p = .02 \)), but did not have a significant indirect effect. Therefore, authenticity did not mediate the relationship between expectations of rejection and eudaimonic well-being.
The unstandardized indirect effect of internalized homophobia on eudaimonic well-being was -0.16, $p < .001$ with a standard error of 0.05. The 95% confidence interval for the two-sided bias-corrected bootstrap had a lower bound of -0.26 and an upper bound of -0.08. As the confidence interval did not contain a zero, authenticity fully mediated the relationship between internalized homophobia and eudaimonic well-being.

Concealment of sexual orientation had a statistically significant direct effect on eudaimonic well-being ($b = -.10 [-.18, -.01], p = .003$) in addition to an indirect effect on eudaimonic well-being ($b = -.08 [-.14, -.03], p = .03$). The proportion of the mediated effect was 0.44. Therefore, authenticity only partially mediated the relationship between concealment of sexual orientation and eudaimonic well-being.

To summarize, the model explained 45% of the variance in eudaimonic well-being. Based on these results hypothesis 3b was partially confirmed as authenticity did not mediate the relationship between discrimination and expectations of rejection with eudaimonic well-being and only partially mediated the relationship between concealment of sexual orientation and eudaimonic well-being.

Although not a hypothesis of this investigation, an additional model was examined testing Hatzenbuehler’s (2009) psychological mediation theory. Figure 8 presents Hatzenbuehler’s model. In this model, perceived discrimination had direct effects on the three other minority stress factors. Authenticity then mediated the relationship between the three other minority stress factors and both well-being outcomes. This model did not have overall good model fit: $\chi^2 (33) =102.70, p <.001$; CFI = .91; TLI = .85; RMSEA = 0.10; SRMR = .08. A chi-square difference test between the
final retained mediation model and Hatzenbuehler’s theoretical model indicated that this study’s mediation model had better fit with the data ($\chi^2 (6) = 45.87, p < .001$).
CHAPTER 5: DISCUSSION

This study explored the relationships among minority stress, authenticity, and well-being. The first aim was to elucidate the relationship between minority stress and authenticity. More specifically, the relationships between perceived discrimination, expectations of rejection, internalized homophobia, concealment of sexual orientation, and authenticity were examined. Internalized homophobia and concealment of sexual orientation both had significant negative associations with authenticity, while perceived discrimination and expectations of rejection were not significantly related to authenticity. The second aim explored the relationships between authenticity, hedonic well-being, and eudaimonic well-being. Authenticity had positive significant associations with both hedonic and eudaimonic well-being. Finally, the third aim of this investigation was to determine whether authenticity mediated the relationship between the minority stress factors and both well-being outcomes. Perceived discrimination did not have direct or indirect effects on either hedonic well-being or eudaimonic well-being through authenticity. Although authenticity did not mediate the relationships between expectations of rejection and either well-being outcome, expectations of rejection had direct negative effects on both hedonic and eudaimonic well-being. Authenticity fully mediated the relationships between internalized homophobia, concealment of sexual orientation, and hedonic well-being respectively. Authenticity fully mediated the relationship between internalized homophobia and eudaimonic well-being, whereas it only partially mediated the relationship between concealment of sexual orientation, and eudaimonic well-being. The following sections of this chapter are a discussion of each aim of the study. Implications, limitations, and future directions are also discussed.
Minority Stress and Authenticity

Authenticity was the dependent variable of interest with regard to minority stress due to its importance in human functioning (Horney 1950; Rogers, 1961; Yalom, 1980) and its relationship with positive gay identity (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). The hypothesis that perceived discrimination would be negatively associated with authenticity was not confirmed. There are a number of possible explanations for this outcome. First, there was a lack of variability in the responses to the discrimination measure. The participants generally reported very few discriminatory events within the past year. Szymanski (2009) obtained similar results of low levels of perceived discrimination from an internet sample of 210 highly educated gay men ($M=1.65$, $SD=.66$), as did Szymanski and Ikizler (2013) who reported similar results ($M = 1.70$, $SD = .70$) from an internet survey of 203 sexual minority men. It is possible that respondents to gay-identified surveys are living and working in less discriminatory contexts. The lack of variance in discrimination responses could account for its lack of association with authenticity. Second, only past year discrimination was measured. It could be likely that chronic everyday discrimination may have more of an association with authenticity due to the repeated effects of discrimination. Pascoe and Richman (2009) found in their meta-analysis of discrimination and health outcomes that both recent and chronic discrimination consistently had more significant negative associations with mental health outcomes than lifetime discrimination. Third, it may also be that sexual orientation discrimination may have to occur in tandem with another form of discrimination for it to have a significant relationship with authenticity as indicated in the findings of Bostwick et al. (2014) in
their examination of perceived discrimination, mental health disorders and sexual orientation. Further research may be needed to elucidate the relationship between various forms of perceived discrimination and authenticity.

Another finding in the present study was that expectations of rejection were not related to authenticity. This construct was not significantly related to any of the authenticity measure subscales, including authentic living, self-alienation and accepting external influence. This was a surprising and unexpected finding from the study given that although the ‘perceived discrimination’ variable was skewed, the ‘expectations of rejection’ variable was normally distributed. While one may expect that individuals with high levels of ‘expectations of rejection’ may behave inauthentically and alter their behavior to increase social acceptance, these data provide contrary evidence.

Internalized homophobia was significantly associated with authenticity, lending evidence to Meyer and Dean’s (1998) assertion of the insidious nature of internalized homophobia. Internalized homophobia was significantly related to all the subscales of the authenticity measure (authentic living, self-alienation, and accepting external influence). The internalization of societal negative attitudes towards homosexuality appears to have an influence on authenticity and is commensurate with the Wood et al. (2008) conceptualization of authenticity. Individuals high in internalized homophobia might have internalized defenses such as avoidance of affect so not to feel the burden of societal heterosexism. Individuals high in internalized homophobia may not seek out community support from LGB communities (Shidlo, 1994). Not engaging with social support that is accepting of sexual orientation may hinder gay men’s ability to engage with individuals with whom they can feel authentic.
In this study, concealment of sexual orientation was also associated with authenticity. Cass (1979) and Troiden (1981) both delineate how progressing through identity development stages involves sexual orientation disclosure. The moderate negative correlation between concealment of sexual orientation and authenticity shows how important it is for gay men to be open about their sexual orientation. Concealment of sexual orientation was related to all three subscales of the authenticity measure. Coming out and disclosing sexual orientation often requires courage and a lot of forethought, which may explain the negative association between concealment and authentic living. As coming out is often an act of honesty and a desire to be more connected with one’s self, the association between concealment and authenticity is intertwined.

The results from this investigation regarding the relationships of authenticity with each minority stress factor elucidate the unique influence that they have on the authenticity of gay men. A major revelation of the findings is how the association between minority stress and authenticity depends on each factor’s relationship to one’s own or others’ actions. Perceived discrimination and expectations of rejection are externally focused in that they are an assessment of one’s experience of other people’s behaviors or beliefs towards gay men. In contrast, concealment of sexual orientation and internalized homophobia are internal beliefs and personal actions that are specific to the individual. As authenticity is a measure of consistency between one’s own experience and behavior, it follows that the minority stress factors related to individual experience and beliefs are significantly associated with self-reported authentic status. In this regard, one way to increase the authenticity of gay men is to focus on alleviating the stress caused by concealment and internalized homophobia. Cultural context should always be
considered regarding how generalizable these results are to other countries. This U.S. sample reported low discrimination scores and it can be argued that U.S. has an environment that is much more tolerant of sexual minorities than some other countries. It is possible that perceived discrimination, threats of violence, victimization and the fear associated with them may have a greater impact on authenticity in other localities than found in this study.

**Authenticity and Well-Being**

In this study, authenticity had significant positive associations with both hedonic and eudaimonic well-being. This finding is consistent with prior research regarding the relationship between authenticity and well-being (Kernis & Goldman 2006, Wood et al, 2008). Two main points arise from the second aim of this investigation. Very few prior studies had documented the importance of authenticity in the lives of LGB individuals. This study highlights how important authenticity is for individuals with concealable identities in having not only satisfying lives with experiences of positive affect, but also living in ways they feel is meaningful and promote good relations with others and personal growth. Additionally, from the measurement models of well-being in this study with a sample self-identified gay men, the two distinct factors of hedonic and eudaimonic well-being were consistent with prior research with other populations (Compton, et al., 1996; McGregor & Little, 1998; Keyes, et al., 2002). Future research should continue to distinguish between types of well-being, as the minority stress factors appear to affect hedonic and eudaimonic well-being in different ways.
Minority Stress, Authenticity, and Well-Being

Perceived discrimination attributed to sexual orientation was not related to authenticity, hedonic well-being or eudaimonic well-being in this study of gay men. In fact, from the results obtained, the only well-being outcome that was associated with perceived discrimination was negative affect. Negative affect, also used as a measure of psychological distress has been found to be associated with perceived discrimination in previous studies (Lee & Ahn, 2013; Pascoe & Smart Richman, 2009; Pieterse et al., 2012; Schmitt et al., 2014). The results obtained in this study appear to be consistent with prior research that has shown that discrimination has stronger associations with negative mental health outcomes than positive well-being (Schmitt et al., 2014). These results do not suggest that discrimination has no influence on the well-being of gay men. Rather, the findings suggest that discrimination may have a different pathway through which it affects the lives of gay men, such as psychological distress. Hatzenbuehler’s (2009) proposal that discrimination may precede concealment, expectations of rejection, and internalized homophobia could explain the pathway of discrimination to authenticity and well-being. Concealment of sexual orientation, internalized homophobia and expectations of rejection all could possibly be reactions to discrete experiences of discrimination. Although the attempt to fit Hatzenbuehler’s conceptualization to these data did not achieve adequate parsimony, more studies are needed to provide empirical evidence for how discrimination operates with regard to the well-being of gay men.

Expectations of rejection was directly related to both hedonic and eudaimonic well-being. Research from the field of cognitive neuroscience highlight how
perceiving social exclusion or rejection is related to brain regions associated with social distress (Masten, Telzer, & Eisenberger, 2011). This could explain how expectations of rejection are negatively associated with hedonic well-being, which is affect based. Rejection sensitivity has also been linked to hyper-vigilance (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002) and social anxiety (Feinstein, Goldfried, & Davila, 2012). It is possible that gay men who are rejection sensitive avoid situations in which they feel likely to be rejected. In doing so, they are likely to miss out on opportunities to engage socially, affecting their ability to have positive relations with others. Additionally, while being avoidant of opportunities based on the anxiety of being stereotyped may be a way of coping with negative affect, gay men who are avoidant might also miss out on opportunities that could possibly lead to self-growth or mastery. These missed opportunities may be why expectations of rejection hinder gay men from experiencing flourishing lives.

Authenticity appears to have a major role in the associations between both internalized homophobia and concealment of sexual orientation with both hedonic and eudaimonic well-being. Internalizing negative societal attitudes and concealing one’s sexual orientation negatively impact one’s ability to be authentic which in turn affects an individual’s ability to live both a flourishing life and one in which they experience positive affect and life satisfaction. Overcoming internalized homophobia likely requires evaluation of external influence and messages, as well as self-knowledge about affective states. The association between concealment and authenticity may be reciprocal. Being out and open increases the ability to be more authentic and live according to one’s values. Concealment’s direct relationship with eudaimonic well-
being suggests that individuals who are “out” live flourishing lives. This suggests that “out” individuals may be able to invest internal resources into deepening personal relationships and pursuing fulfilling activities. Concealment of sexual orientation and internalized homophobia, both internal/proximal factors of the minority stress model, appear to have more of an effect on positive well-being in gay men than external negative events or the expectation of them.

**Implications**

This study has a number of implications and contributes to the minority stress model in several ways. Positive well-being should be included in sexual minority research more often as there appears to be different pathways and associations between the minority stress factors and well-being. For example, in this study, discrimination was associated with negative affect but no significant associations were obtained with positive well-being. Second, while Hatzenbuehler’s proposal did not fit these data, further studies are needed to test it as there was low variance in perceived discrimination in this study. Another theoretical implication of these findings is that the expectation of rejection appears to be more related to hedonic and eudaimonic well-being than perceived discrimination. Therefore, it is important that systematic policy efforts be made so as to reduce societal stigma based on sexual orientation, as even the expectation of stigma is an impediment to well-being.

The results suggest that authenticity appears to be a central aspect of gay men’s functioning and therefore it deserves greater consideration in LGB research than the current literature holds. Clinicians may want to take a more holistic approach when working with gay men. Instead of exclusively focusing on reducing internalized
homophobia or encouraging clients to come out to reduce psychological distress, focusing on increasing clients’ authenticity may produce better outcomes and positive well-being. Authentic living, self-alienation and accepting external influence were found to be associated with internalized homophobia and concealment of sexual orientation in this study. Clinicians may want to focus on increasing emotional awareness, challenging negative societal messages about sexual orientation as interventions with gay men. Pachankis (2009) details how some cognitive behavioral techniques such as assertiveness training and cognitive restructuring may be used to increase authenticity in gay men. More research should be conducted to further examine other possible mediators or moderators of the relationships among minority stress, authenticity and well-being.

**Limitations**

While this study had a number of strengths, including a broad U.S. sample and advanced data analysis with SEM, it is not without its limitations. While the final path model had good model fit, data were collected at a single time point and thus limitations exist regarding the temporal ordering of constructs. Boyraz et al. (2014) utilized a longitudinal design to elucidate the temporal ordering of authenticity and life satisfaction which provides preliminary justification of the ordering of some of the constructs in this study. Further studies should utilize a longitudinal design to incorporate temporality. Additionally, the sample consisted of mostly White participants. Future studies should try to increase the representation of racial minority groups. Moreover, due to measurement differences related to the eudaimonic well-being measures, results should be interpreted cautiously. Using SEM mitigated some of the measurement error in this study. Another limitation is the overall outness of the sample. Individuals who might identify as gay but
are in the early stages of their sexual orientation development may be more likely to conceal their sexual orientation and less likely to take a survey related to gay issues. While taking an internet survey would seem to offer more privacy and increase the likelihood of all individuals feeling comfortable enough to provide responses on this survey, more efforts should be made to recruit such individuals to increase the variability of outness/concealment in samples.

**Future Directions**

This study provides some initial evidence for the relationship between minority stress, authenticity, and well-being. A number of questions and research possibilities arise from this study. First, what is the relationship between different types of discrimination with authenticity and well-being? While sexual orientation discrimination was not related to authenticity, hedonic and eudaimonic well-being, it is possible that other types of discrimination (age, race, weight, HIV status, etc.) might. Future studies should collect different types of measures of discrimination including lifetime, chronic and past year discrimination, and determine individual attributions for discrimination. Second, do the relationships between minority stress, authenticity, and well-being differ by different sexual orientations or gender identities? Further studies should carry out this investigation with lesbian, bisexual, and transgender individuals. Additionally, a similar investigation should be carried out with men who have sex with men but don’t identify as gay to see whether there are any significant differences in the relationships between the constructs. Finally, what are the positive factors associated with authenticity, hedonic well-being and eudaimonic well-being in gay-men? Riggle et al. (2014) provides preliminary evidence for the associations of the elements of positive LGB identity that
include self-awareness, social justice, intimacy, and community with authenticity and satisfaction with life. Further investigations should be made with these factors of positive identity with eudaimonic well-being. Continued efforts should be made to reduce the deficit focus of research regarding sexual minorities so give an even more comprehensive understanding of LGB well-being.
References


### Table 1

#### Participant Demographics

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<th>Category</th>
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**Religion**

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Table 2

Descriptive Statistics of Study Variables

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<th>(SD)</th>
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<td>1-6</td>
<td>1.00-6.00</td>
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<td>1.09</td>
<td>-.41</td>
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<td>.73</td>
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<tr>
<td>Positive Relationships</td>
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<td>1.75-6.00</td>
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<td>-.62</td>
<td>.70</td>
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<tr>
<td>Personal Growth</td>
<td>1-5</td>
<td>1.50-5.00</td>
<td>4.00</td>
<td>.65</td>
<td>-.75</td>
<td>.58</td>
<td>.66</td>
</tr>
</tbody>
</table>

*Non-integer values are due to maximum likelihood estimation.
Table 3
Correlations between Independent, Mediator, and Dependent variables

<table>
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<th>1</th>
<th>2</th>
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<th>13</th>
<th>14</th>
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<tbody>
<tr>
<td>1. Discrimination</td>
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<tr>
<td>2. Expectations of Rejection</td>
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<td>3. Internalized Homophobia</td>
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<td>.16*</td>
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<td>4. Concealment</td>
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<td>.03</td>
<td>.39**</td>
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<td></td>
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<tr>
<td>5. Authentic Living</td>
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<td>.02</td>
<td>-.25**</td>
<td>-.39**</td>
<td>1.00</td>
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<tr>
<td>6. Self-Alienation</td>
<td>.09</td>
<td>.11</td>
<td>.42**</td>
<td>.28**</td>
<td>-.38**</td>
<td>1.00</td>
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<td></td>
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<td>7. Accepting External Influence</td>
<td>.01</td>
<td>.08</td>
<td>.18**</td>
<td>.19**</td>
<td>-.36**</td>
<td>.49**</td>
<td>1.00</td>
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<td></td>
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<tr>
<td>8. Authenticity</td>
<td>-.04</td>
<td>-.09</td>
<td>-.38**</td>
<td>-.35**</td>
<td>.67**</td>
<td>-.85**</td>
<td>-.80**</td>
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<tr>
<td>9. Satisfaction with Life</td>
<td>-.09</td>
<td>-.14*</td>
<td>-.30**</td>
<td>-.27**</td>
<td>.39**</td>
<td>-.49**</td>
<td>-.25**</td>
<td>.49**</td>
<td>1.00</td>
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<td>10. Positive Affect</td>
<td>.02</td>
<td>-.11</td>
<td>-.22**</td>
<td>-.22**</td>
<td>.50**</td>
<td>-.44**</td>
<td>-.27**</td>
<td>.50**</td>
<td>.59**</td>
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<tr>
<td>11. Negative Affect</td>
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<td>.08**</td>
<td>.29**</td>
<td>.17**</td>
<td>-.27**</td>
<td>.55**</td>
<td>.40**</td>
<td>-.55**</td>
<td>-.49**</td>
<td>-.34**</td>
<td>1.00</td>
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<td></td>
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<tr>
<td>12. Purpose in Life</td>
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<td>-.18**</td>
<td>-.22**</td>
<td>-.21**</td>
<td>.29**</td>
<td>-.48**</td>
<td>-.20**</td>
<td>.43**</td>
<td>.58**</td>
<td>.61**</td>
<td>-.52**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Positive Relations</td>
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<td>-.17*</td>
<td>-.31**</td>
<td>-.32**</td>
<td>.33**</td>
<td>-.46**</td>
<td>-.19**</td>
<td>.43**</td>
<td>.46**</td>
<td>.54**</td>
<td>-.41**</td>
<td>.50**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>14. Personal Growth</td>
<td>-.01</td>
<td>-.12</td>
<td>-.25**</td>
<td>-.29**</td>
<td>.39**</td>
<td>-.39**</td>
<td>-.36**</td>
<td>.48**</td>
<td>.45**</td>
<td>.61**</td>
<td>-.36**</td>
<td>.53**</td>
<td>.47**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**p<.01
*p<.05
Table 4

Hierarchical Linear Regression Analysis Results of Authenticity on Perceived Discrimination.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>( \Delta R^2 )</th>
<th>( b )</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.06</td>
<td>0.02*</td>
<td>(.00, .03)</td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td></td>
<td>0.13</td>
<td>(-.16, .41)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.02</td>
<td>(-.02, .60)</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.01</td>
<td>0.02*</td>
<td>(0.00, 0.04)</td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td></td>
<td>0.14</td>
<td>(-0.14, 0.43)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.02</td>
<td>(-0.02, 0.06)</td>
</tr>
<tr>
<td>Discrimination</td>
<td></td>
<td>-0.15</td>
<td>(-0.36, 0.06)</td>
</tr>
<tr>
<td><strong>Total ( R^2 )</strong></td>
<td>0.07*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( p < .05 \)
Table 5

Hierarchical Linear Regression Analysis Results of Authenticity on Expectations of Rejection.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>( \Delta R^2 )</th>
<th>( b ) (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.06</td>
<td>0.02* (.00, .03)</td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td></td>
<td>0.13 (-.16, .41)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.02 (-.02, .60)</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.02* (0.00, 0.04)</td>
<td></td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td>0.14 (-0.14, 0.43)</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>0.02 (-0.01, 0.06)</td>
<td></td>
</tr>
<tr>
<td>Expectations of Rejection</td>
<td>-0.17* (-0.34, 0.00)</td>
<td></td>
</tr>
<tr>
<td><strong>Total ( R^2 )</strong></td>
<td>0.08*</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05
Table 6
Hierarchical Linear Regression Analysis Results of Authenticity on Internalized Homophobia.

<table>
<thead>
<tr>
<th></th>
<th>Authenticity</th>
<th>( \Delta R^2 )</th>
<th>( b )</th>
<th>[95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
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</tr>
<tr>
<td>Predictor</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td>0.06</td>
<td>0.02*</td>
<td>[.00, .03]</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 2</td>
<td>0.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Predictor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td>0.12</td>
<td>0.01*</td>
<td>[0.00, 0.03]</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internalized Homophobia</td>
<td>-0.46*</td>
<td>[-0.63, -0.30]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total ( R^2 )</td>
<td></td>
<td>0.18**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*\( p < .05 \)
**\( p < .01 \)
Table 7
Hierarchical Linear Regression Analysis Predicting Authenticity from Concealment of Sexual Orientation.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$\Delta R^2$</th>
<th>$b$</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.06</td>
<td>0.02*</td>
<td>[.00, .03]</td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td></td>
<td>0.13</td>
<td>[-.16, .41]</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.02</td>
<td>[-.02, .60]</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>0.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>0.01*</td>
<td>[0.00, 0.03]</td>
</tr>
<tr>
<td>Racial Minority (ref = White)</td>
<td></td>
<td>0.12</td>
<td>[-.15, .39]</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.01</td>
<td>[-.03, .04]</td>
</tr>
<tr>
<td>Concealment</td>
<td></td>
<td>-0.24*</td>
<td>[-.34, -.14]</td>
</tr>
<tr>
<td><strong>Total $R^2$</strong></td>
<td>0.15**</td>
<td></td>
<td></td>
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</tbody>
</table>

*p<.05  
**p=.01
Table 8

Effects Decomposition for Final Path Model of the Relationship between Minority Stress, Authenticity, Hedonic Well-Being, and Eudaimonic Well-Being.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Direct Effect [95% CI]</th>
<th>Indirect Effect [95% CI]</th>
<th>Total Effect [95% CI]</th>
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<tr>
<td>Discrimination</td>
<td>Authenticity</td>
<td>0.02 [-0.16, 0.23]</td>
<td>--</td>
<td>0.02 [-0.16, 0.23]</td>
</tr>
<tr>
<td></td>
<td>Hedonic</td>
<td>-0.08 [-0.11, 0.02]</td>
<td>-0.07 [-0.01, 0.11]</td>
<td>-0.07 [-0.01, 0.11]</td>
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<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.35, 0.21]</td>
<td>[-0.11, 0.15]</td>
<td>[-0.34, 0.23]</td>
</tr>
<tr>
<td></td>
<td>Eudaimonic</td>
<td>0.10 [0.01, 0.11]</td>
<td>0.11 [-0.01, 0.22]</td>
<td>0.11 [-0.01, 0.22]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.06, 0.29]</td>
<td>[-0.07, 0.10]</td>
<td>[-0.06, 0.34]</td>
</tr>
<tr>
<td>Expectations of Rejection</td>
<td>Authenticity</td>
<td>-0.05 [-0.21, 0.08]</td>
<td>--</td>
<td>-0.05 [-0.21, 0.08]</td>
</tr>
<tr>
<td></td>
<td>Hedonic</td>
<td>-0.21* [-0.41, -0.02]</td>
<td>-0.03 [-0.14, 0.06]</td>
<td>-0.25* [-0.47, -0.05]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.19*, -0.02]</td>
<td>[-0.14*, 0.06]</td>
<td>-0.22* [-0.47, -0.05]</td>
</tr>
<tr>
<td></td>
<td>Eudaimonic</td>
<td>[-0.36, -0.02]</td>
<td>[-0.10, 0.04]</td>
<td>-0.34* [-0.42, -0.05]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.15, -0.02]</td>
<td>[-0.26, 0.08]</td>
<td>-0.18 [-0.27, -0.08]</td>
</tr>
<tr>
<td>Internalized Homophobia</td>
<td>Authenticity</td>
<td>-0.38** [-0.55, -0.19]</td>
<td>--</td>
<td>-0.38** [-0.55, -0.19]</td>
</tr>
<tr>
<td></td>
<td>Hedonic</td>
<td>-0.08 [-0.25*, -0.02]</td>
<td>-0.34** [-0.55, -0.11]</td>
<td>-0.34** [-0.55, -0.11]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.27, 0.11]</td>
<td>[-0.39, 0.13]</td>
<td>-0.25 [-0.42, -0.08]</td>
</tr>
<tr>
<td></td>
<td>Eudaimonic</td>
<td>-0.09 [-0.16*, -0.02]</td>
<td>-0.26 [-0.14, 0.08]</td>
<td>-0.18 [-0.27, -0.08]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.27, 0.09]</td>
<td>[-0.26, 0.08]</td>
<td>-0.18 [-0.27, -0.08]</td>
</tr>
<tr>
<td>Concealment of Sexual Orientation</td>
<td>Authenticity</td>
<td>-0.19** [-0.29, -0.08]</td>
<td>--</td>
<td>-0.19** [-0.29, -0.08]</td>
</tr>
<tr>
<td></td>
<td>Hedonic</td>
<td>-0.02 [-0.13*, -0.02]</td>
<td>-0.15** [-0.21, -0.01]</td>
<td>-0.15** [-0.21, -0.01]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.14, 0.09]</td>
<td>[-0.21, -0.05]</td>
<td>-0.18 [-0.28, -0.01]</td>
</tr>
<tr>
<td></td>
<td>Eudaimonic</td>
<td>-0.10* [-0.08*, -0.02]</td>
<td>-0.18 [-0.27, -0.08]</td>
<td>-0.18 [-0.27, -0.08]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[-0.18, -0.01]</td>
<td>[-0.14, -0.03]</td>
<td>-0.18 [-0.27, -0.08]</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Hedonic</td>
<td>0.68** [0.53, 0.81]</td>
<td>--</td>
<td>0.68** [0.53, 0.81]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>0.44** [0.32, 0.58]</td>
<td>--</td>
<td>0.44** [0.32, 0.58]</td>
</tr>
<tr>
<td></td>
<td>Eudaimonic</td>
<td>[0.44**, 0.32]</td>
<td>--</td>
<td>[0.44**, 0.32]</td>
</tr>
<tr>
<td></td>
<td>Well-Being</td>
<td>[0.44**, 0.32]</td>
<td>--</td>
<td>[0.44**, 0.32]</td>
</tr>
</tbody>
</table>

*p < .05

**p < .01
Figure 1

Hypothesized theoretical model of the Relationship between Perceived Discrimination, Expectations of Rejection, Internalized Homophobia, Authenticity, and Hedonic and Eudaimonic Well-Being
Figure 2

Measurement model of Hedonic and Eudaimonic Well-Being: Scales with the Best Reliabilities.

Fit Indices:

\[ \chi^2 (7) = 9.24, \ p = .24; \]
RMSEA = 0.04;
CFI = 1.00;
TLI = .99;
SRMR = .02
Figure 3

Measurement model of Hedonic and Eudaimonic Well-Being: 5-point Likert Response Scale.

Fit Indices:
\( \chi^2 (7) = 18.11, p = .01 \)
CFI = .97
TLI = .94
RMSEA = .08
SRMR = .03
Figure 4


Fit Indices:

\[ \chi^2 (7) = 3.38, p = .85 \]
CFI = 1.00
TLI = 1.02
RMSEA = .00
SRMR = .01
Figure 5

Measurement model of Hedonic and Eudaimonic Well-Being: Scales with different Likert Response Levels.

Fit Indices:

$\chi^2 (23) = 108.08, p < .001$
CFI = .91
TLI = .86
RMSEA = .13
SRMR = .19
Figure 6

Path Model of the Relationship between Authenticity and Hedonic Well-Being and Eudaimonic Well-Being (Aim 2).

Fit Indices:
\[ \chi^2 (11) = 23.96, p = .013 \]
CFI = .98
TLI = .96
RMSEA: .07
SRMR = .03
Figure 7

Final path model of the Relationship between Perceived Discrimination, Expectations of Rejection, Internalized Homophobia, Authenticity, and Hedonic and Eudaimonic Well-Being

Fit Indices:
\[ \chi^2 (27) = 56.83, p < 0.001; \]
CFI = .96;
TLI = .93;
RMSEA: 0.07
SRMR = .04.
Figure 8

Alternate Path model of the Relationship between Perceived Discrimination, Expectations of Rejection, Internalized Homophobia, Authenticity, and Hedonic and Eudaimonic Well-Being.

Fit Indices:
\( \chi^2 (33) = 102.70, p < .001; \)
CFI = .91;
TLI = .85;
RMSEA: 0.10
SRMR = .08.