This is to certify that the

dissertation entitled

Androgyny and Coping With Prejudice
Among Lesbian and Bisexual Women

presented by

Katari Kaylene Brown

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Psychology

Glenn Lonelson
Major professor

Date June 30, 1999

ANDROGYNY AND COPING WITH PREJUDICE AMONG LESBIAN AND BISEXUAL WOMEN

By

Katäri Kaylene Brown

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

1999

ABSTRACT

ANDROGYNY AND COPING WITH PREJUDICE
AMONG LESBIAN AND BISEXUAL WOMEN

By

Katäri Kaylene Brown

Androgyny may be linked with greater flexibility in using both problem-focused and emotion-focused coping. Masculinity may be associated with the use of problem-focused coping, and femininity may be correlated with the use of emotion-focused coping. Androgyny — high masculinity and high femininity — may be an asset for lesbian and bisexual women in coping with lesbian, bisexual, gay and transgendered (LBGT)-related prejudice. This study examined narrative reports of strategies for coping with LBGT-related prejudice written by 247 lesbian and bisexual women, as well as exploring the reported LBGT-related prejudice itself. Three independent raters coded narrative responses. The Bem Sex Role Inventory was used to measure sex role orientation.

Predictions were that androgynous participants would report more, more various, and more successful coping strategies compared to non-androgynous participants, that masculinity would be positively correlated with problem-focused coping strategies and that femininity would be positively correlated with emotion-focused coping strategies. None of the hypotheses were supported. A qualitative analysis of reported prejudice and coping strategies was also conducted.

ACKNOWLEDGEMENTS

I wish to express my appreciation for the guidance and support of my committee members, Elaine Donelson, Andrew Barclay, Ralph Levine, and Norman Abeles. I also am grateful for the help of my research assistants, Sarah Stevens and Craig Dyni, and my spouse, John Sherwood.

My special appreciation goes to the numerous women whose generosity in sharing their personal experiences made this study possible.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

INTRODUCTION

Lesbian and bisexual women encounter prejudice in many areas of their lives. Coping with prejudice can become a daily concern. The concepts of problem-focused coping and emotion-focused coping may offer insight into coping with lesbian, bisexual, gay and transgendered (LBGT)-related prejudice. Research suggests that flexibility is associated with the most adaptive coping. Androgyny may be linked to greater flexibility in choosing coping options. Also, masculinity may be associated with the use of problem-focused coping, and femininity may be correlated with the use of emotion-focused coping. Thus, androgyny may be associated with a greater variety of both problem-focused and emotion-focused coping. Androgyny may be an asset for lesbian and bisexual women in coping with LBGT-related prejudice.

BACKGROUND AND RATIONALE

Prejudice Encountered by Lesbian and Bisexual Women

Lesbians have reported experiencing prejudicial treatment in a variety of areas. Employment prejudice is a common complaint, including being refused positions or promotions on the basis of sexual orientation as well as less tangible differential treatment or ostracism by coworkers (Boatwright, Gilbert, Forrest, & Ketzenberger, 1996; Hall, 1986; Levine & Leonard, 1984). Lesbian women also have experienced restricted job mobility, inequitable job responsibilities, verbal and nonverbal harassment, and physical violence in the workplace (Hall, 1986; Levine & Leonard, 1984).

Lesbians are not immune from prejudice in the legal system, the community or the family. Pagelow (1980) found that lesbians are awarded child custody less often and are more restricted in child visitation privileges compared to other mothers. Pagelow also reported that lesbians experience discrimination in housing, such as being evicted or refused sale or rental of a place to live on the basis of sexual orientation. Slater and Mencher (1991) draw attention to the societal prejudice experienced by lesbian couples, whose bond is generally treated as less stable and less meaningful than heterosexual couples, and who are usually denied the formal recognition and benefits accorded to married heterosexual couples. Gillow and Davis (1987) found that lesbians often report rejection or lack of acknowledgement of their homosexuality by parents and family, including pressure to marry or otherwise be involved in heterosexual relationships.

There has been little study of the prejudice experienced by bisexual women. Those who are in relationships with other women report similar

kinds of prejudice from heterosexual society as do lesbians. In addition, bisexual women have reported anti-bisexual prejudice within the lesbian and gay community. Exclusion from lesbian groups and accusations of disloyalty to the lesbian community, sexual indecisiveness or promiscuity are among the forms of prejudice reported by bisexual women surveyed by this author (Brown, 1997).

Coping with Prejudice

Prejudice can often seem to pervade the lives of lesbian and bisexual women, and coping with prejudice can be an almost constant necessity. Many women simply choose to conceal their sexual orientation and allow people to assume, or lead them to assume, that they are heterosexual. Lesbians often report coping with employment discrimination by concealing their orientation, or they sometimes avoid encountering it by operating their own business or seeking employment within the LBGT community (Hall, 1986; Levine & Leonard, 1984). However, it is often necessary to deal with prejudice more directly, especially for women who choose to be more open about their sexual orientation. Gillow and Davis (1987) found that common coping behaviors that lesbians used in dealing with prejudice and other stressors were relaxation techniques, seeing the humor in situations, crying, temporarily withdrawing, and talking with the person or persons with whom there was conflict. Slater and Mencher (1991) noted that some lesbian couples cope with societal prejudice by increasing their level of intimacy with each other, relying heavily on the social support provided within the dyad. They also elucidated the importance for many lesbians of sharing within the lesbian community — passing along information to one another about

coping strategies that work or don't work. Many lesbians with children cope with prejudice by actively forming parent groups for socializing and resource sharing, as well as educating their children about prejudice (Gartrell, Hamilton, Banks, Mosbacher, Reed, Sparks & Bishop, 1996).

Some coping methods are more successful than others in attenuating the effects of prejudice. The existing literature on coping in general can offer insight into what kinds of strategies are most useful for lesbian and bisexual women dealing with prejudice.

Problem-focused and Emotion-focused Coping

Researchers of coping have developed a variety of ways to conceptualize how people cope with a variety of challenges, stressors, dilemmas and other kinds of demands. Nolen-Hoeksema (1991) described rumination as thinking passively and repetitively about one's symptoms, and distraction as redirecting one's attention and activity away from one's symptoms, in response to depression and bereavement. Matheny, Aycock, Pugh, Curlette and Silva-Canella (1986) compared combative coping to reduce the impact of current stressors with preventive coping to reduce the impact of future stressors. Lazarus and Folkman (1984) described problem-focused coping and emotion-focused coping, originally introduced by Folkman and Lazarus (1980). The types of coping described by Lazarus and Folkman were used to guide the current study.

Lazarus and Folkman (1984) define coping as "the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person" — the transactional model of stress and coping. The term "appraisal" refers to an individual's perception of given demands,

rather than appraisal by external criteria. One may choose to respond to perceived demands, or stressors, by using problem-focused or emotion-focused coping. Problem-focused coping strategies involve acting to lessen the demands of a problem or to increase one's resources for dealing with a problem; emotion-focused coping strategies involve regulating one's emotional response to a problem (Lazarus & Folkman, 1984; Lazarus, 1991; Sarafino, 1994; Zeidner & Endler, 1996). Folkman and Lazarus (1988), Lazarus (1993) and Aldwin and Revenson (1987) suggested that coping through seeking social support be considered as a separate factor. Although social support mobilization was originally included with emotion-focused coping, it appears distinct from problem- and emotion-focused strategies in factor analyses and often combines problem- and emotion-focused aspects. Folkman and Lazarus (1988) also note that considering specific subcategories of problem-focused and emotion-focused strategies in addition to the broader types themselves is most useful in understanding coping, and they developed the Ways of Coping Questionnaire with subscales for that purpose.

Some research has indicated that emotion-focused coping is maladaptive (Aspinwall & Taylor, 1992), and problem-focused coping is adaptive (Aspinwall & Taylor, 1992; Bolger, 1990; Mattlin, Wethington & Kessler, 1990). However, evidence for the opposite conclusions has also been reported (Baum, Fleming & Singer, 1983; Mattlin, Wethington & Kessler, 1990). It appears that both problem- and emotion-focused coping can sometimes work to lessen the impact of a problem, sometimes exacerbate a problem and sometimes have no effect (Lazarus & Folkman, 1984; Zeidner & Endler, 1996). Researchers have concluded that problem-focused coping tends to work best for dealing with controllable problems, and emotion-focused coping tends to work best for dealing with uncontrollable problems (Folkman

& Lazarus, 1988; Sarafino, 1994; Zeidner & Endler, 1996). Since people encounter a variety of problems in everyday life and are not always able to control or influence the demands incurred by a given difficulty, it is most useful for individuals to employ either problem- or emotion-focused strategies, or a combination of both, depending on the nature of the problem at hand (Lazarus & Folkman, 1984). In fact, Lazarus and Folkman (1984) point out that people use a combination of problem- and emotion-focused coping in about 98% of coping situations. A broader array of coping options along with flexibility in choosing from them tends to be associated with an increased ability to cope with problems effectively (Lazarus, 1993; Lazarus & Folkman, 1984; Mattlin et al, 1990; Zeidner & Endler, 1996).

Most research on problem-focused and emotion-focused coping has been in the areas of health psychology, mental health and illness, and life stressors. No study has been made of how these coping strategies may be employed in dealing with LBGT-related prejudice. However, research on how minorities deal with prejudice in various situations have suggested that response flexibility — or possession of and ability to choose from an array of coping skills from situation to situation, rather than employing narrow response sets without adjusting for situational variables — helps the following groups to deal effectively with prejudice and stigmatization: African-American women (Lykes, 1983), African-American families (Barbarin, 1983), Chinese-Canadians (Dion, Dion and Pak, 1992), African-American, Japanese-American and Mexican-American adolescents (Phinney and Chavira, 1995), and deaf adults (Tidball, 1990). Lykes (1983) asserted that no one strategy is equally effective in every situation. To cope effectively, the person experiencing prejudice must choose between more direct, instrumental options and less direct, more compromising options, depending

on factors such as perceived prejudice, minority membership of people in the environment, personal control in the given situation, and sources of identified difficulty. In other words, a person experiencing prejudice should be flexible in choosing coping options most appropriate for particular situations. Response flexibility may act as a salient resource for dealing with prejudice, since a variety of problem-focused and emotion-focused coping skills may be required across different situations in which prejudice might arise.

Androgyny, as measured by the Bem Sex Role Inventory (BSRI), has been linked to behavioral and interpersonal flexibility (e.g., Babledelis, 1978; Bem & Lewis, 1975; Borders & Fong, 1984; Brown, 1997; Orlofsky & Windle, 1978). Androgynous individuals may possess greater flexibility in choosing between problem-focused or emotion-focused strategies in a given encounter with prejudice. Spangenberg and Lategan (1993) found that androgynous individuals displayed the greatest flexibility of coping with environmental demands. They found the greatest coping ability (as measured by Zeitlin's Coping Inventory) among androgynous women and among androgynous or masculine men. Solie and Fielder (1987-88) reported that androgynous widows coped more effectively with the death of their spouses compared to non-androgynous widows. The improved coping abilities associated with androgyny may be mediated in part by greater flexibility among androgynous individuals.

Androgyny and Flexibility

Bem (1974) first asserted that gender role orientation may be related to behavioral flexibility across situations. She put forth the idea that

androgynous individuals, compared with masculine and feminine individuals, might be more likely to show gender role adaptability in different contexts, behaving in a situationally appropriate manner without regard for a given behavior's stereotype as more desirable for one sex or the other. Bem developed the BSRI (Bem, 1974) with orthogonal femininity and masculinity scales. Persons who score high on both dimensions of the BSRI are termed androgynous, and those who score low on both dimensions are called undifferentiated. Those who score high on femininity and low on masculinity are feminine, and those who score high on masculinity and low on femininity are masculine.

Bem asserted that androgynous persons have greater behavioral flexibility in that they possess a wider range of behavioral options, and tend to perform comparably on different tasks regardless of their association with gender stereotypes (Bem & Lewis, 1975). Bem and Lewis found that, in situations that pulled for stereotypically masculine and feminine responses, androgynous college students displayed masculine as well as feminine behaviors, whereas masculine and feminine students differentially displayed behaviors consistent with their gender role orientation. The evidence was stronger for women than for men. In a study by Orlofsky and Windle (1978), androgynous college students performed well on masculine and feminine tasks, masculine and feminine students performed well on tasks congruent with their gender role orientation but poorly on other-gender tasks, and undifferentiated students performed poorly on both sets of tasks. Lobel, Gur, and Yerushalmi (1989) found that masculine and feminine children tended to display a preference for responding correctly to questions stereotypically associated with their own gender roles, in that they more often cheated on those questions; in contrast, androgynous children did not respond to

questions differentially.

Androgyny appears to be correlated with greater flexibility interpersonally. Babledelis (1978) found that androgynous participants had the most balance between their desire for independence and their desire for and expression of intimacy and affection. Borders and Fong (1984) reported that androgynous participants performed equally well in role plays requiring stereotypically masculine or stereotypically feminine interpersonal responses, whereas non-androgynous participants displayed deficits either in both situations, or in the opposite gender stereotyped response. They also reported that androgynous participants demonstrated a greater capacity for intimacy. Wiggins and Holzmuller (1981) found androgynous participants tended to rate similarly on different dimensions of Leary's interpersonal circumplex. Masculine participants rated higher on ambitious-dominant, arrogant-calculating and cold-quarrelsome and lower on warm-agreeable. Feminine participants rated higher on warm-agreeable and lazy-submissive and lower on ambitious-dominant. According to Lippa (1991), androgyny is positively associated with the Big Five's Openness to Experience dimension. Heilbrun and Pitman (1979) and Heilbrun and Mulqueen (1987) concluded that androgyny may serve as a liability at times if a person encounters difficulty choosing from their larger, more flexible array of response options.

In addition to correlating with flexibility, androgyny has been found to be related to favorable adjustment in a number of other ways. Androgyny has been linked positively to life satisfaction among the elderly (Dean-Church & Gilroy, 1993) and among undergraduates (Williams & D'Alessandro, 1994), relational and social support satisfaction among new mothers (Berthiaume, David, Saucier & Borgeat, 1996), and social support satisfaction among undergraduates (Lombardo & Kemper, 1991; Jones, Bloys & Wood, 1990).

Androgyny has been positively correlated among undergraduates with self-actualization tendencies (Williams and D'Alessandro, 1994), health promoting behaviors (Shifren and Buserman, 1996), adaptive decision-making in small groups (Kirchmeyer, 1996) and tolerance for others' shortcomings (Ganong and Coleman, 1986). Androgyny has been negatively linked to postpartum depressive symptoms (Berthiaume et al, 1996) and to anxiety among undergraduates (Williams & D'Alessandro, 1994) and centenarians (Shimonaka, Nakazato & Homma, 1996).

Some researchers have suggested that gender role orientation may have different correlates for women compared to men. Heilbrun and others (Heilbrun, 1981; Heilbrun and Schwartz, 1982; Heilbrun and Han, 1986; Lee and Schreurer, 1983) have found evidence suggesting androgyny may be an asset for women, but not for men, because women are able to take greater advantage of gender role flexibility through blending, or combining, masculine and feminine traits. Handal and Salit (1988) found that androgyny was associated with greatest well-being and flexibility among women but not among men. Spangenberg and Lategan (1993) found that androgyny was more strongly associated with adaptive coping for women than for men. Kimlicka, Sheppard, Wakefield and Cross (1987) reported that self-actualization tendencies were correlated with androgyny among women, but not among men. Also, androgyny appears to be negatively related to stress symptoms in women, but to have no significant relationship to stress in men (Heilbrun & Han, 1986). Krausz, Kedem, Tal and Amir (1992) found that masculinity, not androgyny, was most adaptive in dealing with work stress among male nurses. Cross sex typing (high masculinity and low femininity for women; high femininity and low masculinity for men) (Orlofsky and Windle, 1978), as well as undifferentiated gender role orientation (Alain and Lussier, 1988;

Kimlicka et al, 1983; Krausz et al. 1992; Prager and Bailey, 1985; Pyke, 1985), tend to be maladaptive for both sexes.

In sum, androgyny has been associated with greater flexibility, behaviorally and interpersonally. Such flexibility may contribute to the ability of androgynous individuals, particularly women, to choose from more numerous and more various coping options, including both problem-focused and emotion-focused strategies.

Masculinity, Femininity and Coping

Related to the general advantage of flexibility, androgyny may be associated with the ability to use both problem- and emotion-focused coping options through associations with correlates of the masculinity and femininity scales. Specifically, problem-focused coping may be associated with the instrumental trait of masculinity, and emotion-focused coping may be associated with the expressive dimension of femininity.

Most researchers agree that the BSRI's masculinity and femininity scales primarily measure instrumentality and expressivity (Donelson, 1999; Lazerson, 1981; Spence, 1991; Spence & Helmreich, 1981), also referred to as agency and communion (Donelson, 1999; Lazerson, 1981), and dominance and nurturance (Lazerson, 1981; Wiggins & Holzmuller, 1981). Instrumentality, agency and dominance are associated with self-protection, self-assertion, competency and ambition. Expressivity, communion and nurturance are associated with group preservation, group harmony, cooperation and warmth. For example, Schneider, Schneider-Duker and Becker-Beck (1988) found that the masculinity scale is associated with self-reported dominant, unfriendly and instrumentally controlled behavior, and

the femininity scale is associated with self-reported submissive, friendly and emotionally expressive behavior. Holmbeck and Bale (1988) found that both femininity and masculinity were correlated with both instrumental and expressive behavior; however, masculinity was more strongly correlated with instrumental behavior and femininity was more strongly correlated with expressive behavior.

Nezu and Nezu (1987) found that people high in masculinity reported more problem-solving coping strategies and less avoidant coping behavior. In addition to this finding, masculinity and problem-focused coping share some correlates. Masculinity has been positively linked to internal locus of control (Kapalka & Lachenmeyer, 1988; Lee & Schreurer, 1983). Problem-focused coping is also associated with internal locus of control (Solomon, Mikulincer & Avitzur, 1988). Masculinity has been negatively correlated to depression (Bassof, 1984; Carlson & Baxter, 1984; Payne & Futterman, 1983; Whitley, 1985; Williams & D'Alessandro, 1994). Problem-focused coping is also negatively related to depression (Zeidner & Endler, 1996). The findings of Bornstein, Bowers and Bonner (1996), Brems and Johnson (1988), Lee and Schreurer (1983) and Nezu and Nezu (1987) suggest that masculinity is associated with greater confidence in and positive evaluation of one's problem-solving abilities and greater likelihood for approaching rather than avoiding problems. Problem-focused coping is correlated with greater confidence in one's coping effectiveness (Nezu & Nezu, 1987; Zeidner & Endler, 1996). Masculinity and problem-focused coping may be directly related.

Femininity may be associated with emotion-focused tendencies. Femininity has been positively correlated with expressed affection (Johnson & Brems, 1989). Emotional expressiveness is associated with the use of emotion-focused strategies (Lazarus, 1993; Zeidner & Endler, 1996). Brems and

Johnson (1988) found that femininity was correlated with a greater tendency to blame oneself for one's problems. Self-blame is considered an emotion-focused strategy (Aldwin & Revenson, 1987; Lazarus, 1991). Exploration of femininity's relationship with depression has yielded mixed results. Some researchers have found that femininity is positively correlated with depression (Carlson & Baxter, 1984; Conway, Giannopoulos & Stiefenhofer, 1990), some have reported a negative relationship (Berthiaume et al, 1996; Payne & Futterman, 1983; Watson, Taylor & Morris, 1987; Welkowitz, Lish, & Bond, 1985), and some have found no significant correlation between femininity and depression (Bassof, 1984; Nezu & Nezu, 1987; Whitley, 1985; Williams & D'Alessandro, 1994). Emotion-focused coping has been positively correlated with depressive symptoms (Aldwin & Revenson, 1987; Lazarus, 1991; Zeidner & Endler, 1996). The inconsistency in the correlation of depression with femininity and emotion-focused coping suggests that, although these dimensions may be positively related, evidence for this relationship appears weaker than that linking masculinity and problem-focused coping.

If masculinity is positively correlated with the use of problem-focused coping, and femininity is positively correlated with the use of emotion-focused coping, androgyny will be associated with both types of coping. Androgyny may be associated with the use of a broader array of coping strategies.

The Androgynous Stereotype

Common stereotypes of lesbians are that they deviate from the traditional female gender role in ways such as exhibiting fewer feminine

characteristics, more masculine characteristics, or being more androgynous. These putative attributes of lesbians are generally viewed as undesirable (Eliason, Donelan and Randall, 1992). The stereotypes of lesbians as more masculine and more androgynous have some credence. Lesbian women do tend to differ from heterosexual women in gender role orientation. Although lesbian and heterosexual women rate similarly on femininity, lesbians rate higher on masculinity and are more often androgynous, or relatively high on both femininity and masculinity (Dancey, 1992; Mihalik, 1991; Oldham, 1982). The current study was motivated by a desire to identify ways in which this negatively stereotyped difference may act as an asset for lesbians. Specifically, greater androgyny among lesbians, and possibly bisexual women, may be associated with greater ability to cope with LBGT-related prejudice.

Study Overview and Hypotheses

Androgyny may be associated with greater flexibility in coping, with possession of a broader array of coping options and with both problem- and emotion-focused strategies. Androgynous women may be better equipped to cope successfully with LBGT-related prejudice. This study examined strategies lesbian and bisexual women reported for coping with LBGT-related prejudice, as well as exploring the reported LBGT-related prejudice itself.

Hypotheses:

1. Androgynous participants will report a greater number and greater variety of coping responses compared to masculine, feminine and undifferentiated participants.
2. Androgynous participants will more often report successful coping and

will less often report unsuccessful coping compared to feminine, masculine and undifferentiated participants.

3. Masculinity will be positively correlated with the number of problem-focused coping strategies reported.
4. Femininity will be positively correlated with the number of emotion-focused coping strategies reported.
5. The correlation between masculinity and problem-focused coping will be of greater magnitude than the correlation between femininity and emotion-focused coping.

In addition to exploring the above hypotheses, the current study provides a qualitative summary of the kinds of prejudice and coping strategies reported by lesbian and bisexual women, including an exploration of those coping responses that were found to be effective most often. The study also attempted to differentiate among social support mobilization coping strategies that are primarily problem-focused or emotion-focused in nature, or that include both problem- and emotion-focused aspects.

METHOD

Participants

This study examined data collected between October 1996 and May 1997 by this author (Brown, 1997). Participants were solicited in the United States, Canada, Australia and the United Kingdom through Internet LBGT discussion groups, community and university LBGT organizations, LBGT bookstores, newsletters and publications addressing LBGT issues and through word-of-mouth referral. Email postings were sent to about 265 Internet LBGT discussion conferences, organizations and contact persons, including conferences specifically addressing minority lesbian and bisexual concerns and interests. A detailed explanation of recruitment can be found in Brown (1997).

Completed questionnaires were received from 348 women. Of these participants, 247 provided narrative responses about dealing with prejudice. The mean length of narrative responses was 187 words (SD=198), ranging from 5 words to 1,888 words. Participants were categorized as androgynous, masculine, feminine or undifferentiated using the short BSRI. Some participants were not classifiable because their questionnaires were incomplete. Participants who provided a narrative response were similar demographically to those who did not, although narrative respondents did report a higher annual income ($t(163)=2.15$, $p<.05$) compared to nonresponders. For a description of the participant sample, see Table 1.

Table 1: Description of Participants

	All Participants (Percent of 348)	Narrative Response Participants (Percent of 247)
Sexual Orientation:		
Lesbian	62%	60%
Bisexual	38%	40%
prefer female partners	18%	18%
prefer male partners	4%	4%
equal or variable preference	16%	17%
Sex Role Orientation:		
Androgynous	44%	44%
Masculine	27%	27%
Feminine	14%	14%
Undifferentiated	10%	10%
Not classifiable	5%	5%
Ethnicity:		
White or European descent	85%	85%
Hispanic or Latina descent	3%	4%
Black or African descent	3%	2%
Mixed ethnicity	3%	2%
Other or not indicated	6%	7%
Residency:		
United States	94%	92%
Canada, Australia, UK or Germany	6%	8%
Education:		
H.S. diploma	3%	3%
Some college	31%	31%
Associate's degree	5%	5%
Bachelor's degree	32%	31%
Graduate degree	29%	31%
Employment:		
Retired or not employed	17%	17%
Employed part-time or more	83%	83%
Student	52%	52%
Annual Income:		
Less than $10,000	36%	34%
$10,000 - $19,999	20%	17%
$20,000 - $29,999	15%	14%
$30,000 - $39,999	3%	10%
$40,000 - $49,999	7%	8%
$50,000 or more	9%	10%

Materials

Participants completed anonymous questionnaires including the short BSRI (See Appendix A for complete questionnaire). Items included questions about demographics, relationship status, living situation, outness about one's sexual orientation, perceived level of anti-homosexual prejudice in various areas, relational satisfaction and sexual satisfaction. This study examined the 247 narrative responses given to the following question:

> In your own words, describe some strategies you find helpful in dealing with prejudice, and in what kinds of situations you might use particular strategies. Feel free to use examples from your own experience—What strategies worked or might work? What strategies didn't work or might not work?

The BSRI measures gender role orientation in terms of two continuous, statistically unrelated variables, called by Bem masculinity (α=0.85) and femininity (α=0.84) (*BSRI Manual*, 1978). Bem (1975) developed the BSRI items from characteristics rated by undergraduates as either more desirable (societally) for one gender than the other, or as equally desirable for females and males. The short BSRI consists of 30 items rated on a 7-point scale (10 feminine items, 10 masculine items, 10 neutral items) (See Appendix A, page 51). Bem developed the short BSRI in response to criticisms by Locksley and Colten (1979), Pedhazur and Tetenbaum (1979) and Spence and Helmreich (1979) that the original long BSRI's masculine items were more socially desirable than feminine items. The short BSRI masculinity (M) and femininity (F) scales seem to be good measures of instrumentality and

expressivity (Donelson, 1999; Lazerson, 1981; Spence and Helmreich, 1981). In mixed gender samples, the *BSRI Manual* (1978) recommends calculating the medians from the sample. However, for a single gender sample such as this study's female participants, the normative sample medians are recommended (F median=5.5, M median=4.8). Though early classification procedures varied, the median split method has come to be the most widely used mode of classification.

The masculinity and femininity scales of the BSRI are generally considered representative of personality traits that are reasonably stable and slow to change over time. Reliabilities for test and retest over a period of four weeks ranged from α=0.76 to α=0.91 (*BSRI Manual,* 1981). Yanico (1985) conducted a test-retest reliability analysis of BSRI scores in a sample of college women and found that scores had not changed significantly at a four-year follow-up. Hyde, Krajnik and Skuldt-Niederberger (1991) administered the BSRI twice at a 10-year interval to a group of 72 participants with an age range of 73 years. They found that 54% of participants remained in the same gender-role category. They reported a 50% increase in the proportion of androgynous participants, a 33% decrease in the proportion of both masculine and feminine participants and a 12% increase in the proportion of undifferentiated participants. Hyde and colleagues attributed these changes to the tendency for femininity to increase with age, as well as to a slight increase in masculinity among women and a slight decrease in masculinity among men. Lyons and Green (1988) compared BSRI scores of undergraduate seniors to those of freshmen. They found that masculinity scores differed little while femininity scores were significantly lower among seniors. Twenge (1997) performed a meta-analysis comparing BSRI scores obtained at different times from college undergraduates. She found that, from 1970 to 1995, masculinity

scores increased among women and less so among men, and that femininity scores increased slightly among men and showed little change among women. Twenge attributed much of these changes to cultural shifts in gender role expectations. The short BSRI is currently the most widely used gender role orientation measure.

In the current sample, participants were similar on the dimension of femininity ($M_{femininity}$=5.65, SD=0.76) and higher on the dimension of masculinity ($M_{masculinity}$=5.27, SD=0.78) compared to the women in the BSRI normative sample ($M_{femininity}$=5.57, SD=0.76;$M_{masculinity}$=4.78, SD=0.81). This is consistent with findings that lesbians tend to score higher on masculinity than heterosexual women (Dancey, 1992,; Mihalik, 1991; Oldham, 1982), who are likely to be the majority in a normative sample drawn from the general population (Katchadourian, 1989). Within the sample, lesbian participants had significantly higher femininity scores (M=5.74, SD=0.73) compared to bisexual participants (M=5.51, SD=0.78; $t(335)=2.73$, $p<.05$). There was no significant difference in the mean masculinity scores for lesbian and bisexual women (M=5.29, SD=0.78; M=5.24, SD=0.78, respectively).

The BSRI is deemed to be appropriate for use with the population of lesbian and bisexual women, although it has not been normed specifically with these groups. The self-rated adjectives are based on societal masculine feminine stereotypes, to which everyone in the society is exposed regardless of membership in a minority group such as sexual orientation. Also, although the BSRI's categories may mean different things for people of non-heterosexual orientations, such differences are less important for the comparisons here since they are between women of non-heterosexual orientations.

Procedure

Questionnaires were collected anonymously through the mail. The continuous scores of masculinity (M) and femininity (F) were calculated by averaging each participant's responses on the masculinity items and femininity items, respectively. The median split scoring method was used to classify participants as androgynous, feminine, masculine or undifferentiated (See Table 1 for distribution).

Three independent raters — this author and two undergraduate psychology students — coded narrative responses. The Ways of Coping Inventory items (Folkman & Lazarus, 1988) and factor structure outlined by Aldwin and Revenson (1987) were used to develop the procedure for coding coping strategies (See Appendix B for coding form and Appendix C for coding guide). Aldwin and Revenson described eight scales similar to Lazarus' eight scales which clustered into four emotion-focused factors, three problem-focused factors and one support mobilization factor. Raters of the narrative responses used the descriptions of scales and item clusters given by Lazarus (1993) and by Aldwin and Revenson to guide classification of specific strategies of coping with LBGT-related prejudice reported by participants in narrative responses. Coping strategies were classified as one of four emotion-focused responses, one of three problem-focused responses or as a social support mobilization response. Categories of emotion-focused coping included distancing/minimization, accepting responsibility/self-blame, avoidance/escapism and positive reappraisal/seeking meaning. Categories of problem-focused coping included confrontation/negotiation, self-control/exercised caution, and problem-solving/instrumental action. Since emotion-focused coping and problem-focused coping strategies sometimes

become difficult to differentiate in complex situations (Auerbach, 1989), complex coping responses were coded for each constituent coping response.

Lazarus (1993), Folkman and Lazarus (1988) and Aldwin and Revenson (1987) found that strategies involving seeking social support loaded on a single factor. Aldwin and Revenson suggested that this may be because such strategies often involve both problem- and emotion-focused components. For exploratory purposes, problem- and emotion-focused social support mobilization elements were considered separately when it appeared clear from the narrative if emotional support (e.g., affirmation or comfort) or instrumental support (e.g., advice, information or practical assistance) was being sought. Therefore, social support mobilization responses were coded as either problem-focused/instrumental, as emotion-focused or as involving both problem- and emotion-focused elements.

Categories were included in the coding scheme for responses that were not codable and for social support mobilization responses codable as neither emotion- or problem-focused. However, these categories were not used, since all reported responses were judged clear enough to fit into one of the other ten categories. Responses were also coded for whether each coping strategy worked or would work, sometimes worked or would work, or didn't or wouldn't work, although participants indicated only about a third of the time whether or not strategies worked. Only strategies for coping with LBGT-related prejudice were coded. Coping with racism, sexism, ableism and other prejudice was occasionally reported but was not included in the analyses.

Raters developed a guide for coding incidents of LBGT-related prejudice reported to have been experienced by participants, by type and by area or source (See Appendix B for coding form and Appendix C for coding guide). The types of prejudice categories were generated in part from the

classifications outlined by Herek (1993) and in part through brainstorming and discussion among raters. The areas of prejudice categories corresponded with those on the perceived prejudice scale (e.g., parents, children, siblings, extended family, coworkers, LBGT community, etc. (See Appendix A, page 49). Prejudice incidents were classified as one type and as falling into one area or coming from one source. Raters coded LBGT-related prejudice perceived by the participant, even if the participant reported later finding out that her perception had been inaccurate — a report which was rare. Considering perceived prejudice alongside reported coping strategies is consistent with the transactional model of Lazarus and Folkman (1984) that coping choices are made based on one's subjective appraisal of stressors, as opposed to how stressors are perceived or observed by others. Also, research on prejudice often has focused on reports by prejudiced persons or legal records, while perceptions of prejudice by those experiencing it has received less attention.

Raters practiced coding 25 arbitrarily selected questionnaires to become familiar with the coding system before beginning. Coding was conducted independently; then the raters met and went over each questionnaire, discussing discrepancies and arriving at a consensus as to the final coding for each questionnaire. Running notes were kept on decisions about response classification, to optimize consistency and avoid rater drift. These notes were utilized at each coding session to check coding decisions with previous judgments. The coding guide in Appendix C includes all notes on classification of coping and prejudice.

Since the Ways of Coping Inventory was not developed for the purpose of classifying narrative responses or coping strategies specifically for dealing with LBGT-related prejudice, it was necessary for the raters to make some "judgment calls" and to tailor the categories somewhat. For example "coming

out" and any response involving dealing directly with the prejudiced person or group was coded as confrontation/negotiation, and "being closeted" was coded as avoidance/escapism. Any response involving dealing directly with the prejudiced person or group was coded as confrontation/negotiation, since it involves being out or risking being out to someone as well as person-to-person interaction.

Inter-rater reliability before consensus was calculated based on collapsed categories of length of response and the number each of emotion-focused strategies, problem-focused strategies, social support mobilization strategies, and prejudice encounters (See Table 2 for reliability alphas). Since intercorrelations between rater codings did not differ greatly (95% confidence intervals of correlations overlapped), it appeared that no two raters agreed significantly more often with each other than with the third rater. In comparing ratings from the first half of coding sessions to those from the latter half of coding sessions, reliability remained close to 1.00 for length of response, went up slightly for prejudice encounters and number of emotion- and problem-focused coping, and decreased by 0.015 for social support mobilization. Each questionnaire was discussed until 100% agreement was reached, resulting in the final coding for each narrative response used in the analyses.

Table 2: Interrater Reliability Before Consensus (Alpha)

	Alpha reliability for first half of coding sessions	Alpha reliability for second half of coding sessions	Alpha reliability for all coding sessions
Length of Response	1.00	1.00	1.00
Number of emotion-focused coping	0.81	0.88	0.85
Number of problem-focused coping	0.92	0.94	0.93
Number of support mobilization coping	0.87	0.85	0.86
Number of prejudice encounters	0.78	0.86	0.80

RESULTS AND DISCUSSION

No significant support was found for any of the hypotheses.

Hypothesis 1: Androgynous participants will report a greater number and greater variety of coping responses compared to masculine, feminine and undifferentiated participants.

Androgynous participants reported a greater number of coping strategies on average compared to non-androgynous participants combined, but this difference was not significant at the .05 level ($t(203)=1.60$, NS) (See Table 3 for means and standard deviations), although the confidence intervals did not overlap. Androgynous participants reported a greater number of different kinds of coping strategies (out of eight kinds — three problem-focused, four emotion-focused and one social support mobilization) compared to non-androgynous participants combined, but this difference was not significant ($t(211)=1.51$, NS), although the confidence intervals did not overlap. Comparisons of mean number of strategies and mean number of different kinds of strategies were made excluding strategies that participants indicated did not work. Comparisons including strategies that did not work were in the same direction but also yielded non-significant results. Analyses of variance yielded no significant differences among the four sex role orientation groups.

Table 3: Means and Standard Deviations by Sex Role Group

	All Participants (N=247)		Androgynous (N=109)		Non-Androgynous (N=125)		Masculine (N=67)		Feminine (N=34)		Undifferentiated (N=24)	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Number of coping strategies (total)	7.63	5.81	8.36	6.65	7.17	5.17	7.42	4.61	7.03	6.28	6.67	5.09
Number of strategies (exclude didn't work)	7.00	5.48	7.67	6.31	6.47	4.90	6.67	4.23	6.53	6.19	5.88	4.78
Number of different kinds of coping	2.29	1.20	2.68	1.43	2.58	1.23	2.49	1.18	2.29	1.24	2.38	1.17
Proportion strategies that worked	0.16	0.26	0.17	0.27	0.16	0.25	0.16	0.25	0.19	0.30	0.11	0.18
Proportion strategies that sometimes worked	0.08	0.19	0.04	0.12	0.10	0.24	0.09	0.22	0.10	0.30	0.11	0.20
Proportion stategies that didn't work	0.09	0.14	0.08	0.11	0.09	0.16	0.09	0.12	0.08	0.16	0.12	0.22
Number of emotion-focused coping	1.62	2.24	1.79	2.42	1.46	1.97	1.49	2.02	1.71	2.26	1.00	1.22
Number of problem-focused coping	4.88	4.49	5.33	5.06	4.46	4.00	4.67	3.64	3.97	4.62	4.54	4.14
Number of support mobilization coping	0.54	1.40	0.55	1.50	0.56	1.36	0.49	1.21	0.85	1.92	0.33	0.56

Hypothesis 2: Androgynous participants will more often report successful coping and will less often report unsuccessful coping compared to feminine, masculine and undifferentiated participants.

On average, androgynous women reported a greater number of strategies, and a greater proportion of strategies, that worked or would work, compared to non-androgynous women combined, but these differences were not significant ($t(232)=0.59$, NS; $t(230)=0.40$, NS) (See Table 3 for means and standard deviations). The confidence intervals did not overlap for the comparison of proportion of strategies that worked. Androgynous respondents reported fewer strategies, and a smaller proportion of strategies, that didn't work or wouldn't work, compared to non-androgynous women combined, but these differences were not significant ($t(231)=0.57$, NS; $t(231)=0.98$, NS). Androgynous women reported significantly fewer strategies, and a smaller proportion of strategies, that sometimes worked, compared to non-androgynous participants combined ($t(149)=-2.35$, $p < .05$; $t(188)=2.27$, $p < .05$). The confidence intervals did not overlap for the comparisons of number and proportion of strategies that sometimes worked.

Hypothesis 3: Masculinity will be positively correlated with the number of problem-focused coping strategies reported.

Masculinity was not significantly correlated with the number of problem-focused strategies ($r=0.00$, NS).

Hypothesis 4: Femininity will be positively correlated with the number of emotion-focused coping strategies reported.

Femininity was not significantly correlated with the number of emotion-focused coping strategies ($r=0.06$, NS).

Hypothesis 5: The correlation between masculinity and problem-focused coping will be of greater magnitude than the correlation between

femininity and emotion-focused coping.

This comparison could not be made since the correlations were not significant.

Discussion of Hypotheses and Post Hoc Explanations

Non-significant differences in number and variety of coping strategies were in the predicted direction, and confidence intervals did not overlap. Androgynous women reported an average greater number and variety of coping strategies compared to non-androgynous women. This remained true for post-hoc group-by-group comparisons as well (See Table 2 for means and standard deviations). Although the differences between the androgynous and non-androgynous groups did not reach significance, analyses using confidence intervals to calculate an inference probability suggested a 95% probability that the difference in number of coping strategies is not due to chance, and a 93% probability that the difference in number of different kinds of coping is not due to chance. Since statistical power was not optimal for these analyses (49% and 45%, respectively), it is likely that failure of these differences to reach statistical significance may be attributable to this study's sample size. The same comparisons might reach significance if conducted in a larger sample.

Androgynous women were not found to report successful coping significantly more often or unsuccessful coping significantly less often than non-androgynous women, although they did report strategies that sometimes worked significantly less often. Androgynous women were less likely in general than non-androgynous subjects to indicate whether or not strategies worked. Androgynous participants noted the efficacy of coping strategies less

often (29% of strategies) compared to masculine (35%), feminine (32%) and undifferentiated participants (35%). Since participants indicated whether or not coping strategies worked only about a third of the time, it may be that the narrative question used in this study did not elicit evaluation of coping efficacy adequately enough to draw comparisons among sex role groups. Inference probabilities and statistical power were calculated. The probability that the mean differences in proportion of coping strategies that worked, strategies that sometimes worked, and strategies that didn't work are representative of the broader population is 66%, 95% and 71%, respectively. Statistical power was 11%, 52% and 14%. The difference in proportions of strategies that worked or didn't work may be attributable to chance, but the differences in proportion of coping that sometimes worked would likely be replicated in a larger sample. The difference in the proportion of strategies reported to have sometimes worked was not expected, and merits further investigation.

The hypotheses asserting a relationship between masculinity and problem-focused coping, and between femininity and emotion-focused coping, were not supported. These correlations did not approach significance. Femininity was found to correlate significantly with one emotion-focused strategy, the number of reported positive reappraisal/seeking meaning coping strategies (r=0.13, p< .05). No other significant correlations were found between femininity or masculinity and other specific coping strategies.

Post-hoc group-by-group t test comparisons yielded some significant results. The androgynous group wrote the longest narrative responses (M=217 words, SD=249) compared to the masculine (M=173 words, SD=152), feminine (M=149 words, SD=136) and undifferentiated groups (M=139 words, SD=93). Only the comparison between the androgynous and undifferentiated groups

reached significance ($t(100)=2.56, p < .05$). Analysis of variance also showed no significant difference among the groups. This may indicate that the androgynous group tended to have higher motivation in producing responses (Murray & Harvard Psychological Clinic, 1971). The androgynous group also reported a greater number of emotion-focused coping ($M=1.66$, $SD=2.18$), and positive reappraisal/seeking meaning ($M=0.85$, $SD=1.62$) compared to the undifferentiated group ($M=1.00$, $SD=1.22$;$M=0.25$, $SD=0.61$;$t(69)=2.33, p < .05$; $t(110)=3.15, p < .01$). The number of emotion-focused social support mobilization strategies was significantly greater in the androgynous group ($M=0.15$, $SD=0.61$) and the masculine group ($M=0.24$, $SD=0.63$) compared to the undifferentiated group, who reported none ($t(108)=2.53, p < .05$;$t(66)=3.10, p < .01$). Androgynous and masculine respondents also reported a significantly greater number of self-control responses ($M=0.53$, $SD=1.03$; $M=0.54$, $SD=0.89$) compared to undifferentiated respondents ($M=0.21$, $SD=0.51$; $t(71)=2.26, p < .05$; $t(71)=2.18, p < .05$). Androgynous and feminine women reported significantly more positive reappraisal/seeking meaning ($M=0.87$, $SD=1.77$) compared to masculine and undifferentiated women ($M=0.39$, $SD=1.10$; $t(232)=1.83, p < .01$). Some of these differences may be attributable to length of responses, which correlated significantly with number of problem-focused strategies ($r=.51, p<.01$), emotion-focused strategies ($r=.31, p<.01$) and social support mobilization strategies ($r=.24, p<.01$).

Since the method of categorizing coping responses used in this study was exploratory, the hypotheses relating androgyny, masculinity and femininity to problem- and emotion-focused coping might also be tested using measures that have been replicated in addition to open-ended narrative items such as the one used for this study.

Analysis and Discussion of Coping with LBGT-related Prejudice

All but two participants reported at least one strategy for coping with LBGT-related prejudice (See Table 4 for frequencies of strategies and reported efficacy, Appendix C for detailed coding guide, and Appendix D for narrative examples of coping strategies). Women were most likely to report problem-focused strategies and least likely to report social support mobilization strategies (confidence intervals did not overlap) (See Figure 1 for distribution of frequency of coping responses). Social support mobilization coping was most likely and emotion-focused coping least likely to be described as effective. Emotion-focused coping was most likely and social support mobilization coping least likely to be described as ineffective.

Emotion-focused strategies accounted for 24% of reported coping. Distancing/minimization involved cognitive avoidance, ignoring prejudice, trying to forget about it or put it out of one's mind, denying the severity of prejudice, or accepting prejudice. Accepting responsibility/self-blame responses involved self-blame or self-criticism, acknowledgement of one's own part in bringing about prejudice, or changing in response to demands by others to alter orientation or relevant behavior. Escape-avoidance/escapism responses included avoiding or leaving people or situations, using fantasy, alcohol, substance use to deal with a situation, being closeted, or lying about orientation to remain closeted. Positive reappraisal/seeking meaning responses involved personal growth or self-betterment in response to prejudice or in order to prevent it, describing experiences of prejudice as having had desirable outcomes or opportunities, working on "being oneself," building self-esteem, being proud, focusing on helping others or bettering the world, or cultivating respect, compassion and positive expectations of others.

Table 4: Frequency of Reported Coping Strategies

	Mean number reported	95% confidence interval	SD	Frequency	Percent of subtotal reported worked/would work	Percent of subtotal reported sometimes worked	Percent of subtotal reported didn't/wouldn't work	Percent of participants reporting at least one (exclude "didn't work")
All coping strategies	2.44	± 0.08	1.24	1,918	17%	8%	10%	99%
Emotion-focused coping strategies:	1.62	± 0.14	2.24	456	9%	5%	12%	58%
distancing/minimization	0.31	± 0.05	0.72	84	10%	12%	10%	20%
accepting responsibility/self-blame	0	± 0.00	0	4	0%	0%	100%	0%
avoidance/escapism	0.64	± 0.08	1.24	200	4%	5%	22%	33%
positive reappraisal/seeking meaning	0.68	± 0.10	1.55	168	14%	3%	0%	30%
Problem-focused coping strategies:	4.88	± 0.29	4.49	1,324	18%	10%	10%	93%
confrontation/negotiation	3.53	± 0.22	3.53	983	18%	12%	11%	84%
self-control/exercised caution	0.48	± 0.06	0.93	121	15%	3%	17%	29%
problem-solving/instrumental action	0.87	± 0.12	1.86	220	19%	7%	2%	33%
Social support mobilization strategies:	0.54	± 0.09	1.4	138	33%	1%	1%	25%
problem-focused/instrumental	0.25	± 0.06	0.95	64	34%	3%	3%	12%
emotion-focused	0.17	± 0.04	0.61	42	36%	0%	0%	10%
both problem- and emotion-focused	0.13	± 0.03	0.45	32	25%	0%	0%	9%

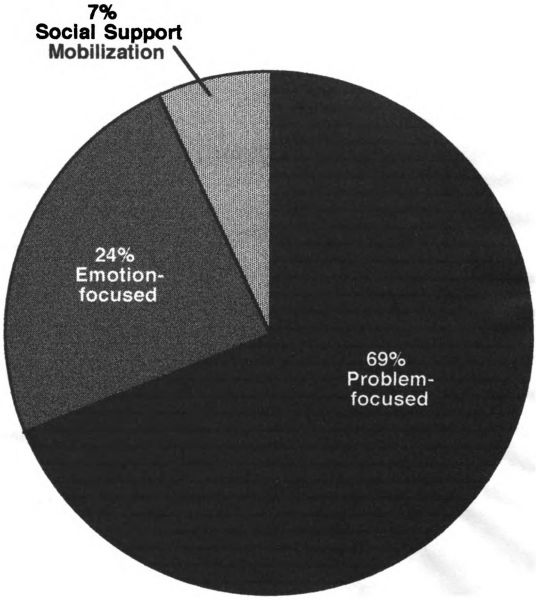
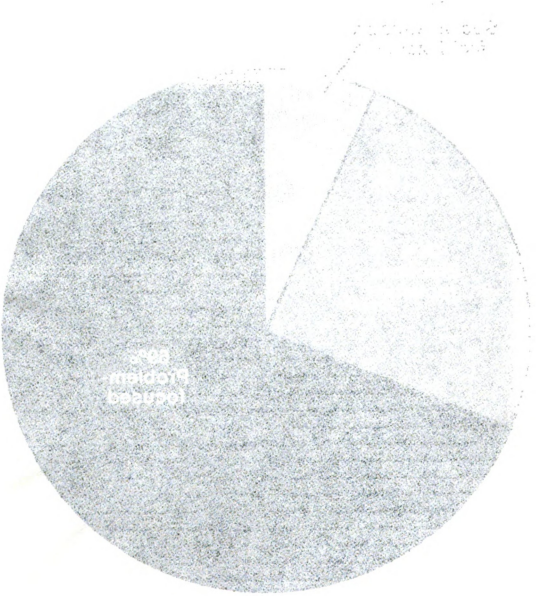


Figure 1 - Distribution of Frequency of Reported Coping Responses



Avoidance/escapism was reported about as often as positive reappraisal (confidence intervals overlapped). Both were reported more often than distancing/minimization. Accepting responsibility/self-blame was reported least often (only 4 strategies reported) among emotion-focused strategies as well as among all strategies combined.

Accepting responsibility/self-blame was always described as unsuccessful. Positive reappraisal/seeking meaning was most often described as successful, and was never described as unsuccessful. When subjects indicated efficacy, they usually reported that avoidance/escapism didn't work. Distancing/minimization was more often reported to have worked or sometimes worked than to have been ineffective.

Problem-focused strategies accounted for 69% of reported coping. Confrontation/negotiation responses involved assertiveness, aggression, or direct expression of anger to person(s) seen as responsible for incident(s) of prejudice — this includes any direct interaction with prejudiced person(s) in response to prejudice. Self-control/cautiousness responses included inhibitory cognitive and behavioral control, concealing knowledge about prejudice from others, deferring taking action about prejudice, being patient or tactful, watching what one says, listening to others, or waiting to get to know someone before deciding to come out to them. Problem-solving/instrumental action responses involved taking action or planning to take action to change a situation, including using formal channels and approaching departments, groups or organizations as opposed to individuals for help.

Among problem-focused strategies, confrontation/negotiation was most often reported, followed by self-control/exercised caution, then problem-solving/instrumental action. Confidence intervals among the three

means did not overlap. Confrontation/negotiation and problem-solving/instrumental action were reported to have worked or sometimes worked most often.

Confrontation/negotiation was described as unsuccessful more often than problem-solving/instrumental action. Participants most often reported ineffectiveness using self-control/exercised caution, but they reported about as often that this strategy worked or sometimes worked. Since confrontation/negotiation included both more aggressive or belligerent responses as well as more assertive or conciliatory responses, it might be useful to separate this category into more aggressive versus more diplomatic approaches to dealing with prejudiced person(s) directly, especially since the more aggressive approaches tended to be described as less effective and more diplomatic approaches tended to be described as more effective.

Social support mobilization strategies accounted for 7% of reported coping. Raters broke down social support mobilization coping strategies into those that appeared more problem-focused or instrumental, those that seemed more emotion-focused, and those that appeared to combine both of these aspects. Problem-focused/instrumental social support mobilization was more often reported than was the combination of problem- and emotion-focused social support seeking (confidence intervals did not overlap). However, the mean number of emotion-focused social support mobilization strategies did not differ significantly from the other two social support strategies (confidence intervals overlapped). The three kinds of social support mobilization coping were reported in similar quantity.

When participants indicated efficacy, they reported all three social support mobilization strategies as having worked. Women tended to indicate less often whether strategies combining emotion- and problem-focused

aspects worked. Only problem-focused/instrumental strategies were described as having sometimes worked or as not having worked, and this report was relatively rare. Since the three social support mobilization coping strategies were similar in reported frequency and efficacy, and were not differentially related to other factors, it is probably sufficient to consider the different types together.

Lesbians reported significantly more strategies, and a greater proportion of strategies, that didn't or wouldn't work (M=0.83, SD=1.10; M=0.11, SD=0.15) compared to bisexual women (M=0.53, SD=1.00; M=0.06, SD=0.11; $t(245)=2.18$, $p<.05$; $t(244)=3.20$, $p<.01$). Otherwise, lesbian and bisexual women did not differ significantly in reporting coping strategies.

The distribution of the number of coping strategies reported by participants was not consistent with previous studies asking respondents to rate how often they use particular coping strategies. Participants in a study by Aldwin and Revenson (1987) did not report using emotion-focused, problem-focused or social support mobilization coping significantly more often in response to a self-named recent stressful event. Brody (1988) found that workers dealing with hazardous working conditions reported problem- and emotion-focused coping equally often, and reported seeking social support significantly more often. It may be that individuals are likely to report different patterns of coping in response to different stressors. The higher number of problem-focused strategies and lower number of social support mobilization strategies reported in the present study may reflect patterns of coping choices specific to dealing with LBGT-related prejudice. On the other hand, the narrative question used in this study may not have elicited descriptions of different strategies equally. Since participants were allowed to define "coping" for themselves instead of being provided with guidelines,

there may have been a bias toward reporting problem-focused coping since they involve dealing most directly with prejudice. Participants may not have considered social support to qualify as "coping," and so may have under-reported their use of social support mobilization strategies. Also, participants may have self-selected — lesbian and bisexual women willing to participate in a study asking them to share their experiences of LBGT-related prejudice and coping may be more likely to be out about their orientation. Since coming out in response to prejudice was classified as a confrontation/negotiation strategy, an inflated number of problem-focused strategies may have resulted.

Analysis and Discussion of Reported Incidents of LBGT-related Prejudice

Raters categorized incidents of LBGT-related prejudice reported to have been experienced or perceived by participants in their narrative responses (See Table 5 for frequencies of specific types and sources of prejudice, Appendix C for detailed coding guide and Appendix E for examples of reported prejudice incidents). Fifty-six percent of women reported at least one incident of prejudice from their experience. A few women included incidents of prejudice they experienced vicariously through personally witnessing prejudice directed at someone else, and these were included in the analysis. Incidents reported secondhand about someone else's experiences with prejudice were not included. Since one was the modal number of each prejudice type reported, the number of individuals reporting a type of prejudice is the frequency considered.

Table 5: Number of Participants Reporting Incidents of Prejudice

Source/Area of Prejudice	all types	Type of Prejudice †														
		a	b	c	d	e	f	g	h	i	j	k	l	m	n	o
All areas combined		7	4	12	39	17	9	1	-	39	27	3	2	-	3	51
Children	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Partner's children	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Parents	17	-	-	-	2	-	2	-	-	6	2	-	-	-	-	7
Partner's parents	3	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2
Siblings	5	-	-	-	1	-	-	-	-	1	-	-	-	-	-	3
Partner's siblings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Extended family	18	1	-	2	2	-	1	-	-	1	1	-	-	-	-	10
Partner's extended family	3	-	-	-	-	-	-	-	-	2	-	-	-	-	-	1
LBGT friends	2	1	-	1	-	-	-	-	-	1	-	-	-	-	-	-
Heterosexual friends	15	1	-	-	2	-	-	-	-	3	3	-	-	-	1	5
LBGT community	25	1	-	3	3	3	-	-	-	11	3	-	-	-	-	10
Local community, neighbors	60	2	2	3	17	7	3	-	-	15	9	2	1	-	1	10
Acquaintances through church or religious groups	5	2	-	-	2	-	1	-	-	1	-	-	-	-	-	-
Coworkers	27	1	1	-	10	2	1	1	-	4	7	-	-	-	1	5
Business associates	2	-	-	-	-	1	-	-	-	1	1	-	-	-	-	-
Schoolmates	12	-	-	2	2	-	-	-	-	-	3	1	-	-	1	5
Professors / teachers at school	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Health care workers (doctors, nurses, therapists, etc.)	1	-	-	-	-	5	-	-	-	-	1	-	-	-	-	-
Area not specified OR society/culture at large	24	-	1	1	1		1	-	-	2	2	-	1	-	-	13

† Type of prejudice codes:

a - verbal request/demand to conceal orientation
b - anti-LBGT humor
c - verbal criticism/judgment
d - global LBGT put-down
e - personal insult/put-down
f - threats of nonphysical harm
g - threats of physical harm
h - threats of property destruction
i - intangible differential treatment
j - tangible differential treatment
k - physical invasion of space
l - physical assault
m - property destruction
n - sexual harrassment/coercion
o - type not specified/ general stereotypes/ general prejudice

The most common specific types of prejudice reported to have been experienced included global LBGT put-downs and intangible differential treatment. The least commonly reported types of prejudice were property destruction and physical assault or threats of these. Some reported incidents were described in general terms and could not be categorized as to specific type.

Reported prejudice incidents were grouped by area/source according to the corresponding factors of the perceived prejudice scale (See Appendix A, page 49) outlined by this author (Brown, 1997). The items are grouped as follows: (1) Prejudice from Children (items: prejudice from participant's children, prejudice from partner's children), (2) Prejudice in Own Family (items: prejudice from participant's parents, siblings, and extended family), (3) Prejudice with Partner's Family (items: prejudice from your partner's parents, siblings, and extended family), (4) Prejudice with LBGT Group (items: prejudice from LBGT friends and LBGT community), and (5) Prejudice in Public (items: prejudice from heterosexual friends, local community/neighbors, acquaintances through church or religious groups, coworkers, business associates, schoolmates, professors/teachers at school, and from health care workers).

Prejudice in Public (M=0.70$\pm$0.07, SD=1.13) was the most commonly reported source of prejudice or area in which prejudice was encountered (See Figure 2, for frequency distribution of reported prejudice incidents). Next most commonly reported was Prejudice with LBGT Group (M=0.20$\pm$0.05, SD=0.81) and Prejudice in Own Family (M=0.19$\pm$0.03, SD=0.44), which did not differ significantly from each other (95% confidence intervals overlapped). Prejudice from Children (M=0.08$\pm$0.10, SD=0.16) and Prejudice with Partner's

Family (M=0.03$\pm$0.01, SD=0.19) were seldom reported (95% confidence intervals included zero).

Bisexual women reported a significantly greater number of prejudice incidents on average (M=1.57, SD=1.84) compared to lesbians (M=1.07, SD=1.59) ($t(244)$=-2.28, p< .05). In particular, bisexual women reported more prejudice incidents encountered in the LBGT Group (M=0.38, SD=1.09; M=0.05, SD=0.36; $t(114)$=2.94, p<.01), and more incidents of intangible differential treatment (M=0.39, SD=0.61; M=0.17, SD=0.40; $t(114)$=2.94, p<.01). Examples of prejudice encounters can be found in Appendix E.

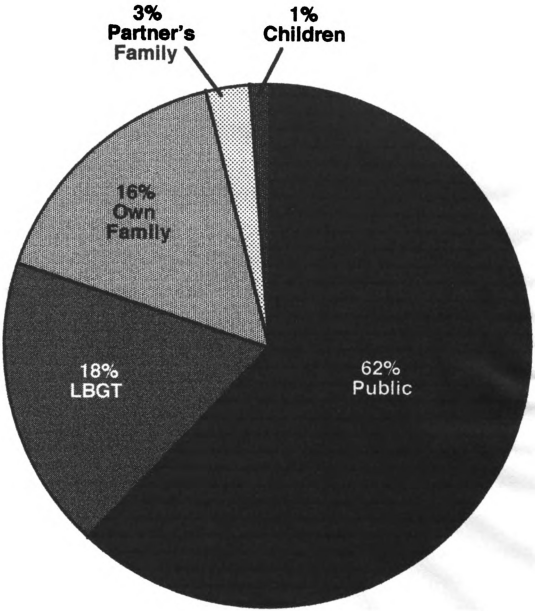
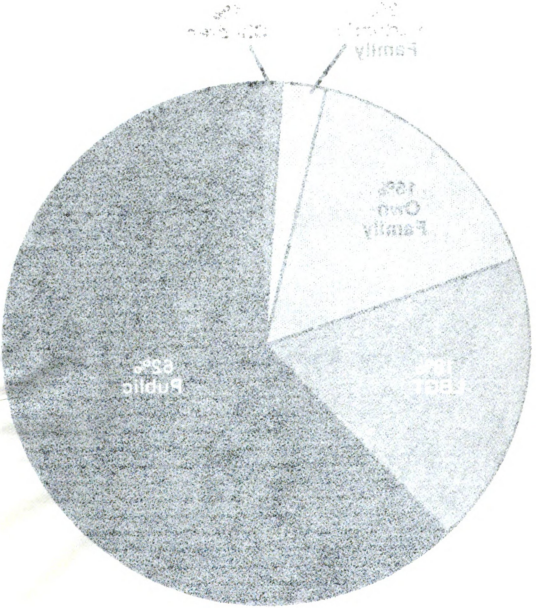


Figure 2: Distribution By Area/Source of Reported Prejudice Incidents



SUMMARY

None of the hypotheses received significant support. Although androgynous participants reported an average greater number and variety of coping strategies compared to non-androgynous participants, this difference was not significant, although confidence intervals did not overlap. However, the inference probability suggests that these differences might reach significance in a larger sample. Androgynous women were not found to report successful coping significantly more often or unsuccessful coping significantly less often than non-androgynous women. Non-androgynous participants reported coping strategies that sometimes worked significantly more often than androgynous participants. No significant correlations emerged between femininity and emotion-focused coping or between masculinity and problem-focused coping. It may be that the group differences observed are due solely to chance, or the differences are too small to reach significance in the sample size of this study. Future exploration might employ more structured measures of emotion- and problem-focused coping strategies in addition to the narrative coding methods used in the present study, to help rule out differences in motivation to write out responses.

Problem-focused responses were the most frequently reported strategies for coping with LBGT-related prejudice, and social support mobilization responses were the least frequently reported. Participants indicated only about a third of the time whether or not coping strategies worked; however, the strategies most commonly reported to be effective were the three social support mobilization strategies, confrontation/negotiation and problem-solving, and the strategies most commonly reported to be unsuccessful were accepting responsibility/self blame, avoidance/escapism, self-control/

exercised caution, distancing/minimization and confrontation/negotiation. Confrontation/negotiation strategies might be better understood if broken down into more aggressive strategies versus more diplomatic strategies, since direct aggression tended to be described as less effective and assertive diplomacy tended to be described as more effective. Separating problem- and emotion-focused and combined aspects of social support mobilization strategies did not appear to provide any more information than considering these responses together.

The most common specific types of prejudice reported to have been experienced included global LBGT put-downs and intangible differential treatment, or were described in general terms and were not categorized as to specific type. The least commonly reported types of prejudice were property destruction and physical assault or threats of these. Bisexual women reported a significantly greater number of prejudice incidents compared to lesbian women. In particular, bisexual women reported more prejudice incidents encountered in the LBGT community, and more incidents of intangible differential treatment.

Future research might build upon the current study's exploration of reported LBGT-related prejudice and relevant coping strategies by creating a more structured measure of experienced prejudice and coping responses tailored specifically to surveying LBGT individuals.

APPENDICES

APPENDIX A

QUESTIONNAIRE

Katari K. Brown
Department of Psychology
Michigan State University
135 Snyder Hall
East Lansing, MI 48824
USA
(616) 781-9353
brownka5@pilot.msu.edu

Dear Research Participant,

Thank you for your interest in our study on dealing with prejudice among lesbian and bisexual women. This questionnaire takes 12 to 20 minutes to fill out. By completing and returning the questionnaire, you are indicating your voluntary agreement to participate. Your assistance is much appreciated!

Please separate this cover letter from the questionnaire and retain it for your information. Then, fill out the questionnaire, answering as best as you can from your own knowledge and experience, and mail the completed questionnaire in the envelope included in this packet. To preserve your anonymity, do not write your name on the questionnaire. If you are in a relationship, and both you and your partner participate, please return both your questionnaires in the same envelope. We hope to receive all questionnaires by January 30, 1997.

A summary of the results from the study will be mailed to all participants whose addresses we have. If you didn't receive your questionnaire by mail, and would like to receive the summary, please call the above number, give your address, and indicate that you'd like a summary of the study results.

If you decide not to participate in the survey, feel free to pass on this questionnaire to a friend who may be interested. After January, please destroy any unused questionnaires.

Again, your time and participation are much appreciated.

Yours Sincerely,

Katari K. Brown

Subject Number_____

Questionnaire for Subjects

Demographic Information:

I am female, and my sexual orientation is (check one):
____lesbian ____bisexual, prefer female partners ____bisexual, prefer male partners
____bisexual, equal preference

Age in years_____

Ethnicity (check one): ____Black ____Native American
____Mediterranean ____Hispanic ____Asian
____White ____Other (specify) _____

Place of residence (check one)
____Lansing / East Lansing area ____Kalamazoo area
____Battle Creek area ____Ann Arbor area
____Other (specify city and state) _____

Education (check one)
____less than high school ____high school diploma ____some college
____associate's degree ____bachelor's degree ____graduate degree

Are you employed? (check one) ____No ____Yes, part-time ____Yes, full-time or more
If yes, how are you paid? (check the one that best applies to your main occupation)
____hourly wages ____salary ____commission ____contract

Are you a student? (check one) ____No ____Yes, part-time ____Yes, full-time

Which option best describes your personal annual income level, in dollars? (check one)
____less than 10,000 ____10,000 to 19,999 ____20,000 to 29,999
____30,000 to 39,999 ____40,000 to 49,999 ____50,000 to 59,999
____60,000 to 69,999 ____70,000 or more

Which option best describes your religious affiliation? (check one)
____Fundamental Protestant ____Conservative Protestant ____Liberal Protestant
____Conservative Catholic ____Liberal Catholic ____Mormon
____Liberal Jewish ____Orthodox Jewish ____None
____Other (specify) _____

Personal Information:

Which best describes your involvement in lesbian / bisexual / gay organization(s) and / or support groups? (check one)

____not involved ____somewhat involved ____actively involved

____hold or have held formal position or office

How many children do you have? _____

If more than zero, number under 18 years of age _____

If more than zero, number that live in your household _____

Which best describes where you live right now? (check one)

____own house or condominium ____rent house ____rent apartment ____rent room only

____rent dorm room ____other (specify)_____

Which best describes your current living situation?

____live alone ____live with relative(s) ____live with room / housemates

____cohabit with partner (Indicate length of cohabitation: ____years ____months)

Outness:

Indicate on a scale from 1 to 5 your openness about your sexual orientation with each of the below groups using this rating scale:

In the given group, you are

1 - open with no one
2 - open with one or two people OR much concealment
3 - open with some people OR some concealment
4 - open with most people OR moderately open
5 - open with everyone OR very open
NA - not applicable, no contact with this group

(circle one number or "NA" for each item)

NA	1	2	3	4	5	Your children
NA	1	2	3	4	5	Your partner's children
NA	1	2	3	4	5	Your parents
NA	1	2	3	4	5	Your partner's parents
NA	1	2	3	4	5	Your siblings
NA	1	2	3	4	5	Your partner's siblings
NA	1	2	3	4	5	Your extended family
NA	1	2	3	4	5	Your partner's extended family
NA	1	2	3	4	5	Lesbian, bisexual, and/or gay friends
NA	1	2	3	4	5	Heterosexual friends
NA	1	2	3	4	5	Lesbian / bisexual / gay community
NA	1	2	3	4	5	Local community, neighbors
NA	1	2	3	4	5	Acquaintances through church or religious groups
NA	1	2	3	4	5	Coworkers
NA	1	2	3	4	5	Business associates
NA	1	2	3	4	5	Schoolmates
NA	1	2	3	4	5	Professors / teachers at school
NA	1	2	3	4	5	Health care workers (doctors, nurses, therapists, etc.)

Perceived Prejudice:

Indicate on a scale from 1 to 5 how much prejudice, or anti-homosexual sentiment, you perceive in each of the following areas, using this rating scale:

1 - no prejudice
2 - low degree of prejudice
3 - some degree of prejudice
4 - moderate degree of prejudice
5 - very high degree of prejudice
NA - not applicable, no contact with this group

(circle one number or "NA" for each item)

NA	1	2	3	4	5	Your children
NA	1	2	3	4	5	Your partner's children
NA	1	2	3	4	5	Your parents
NA	1	2	3	4	5	Your partner's parents
NA	1	2	3	4	5	Your siblings
NA	1	2	3	4	5	Your partner's siblings
NA	1	2	3	4	5	Your extended family
NA	1	2	3	4	5	Your partner's extended family
NA	1	2	3	4	5	Lesbian, bisexual, and/or gay friends
NA	1	2	3	4	5	Heterosexual friends
NA	1	2	3	4	5	Lesbian / bisexual / gay community
NA	1	2	3	4	5	Local community, neighbors
NA	1	2	3	4	5	Acquaintances through church or religious groups
NA	1	2	3	4	5	Coworkers
NA	1	2	3	4	5	Business associates
NA	1	2	3	4	5	Schoolmates
NA	1	2	3	4	5	Professors / teachers at school
NA	1	2	3	4	5	Health care workers (doctors, nurses, therapists, etc.)

Relationship Information:

Are you currently in a romantic / sexual relationship? ____No ____Yes

If not, answer the following items on the basis of your most recent significant relationship.

Indicate how long ago this relationship ended: ____years ____months

(If you've never been in a romantic / sexual relationship, check here ____ and skip this page.)

How many children does your partner have? _____

If more than zero, number under 18 years of age _____

If more than zero, number that live in your household _____

How long have you and your partner been a couple? ____years ____months

Is your partner female ____ or male____?

Which best describes your agreement about sexual exclusivity with your partner? (check one)

____completely monogamous / exclusive ____mostly monogamous

____open relationship ____no specific agreement at this time

Indicate on a scale from 1 to 5 how satisfied you are with each of the following areas of your relationship using this rating scale:

1 - very dissatisfied
2 - somewhat dissatisfied
3 - mostly satisfied
4 - satisfied
5 - very satisfied

(circle one number for each item)

1	2	3	4	5	Emotional intimacy with partner
1	2	3	4	5	Social intimacy with partner
1	2	3	4	5	Intellectual intimacy with partner
1	2	3	4	5	Recreational intimacy with partner
1	2	3	4	5	Sexual intimacy with partner
1	2	3	4	5	Level of affection expressed by partner toward you
1	2	3	4	5	Level of affection expressed by you toward partner
1	2	3	4	5	Amount of time spent with partner
1	2	3	4	5	Living situation
1	2	3	4	5	Frequency of sexual contact
1	2	3	4	5	Quality of sexual contact

Self-description:

Use each of the following personality characteristics to describe yourself. That is, indicate on a scale from 1 to 7 how true of you each of these characteristics is, using this rating scale:

1 - Never or almost never true
2 - Usually not true
3 - Sometimes but infrequently true
4 - Occasionally true
5 - Often true
6 - Usually true
7 - Always or almost always true

(circle one number for each item)

1	2	3	4	5	6	7	Defend my own beliefs
1	2	3	4	5	6	7	Affectionate
1	2	3	4	5	6	7	Conscientious
1	2	3	4	5	6	7	Independent
1	2	3	4	5	6	7	Sympathetic
1	2	3	4	5	6	7	Moody
1	2	3	4	5	6	7	Assertive
1	2	3	4	5	6	7	Sensitive to needs of others
1	2	3	4	5	6	7	Reliable
1	2	3	4	5	6	7	Strong personality
1	2	3	4	5	6	7	Understanding
1	2	3	4	5	6	7	Jealous
1	2	3	4	5	6	7	Forceful
1	2	3	4	5	6	7	Compassionate
1	2	3	4	5	6	7	Truthful
1	2	3	4	5	6	7	Have leadership abilities
1	2	3	4	5	6	7	Eager to sooth hurt feelings
1	2	3	4	5	6	7	Secretive
1	2	3	4	5	6	7	Willing to take risks
1	2	3	4	5	6	7	Warm
1	2	3	4	5	6	7	Adaptable
1	2	3	4	5	6	7	Dominant
1	2	3	4	5	6	7	Tender
1	2	3	4	5	6	7	Conceited
1	2	3	4	5	6	7	Willing to take a stand
1	2	3	4	5	6	7	Love children
1	2	3	4	5	6	7	Tactful
1	2	3	4	5	6	7	Aggressive
1	2	3	4	5	6	7	Gentle
1	2	3	4	5	6	7	Conventional

In your own words, describe some strategies you find helpful in dealing with prejudice, and in what kinds of situations you might use particular strategies. Feel free to use examples from your own experience—What strategies worked or might work? What strategies didn't work or might not work?

APPENDIX B

NARRATIVE RESPONSE CODING FORM

Subject Number _____

Narrative Response Coding Form

1. ____ Number of words (length of response)

a	b	c	d		
Total	Worked	Sometimes	Didn't work		
				2	Number of distancing responses
				3	Number of self-control responses
				4	Number of seeking emotional social support responses
				5	Number of accepting responsibility responses
				6	Number of escape-avoidance responses
				7	Number of positive reappraisal responses
				8	Number of confrontation responses
				9	Number of seeking instrumental social support responses
				10	Number of problem-solving responses
				11	Number of social support responses codable as both emotional & instrumental
				12	Number of social support responses codable as neither emotional or instrumental
				13	Number of coping responses reported that were not codable

14. ____ Number of different kinds of coping responses reported (2 thru 10 greater than zero)

15. ____ Number of prejudice encounters reported

Type of prejudice codes:

a - verbal request/demand to conceal orientation
b - anti-LBGT humor
c - verbal criticism/judgment
d - global LBGT put-down
e - personal insult/put-down
f - threats of nonphysical harm
g - threats of physical harm
h - threats of property destruction
i - intangible differential treatment
j - tangible differential treatment
k - physical invasion of space
l - physical assault
m - property destruction
n - sexual coercion
o - not specified

Incidence of type of prejudice																
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o		Source/Area of Prejudice
															16	Children
															17	Partner's children
															18	Parents
															19	Partner's parents
															20	Siblings
															21	Partner's siblings
															22	Extended family
															23	Partner's extended family
															24	Lesbian, bisexual, and/or gay friends
															25	Heterosexual friends
															26	Lesbian / bisexual / gay community
															27	Local community, neighbors
															28	Acquaintances through church or religious groups
															29	Coworkers
															30	Business associates
															31	Schoolmates
															32	Professors / teachers at school
															33	Health care workers (doctors, nurses, therapists, etc.)
															34	Area not specified

Coder's Initials _____

APPENDIX C

NARRATIVE RESPONSE CODING GUIDE

1. **Number of words (length of response)** - Count the number of words the participant wrote. Contractions counted as 2 words, hyphenated words as 1 word (as 2 if made from 2 complete words), numbers as 1 word, acronyms as 1 word.
   a. **Total coping responses reported** - Count the number of coping responses in each of categories 2 through 13. If one response is reported for more than one incident or area of prejudice, it counts for each incident or area for which it's reported.
   b. **Number of coping responses that did work** - The responses for which participants report success, effectiveness, say worked, or evaluate positively (e.g., "A good strategy is to..."
   c. **Number of coping responses that sometimes worked** - The responses for which participants report partial success, say worked sometimes, in some circumstances but not in others, or in some ways but not in others
   d. **Number of coping responses that didn't work** - The responses for which participants report failure, lack of effectiveness, say didn't work, or evaluate negatively - includes responses participants explicitly write that they do not or would not use, unless qualified by wishing they had used or would use it

◇ Each reported coping response should be assigned to only one of categories 2 through 13. Some responses may be phrased as one coping response, but may actually include more than one (e.g., "I hid my hurt feelings and went to talk it over with the person."). In such cases, both aspect should be counted as separate responses. If it is unclear which category a response falls under, it may be counted under #13, but this code should be used sparingly. Strategies/responses include behavioral or cognitive activity engaged in by the participant herself. Do not include affective responses (e.g., I got upset, angry, sad, etc.), self-descriptions (e.g., I'm generally a nice person), or statements of attitude or opinion, unless it is clear that the participant deliberately cultivates them as a response to prejudice and gives an evaluation of efficacy. Do not include coping strategies used specifically in response to internalized homophobia or non-LBGT-related prejudice. Include coping strategies in response to heterosexism. Corresponding items from the Ways of Coping Inventory are listed for reference under each category.

2. **Number of distancing/minimization responses** - Responses involving cognitive avoidance, ignoring prejudice, trying to forget about it or put it out of one's mind, denying severity of prejudice, accepting prejudice. Items: Made light of the situation; refused to get too serious about it. Went on as if nothing had happened. Didn't let it get to me; refused to think about it too much. Tried to forget the whole thing. Looked for the silver lining, so to speak; tried to look on the bright side of things. Went along with fate; sometimes I just have bad luck. I felt that time would make a difference - the only thing to do was wait. Tried to accept and make the best of it. I tried to keep my feelings to myself.
3. **Number of self-control/cautiousness responses** - Responses involving cognitive and behavioral control (inhibitory), concealing knowledge about prejudice from others, deferring taking action about prejudice, being patient, tactful, watching what one says, listening to

others, waiting to get to know someone before deciding to come out to them. Items: Tried not to burn my bridges, but leave things open somewhat. I tried not to act too hastily or follow my first hunch. I went over in my mind what I would say or do. I tried to see things from the other person's point of view. Went over the problem again and again in my mind to try to understand it.

4. **Number of seeking emotional social support responses** - Responses involving seeking contact with others for the purpose of venting, affirmation, sharing, or comfort-seeking. Items: Talked to someone about how I was feeling. Accepted sympathy and understanding from someone.
5. **Number of accepting responsibility/self-blame responses** - Responses involving self-blame or self-criticism, or acknowledgement of one's own part in bringing about prejudice, changing in response to demands by others to alter orientation or relevant behavior. For this study, does not include internalized homophobia. Items: Criticized or lectured myself. Realized I brought the problem on myself. I made a promise to myself that things would be different next time. I apologized or did something to make up. Blamed myself.
6. **Number of escape-avoidance/escapism responses** - Responses involving avoiding or leaving people or situations, using fantasy, alcohol, substance use to deal with a situation, being closeted, lying about orientation to remain closeted. Includes, "I won't waste me time dealing with those people," or "It's not worth it to try to talk to them." Items: Wished that the situation would go away or somehow be over with. Had fantasies or wishes about how things might turn out. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc. Avoided being with people in general. Slept more than usual. I daydreamed or imagined a better time or place than the one I was in. Thought about fantastic or unreal things (like the perfect revenge or finding a million dollars) that made me feel better.
7. **Number of positive reappraisal/seeking meaning responses** - Responses involving personal growth or self-betterment in response to prejudice or to prevent it, describing experiences of prejudice as having had desirable outcomes or opportunities, working on "being yourself," building self-esteem, being proud, cultivating respect, compassion, positive expectations of others, focusing on helping others or bettering the world. Items: Changed or grew as a person in a good way. Tried to discover new faith or some important truth. Tried to rediscover what is important in life. I prayed.
8. **Number of confrontation/negotiation responses** - Responses involving assertiveness, aggression, or direct expression of anger to person(s) seen as responsible for incident(s) of prejudice. This includes any direct interaction with prejudiced person or entity in response to prejudice, even it it includes aspects of other coping strategies. Includes, "being out," "coming out," being open and honest about orientation, wearing LBGT T-shirts, jewelry, etc. Includes political activism that explicitly confronts a prejudiced person or entity, such as protests and direct letter-writing. Items: Bargained or compromised to get something positive from the situation. Tried to get the person responsible to change his or her mind. Stood my ground and fought for what I wanted. I expressed anger to the person(s) who caused the problem. I did something which I didn't think would work, but at least I was doing something.
9. **Number of seeking instrumental social support responses** - Responses involving seeking contact with others for the purpose of information- or resource-gathering, advice-seeking or assistance-seeking. Includes approaching individuals for help as opposed to departments, groups, organizations. Items: Talked to someone who could do something

concrete about the problem. I asked a relative or friend I respected for advice.

10. **Number of problem-solving/instrumental action responses** - Responses involving taking action or planning to take action to change a situation. Includes approaching departments, groups, organizations for help as opposed to individuals, using formal channels. Includes political activism such as marches, awareness raising, lobbying, publishing articles and public letter-writing. Items: I knew what had to be done, so I doubled my efforts to make things work. I made a plan of action and followed it. Just concentrated on what I had to do next — the next step. Changed something so things would turn out all right. Drew on my past experiences; I was in a similar position before. Came up with a couple of different solutions to the problem. I was inspired to do something creative. Tried to come out of the experience better than when I went in.
11. **Number of social support coping responses reported that were codable as <u>both</u> emotional and instrumental** - Responses that involve seeking social support from one source on a given occasion that fulfill the criteria for both emotional and instrumental social support seeking. Includes support group and psychotherapy attendance unless clarified whether main function is instrumental or emotional.
12. **Number of social support coping responses reported that were codable as <u>neither</u> emotional or instrumental** - Responses involving seeking social support which are not described sufficiently to categorize them as either emotional or instrumental
13. **Number of coping responses reported that were not codable** - Responses which are not described sufficiently to categorize them or do not fit clearly in any of the above categories
14. **Number of different kinds of coping responses reported** - Number of basic coping types (#2 through #10) that were reported. How many categories were coded greater than zero?
15. **Number of prejudice encounters reported** - Total number of prejudice encounters reported to have been experienced by the participant, <u>in her perception</u> (accuracy of the perception is not considered). Prejudice reported to have been encountered by others may be included if the participant was present, or if the participant reports being affected or using a coping response in reaction to the prejudice. "Prejudice" includes anti-LBGT attitudes and behavior, and differential treatment or misperceptions based on sexual orientation or non-traditional gender orientation or appearance. Do not code solely sexist prejudice, nor prejudice that is clearly simple heterosexism, i.e., people assuming one is heterosexual although they may not harbor anti-LBGT prejudice per se. Code "heterosexism" if it appears that the participant might be using the word to refer to all LBGT-related prejudice.

◇ Each prejudice encounter should be assigned to only one type (categories a through o) and only one area/source (categories 16 through 34). Each prejudice encounter should be coded as a whole - if a single encounter falls into more than one category, the most overt and/or specific aspect may be coded. For example, "My Mom said homosexuality is sinful so I should just ignore my feelings for women and get a man," fits into categories a, c and d. This response would be coded "a," because it is more specific than d and c, in that the participant feels <u>personally</u> pressured to <u>specifically</u> conceal her orientation. As another example, "A male coworker made suggestive jokes about bi women and kept calling me at home trying to get me to go out with him," fits into categories b and n. This response would be coded "n," because sexual harassment is more overt and specific than global jokes.

a. **Verbal request/demand to conceal orientation** - may be overt or implied pressure to conceal sexual or gender orientation
b. **Anti-LBGT humor** - humor, joking, making fun, or teasing that is anti-LBGT and/or stereotypical of LBGT people - may be personal or global
c. **Verbal criticism/judgment** - verbal expression of specific negative evaluation of behavioral expression of LBGT orientation, e.g., "should" statements
d. **Global LBGT put-down** - verbal disparagement of LBGT people in general
e. **Personal insult/put-down** - verbal disparagement of specific LBGT individual
f. **Threats of nonphysical harm** - participant fears nonphysical prejudicial treatment - threat need not be stated, only perceived by participant
g. **Threats of physical harm** - participant fears physical harm to self, family or friends based on LBGT prejudice - threat need not be stated, only perceived by participant
h. **Threats of property destruction** - participant fears property destruction or theft based on LBGT prejudice - threat need not be stated, only perceived by participant
i. **Intangible differential treatment** - nonphysical differential treatment based on LBGT orientation, which is more subjective and less observable in nature, e.g., being treated differently in an indirect or subtle way, misperceptions and stereotypes, feeling ignored or excluded, receiving "looks" interpreted as prejudicial
j. **Tangible differential treatment** - nonphysical differential treatment based on LBGT orientation, which is more overt and more observable in nature, e.g., being spoken to differently, being treated differently in measurable or material ways such as being denied a job promotion, being overtly ostracized or excluded outright
k. **Physical invasion of space** - unwanted invasion of personal space - coming physically close enough to cause discomfort - or of living or work space based on LBGT orientation, e.g., stalking, unwanted entry into home or office
l. **Physical assault** - unwanted intrusive physical contact based on LBGT orientation
m. **Property destruction** - property destruction or theft based on LBGT prejudice
n. **Sexual coercion** - unwanted sexual attention, sexual harassment, or sexual assault based on LBGT orientation
o. **Not specified** - unspecified prejudice, e.g., "My parents's homophobia...," or "stereotypes of lesbians."

16. **Children** - participant's children or stepchildren
17. **Partner's children**- participant's partner's children or stepchildren
18. **Parents** - participant's parents or stepparents
19. **Partner's parents** - participant's partner's parents or stepparents
20. **Siblings** - participant's siblings or stepsiblings
21. **Partner's siblings** - participant's partner's siblings or stepsiblings
22. **Extended family** - includes participant's family not specified as parent, sibling or child
23. **Partner's extended family** - includes participant's partner's family not specified as parent, sibling or child
24. **Lesbian, bisexual, and/or gay friends** - includes transgendered friends
25. **Heterosexual friends** - includes friends not specified or implied by context to be LBGT
26. **Lesbian / bisexual / gay community** - includes transgendered community
27. **Local community, neighbors** - includes face-to-face encounters not otherwise specified, and businesses encountered as a consumer or client

28. **Acquaintances through church or religious groups** - includes individuals and groups
29. **Coworkers** - includes employers, employees, companies
30. **Business associates** - includes business contacts outside one's own company, contacts made as a business owner, clients, suppliers
31. **Schoolmates** - includes students of participants
32. **Professors / teachers at school** - used only if participant is in the student role - If the participant is a teacher or school employee, other teachers are coded as "coworkers"
33. **Health care workers (doctors, nurses, therapists, etc.)** - includes hospitals and clinics
34. **Area not specified** - includes society or culture at large as well as unspecified sources

APPENDIX D

EXAMPLES OF REPORTED COPING STRATEGIES

Emotion-Focused Coping

Distancing/minimization.

- "I will ignore the problem if I feel I am in danger."
- "Don't allow prejudice in general to get me down."
- "I've pretty much resolved myself to the fact that prejudice will (and does) always exist."
- "I pretend I don't notice."
- "Not to become angry or at least not to express my anger"
- "I remember that bigots are stupid so it doesn't really matter what they say."
- "The best strategy in dealing with prejudice is to remember that bigots are stupid so it doesn't matter what they say." (works)
- "It just felt easier laughing about it and it has helped throughout my life." (works)

Accepting responsibility/self-blame.

- "I make no apologies for being a dyke." (doesn't work)
- "I do not accept any suggestions to change myself to please them." (doesn't work)

Avoidance/escapism.

- "Avoid homophobic people, institutions as much as humanly possible, etc."
- "I don't associate with anyone who has expressed negative feelings toward homosexuality."
- "If I know I'm going into a situation that is highly-moderately homophobic, I avoid any type of discussion of 'significant others!'"
- "I do not go to places that are 'anti-gay.'"
- "I'm not going to waste my energy trying to change their mind."
- "Surprisingly, a good way for me to deal with prejudice at work is just not to tell people about my orientation." (works)
- "Silence doesn't work but it is an easy escape for the cowards among us." (sometimes works)
- "Try not to hide." (doesn't work)
- "When I am closeted, I anticipate and experience more homophobia — I think it's a self-fulfilling prophecy. Shame breeds shoddy treatment." (doesn't work)

Positive reappraisal/seeking meaning.

- "My ability to be open with others inspires a mutual trust."
- "I think that confidence and comfort with oneself are powerful

weapons." (2 strategies)

- "I see prejudice and discrimination as opportunities to educate."
- "I try to give people the benefit of the doubt, especially when working in the general queer community."
- "I do pray daily for acceptance."
- "Keep centered and balanced."
- "The best defense is to be yourself."
- "We try to remain positive by focusing on how happy we are together."
- "I have a more compassionate feeling toward bigots — believing they are mostly scared and ignorant rather than calculating in their actions."
- "... as I grew up and accepted myself... it has helped throughout my life." (works)

Problem-Focused Coping

Confrontation/negotiation.

- "I came out."
- "Education: Letting people know some famous gays; quiet open persistent discussion; 'Pay taxes too' argument." (3 strategies)
- "If something happens, say something about it as diplomatically as possible. Prejudice breeds when left in the dark."
- "Usually just nicely and politely just point out the utter stupidity of their words."
- "Take risks — kissing in public."
- "I have explained to him that I could not be any more heterosexual than he could be homosexual. I have asked him to imagine himself being intimate with a man. He said no way — and I explained to him that it is so natural for me to be with a woman and that I could not possibly imagine myself with a man any more than he could." (3 strategies)
- "If they are religious, I tell them about the translation errors and how the Bible never says homosexuality is a sin."
- "... referring to my partner as 'she' in the natural course of conversation."
- "Exposing them to positive portrayals of gay folks has helped a lot." (works)
- "The best option with queers is to challenge that both of you experience bias from straights." (works)
- "I'd say visibility and education was more effective than all-out assault, although assault can be more fun." (2 that work, 1 that doesn't work)
- "If you can at least try to get your point of view into them before they have shut you out, then you have a chance to at least alleviate the situation a little." (sometimes works)
- "Reverse psychology sometimes works." (sometimes works)
- "The best thing I've found is to attempt to educate. In the case of parents, that is often difficult, especially if one is dependent on them."

(sometimes works)

- "I don't hesitate to use liberal/academic/progressive/ guilt against bigots if I think it'll be effective." (sometimes works)
- "Trying to put the prejudiced person in someone else's shoes. 'What do you think your life would be like if people hated you for no reason?' (works with some people)" (2 strategies that sometimes work)
- "When I hear prejudiced remarks, question the person's attitudes and assumptions (use this in a social setting, if someone is telling jokes, etc.) I think this strategy works best ... I don't think the above strategy works when you get angry ... chances are, people may put less validity in what you are saying." (2 strategies that sometimes work)
- "I believe that ... assertive communication is an effective strategy. Although there are times when this is not possible, it is my preference." (sometimes works)
- "Rather than come into heated confrontation with someone because of their prejudice, I will usually tell them that I believe that their view is narrow-minded but they are entitled to their opinions." (3 strategies, 1 that doesn't work)
- "I don't go on anti-straight crusades." (doesn't work)
- "I've found that it's not healthy to take on every critic who comes along." (doesn't work)
- "I refuse to fight them." (doesn't work)
- "I do not feel that a defensive attitude overcomes prejudice, nor is it a useful tool in understanding." (doesn't work)
- "If someone I know personally is prejudiced against my sexuality, I try to correct it, but usually this is ineffective and I will simply sever contact." (confrontation/negotiation doesn't work, followed by avoidance/escapism)

Self-control/exercised caution.

- "... showing them tolerance and patience." (2 strategies)
- "I listen to their point of view."
- "Rarely do we hold hands in public."
- "I have been very protective of myself long before I came out." (caution combined with confrontation/negotiation response of coming out)
- "In these cases, you must keep your cool."
- "I act differently when I'm with the het.s and the homo.s out of need for company."
- "I worry a little, but I try not to let it show."
- "I use ambiguous language with them and I tell them about the boys I've been with, but not about the girls."
- "My first impulse is to respond in a seemingly disinterested way."
- "If they are a service provided, I take my business elsewhere."
- "In dealing with queer hate crimes, it doesn't always work to confront the individual." (sometimes works)

- "I don't really try very hard to keep it a secret." (doesn't work)

Problem-solving/instrumental action.

- "The way to help people to understand is to send out the right information to the T.V., magazines, newspapers." (3 strategies)
- "I also joined a class to learn how to defend myself."
- "I generally make a conscious effort to not engage in (i.e., reinforce) the stereotypes of lesbians."
- "Reading books about being a lesbian."
- "Exposure in the media, in publications." (2 strategies)
- "Doing activist work to make it a better place for myself and others."
- "On our campus we have had marches, speak-outs and chalkings, which helps to make us visible." (3 strategies that work)
- "I've used political activism and formal institutional processes to bring about change in my school and workplace." (2 strategies that work)
- "My purposeful choice of queer-friendly high school and college probably have affected that [people have left me alone] greatly." (works)
- "If my sexual orientation was used as reason for discrimination in the workplace, I would definitely report the company, organization..."
- "In general, I prefer to address prejudice in organized, structured ways."
- "Letting security or police know of abuse, assault as soon after occurrence as possible ... worked socially and at work." (worked)
- "I think I've been able to bypass a lot of prejudice by living and working in an area where people pride themselves on being open and accepting. There is still bias, of course, but it is not allowed to show as blatantly." (2 strategies that sometimes work)

Social Support Mobilization Coping

Problem-focused/instrumental social support mobilization.

- "Seek help from a queer rights lobbying group."
- "Finding a straight ally to talk with them and hopefully enlighten them."
- "We organized people to make sure we had a feature article and many letters to the editor in the school paper over the next couple of weeks." (2 strategies)
- "Keeping with a crowd in risky places."
- "I think that encouraging campus leaders (faculty, staff & students) to be out helps to show people that we're out here. This also works with community leaders and public personalities." (5 strategies that work)
- "It really helps to have really fantastic allies ... They were (and are) quick to defend me, even in situations where other "gay friendly" straights step back." (works)
- "I had to ask my supervisor to speak with him. That seems to work for the moment." (works)

Emotion-focused social support mobilization.

- "What I think I would do to handle it is to talk it over with others to help my feelings..."
- "Go visit bi's in Boston for an oppression-free vacation."
- "I'm connected to a couple of on-line gay/bi groups ... makes me feel more able to cope with prejudice — better community feel."
- "My main Good Thing to Do is to find right-thinking folks to vent with." (works)

Combined problem- and emotion-focused social support mobilization.

- "I'm going to a counselor for therapy."
- "I rebelled and hung around friends who were gay and open-minded."
- "Support within the gay and lesbian community."
- "I also wish we had a truly radical queer group. Such a presence would greatly enhance the potential for acceptance." (would work)
- "Being part of a support group is a good way to deal w/ prejudice." (works)
- "It's helped to have support groups/clubs at university — but I know it's not as easy for people who don't go to school." (sometimes)

APPENDIX E

EXAMPLES OF REPORTED INCIDENTS OF PREJUDICE

Prejudice from Children

- "My son is patchy in his prejudice ... he expressed a fervent hope early last year that I would not 'be a lezzo,' apparently because of the difficulty for him of living this down in the playground." (verbal request/demand to conceal orientation by child)
- "I am not open to partner's family as he has one child who seems very uncomfortable regarding lesbians (although she is comfortable regarding gay men)." (intangible differential treatment from partner's child)

Prejudice in Own Family

- "In dealing with prejudice with my parents and other heterosexual individuals..." (general prejudice from parents and local community)
- "I was brought up in a home where homosexuality was dirty, perverted, etc., and was taught that it was wrong." (global LBGT put-down from extended family)
- "The greatest amount of prejudice I faced and continue to encounter comes from my immediate family (especially my parents). My mother 'outed' me about 4 or 5 months ago (so I'm still new to the gay/lesbian/bi-community here ...). At any rate, I really had no preparation for what was coming — and while I thought my mother would have been supportive of me, quite the opposite happened. All of a sudden, I found myself alone and shunned by my own flesh and blood because of my sexual orientation. My family does not condone my being a lesbian, so I'm doing everything in my power to establish a safety net of support — and also a financial blanket. It's really depressing not to be able to talk to my mother about the things that are really important to me (i.e., romantic, etc.)." (tangible differential treatment from parents and extended family)
- "[My mother] informed me that she would tell my dad (I was afraid of his reaction)" (threats of nonphysical harm from parents)
- "Among friends and family members that have accepted my lifestyle and treat me the same, subtle prejudice exists that they don't realize. It is prejudice by omission. It would almost be easier to deal with if they made negative comments than to have such an important part of my life ignored. Many know about my girlfriend but don't inquire 'How is she?' or 'What have you two been up to lately?' like they would if she was male. They don't understand and don't know how to approach the subject." (intangible differential treatment from heterosexual friends and extended family)

Prejudice with Partner's Family

- "Most of her family know about us, and some of them do not approve of our relationship." (intangible differential treatment from partner's extended family)
- "The only direct prejudice I've experienced is from my partner's parents. They hate me. Since they have only known for a few months, my partner and I are hoping that eventually they will at least accept it at some point in the future." (intangible differential treatment from partner's parents)
- "With my partner's family, she came out 7 years ago and it hasn't been spoken of since. While I feel accepted, I'm a little invisible." (intangible differential treatment from partner's extended family)

Prejudice with LBGT Group

- "Lesbians, in my experience, don't really understand what transgenderism is, and no one has articulated for them the differences between sexual orientation and gender identity. There's a definite fear of male-to-female transsexuals 'taking over' lesbian space and invading it with their 'male energy.' When confronting transphobia, I try to get the dykes I'm talking to to define what they mean by 'woman.' Is 'woman' necessarily and exclusively someone who was born with female genitalia? What about people born with ambiguous genitalia who have lived their lives as women? What about women who have sex reassignment surgery? Are they still women? Does the definition of who is a 'woman' reside around the life experiences of a person? What about women who have spent the better part of their lives dressing as a man? Generally, I try to engage them in dialogue to get them to break down their rigid categories of 'man' and 'woman' since those definitions are inherently oppressive to everyone ... And I'm always reminding people who insist on saying 'lesbian and gay' that bi and trans people are part of our oh-so-queer movement, too. It drives me crazy to see that the latter two groups are still so blatantly left out of our movement — particularly the transgender population."
- "There is a lot of prejudice within the lesbian/bi community here in the ... area. I use the term 'community' loosely. There's a bias against feminine women, and against women who seem at all mainstream." (intangible differential treatment in LBGT community)
- "I have encountered a lot of prejudice among the gay/lesbian community. I try to tell them that it's not 'a stage.' I know how I feel. They seem to think that bi's have it easier, that we can just 'blend in.' But so can they." (intangible differential treatment from LBGT community)
- "Most people think bisexuals are only interested in sex. They don't understand that it is not sex but people. This goes for straight as well as gay people. When told by some people that I need to 'choose' a sex to be

with, I tell them I already have and ask them why everything has to be black and white." (verbal request/demand to conceal orientation from LBGT community and local community)

- "As a bisexual woman, I feel misunderstood most of the time in both queer and straight culture. As my long-term partner is male, I am often assumed to be straight and often feel label or constrained by other's imposed perceptions of how heterosexual women should be. For me not having my reality acknowledged — i.e., being a bisexual woman always regardless of the gender of my partner — is prejudice that I face often and have had to develop strategies around." (intangible differential treatment in LBGT community and local community)
- "The greatest problem with prejudice as personal attack I have had is from lesbians, especially those my age or older, who think that being bi is a cop-out, sleeping with the enemy, trading on heterosexual privilege, etc., or that bi women are just straight women having a little adventure at someone else's expense. All of these can be true, but I don't believe in attacking people for where they are — there's usually some reason why what they do makes sense in terms of their own life, if you knew what it was. And of course I don't believe that bi people are 'really' gay and lesbian but being too gutless to live the truth." (global LBGT put-down from LBGT community)

Prejudice in Public

- "In dealing with prejudice with my parents and other heterosexual individuals..." (general prejudice from parents and local community)
- "Have experienced coworkers who assumed I was straight say negative things about gays and lesbians. My response has been to say I am bi. The response from the coworker was to avoid me afterwards." (global LBGT put-down from coworker)
- "I was not once, but three times nearly, physically, thrown out of the ladies room at a local bar. I was being mistaken for a man dressed as a woman! It was not just the women, but the men also thought I was a man. As much as I tried to ignore the situation or explain that I was not a man, I was constantly harassed during the night. (I would have left the bar except the friend I was with was in the band and I didn't have my own vehicle or I would have driven home and just left the ignorance behind.)" (physical invasion of space and tangible differential treatment in local community)
- "I heard behind-the-back comments by students until they got to know me." (personal insult/put-down by schoolmates)
- "The assistant prosecutor made it perfectly clear to me that he would 'out anyone he had to' to get a conviction." (threats of nonphysical harm in local community)
- "Among friends and family members that have accepted my lifestyle and treat me the same, subtle prejudice exists that they don't realize. It

is prejudice by omission. It would almost be easier to deal with if they made negative comments than to have such an important part of my life ignored. Many know about my girlfriend but don't inquire 'How is she?' or 'What have you two been up to lately?' like they would if she was male. They don't understand and don't know how to approach the subject." (intangible differential treatment from heterosexual friends and extended family)

- "I had several friends last year who were fairly homophobic, but once I came out to them, they made a conscious effort to improve." (general prejudice from heterosexual friends)
- "I worked as an OUT Resident Counselor in a first year hall, and people knew I didn't like to hear crap talked about the queers. They ended up resorting to cowardly sign in hallways: 'Fucking dykes' — which was reported, which is better than hearing it in my face or on [my team] and not feeling safe feeling anything back." (global LBGT put-down from schoolmates)
- "Most of the prejudice I face is not life-threatening. Because I am a bi woman, I do not threaten men as much as a lesbian might. However, I am turned into a sexual object. The prejudice I have faced has taken its form in sexual harassment from coworkers and teachers, and sometimes friends. These men seem to think that bisexuality is synonymous with nymphomania. Their fantasies of threesomes become more real to them. Usually, if I tell a true friend how he is making me feel, he will stop. If not, he is no longer my friend. When a TA began to harass me, I simply ignored his phone calls. He eventually got the message and stopped calling. If it had continued, I would have reported him to the university. When a coworker sexually harassed me I was forced to bring it to the attention of my supervisors ... [who] could only give him a warning because I was the first person who ever reported him. Things were very tense around the office until he transferred to a different office weeks later." (sexual coercion from heterosexual friends, teachers at school, and coworkers)
- "My HMO has many gay employees and offers health insurance to domestic partners, yet when my partner tried to admit me to the hospital, the admit clerk told me she's not my family and hassled her immensely. A doctor I work with every day told me when my partner was in (my) hospital ... that I could not visit at the end of my shift, which was after visiting hours, but that my partner could go without seeing me for a few days! So much for asking permission to visit after hours. I went anyway and the nurses never said a word." (2 incidents of tangible differential treatment from health care workers)
- "The unspoken discomfort of friends and acquaintances (intangible differential treatment from heterosexual friends and local community)
- "I lost my military career after 9 years of service due to the DoD's old policy on LGB folk." (tangible differential treatment from coworkers)

- "I have experienced extreme prejudice: I lost custody of my sons because I am a lesbian." (tangible differential treatment in local community)
- "When I was first coming out ... I was living in a very anti-gay dorm, and I was also working in an office which was also pretty anti-gay." (general prejudice from schoolmates and coworkers)
- "My minister seemed unaware of the impact of comments, or rather the differences between gay and straight lives ... Later had lunch with him and explained the differences in cultural context for us and he then gave a sermon on including gays." (intangible differential treatment from acquaintances through church or religious groups)
- "I have been known to walk out of restaurants when I feel purposefully ignored or to ask for better seats if I feel badly placed. I am not particularly 'feminine' looking so most people with a problem seem to be reacting toward my outward appearance (they are not sure how to take me). Unfortunately I see myself as androgynous but I realize a large black woman with short hair is also pegged by some as 'masculine.' Their problem." (intangible differential treatment in local community)
- "The fact that the state denies me marriage..." (tangible differential treatment from society at large)
- "I was marching in a lesbian/gay parade. A man who was by the curb looked straight at me and snarled — 'look at the dykes!' I stopped walking and stood in front of him, nodded my head and said: 'How nice of you to notice,' then marched on. He was speechless!" (personal insult/put-down in local community)
- "At my summer job, my employer was really catty ... The hardest part was that she would talk about me all the time and otherwise purposely exclude me." (tangible differential treatment from coworker)
- "I encounter more rabid homophobia on the Internet. After stating that I myself am gay, I ignore homophobic communications and the people who send them." (personal insult/put-down in society at large)
- "After a speaker's bureau I did once, a man came up to me and said that I didn't look like a lesbian, so how could I be gay?" (verbal criticism/judgment from local community)
- "It was the kind of prejudice you can't really point at but you know everyone on the bus is aware of you." (intangible differential treatment from local community)
- "Most people think bisexuals are only interested in sex. They don't understand that it is not sex but people. This goes for straight as well as gay people. When told by some people that I need to 'choose' a sex to be with, I tell them I already have and ask them why everything has to be black and white." (verbal request/demand to conceal orientation from LBGT community and local community)
- "It's hard to feel afraid all the time that people will find out, when they

make a gay joke in front of you that's really offensive, and so on." (anti-LBGT humor from local community)

- "P-FLAG put up a display in the public library. It was very tasteful and well done. Immediately there was an outcry from the [local] Christian community to have it removed, that it was polluting the minds of their young children. There was such a huge response that a public meeting was held in our civic center, and the place was *packed.* I was never so proud of my community/family and the intelligence we displayed during the debate, in comparison to the opposition's out-worn rhetoric that it was 'not in God's plan.' It was also quite a revelation that several [local] churches spoke up in favor of tolerance and welcomed gays into their congregation." (demand to conceal orientation by acquaintances through church or religious groups)
- "A local fundamentalist was talking about homosexuals and how God says it is an abomination and we should outlaw homosexuals. My answer was 'If you legislate against homosexuals, how do you check or enforce it? — And if you do, then the law has a right to check all bedroom activities of everyone to prove they are heterosexuals. Is that what you want???' (This adequately shut his slant down.)" (threats of nonphysical harm from acquaintances through church or religious groups)
- "The prejudice I *have* experienced and continue to be subject to is *bi*phobia, from both homo- and heterosexuals. Many lesbians refuse to consider dating me because they think I'll 'eventually want a man.' They somehow think I can't seriously date another woman, because heterosexuality is somehow mightier than homosexuality, and given the choice, I'll surely opt to lead a 'straight' life. Which says some pretty insulting things about my perceived character. Straight men sometimes are nervous about my bisexuality; sometimes — and worse — they are titillated by it. I'm sick of explaining myself to people, telling them that I'm not 'confused,' that I don't have to have two lovers to satisfy my sexual desires, that I won't leave one 'gender' because of a craving for the 'other.' I'm sick of being considered not 'enough of a dyke' by lesbians; or, alternately, the sexy pervert-girl by hets." (intangible differential treatment in LBGT community and local community)

REFERENCE LIST

REFERENCE LIST

Alain, M. & Lussier, Y. (1988). Sex-role attitudes and divorce experience. *Journal of Social Psychology, 128* (2), 143-152.

Aldwin, C.M. & Revenson, T.A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53* (2), 337-348.

Aspinwall, L.G. & Taylor, S.E. (1992). Modeling cognitive adaption: A longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. *Journal of Personality and Social Psychology, 63* (6), 989-1003.

Auerbach, S.M. (1989). Stress management and coping research in the health care setting: An overview and methodological commentary. *Journal of Consulting and Clinical Psychology, 57* (3), 388-395.

Babledelis, G. (1978). Sex-role concepts and flexibility on measures of thinking, feeling, and behaving. *Psychological Reports, 42* (1), 99-105.

Barbarin, O. (1983). Coping with ecological transitions by Black families: A psychosocial model. *Journal of Community Psychology, 11* (4), 308-322.

Bassof, E.S. (1984). Relationships of sex role characteristics and psychological adjustment in new mothers. *Journal of Marriage and the Family, 45*, 449-454.

Baum, A., Fleming, R. & Singer, J.E. (1983). Coping with victimization by technological disaster. *Journal of Social Issues, 39* (2), 117-138.

Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology, 42* (2), 155-162.

Bem, S. L. (1979). Theory and measurement of androgyny: a reply to the Pedhazur-Tetenbaum and Locksley-Colten critiques. *Journal of Personality and Social Psychology, 37* (6), 1047-1054.

Bem, S. L. & Lewis, S. (1975). Sex role adaptability: One consequence of psychological androgyny. *Journal of Personality and Social Psychology, 31* (4), 634-643.

Berthiaume, M., David, H., Saucier, J. & Borgeat, F. (1996). Correlates of gender role orientation during pregnancy and postpartum. *Sex Roles, 35* (11/12), 781-800.

Boatwright, K.J., Gilbert, M.S., Forrest, L. & Ketzenberger, K (1996). Impact of identity development upon career trajectory: Listening to the voices of lesbian women. *Journal of Vocational Behavior, 48,* 210-228.

Bolger, N. (1990). Coping as a personality process: A prospective study. *Journal of Personality and Social Psychology, 59* (3), 525-537.

Borders, L. & Fong, M. (1984). Sex-role orientation research: Review and implications for counselor education. *Counselor Education and Supervision, 24* (1), 58-69.

Bornstein, R.F., Bowers, K.S, & Bonner, S. (1996). Relationships of objective and projective dependency scores to sex role orientation in college student participants. *Journal of Personality Assessment, 66* (3), 555-568.

Brems, C. & Johnson, M.E. (1988). Problem-solving appraisal and coping style: The influence of sex-role orientation and gender. *Journal of Psychology, 123* (2), 187-194.

Brody, J.G. (1988). Responses to collective risk: Appraisal and coping among workers exposed to occupational health hazards. *American Journal of Community Psychology, 16*(16) 645-662.

Brown, K.K. (1997). *Androgyny, Perceived Prejudice and Outness Among Lesbian and Bisexual Women.* Unpublished master's thesis, Michigan State University, East Lansing.

Bem Sex Role Inventory (BSRI) Manual (1981) copyright by Consulting Psychologists Press, Inc., Distributed by Mind Garden, Palo Alto, CA

Carlson, H.M. & Baxter, L.A. (1984). Androgyny, depression, and self-esteem in Irish homosexual and heterosexual males and females. *Sex Roles, 10* (5-6), 457-467.

Conway, M., Giannopoulos, C. & Stiefenhofer, K. (1990). Response styles to sadness are related to sex and sex-role orientation. *Sex Roles, 22* (9-10), 579-587.

Dancey, C.P. (1992). The relationship of instrumentality and expressivity to sexual orientation in women. *Journal of Homosexuality, 23* (4), 71-82.

Dean-Church, L. & Gilroy, F.D. (1993). Relation of sex-role orientation to life satisfaction in a healthy elderly sample. *Journal of Social Behavior and Personality, 8* (1), 133-140.

Dion, K.L., Dion, K.K. & Pak, A.W. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Canadian Journal of Behavioural Science, 24* (4), 517-536.

Donelson, F.E. (1999). *Women's Experiences: A Psychological Perspective.* Mountain View, CA: Mayfield.

Folkman, S. & Lazarus, R.S. (1988). *Ways of Coping Questionnaire Manual.* Redwood City, CA: Mind Garden.

Folkman, S. & Lazarus, R.S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21,* 219-239.

Ganong, L.H. & Coleman, M. (1986). Sex, sex roles, and familial love. *Journal of Genetic Psychology, 148* (1), 45-52.

Gartrell, Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C.H. & Bishop, H. (1996). The national lesbian family study: 1. Interviews with prospective mothers. *American Journal of Orthopsychiatry, 66* (2), 272-281.

Gillow, K.E. & Davis, L.L. (1987). Lesbian stress and coping methods. *Journal of psychosocial Nursing, 25* (9), 28-32.

Hall, M. (1986). The lesbian corporate experience. *Journal of Homosexuality, 12* 59-75.

Handal, P.J. & Salit, E.D. (1988). The relationship of gender role to positive and negative aspects of adjustment: A function of type of scoring method. *Journal of Social Behavior and Personality, 3* (1), 49-62.

Heilbrun, A.B. (1981). Gender differences on the functional linkage between androgyny, social cognition, and competence. *Journal of Personality and Social Psychology, 41* (6), 1106-1118.

Heilbrun, A.B. & Han, Y.L. (1986). Sex differences in the adaptive value of androgyny. *Psychological Reports, 59* (3), 1023-1-26.

Heilbrun, A.B. & Mulqueen, C.M . (1987). The second androgyny: A proposed revision in adaptive priorities for college women. *Sex Roles, 17* (3-4), 187-207.

Heilbrun, A.B. & Pitman, D. (1979). Testing some basic assumptions about psychological androgyny. *Journal of Genetic Psychology, 135* (2), 175-188.

Heilbrun, A.B. & Schwartz, H.L. (1982). Sex-gender differences in level of androgyny. *Sex Roles, 8* (2), 201-214.

Herek, G.M. (1993). Documenting prejudice against lesbians and gay men on campus: The Yale Sexual Orientation Study. *Journal of Homosexuality, 25* (4), 15-30.

Ho, R. (1981). Sex, sex-role typing, and children's problem-solving behavior. *Journal of Social Psychology, 115* (2), 219-226.

Holmbeck, G.N. & Bale, P. (1988). Relations between instrumental and expressive personality characteristics and behaviors: A test of Spence and Helmreich's theory. *Journal of Research in Personality, 22* , 37-59.

Hyde, J.S., Krajnik, M. & Skuldt-Niederberger, K. (1991). Androgyny across the life span: A replication and longitudinal follow-up. *Developmental Psychology, 27* (3), 516-519.

Johnson, M.E. & Brems, C. (1989). Differences in interpersonal functioning as related to sex-role orientation. *Psychology: A Journal of Human Behavior, 26,* (4) 48-51.

Jones, D.C., Bloys, N. & Wood, M. (1990). Sex roles and friendship patterns. *Sex Roles, 23* (3/4), 133-145.

Jose, P.E. & McCarthy, W. J. (1988). Perceived agentic and communal behavior in mixed-sex group interactions. *Personality and Social Psychology Bulletin, 14* (1), 57-67.

Kapalka, G.M. & Lachenmeyer, J.R. (1988). Sex-role flexibility, locus of control, and occupational status. *Sex Roles, 19* (7/8), 417-427.

Katchadourian, H.A. (1989). *Fundamentals of Human Sexuality* (5th ed.). Orlando: Holt, Rhinehart & Winston.

Kimlicka, T., Cross, H. & Tarnai, J. (1983). A comparison of androgynous, feminine, masculine, and undifferentiated women on self-esteem, body satisfaction, and sexual satisfaction. *Psychology of Women Quarterly, 7* (3), 291-294.

Kimlicka, T.M., Sheppard, P.L, Wakefield, J.A. & Cross, H.J. (1987). Relationship between psychological androgyny and self-actualization tendencies. *Psychological Reports, 61,* 443-446.

Kirchmeyer, C. (1996). Gender roles and decision-making in demographically diverse groups: A case for reviving androgyny. *Sex Roles, 34* (9/10), 649-663.

Krausz, M., Kedem, P., Tal, Z. & Amir, Y. (1992). Sex-role orientation and work adaption of male nurses. *Research in Nursing and Health, 15* (5), 391-398.

Lazarus, R.S. (1993). Coping theory and research: Past and present. *Psychosomatic Medicine, 55,* 234-247.

Lazarus, R.S. (1991). *Emotion and Adaption.* New York: Oxford University Press.

Lazarus, R.S. & Folkman, S. (1984). Coping and adaptation. In W.D. Gentry (Ed.), *The Handbook of Behavioral Medicine* (pp. 282-325). New York: Springer.

Lazerson, J.S. (1981). Psychological androgyny, sex stereotyping, and mental health. (Doctoral dissertation, University of British Columbia, 1981)

Lee, A.G. and Schreurer, V.L. (1983). Psychological androgyny and aspects of self-image in women and men. *Sex Roles, 9* (3), 289-306.

Levine, M.P. & Leonard, R. (1984). Discrimination against lesbians in the work force. *Signs: Journal of Women in Culture and Society, 9* (4), 700-710.

Lippa, R. (1991). Some psychometric characteristics of gender diagnosticity measures: Reliability, validity, consistency across domains, and relationship to the Big Five. *Journal of Personality and Social Psychology, 61* (6), 1000-1011.

Lippa, R. (1997). The display of masculinity, femininity, and gender diagnosticity in self-descriptive photo essays. *Journal of Personality, 65* (1), 137-169.

Lobel, T.E., Gur, S. & Yerushalmi, H. (1989). Cheating behavior of sex-type and androgynous children in sex-stereotyped and no-sex-stereotyped tasks. *Journal of Research in Personality, 23* , 302-312.

Locksley, A. & Colten, M.E. (1979). Psychological androgyny: A case of mistaken identity? *Journal of Personality and Social Psychology, 37,* 6, 1017-1031.

Lombardo, J.P. & Kemper, T.R. (1991). Sex role and parental behaviors. *Journal of Genetic Psychology, 153* (1), 103-113.

Lykes, M.B. (1983). Discrimination and coping in the lives of black women: Analyses of oral history data. *Journal of Social Issues, 39* (3), 79-100.

Lyons, D.S. & Green, S.B. (1988). Sex role development as a function of college experience. *Sex Roles, 18* (1/2), 31-40.

Marsh, H.W. & Byrne, B.M. (1991). Differentiated additive model: Relations between masculinity, femininity, and multiple dimensions of self-concept. *Journal of Personality and Social Psychology, 61* (5), 811-828.

Matheny, K.B., Aycock, D.W., Pugh, J.L., Curlette, W.L., & Silva-Canella, K.A. (1986). Stress coping: A qualitative and quantitative synthesis with implications for treatment. *Counseling Psychologist, 14,* 499-549.

Mattlin, J.A., Wethington, E. & Kessler, R. C. (1990). Situational determinants of coping and coping effectiveness. *Journal of Health and Social Behavior, 31* (March), 103-122.

Mihalik, G.J. (1991). From anthropology: Homosexuality, stigma, and biocultural evolution. Special section: Stigma and homosexuality. *Journal of Gay and Lesbian Psychotherapy, 1* (4), 15-29.

Murray, H.A. & Harvard Psychological Clinic. (1971). *Thematic Apperception Test Manual.* Cambridge: Harvard University Press.

Nezu, A.M. & Nezu, C.M. (1987). Psychological distress, problem solving, and coping reactions: Sex role differences. *Sex Roles, 16* (3-4), 205-214.

Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100,* 569-582.

Oldham, S. (1982). Sex role identity of female homosexuals. *Journal of Homosexuality, 8* (1), 41-46.

Orlofsky, J.L. & Windle, M.T. (1978). Sex-role orientation, behavioral adaptability and personal adjustment. *Sex Roles, 4* (6), 801-811.

Pagelow, M.D. (1980). Heterosexual and lesbian single mothers: A comparison of problems, coping, and solutions. *Journal of Homosexuality, 5* (3), 189-204.

Payne, F.D. & Futterman, J.R. (1983). "Masculinity," "femininity," and adjustment in college men. *Journal of Research in Personality. 17* (1), 110-124.

Pedhazur, E.J. & Tetenbaum, T.J. (1979). Bem sex role inventory: A theoretical and methodological critique. *Journal of Personality and Social Psychology, 37* (6), 996-1016.

Phinney, J.S. & Chavira, V. (1995). Parental ethnic socialization and adolescent coping with problems related to ethnicity. *Journal of Research on Adolescence, 5* (1), 31-53.

Prager, K.J. & Bailey, J.M. (1985). Androgyny, ego development, and psychosocial crisis resolution. *Sex Roles, 13* (9-10), 525-536.

Pyke, S.W. (1985). Androgyny: An integration. special issue: Sex roles and sex differences and androgyny. *International Journal of Women's Studies, 8* (5), 529-539.

Sarafino, E.P. (1994) *Health Psychology: Biopsychosocial Interactions* (2nd ed.). New York: Wiley & Sons.

Schneider, J.F., Schneider-Duker, M. & Becker-Beck, U. (1988). Sex roles and social behavior: On the relation between the Bem Sex Role Inventory and the SYMLOG behavior rating scales. *Journal of Social Psychology, 129* (4), 471-479.

Spangenberg, J.J. & Lategan, T.P. (1993). Coping, androgyny, and attributional style. *South African Journal of Psychology, 23* (4), 195-203.

Shifren, K. & Buserman, R.L. (1996). The relationship between instrumental and expressive traits, health behaviors, and perceived physical health. *Sex Roles, 34* (11/12), 841-864.

Shimonaka, Y., Nakazato, K. & Homma, A. (1996). Personality, longevity, and successful aging among Tokyo metropolitan centenarians. *International Journal of Aging and Human Development, 42* (3), 173-187.

Slater, S. & Mencher, J. (1991). The lesbian family life cycle: A contextual approach. *American Journal of Orthopsychiatry, 61* (3), 372-382.

Solie, L.J. & Fielder, L.J. (1987-88). The relationship between sex role identity and a widow's adjustment to the loss of a spouse. *Omega, 18* (1), 33-40.

Spence, J. (1991). Do the BSRI and PAQ measure the same or different concepts? *Psychology of Women Quarterly, 15,* 141-165.

Spence, J.T. & Helmreich, R.L. (1981). Androgyny versus gender schema: A comment on Bem's gender schema theory. *Psychological Review, 88,* (4), 365-368.

Spence, J.T. & Helmreich, R.L. (1979). The Many Faces of Androgyny: a reply to Locksley and Colten. *Journal of Personality and social Psychology, 37* (6), 1032-1046.

Tidball, K. (1990). Application of coping strategies developed by older deaf adults to the aging process. *American Annals of the Deaf, 135* (1), 33-40.

Twenge, J.M. (1997). Changes in masculine and feminine traits over time: A meta-analysis. *Sex Roles, 36* (5/6), 305-325.

Yanico, B.J. (1985). BSRI scores: Stability over four years for college women. *Psychology of Women Quarterly, 9,* 277-283.

Watson, P.J., Taylor, D. & Morris, R.J. (1987). Narcissism, sex roles, and self-functioning. *Sex Roles, 16* (7-8), 335-350.

Welkowitz, J., Lish, J.D. & Bond, R.N. (1985). The depressive experiences questionnaire: Revision and validation. *Journal of Personality Assessment, 49* (1), 89-95.

Whitley, B.E. (1985). Sex-role orientation and psychological well-being: Two meta-analyses. *Sex Roles, 12* (1-2), 297-225.

Wiggins, J.S. & Holzmuller, A. (1981). Further evidence on androgyny and interpersonal flexibility. *Journal of Research on Personality, 15* (1), 67-80.

Williams, D.E. & D'Alessandro, J.D. (1994). A comparison of three measures of androgyny and their relationship to psychological adjustment. *Journal of Social Behavior and Personality, 9* (3), 469-480.

Zeidner, M. & Endler, N.S. (Eds.) (1996). *Handbook of Coping: Theory, Research, Applications.* New York: Wiley & Sons.

Ziegler, C.B., Dusek, J.B. & Carter, D.B. (1984). Self-concept and sex-role orientation: An investigation of multidimensional aspects of personality development in adolescence. *Journal of Early Adolescence, 4* (1), 25-39.