# Chapter 9 **Autonomy Support as Acceptance for** Disclosing and Developing a Healthy Lesbian,

Gay, Bisexual or Transgendered Identity

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#### Introduction

Despite recent victories in the promotion of civil rights for sexual minorities, identifying oneself as lesbian, gay, bisexual, or transgendered (LGBT) still holds a great deal of risk. 'Coming out' as LGBT can, therefore, be a difficult and sometimes dangerous task. The threat of being bullied or harassed in school or rejected by one's own family is all too real for these individuals. Among LGBT youth, 81 % reported experiencing verbal harassment, 38 % had been threatened with physical assault, and 15 % had been the victim of physical assault (D'Augelli, 2006).

It is clear that LGBT individuals have good reason to be selective in what, when, how much, and to whom they disclose. In this chapter we use a self-determination theory (SDT; Ryan & Deci, 2000) framework to understand the qualities of relationships that influence decisions about disclosure, and the psychological and relational experiences that follow. We first define coming out as a process rather than a one-time event and highlight the often difficult decisions that LGBT persons have to make around disclosure. Next, we discuss the institutional, interpersonal, and intrapersonal barriers that people face when making decisions regarding disclosing a sexual minority identity to others, as well as the potential costs and benefits of concealing versus coming out.

Throughout the chapter, we focus on how important relationship figures can impact decisions to come out or conceal. We argue that perceiving autonomy

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Department of Psychological & Brain Sciences, University of California, Santa Barbara, CA, USA support, or encouragement to be oneself, from close others is an important predictor of how much people disclose their sexual minority identity. We suggest that autonomy support is important to disclosure because it leads people to feel more accepted for who they are, and safer to reveal an aspect of their identity with high potential for stigmatization. As well, we discuss how the autonomy-supportive character of relationships shapes the experiences that follow disclosure. We argue that autonomy support is also a critical element in determining the impact of disclosure on psychological well-being and physical health, such that these benefits typically occur only in autonomy-supportive environments. In contrast, coming out in controlling relationships does not have the same psychological and physical health benefits, and may in fact incur costs for the individual.

We then turn our focus to how autonomy support can impact people as they come to integrate their sexual identity with the rest of their self-concept. We review evidence illustrating the critical role of parental autonomy support in facilitating the self-acceptance and coherence of one's sexual identity. Finally, we explore some potential future directions for this burgeoning area of work, and highlight the importance of conducting research to inform interventions aimed at increasing social supports for LGBT individuals. Identifying social figures in their day-to-day lives that can facilitate beneficial coming out and integration experiences may help buffer against the deleterious effects of prejudice, discrimination, and violence that LGBT individuals too often face.

### **Coming Out Defined**

For the purposes of this chapter we discuss coming out as gay, lesbian, bisexual, or transgender interchangeably. It is important to note, however, that the experience of coming out may vary depending on the identity being disclosed (e.g., Balsam & Mohr, 2007). In general, research on coming out has primarily sampled gay men and lesbians. Less research has addressed the bisexual experience and even fewer studies examine the experience of transgendered individuals disclosing their gender identity. Where the research reviewed implicates only specific sexual minority identities we make note accordingly. Still, we consider the potential risks and benefits of disclosure to be similar regardless of the identity disclosed. Moreover, we consider the role of important relationships in disclosure and identity integration to be equally important for all four groups. Herein we discuss the common factors and considerations of disclosing and integrating a sexual minority identity.

First, we conceptualize coming out as a continuous construct. Although the way most people talk about coming out suggests a dichotomy (i.e., one is either 'out' or 'in the closet'), such semantics obscure many aspects of what it means to come out. In fact for the vast majority of individuals, coming out is not a one-time event in which one steps 'out of the closet' and reveals his or her 'true self' to the world. Instead, both personal accounts and empirical evidence indicate that coming out is a lifelong process rather than a discrete event (e.g., Bohan, 1996; Mohr & Fassinger, 2000). Decisions about disclosure must be made throughout the lifespan as one

enters new jobs, meets new people, and continues to develop relationships. Indeed, the opportunity to disclose occurs with relative frequency. A diary study by Beals, Peplau, and Gable (2009) found that lesbian and gay participants reported, on average, three disclosure opportunities over a 2-week period. Disclosure opportunities were defined as occasions in which self-identified lesbian and gay participants considered sharing their sexual orientation (whether or not they ultimately did). Such evidence highlights the regularly with which LGBT individuals are faced with the decision of whether or not to disclose their orientation to others. Moreover, most sexual minority individuals are not 'out' to all people or in all contexts. Indeed, 51 % of LGB individuals are not out to most people at work (Human Rights Campaign Report, 2010).

Even within relationships and contexts in which one has come out, one's level of *outness*, or degree of openness regarding sexual orientation, can vary (Mohr & Fassinger, 2000). For example, Jill may tell her best friend that she is a lesbian, and she may discuss aspects of her lesbian identity such as her dating life with this friend. With her mom, Jill may share that she is a lesbian, but they may never bring the topic up again. And with her coworker, Jill does not disclose her lesbian identity but she suspects that he knows. As this example implies, direct disclosure is not the only means by which one's LGBT identity can become known. This identity may also be revealed by others (i.e. 'outing') or may be deduced through various signals including clothing, style, as well as facial cues (Rule, Ambady, Adams, & Macrae, 2008) and body movement (e.g. Freeman, Johnson, Ambady, & Rule, 2010). Thus, thinking about coming out as a discrete event obscures the dynamic, ongoing nature of this process. Recognizing the complexities of coming out is integral to understanding the factors that may encourage disclosure and the consequences that follow.

## **Decisions Regarding Disclosure**

Despite an increasingly tolerant sociopolitical climate, non-heterosexual identities are still heavily stigmatized, taking a psychological toll on those who claim them. Because LGBT individuals may be able to conceal their sexual identity from strangers, coworkers, and even close others like family members and friends, they have to make decisions around disclosure. Recent theorizing (Pachankis, 2007) and research (e.g., Legate, Ryan, & Weinstein, 2012) suggests that individuals with concealable stigmas (e.g., sexual orientation), as opposed to visible stigmas (e.g., physical disability), face additional considerations surrounding the decision, act, and aftermath of disclosing their stigmatized status to others. The challenges inherent to disclosing a concealable stigma have been documented in diverse domains including mental illness (e.g., Quinn, Kahng, & Crocker, 2004), epilepsy (Kleck, 1968), HIV, infertility, unemployment, and abortion (Major & Gramzow, 1999), among others. This decision can be very stressful, and can have important implications for psychological well-being among those with concealable stigmas. For example, results from an 11-day experience sampling study (Frable, Platt, & Hoey, 1998) showed that students with

concealable stigmas reported less social confidence and self-esteem, and greater anxiety and depression than did students with a visible stigma or no stigma. Deciding whether or not to come out as LGBT may be particularly stressful because it is, in many ways, a double bind. This decision can mean choosing between two undesirable outcomes: risking discrimination or rejection from close others, or concealing an important part of oneself. These potential costs and benefits of disclosure will now be discussed in turn.

#### **Barriers and Risks**

Barriers to coming out as LGBT can arise from institutions, interpersonal relationships, and also from the LGBT individual him or herself. Together these barriers take the form of *homophobia*, or sexual prejudice, and can exist across the structural, interpersonal, and intrapersonal levels to devalue and disadvantage LGBT individuals (Herek, Gillis, & Cogan, 2009), motivating LGBT individuals to conceal their stigmatized status. People may expect or anticipate different levels of sexual prejudice from different relationships or contexts, which arguably impacts their decisions around sexual identity disclosure. Perceiving sexual prejudice from someone or from an institution conveys a message of non-acceptance, thereby inhibiting LGBT individuals from coming out. When an LGBT individual does disclose their sexual identity or it is otherwise inferred by non-accepting others, the risks can be very great and even fatal as demonstrated by the tragic hate crime committed against Matthew Shepard in 1998 and more recently against Mollie Olgin and Christine Chapa, two teenage lesbians who were shot and killed in a Texas park in June, 2012.

## Structural Level: Loss of Rights and Privileges

Structural level sexual prejudice is the system of political legal, medical, and religious institutions that disadvantage sexual minorities (Herek et al., 2009). When one discloses a LGBT identity, he or she risks losing certain legal rights or services. The clearest example of this risk of disclosure is the recently repealed *Don't Ask Don't Tell* policy, under which LGB individuals were discharged from the military if their sexual orientation became known. Other examples of structural level sexual prejudice include barring legal access to marriage, refusing hospital visitation rights, as well as the standard practice of failing to provide appropriate options for non-heterosexual individuals on legal and medical forms.

When coming out means losing rights, privileges and services that one currently holds, it seems intuitive that sexual prejudice at the structural level would influence one's decision to come out. Indeed, individuals are less likely to come out in states in which anti-gay policies are upheld. For example, the number of LGB identified

youth varies greatly by state with more LGB youth in states promoting LGB civil rights versus states that do not (e.g., more in Massachusetts than Minnesota; Faulkner & Cranston, 1998).

Structural level sexual prejudice not only impacts how much sexual minority individuals come out, but also their mental health. Hatzenbuehler, McLaughlin, Keyes, and Hasin (2010) found that in states with bans on same-sex marriage, LGB individuals experienced a greater prevalence of psychiatric disorders than in states without such policies. Specifically, they reported that psychiatric disorders among LGB individuals living in states that banned gay marriage increased up to 248 % between 2004 and 2005. Another study of theirs found that other state-level policies, including failure to include employment protections for sexual minorities and failure to protect against hate crimes, also had an adverse effect on the mental health and well-being of LGB individuals (Hatzenbuehler, Keyes, & Hasin, 2009). Thus, discriminatory legal policies not only discourage disclosure, but have deleterious effects on LGBT well-being.

#### Interpersonal Level: Discrimination and Rejection

If one does decide to come out, he or she runs the risk of facing discrimination in the workplace, jeopardizing relationships with important others, and becoming subject to verbal and/or physical harassment (e.g., D'Augelli, Hershberger, & Pilkington, 1998; Herek & Berrill, 1992). Further, one does not even need to come out as LGBT to be the target of discrimination, hostility, and unfair treatment. As the widespread accounts of school bullying have illustrated, if someone is merely perceived as sexually non-normative, he or she may become the target of discrimination or harassment. However, identifying as LGBT makes someone a clearer target for sexual prejudice, and thus represents a significant barrier to coming out.

Interpersonal discrimination and sexual prejudice can range in severity from making comments such as "that's so gay" to perpetrating violent hate crimes. Prevalence estimates of violence are difficult given variations in how crimes are categorized and how this data is reported (Herek, 2009). Still, estimates show that one in five LGB individuals reported experiencing physical and/or property violence during his or her adult life, 35 % reported threats of physical violence, and 63 % recounted verbal abuse (Herek, 2009). Derogatory comments and banter are also widespread. In the workplace, 58 % of LGB individuals reported hearing derogatory comments from their coworkers (Human Rights Campaign Report, 2010).

The numbers are particularly bleak when we look at youth, highlighting the challenges of coming out as an adolescent. D'Augelli (2006) found that rates of youth who reported victimization based on sexual orientation were high: 81 % reported verbal harassment, 38 % reported been threatened with physical assault, 15 % had been actually physically assaulted and 22 % had had objects thrown at them. Males reported being particularly at risk of physical violence. Additionally, 38 % of LGB youth feared being verbal attacked at school and 28 % feared physical

assault at school (this fear was equal for men and women). It is not surprising, therefore, that those who came out at a younger age experienced more victimization, which in turn was associated with greater mental health issues and suicidal ideation (D'Augelli, 2006).

Sadly, rejection by important others is also a commonplace outcome of coming out as LGBT. One study found that 39 % of LGB youth reported losing at least one friend as a result of their sexual orientation (D'Augelli, 2006). For many, even the home does not always provide a safe haven. This same study found that only about half of mothers and one third of fathers were perceived by their LGB children to be accepting of this identity and 30 % of these youth feared verbal abuse at home. D'Augelli and colleagues (1998) found that LGB youth who had come out to their family experienced more verbal and physical abuse, and were more suicidal than those youth who had concealed their sexual orientation.

#### Intrapersonal Level: Self-Stigma

Internalized homophobia, or societal sexual prejudice that is incorporated into the self, is a type of self-stigma that can represent a significant barrier to coming out to others. Indeed, it is one of the most robust and consistent predictors of concealment of a lesbian, gay or bisexual identity (e.g., Balsam & Mohr, 2007; Herek, 2009; Herek, Cogan, Gillis, & Glunt, 1998; Mohr & Fassinger, 2003). This relation is not surprising, given that internalized homophobia is often experienced as feeling shame around one's identity, and that the natural behavioral reaction to shame is hiding (Kaufman & Raphael, 1996). Internalized homophobia and other forms of self-stigma also represent a significant risk factor for the development of mental health problems (e.g., Hatzenbuehler, Dovidio, Nolen-Hoeksema, & Phills, 2009; Szymanski, Chung, & Balsam, 2001; Williamson, 2000). Importantly, societal prejudice may be internalized to varying degrees, and self-stigma is a process that can occur for various stigmatized groups, including transgender individuals.

## Why Come Out at All?

Given the risks and barriers discussed above, one might wonder why individuals come out at all. A diverse and growing body of literature suggests that the ongoing process of concealing and the accompanying cognitive and emotional demands can come with a heavy cost to psychological and physical health. Concealment can impact people directly, as well as indirectly by interfering with close relationships. We also note the potential benefits that can follow from disclosure. It is important to highlight these potential gains as more than just avoiding the risks of concealment. Coming out can be an empowering experience, helping people to integrate their private and public lives.

#### Problems of the Closet

Diverse research on cognition, emotion, and identity finds that concealment is costly to mental and physical health (e.g., Gross & Levenson, 1993; Pennebaker & Chung, 2011; Smart & Wegner, 2000). Specifically, concealment of sexual or gender orientation inhibits the expression of identity (Bosson, Weaver, & Prewitt-Freilino, 2011), as well as the expression of significant social and behavioral impulses including public displays of affection and openness about one's personal life in daily conversation. In work settings, those that conceal evidence more negative job attitudes and fewer promotions (Ragins, Singh, & Cornwell, 2007) and more burnout (Sandfort, Bos, & Vet, 2006). One poignant study reveals the potential physical health costs of concealment: among gay men, HIV infection progressed more rapidly in those who concealed their sexual identity compared to those who do not (Cole, Kemeny, Taylor, & Visscher, 1996). Ullrich, Lutgendorf, and Stapleton (2003) found that gay men who concealed their identity reported greater depression and lower overall psychological well-being than those who disclosed. Concealment can also lead to a more negative evaluation of whatever is being concealed (Fishbein & Laird, 1979), suggesting that concealment can actually exacerbate feelings of self-stigma.

Experimental work by Critcher and Ferguson (2011) found that concealment of sexual orientation produces significant decrements in performance on both cognitive and physical tasks. This study and other work suggest that concealment appears to take its toll on physical and psychological health by consuming cognitive and self-regulatory resources (e.g. Baumeister, Vohs, & Tice, 2007). To remain concealed requires ongoing self-monitoring. Another reason that concealment can be costly is through the isolation from similar or supportive others (Pachankis, 2007). Thus, concealment can prevent people from experiencing some of the personal and relationship benefits of coming out.

## Benefits of Disclosure

It is important to frame the question of why people come out as more just than avoiding the negative consequences of concealment. The evidence reviewed above suggests that disclosure can free up cognitive and emotional resources, increase positive self-evaluation, promote integration, and boost well-being and relationship satisfaction. Indeed, disclosing one's LGBT identity is important for developing a stable identity, coming to self-acceptance, and ameliorating some of the psychological harm caused by stigma (e.g., Cain, 1991; Ragins, 2004; Wells & Kline, 1987). Ideally, the coming out process can facilitate self-acceptance and integration of people's sexual minority identity with the whole of who they are. Cass (1979) referred to this as *identity synthesis*, the last stage of sexual minority identity development, whereby one's public and private sexual identity are integrated. Coming out can also help

people connect to supports in the LGBT community and affiliate with others who can understand and validate experiences with stigmatization and rejection (Meyer, 2003). Similarly, Beals (2004) found that on days when sexual orientation was disclosed, individuals experienced greater well-being and this was mediated by experiences of social support.

Coming out can have important social and political benefits as well. Increasing visibility of those who are LGBT can help reduce sexual prejudice, as contact with an out-group member is one of the most effective ways to reduce prejudice (referred to as the *contact hypothesis*; Brown & Hewstone, 2005; Herek & Glunt, 1993). Coming out can reduce sexual prejudice with one's immediate social relationships, such as with one's family members or coworkers, as well as at a broader societal level to impact policy. Andersen Cooper, a famous reporter who came out to the public in July, 2012 said the following on why he chose to come out: "I've also been reminded recently that while as a society we are moving toward greater inclusion and equality for all people, the tide of history only advances when people make themselves fully visible (Sullivan, 2012, para. 7)."

Beyond the issue of coming out, research shows that being more authentic in one's relationships relates to higher relationship satisfaction and better relationship functioning (Brunell et al., 2010; Lopez & Rice, 2006). Research by Uysal and colleagues (2010, 2012) found that concealing information about oneself from others related to lower overall well-being and lower relationship well-being. Conversely, those who concealed less self-relevant information experienced better well-being overall and in their romantic relationship. This pattern was found both cross-sectionally and at the daily-diary level. Interestingly, concealment not only adversely impacted one's own well-being but it adversely impacted one's partner's well-being, thus illustrating the far-reaching effects of concealing parts of oneself in a relationship.

Coming out and being authentic in one's relationships has a high potential to benefit LGBT individuals. It allows them to be themselves with others, as well as develop a healthy identity that incorporates their sexuality (Meyer, 2003). Coherence and integration around all aspects of identity help people experience a full and healthy life (e.g., Rogers, 1961; Weinstein, Deci, & Ryan, 2011). We thus turn to exploring qualities of relationships that promote positive and meaningful coming out experiences that can help people come to greater coherence and self-acceptance around their LGBT identity.

# **Assessing Supports and Threats in the Environment**

Given these potential risks and benefits of coming out, LGBT individuals often choose to selectively disclose their sexual or gender identity to others (Cole, 2006; Legate et al., 2012). Individuals across the life span vary in how much they come out to different people. D'Augelli (2006) found that only 23 % of LGB youth were completely out to everyone in their life. A similar rate was found among LGB adults

over the age of 60 (D'Augelli & Grossman, 2001). It is thus the case that many LGBT individuals are selective in disclosure, and vary in their level of disclosure across important relationships. Supportive others are presumably critical in that they permit self-disclosure when doing so is otherwise felt to be unsafe.

The fear of rejection, discrimination, and even violence from important people in one's life arguably represents one of the biggest risks of coming out. Assessing the risk can be difficult. Some workplaces, schools, friends or family members subtly convey to LGBT individuals that they would be rejected or lose social support if they were to come out. Others make it very clear that they will be bullied or harassed for being LGBT. Thus, important relationships and the broader structural context in which they occur vary in terms of how risky or safe they feel to LGBT persons. This feeling of safety vs. risk in turn influences decisions about whether disclosure is a desirable option in these relationships.

To understand how relationships can make people feel more or less safe to disclose, we apply a self-determination theory (SDT; Deci & Ryan, 1985, 2000; Ryan & Deci, 2000) perspective. We look specifically at *autonomy support* as an aspect of relationships that may make people feel safer to come out, reducing the perceived risks. We propose that perceiving autonomy support from important people in one's life can provide safety for the coming out process and play a powerful role in mitigating the negative impacts of holding a stigmatized identity.

#### **Autonomy Defined**

Before discussing how relationships support autonomy and facilitate the coming out process, it is important to establish what autonomy is and why it is so important for people. Within self-determination theory, *autonomy* refers to the extent that people are behaving authentically and acting in accord with their beliefs and feelings. When people are being autonomous they are being themselves, and experience a sense of choicefulness in their behavior. The opposite of autonomy is feeling *controlled*, or a sense of pressure to act in certain ways that might please others. When someone is acting on the basis of controlled motivations, they are behaving as they "ought" to, in line with expectations that they perceive from others.

Autonomy plays an important role in how one behaves and responds to others in relationships as well as how one conceives of one's self. Broadly speaking, autonomy has been linked with positive intrapersonal and interpersonal functioning. Autonomy is associated with better mental health (e.g., Ryan & Deci, 2000), physical health (e.g., Williams, Grow, Freedman, Ryan, & Deci, 1996), greater persistence on tasks (e.g., Deci, Koestner, & Ryan, 1999), more creativity (Amabile, 1983), and greater satisfaction at work (e.g., Richer, Blanchard, & Vallerand, 2002). In other words, the more individuals can act autonomously, the better their functioning and wellness.

As a note, any behavior can be more or less autonomous (Chirkov, Ryan, Kim, & Kaplan, 2003; Ryan, 1995). Applied to the issue of coming out, someone may

disclose an LGBT identity (or conceal it) for autonomous or for controlled reasons. For example, people who come out for autonomous reasons do so because disclosing this aspect of their identity to close others fits with their values and beliefs. On the other hand, some may come out because they feel pressure from others to do so, and they might feel guilty if they did not. SDT would posit that those who come out for more autonomous reasons would have a more positive experience and better outcomes, though this has yet to be empirically tested.

#### **Autonomy Support in Relationships**

According to SDT, important others can either support or thwart one's autonomy (Lynch, La Guardia, & Ryan, 2009; Ryan, La Guardia, Solky-Butzel, Chirkov, & Kim, 2005). When others are being autonomy supportive, they are conveying a message that they accept and support people for who they are. This would naturally encompass accepting people for their sexual and gender identity. Autonomy support helps people to express themselves authentically and behave in ways that are consistent with deeply held values (La Guardia & Ryan, 2007; Lynch et al., 2009; Sheldon, Ryan, Rawsthorne, & Ilardi, 1997). Lynch and Ryan (2004) argue that autonomy support is necessary for people to 'be themselves.' When people perceive autonomy support, they tend to express themselves more authentically (Lynch et al., 2009), an especially poignant finding when the challenges of LGBT self-disclosure are considered.

Just as relationships can support one's need for autonomy, they can thwart or interfere with satisfaction of this need as well. One way that a parent, teacher, romantic partner or friend can thwart autonomy is through *conditional regard*, or conveying that someone is only loveable under certain conditions. Perceiving conditional regard from parents can lead to feelings of internal compulsion to comply with parents' expectations, unstable self-esteem, lower well-being, and a tendency to suppress emotions (Roth, Assor, Niemiec, Ryan, & Deci, 2009). The conditionally regarding message that being LGBT is unacceptable or unlovable is, unfortunately, all too common. As discussed earlier in this chapter, this message of non-acceptance exists at an institutional level, in schools, workplaces and homes, and it can also exist within a LGBT person in the form of self-stigma. Autonomy support, therefore, seems crucial to help an LGBT individual feel safe enough to come out.

# Autonomy Support Fosters Interpersonal Safety

Perceiving autonomy support from others is recognizing the message that one is accepted for who one is, thereby minimizing the threat of being evaluated or rejected. This dynamic of autonomy support and safety starts in infancy. Recent work has found that maternal autonomy support fosters a secure attachment in

15 month-old infants (Whipple, Bernier, & Mageau, 2011). In adults, La Guardia, Ryan, Couchman, and Deci (2000) found that when close others (e.g., parents, best friends) are seen as supporting an individual's autonomy, he or she has a more secure attachment with that relationship partner. Similarly, other work has found that people report feeling closer to, more attached, and happier in relationships in which their autonomy is supported, a finding supported across cultures (e.g. Lynch et al., 2009). This is true for the giver as well as the receiver of autonomy support (Deci, La Guardia, Moller, Scheiner, & Ryan, 2006).

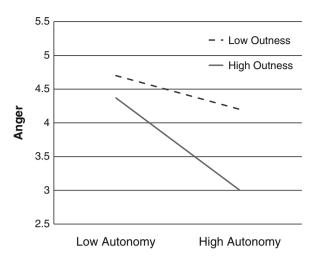
Experimental work by Hodgins and colleagues (2010) looked at how enhancing people's sense of autonomy through a priming manipulation impacted their level of openness versus defensiveness in relationships. They found that priming autonomy facilitated people's openness and decreased their physiological threat response in an interpersonal interaction task. This finding suggests that perceiving autonomy support from someone might facilitate greater openness regarding one's LGBT identity. Related research by Weinstein, Hodgins, and Ryan (2010) found that dyads primed with autonomy interacted more constructively than those primed with control. Specifically, these dyads felt closer, were more emotionally and cognitively attuned to their partners, provided empathy and encouragement to partners, and performed more effectively than dyads who were primed with control. Similarly, work by Niemiec and Deci (2012) found that contextual supports for autonomy facilitated self-disclosure and relationship closeness in strangers. Thus, relationships function more smoothly and with more openness and trust when autonomy is supported.

Taken together, this work suggests that experiencing support for autonomy helps people to be themselves, increasing feelings of interpersonal safety and acceptance. For LGBT individuals who run the risk of being rejected or discriminated against by others on the basis of their sexual or gender identity, perceiving autonomy support from important others may thus signal safety in a sometimes not-so-safe world. Free from judgment, LGBT individuals might feel more inclined to reveal part of their identity that they might otherwise conceal.

## Autonomy Support Makes It Safe to Come Out

Recent work has examined the importance of autonomy support for LGB individuals making decisions to come out. Examining various relationship contexts (i.e., family, friends, coworkers, school peers, and religious communities), Legate et al. (2012) found that, at both between- and within-person levels of analysis, autonomy support was a strong predictor of LGB identity disclosure, or *outness*. In addition, results showed that autonomy support was also an important moderator of the relation between outness and wellness such that the benefits of coming out were limited to autonomy-supportive relationship contexts (see Fig. 9.1). Specifically, greater outness was linked to lower levels of anger and depression and greater self-esteem when the context was autonomy-supportive. Yet, there were no mental-health benefits when disclosing to controlling, or low autonomy-supportive, others.

Fig. 9.1 Relationshipspecific anger predicted by autonomy support and outness. Patterns are similar for depression and self-esteem



This study has important implications for individuals who face stigma: Identifying people in their day-to-day lives who can facilitate beneficial coming out experiences may help buffer against the deleterious effects of prejudice, discrimination, and violence that sexual minorities often face. As LGBT individuals often anticipate stigmatization, rejection, and judgments from others when disclosing their sexual or gender identity, it seems then that an autonomy-supportive friend or family member can reduce the perceived risks of disclosing. A controlling relationship, on the other hand, might make the risk of rejection or negative judgments salient, making it less likely that someone would disclose this aspect of their identity with high potential for stigmatization. Further, disclosing in safe, accepting environments helps people feel better, suggesting that autonomy support may catalyze well-being processes within individuals.

### **Autonomy Support and Becoming Oneself**

Receiving autonomy support in close relationships can help people feel more security and safety in these relationships, but it can also facilitate integration, congruence and well-being *within* the individual (Ryan, 1995; Ryan & Deci, 2000). A substantial body of evidence suggests that *congruence*, or behaving in line with one's true self, relates to psychological adjustment (e.g., Diehl, Hastings, & Stanton, 2001; Diehl & Hay, 2007, 2010; Rogers, 1961; Sheldon et al., 1997; Sherman, Nave, & Funder, 2010). Authenticity, a related construct, has also been shown to relate to better self-esteem and well-being (Kernis, 2003). Therefore, when people receive autonomy support and feel accepted by others, it can help them accept and feel good about themselves.

Weinstein and colleagues (2011) conducted five studies looking at acceptance and integration of positive and negative aspects of the self. Specifically, they investigated how primed autonomy, or autonomy that is enhanced by the environment, influences people's tendencies to integrate positive and negative aspects of

themselves and life events. They found that people who were primed with autonomy were more able to accept and integrate positive and negative aspects of themselves into their self-concept, including aspects of themselves and memories that they may regret or judge as shameful. Yet, people primed with control were only able to accept parts of themselves that they considered positive; they did not allow the integration of negative memories or events into their self-concept. The authors further showed that distancing from negative life events diminished well-being.

Importantly, defensive processes mediated these effects: when autonomy was enhanced, people felt less threatened by negative characteristics and events, allowing fuller integration than that evidenced by control-primed participants. Stated differently, when experiencing autonomy, people were able to accept parts of themselves that they regretted or considered shameful. Thus enhancing autonomy, whether primed experimentally or through the support of others (e.g., Soenens & Vanstinkiste, 2005), can help people grow in self-acceptance.

These findings, especially the finding that defending against aspects of oneself lowers well-being, have implications for understanding internalized homophobia. Many people high in internalized homophobia consider their sexual identity a shameful aspect of who they are, and struggle against integrating it with the rest of their self-concept. This difficulty with integrating sexual identity may help explain the poor mental-health outcomes consistently associated with internalized homophobia.

#### Parental Autonomy Support and Integrating Sexual Identity

Two sets of studies examined this issue of sexual identity integration, focusing on the role of parental autonomy support in childhood. Parent-child relationships are crucial to identity formation, since parents shape their children across critical periods of development (Grolnick & Ryan, 1989; Joussemet, Landry, & Koestner, 2008). Autonomy-supportive parents convey the message that their children will be accepted and loved "no matter what", whereas autonomy-thwarting parents can send messages that their children will be loved only if they act in ways that the parents want. These messages set the stage for negotiating different aspects of identity. When faced with an identity that has high potential for censure (such as being LGBT), individuals with autonomy-thwarting parents may defend against these impulses because they threaten the relationship (Rogers, 1961; Roth et al., 2009). Because their relationship is not on the line, those with autonomy-supportive parents should be better able to integrate a potentially stigmatized identity.

Studies by Weinstein and colleagues (2012) investigated these dynamics in the context of sexual orientation. They assessed sexual identity using both explicit (self-report) and implicit (reaction-time based) measures. Results showed that when parents were autonomy-thwarting, people developed an incongruent sexual identity whereby self-reported sexual orientation was discrepant from implicit indicators. Yet when people recalled that their parents were autonomy-supportive during child-hood, they showed greater correspondence between implicit and explicit assessments of sexual identity.

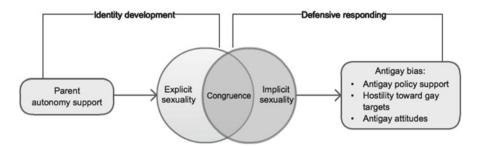


Fig. 9.2 Theoretical model of how parent autonomy support impacts integration of sexual identity and protects against defensive responding

Interestingly, this study also found evidence for *reaction formation*, a defense whereby individuals adopt beliefs that directly oppose socially unacceptable inner impulses or desires that they identify in themselves (Freud, 1915). Those who had parents who were autonomy-thwarting evinced less congruence between self-reported and implicitly measured sexual orientation, which in turn predicted greater antigay attitudes, hostility, and policy support (see Fig. 9.2). Those with autonomy-supportive parents did not show this pattern of defensive responding. These data suggest that autonomy support can facilitate the integration of sexual identity into the rest of an individual's self-concept. They also have implications beyond the self for social problems such as bullying in schools and antigay violence, suggesting that parental autonomy support can buffer against hostile, defensive responding toward vulnerable out-groups. Research employing autonomy-enhancing interventions to reduce prejudice provides additional support for this idea (see Legault, Gutsell, & Inzlicht, 2011).

Three recent studies tested similar dynamics in a LGB sample in order understand the developmental antecedents of internalized homophobia (Legate, Ryan, DeHaan, Weinstein, & Ryan, 2012). It was hypothesized that parental autonomy support during childhood would lead to better self-concept integration (less shame, internalized homophobia and emotional suppression, and more outness) and better mental health (less depression and more self-esteem) in adulthood. Results supported this model: those who described their parents as more autonomy-supportive reported less internalized homophobia and emotional suppression, more outness, and better mental health. These relations were mediated by shame proneness, such that parental autonomy support buffered against a general tendency to feel ashamed of oneself, thus rendering an individual less vulnerable to feeling ashamed of his or her sexual orientation. Otherwise stated, parent autonomy support appeared to protect against the development of internalized homophobia by protecting against a general tendency to feel ashamed of oneself. These results have important implications for LGB wellness, as internalized homophobia is a potent risk factor for mental health problems, self-harm and HIV-risk-taking behavior (e.g., Meyer, 2003; Williamson, 2000).

#### Acceptance and LGBT Wellness

Taken together, this research underscores the importance of accepting, autonomysupportive relationships for LGBT wellness. Autonomy support can buffer against the deleterious effects of stigma and discrimination. Research outside of selfdetermination theory also highlights the importance of acceptance in relationships to LGBT well-being. Research conducted by the Human Rights Campaign (2012) surveying more than 10,000 LGBT youth found that the biggest problem facing these youths' lives is having non-accepting families – one third reported feeling a lack of family acceptance. Receiving family acceptance has been shown to promote LGBT health and wellness, whereas family rejection appears to have the opposite effect. For example, a sense of acceptance from parents and caregivers relates to lower depression and suicide attempts among LGB adolescents (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Moreover, rejecting behaviors from parents during adolescence have been related to poorer health of LGB young adults (Ryan, Huebner, Diaz, & Sanchez, 2009). Specifically, having rejecting parents predicted illegal drug use, depression, suicide attempts, and sexual health risk. Another study similarly found that LGB teens who felt rejected after they came out to different people such as family members, coaches, teachers, and friends had higher rates of substance abuse (Rosario, Schrimshaw, & Hunter, 2009). It seems, then, that perceiving acceptance from important others is associated with LGBT wellness directly, and indirectly by helping people to come to self-acceptance.

### **Summary and Future Directions**

In this chapter, we provided an account of how social relationships are critical for decisions surrounding coming out as LGBT, and the experiences that follow. We reviewed research finding that autonomy support helps people to be more accepting of themselves and less prejudiced against others who might express stigmatized identities. Perceiving autonomy support allows people to express themselves more fully, even when they might worry that some aspects of themselves might be viewed as shameful. Autonomy support makes the decision to come out feel less risky than it would be with others who tend to be judgmental or critical of their behavior. Not only does autonomy support help people to be more themselves with others and disclose more with them, it helps people to grow and come to greater personality integration. Further, autonomy support from parents appears to be particularly important for coherence and integration of one's sexual identity, leading to less internalized homophobia and defensiveness.

Although promising and consistent so far, research examining how autonomy support impacts processes related to coming out and internalized homophobia is novel and still sparse. More scientific inquiry is needed to explain important unanswered questions. We have identified three main issues that should be the focus of future research: mechanisms, costs, and causality.

What is the mechanism through which autonomy support facilitates the coming out process? A likely mediator we have pointed to throughout this chapter for the link between autonomy support and coming out is perceived safety in the relationship. When relationship partners convey the message that "you are loveable no matter what," as opposed to "you are loved if...," it fosters a sense of security, or safety that they will not lose love and affection if they disclose or embrace their sexual or gender identity. On the other hand, controlling contexts may inhibit disclosure because of the perceived risk in revealing part of one's identity that may be rejected or judged negatively. In other words, in a controlling relationship one may feel that the relationship is "on the line" when revealing a LGBT identity, which one would be less likely to feel if the relationship is autonomy supportive. As of yet, however, these explanations are speculative and need to be tested and refined.

Also regarding the question of mechanism, research is needed to answer the question of why autonomy support leads to beneficial coming out experiences and controlling relationships do not. A potential candidate is psychological need satisfaction, especially the needs for autonomy and relatedness. Feeling like one can be authentic with a close other fulfills the need for autonomy, as well as a sense of relatedness, which in turn enhances well-being. In contrast, coming out to controlling others likely does not promote either autonomy or relatedness need satisfactions, and may even thwart these needs.

Considering the risks of coming out as a sexual or gender minority, a second question we have concerns the costs of being in controlling contexts. Specifically, what are the relative costs and benefits of concealing, or conversely, coming out in controlling contexts? To answer this, researchers will likely need to employ more sophisticated methods than cross-sectional self-report surveys. Using psychophysiological indicators of stress could point to the potential moment-to-moment costs of making decisions regarding coming out in controlling contexts. Observing fluctuations in mood and physiological activation (e.g., blood pressure, heart rate variability, and skin conductance response) as a function of relational autonomy support or control will provide compelling evidence for the role that environments play in affecting minority mental and physical health. Such a model might also be applied to understand the lack of congruence that leads to sexual prejudice, both directed towards others and directed towards the self. Examining other potential psychological and physiological consequences of autonomy-supporting or autonomythwarting environments for LGBT individuals represents an important future direction for this line of research.

Finally, to address the issue of causality, longitudinal and experimental studies will need to be employed. Following LGBT individuals over time as they make decisions about coming out is necessary to show the [presumed] benefits of having autonomy-supportive others, and the consequences of having autonomy-thwarting others, in their lives. This method could also potentially reveal both short- and long-term outcomes of differential coming out experiences, and might lead to further questions about the impact of relationships on an individual's first coming out experience, versus subsequent coming out experiences. Additionally, experimental paradigms would also allow us to better infer causality. For example, randomly

assigning people to interact with either real or virtual autonomy-supportive or controlling strangers and observing whether people come out more and/or have different feelings when they are with these people, would be enlightening and lend additional support to our claims. Both of these methods would allow for causal statements about the role of autonomy support in coming out, and represent a crucial future direction of this research.

Given the history of oppression suffered by LGBT individuals that still endures today, and the consequent high rates of stress and psychological disorders found in this population (Sandfort, de Graaf, Bijl, & Schnabel, 2001), research on processes that can facilitate both their social and self-acceptance is a critical agenda. Such research has implications for both clinical interventions and policy formation regarding people who identify as LGBT, as well as interventions targeting the majority population to reduce antigay prejudice and hostility (for example, in schools with children and adolescents who bully). Specifically, better understanding the role of autonomy in ameliorating the effects of stigma is critical for designing interventions to increase the quality of social support given to LGBT individuals. Identifying ways that important relationships can best support LGBT youth and adults, as well as buffer against the development of antigay prejudice in the majority population, represents essential steps in promoting LGBT health and wellness.

#### References

- Amabile, T. M. (1983). The social psychology of creativity. New York: Springer.
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54, 306–319. doi:10.1037/0022-0167.54.3.306.
- Baumeister, R. F., Vohs, K. D., & Tice, D. M. (2007). The strength model of self-control. *Current Directions in Psychological Science*, 16, 351–355. doi:10.1111/j.1467-8721.2007.00534.x.
- Beals, K. (2004). Stigma management and well-being: The role of social support, emotional processing, and suppression (Doctoral dissertation, University of California, Los Angeles, 2003). *Dissertation Abstracts International*, 65, 1070.
- Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin*, *35*, 867–879. doi:10.1177/0146167209334783.
- Bohan, J. S. (1996). Psychology and sexual orientation: Coming to terms. New York: Routledge. Bosson, J. K., Weaver, J. R., & Prewitt-Freilino, J. L. (2011). Concealing to belong, revealing to be known: Classification expectations and self-threats among persons with concealable stigmas. Self and Identity, 11, 114–135. doi:10.1080/15298868.2010.513508.
- Brown, R., & Hewstone, M. (2005). An integrative theory of intergroup contact. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 37, pp. 255–343). San Diego, CA: Elsevier Academic Press.
- Brunell, A. B., Kernis, M. H., Goldman, B. M., Heppner, W., Davis, P., Cascio, E. V., et al. (2010). Dispositional authenticity and romantic relationship functioning. *Personality and Individual Differences*, 48, 900–905. doi:10.1016/j.paid.2010.02.018.
- Cain, R. (1991). Stigma management and gay identity development. Social Work & Society, 36, 67–73.
  Cass, V. C. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, 219–235. doi:10.1080/00224498409551214.

- Chirkov, K., Ryan, R. M., Kim, Y., & Kaplan, U. (2003). Differentiating autonomy from individualism and independence: A self-determination theory perspective on internalization of cultural orientations and well-being. *Journal of Personality and Social Psychology*, 84, 97–110. doi:10.1037/0022-3514.84.1.97.
- Cole, S. W. (2006). Social threat, personal identity, and physical health in closeted gay men. In A. M. Omoto & H. S. Kurtzman (Eds.), Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people (pp. 245–267). Washington, DC: American Psychological Association.
- Cole, S. W., Kemeny, M. E., Taylor, S. E., & Visscher, B. R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology*, 15, 243–251. doi:10.1037//0278-6133.15.4.243.
- Critcher, C. R., & Ferguson, M. J. (2011, January). *Concealment and ego depletion: Does "Don't Ask, Don't Tell" hinder performance?* Paper presented at the meeting of the Society for Personality and Social Psychology, San Antonio, TX.
- D'Augelli, A. R. (2006). Developmental and contextual factors and mental health among lesbian, gay, and bisexual youths. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 37–53). Washington, DC: American Psychological Association.
- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, *16*, 1008–1027. doi:10.1177/088626001016010003.
- D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry*, 68, 361–371. doi:10.1037/h0080345.
- Deci, E. L., Koestner, R., & Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125, 627–668. doi:10.1037//0033-2909.125.6.627.
- Deci, E. L., La Guardia, J. G., Moller, A. C., Scheiner, M. J., & Ryan, R. M. (2006). On the benefits of giving as well as receiving autonomy support: Mutuality in close friendships. *Personality and Social Psychology Bulletin*, 32, 313–327. doi:10.1177/0146167205282148.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11, 227–268. doi:10.1207/S15327965PLI1104\_01.
- Diehl, M., Hastings, C. T., & Stanton, J. M. (2001). Self-concept differentiation across the adult life span. *Psychology and Aging*, *16*, 643–654. doi:10.1037//0882-7974.16.4.643.
- Diehl, M., & Hay, E. L. (2007). Contextualized self-representations in adulthood. *Journal of Personality*, 75, 1255–1284. doi:10.1111/j.1467-6494.2007.00475.x.
- Diehl, M., & Hay, E. L. (2010). Risk and resilience factors in coping with daily stress in adulthood: The role of age, self-concept incoherence, and personal control. *Developmental Psychology*, 46, 1132–1146. doi:10.1037/a0019937.
- Faulkner, A. H., & Cranston, K. (1998). Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *American Journal of Public Health*, 88, 262–266. doi:10.2105/AJPH.88.2.262.
- Fishbein, M. J., & Laird, J. D. (1979). Concealment and disclosure: Some effects of information control on the person who controls. *Journal of Experimental Social Psychology, 15*, 114–121. doi:10.1016/0022-1031(79)90023-4.
- Frable, D. E. S., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology*, 74, 909–922. doi:10.1037/0022-3514.74.4.909.
- Freeman, J. B., Johnson, K. L., Ambady, N., & Rule, N. O. (2010). Sexual orientation perception involves gendered facial cues. *Personality and Social Psychology Bulletin*, 36, 1318–1331. doi:10.1177/0146167210378755.

- Freud, S. (1915). Further recommendations in the technique of psychoanalysis: Observations on transference-love. *Collected Papers*, 2, 377–391.
- Grolnick, W. S., & Ryan, R. M. (1989). Parent styles associated with children's self-regulation and competence in school. *Journal of Educational Psychology*, 81, 143–154. doi:10.1037/0022-0663.81.2.143.
- Gross, J. J., & Levenson, R. W. (1993). Emotional suppression: Physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, 64, 970–986. doi:10.1037//0022-3514.64.6.970.
- Hatzenbuehler, M. L., Dovidio, J. F., Nolen-Hoeksema, S., & Phills, C. E. (2009). An implicit measure of anti-gay attitudes: Prospective associations with emotion regulation strategies and psychological distress. *Journal of Experimental Social Psychology*, 45, 1316–1320. doi:10.1016/j.jesp.2009.08.005.
- Hatzenbuehler, M. L., Keyes, K. M., & Hasin, D. S. (2009). State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health*, 99, 2275–2281. doi:10.2105/AJPH.2008.153510.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*, 100, 452–459. doi:10.2105/ AJPH.2009.168815.
- Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates form a national probability sample. *Journal of Interpersonal Violence*, 24, 54–74. doi:10.1177/0886260508316477.
- Herek, G. M., & Berrill, K. T. (1992). *Hate crimes: Confronting violence against lesbians and gay men.* London: Sage.
- Herek, G. M., Cogan, J. C., Gillis, J. R., & Glunt, E. K. (1998). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, 17–25.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56, 32–41. doi:10.1037/a0014672.
- Herek, G. M., & Glunt, E. K. (1993). Interpersonal contact and heterosexuals' attitudes toward gay men: Results from a national survey. *Journal of Sex Research*, 30, 239–244. doi:10.1080/00224499309551707.
- Hodgins, H. S., Weisbust, K. S., Weinstein, N., Shiffman, S., Miller, A., Coombs, G., et al. (2010). The cost of self-protection: Threat response and performance as a function of autonomous and controlled motivations. *Personality and Social Psychology Bulletin*, 36, 1101–1114. doi:10.1177/0146167210375618.
- Human Rights Campaign. (2010). Demanding equality face to face: 2010 annual report. Washington, D.C.
- Human Rights Campaign. (2012). Growing up LGBT in America: HRC youth survey report key findings. Washington, D.C.
- Joussemet, M., Landry, R., & Koestner, R. (2008). A self-determination theory perspective on parenting. *Canadian Psychology*, 49, 194–200. doi:10.1037/a0012754.
- Kaufman, G., & Raphael, L. (1996). *Coming out of shame: Transforming gay and lesbian lives*. New York: Doubleday.
- Kernis, M. H. (2003). Optimal self-esteem and authenticity: Separating fantasy from reality: Reply. *Psychological Inquiry*, *14*, 83–89. doi:10.1207/S15327965PLI1401\_03.
- Kleck, R. (1968). Physical stigma and nonverbal cues emitted in face-to-face interaction. *Human Relations*, 21, 19–28. doi:10.1177//001872676802100102.
- La Guardia, J. G., & Ryan, R. M. (2007). Why identities fluctuate: Variability in traits as a function of situational variations in autonomy support. *Journal of Personality*, 75, 1205–1228. doi:10.1111/j.1467-6494.2007.00473.x.
- La Guardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need

- fulfillment, and well-being. *Journal of Personality and Social Psychology*, 79, 367–384. doi:10.1037//0022-3514.79.3.367.
- Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a "good thing"? Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, 3, 145–152. doi:10.1177/1948550611411929.
- Legate, N., Ryan, W., DeHaan, C. R., Weinstein, N., & Ryan, R. M. (2012). *Growing up gay: How parental autonomy support impacts self-concept and wellness of gay, lesbian and bisexual adults.* Unpublished manuscript. University of Rochester, Rochester, NY.
- Legault, L., Gutsell, J. N., & Inzlicht, M. (2011). Ironic effects of anti-prejudice messages: How motivational interventions can reduce (but also increase) prejudice. *Psychological Science*, 22, 1472–1477. doi:10.1177/0956797611427918.
- Lopez, F. G., & Rice, K. G. (2006). Preliminary development and validation of a measure of relationship authenticity. *Journal of Counseling Psychology*, *53*, 362–371. doi:10.1037/0022-0167.53.3.362.
- Lynch, M. F., La Guardia, J. G., & Ryan, R. M. (2009). On being yourself in different cultures: Ideal and actual self-concept, autonomy support, and well-being in China, Russia, and the United States. *The Journal of Positive Psychology*, 4,290–304. doi:10.1080/17439760902933765.
- Lynch, M. F., & Ryan, R. M. (2004). On being yourself: Consistency versus authenticity of self-concept in cultural and interpersonal contexts. In H. W. Marsh, J. Baumert, G. E. Richards, & U. Trautwein (Eds.), Self-concept, motivation and identity: Where to from here? Proceedings of the third international biennial SELF research conference, Berlin. SELF Research Centre, University of Western Sydney, Australia.
- Major, B., & Gramzow, R. H. (1999). Abortion as stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology*, 77, 735–745. doi:10.1037/0022-3514.77.4.735.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. doi:10.1037/0033-2909.129.5.674.
- Mohr, J. J., & Fassinger, R. E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33, 66–90.
- Mohr, J. J., & Fassinger, R. E. (2003). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 50, 482–495. doi:10.1037/0022-0167.50.4.482.
- Niemiec, C. P., & Deci, E. L. (2012). The effects of provision and deprivation of autonomy on interaction quality between strangers. Unpublished manuscript. University of Rochester, Rochester, NY.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133, 328–345. doi:10.1037/0033-2909.133.2.328.
- Pennebaker, J. W., & Chung, C. K. (2011). Expressive writing, emotional upheavals, and health. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology*. New York: Oxford University Press.
- Quinn, D. M., Kahng, S. K., & Crocker, J. (2004). Discreditable: Stigma effects of revealing a mental illness history on test performance. *Personality and Social Psychology Bulletin*, 30, 803–815. doi:10.1177/0146167204264088.
- Ragins, B. R. (2004). Sexual orientation in the workplace: The unique work and career experiences of gay, lesbian and bisexual workers. *Research in Personnel and Human Resources Management*, 23, 35–120. doi:10.1016/S0742-7301(04)23002-X.
- Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, 92, 1103–1118. doi:10.1037/0021-9010.92.4.1103.
- Richer, S. F., Blanchard, C., & Vallerand, R. J. (2002). A motivational model of work turnover. *Journal of Applied Social Psychology*, 32, 2089–2113. doi:10.1111/j.1559-1816.2002. tb02065.x.
- Rogers, C. R. (1961). On becoming a person. Boston: Houghton-Mifflin.

- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: Critical role of disclosure reactions. *Psychology of Addictive Behaviors*, 23, 175–184. doi:10.1037/a0014284.
- Roth, G., Assor, A., Niemiec, C. P., Ryan, R. M., & Deci, E. L. (2009). The emotional and academic consequences of parental conditional regard: Comparing conditional positive regard, conditional negative regard, and autonomy support as parenting practices. *Developmental Psychology*, 45, 1119–1142. doi:10.1037/a0015272.
- Rule, N. O., Ambady, N., Adams, R. B., & Macrae, C. N. (2008). Accuracy and awareness in the perception and categorization of male sexual orientation. *Journal of Personality and Social Psychology*, 95, 1019–1028. doi:10.1037/a0013194.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics*, 123, 346–352. doi:10.1542/peds.2007-3524.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205–213. doi:10.1111/j.1744-6171.2010.00246.x.
- Ryan, R. M. (1995). Psychological needs and the facilitation of integrative processes. *Journal of Personality*, 63, 397–427. doi:10.1111/j.1467-6494.1995.tb00501.x.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*, 68–78. doi:10.1037//0003-066X.55.1.68.
- Ryan, R. M., La Guardia, J. G., Solky-Butzel, J., Chirkov, V., & Kim, Y. (2005). On the interpersonal regulation of emotions: Emotional reliance across gender, relationships, and cultures. *Personal Relationships*, 12, 145–163. doi:10.1111/j.1350-4126.2005.00106.x.
- Sandfort, T. G., Bos, H., & Vet, R. (2006). Lesbians and gay men at work: Consequences of being out. In A. M. Omoto & H. S. Kurtzman (Eds.), Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people (pp. 225–244). Washington, DC: American Psychological Association.
- Sandfort, T. G., de Graaf, R., Bijl, R. V., & Schnabel, P. (2001). Same-sex sexual behavior and psychiatric disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). Archives of General Psychiatry, 58, 85–91. doi:10.1001/archpsyc.58.1.85.
- Sheldon, K. M., Ryan, R. M., Rawsthorne, L., & Ilardi, B. (1997). Trait self and true self: Cross-role variation in the Big Five traits and its relations with authenticity and subjective well-being. *Journal of Personality and Social Psychology*, 73, 1380–1393. doi:10.1037//0022-3514.73.6.1380.
- Sherman, R. A., Nave, C. S., & Funder, D. C. (2010). Situational similarity and personality predict behavioral consistency. *Journal of Personality and Social Psychology*, 99, 330–343. doi:10.1037/a0019796.
- Smart, L., & Wegner, D. M. (2000). The hidden costs of stigma. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 220–242). New York: Guilford Press.
- Soenens, B., & Vanstinkiste, M. (2005). Antecedents and outcomes of self-determination in 3 life domains: The role of parents' and teachers' autonomy support. *Journal of Youth and Adolescence*, 34, 589–604. doi:10.1007/s10964-005-8948-y.
- Sullivan, A. (2012). Andersen Cooper: "The fact is, I'm gay." *The Daily Beast*. Retrieved from http://andrewsullivan.thedailybeast.com/2012/07/anderson-cooper-the-fact-is-im-gay.html
- Szymanski, D. M., Chung, Y., & Balsam, K. F. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development*, 34, 27–38.
- Ullrich, P. M., Lutgendorf, S. K., & Stapleton, J. T. (2003). Concealment of homosexual identity, social support and CD4 cell count among HIV-seropositive gay men. *Journal of Psychosomatic Research*, *54*, 205–212. doi:10.1016/S0022-3999(02)00481-6.
- Uysal, A., Lin, H. L., & Knee, C. R. (2010). The role of need satisfaction in self-concealment and well-being. *Personality and Social Psychology Bulletin*, 36, 187–199. doi:10.1177/ 0146167209354518.
- Uysal, A., Lin, H. L., & Knee, C. R. (2012). The association between self-concealment from one's partner and relationship well-being. *Personality and Social Psychology Bulletin*, 38, 39–51. doi:10.1177/0146167211429331.

- Weinstein, N., Deci, E. L., & Ryan, R. M. (2011). Motivational determinants of integrating positive and negative past identities. *Journal of Personality and Social Psychology*, 100, 527–544. doi:10.1037/a0022150.
- Weinstein, N., Hodgins, H. S., & Ryan, R. M. (2010). Autonomy and control in dyads: Effects on interaction quality and joint creative performance. *Personality and Social Psychology Bulletin*, 36, 1603–1617. doi:10.1177/0146167210386385.
- Weinstein, N., Ryan, W. S., DeHaan, C. R., Przybylski, A. K., Legate, N., & Ryan, R. M. (2012). Parental autonomy support and discrepancies between implicit and explicit sexual identities: Dynamics of self-acceptance and defense. *Journal of Personality & Social Psychology*, 102, 815–832. doi:10.1037/n0026854.
- Wells, J. W., & Kline, W. B. (1987). Self-disclosure of homosexual orientation. *Journal of Social Psychology*, 127, 191–197. doi:10.1080/00224545.1987.9713679.
- Whipple, N., Bernier, A., & Mageau, G. A. (2011). Broadening the study of infant security of attachment: Maternal autonomy-support in the context of infant exploration. *Social Development*, 20, 17–32. doi:10.1111/j.1467-9507.2010.00574.x.
- Williams, G. C., Grow, V. M., Freedman, Z., Ryan, R. M., & Deci, E. L. (1996). Motivational predictors of weight loss and weight-loss maintenance. *Journal of Personality and Social Psychology*, 70, 115–126. doi:10.1037//0022-3514.70.1.115.
- Williamson, I. (2000). Internalized homophobia and health issues affecting lesbians and gay men. *Health Education Research*, 15, 97–107. doi:10.1093/her/15.1.97.