SEXUAL MINORITIES' INTERNALIZED HOMOPHOBIA, EXPERIENCE OF HETEROSEXISM, AND USE OF HUMOR

by

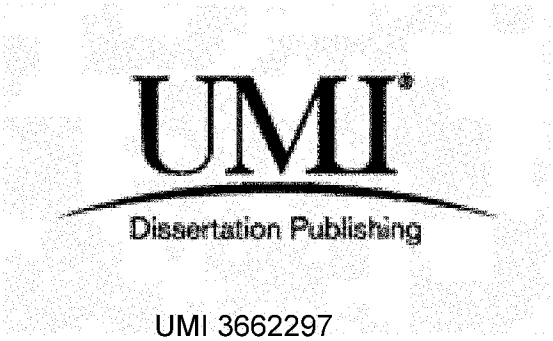
Elisabeth Knauer-Turner

A Dissertation Submitted in Partial Fulfillment of the
Requirements for the Degree
Doctor of Psychology

UNIVERSITY OF LA VERNE

College of Arts and Sciences
Psychology Department

September 2014



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Elisabeth Knauer-Turner

has been approved

July 2014

DISSERTATION COMMITTEE

_____, Committee Chair
Jerry L. Kernes, Ph.D.

_____, Committee Member
Nadine Nakamura, Ph.D.

_____, Committee Member
Paul McMahon, Ph.D.

ACCEPTED

_____, Psy.D. Program Chair
Jerry L. Kernes, Ph.D.

_____
Felicia Beardsley, Ph.D. Date
Interim Dean, College of Arts and Sciences

ABSTRACT

The purpose of the present study was to explore the associations between level of internalized homophobia, experiences of heterosexism, and gender with endorsement of type of humor (self-enhancing, affiliative, self-defeating, and aggressive) used as a coping skill among sexual minority participants. A survey was created and administered online, and participants were recruited by word of mouth, emails, and online postings on Facebook and craigslist. The sample consisted of 146 participants who identified as a sexual minority (i.e. Gay, Lesbian, or Bisexual), with ages ranging from 18 to 70 years. Results indicated a positive direct correlation between participants' level of internalized homophobia and endorsement of self-defeating humor. Results also indicated a positive direct correlation between participants' experiences of heterosexism and endorsement of self-defeating humor. Results indicated no significant correlations among level of internalized homophobia, experiences of heterosexism, and endorsement of aggressive, affiliative, or self-enhancing humor types. In regard to gender and humor type, men in the sample endorsed greater levels of aggressive humor than women in the sample. Results indicated no significant difference between men and women for self-defeating humor. Future research should continue to explore sexual minorities' use of humor. Implications of the present study suggest that clinicians be alert to and explore consequences of utilizing self-defeating and aggressive humor, especially for sexual minorities with more experiences of heterosexism, higher levels of internalized homophobia, and men using aggressive humor. Additionally, adaptive coping skills, such as affiliative and self-enhancing humor, should be encouraged to promote well-being.

I dedicate this work to every person passionate about contributing to a socially just and loving world.

ACKNOWLEDGEMENTS

I am eternally grateful to my dissertation committee for their time, energy, commitment, and wealth of knowledge. Without you three this would literally be impossible. Dr. Kernes – ever since my interview for the Psy.D. program, you have been an irreplaceably essential professor, supervisor, leader, advocate, mentor, and source of support in my professional development. Your dedication to our profession, the program, faculty, students, and me and my dissertation is something I value, admire, and strive for myself. Dr. Nakamura – I hold so much respect for your compassion, your skill of thoroughly deliberating, and your ability to be supportively challenging. You are an exceptional role model to me. Dr. McMahon – every moment with you is an absolute delight, and you are an inspiration in my pursuit to study, and (more importantly!) find and enjoy humor in life.

I am also forever thankful for all my family and friends, who always bring joy, laughter, and love to my life. You may never know how much that contributed to helping me keep my sanity during grad school! Mom, Dad, and Carrie – "thank you" is never enough for your unconditional love, support, and faith in me and my work, celebrations for my accomplishments, always believing in me, and doing everything possible to help make my dreams come true. And Collin, love of my life – you kept me company during the all-nighters, provided a sounding board for my thoughts, ideas, and writing, reminded me of the essentiality of rest and relaxation during my times of stress, and continue to teach me that "life is a laugh, and laughing is living."

"Laugh as much as possible. Always laugh; it is the sweetest thing one can do for oneself and one's fellow human being."

Maya Angelou

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CHAPTER I

LITERATURE REVIEW

Introduction

Same-sex relationships have been prevalent in a variety of cultures throughout history (Sullivan, 2003). However, since the beginning of Christian civilization, individuals who identify their sexual orientation as gay, lesbian, or bisexual (LGB) have experienced discrimination and oppression in predominantly heterosexist societies (Campbell, Hinkle, Sandlin, & Moffic, 1983; Connors, 2007; Sullivan, 2003; Szymanski, Kashubeck-West, & Meyer, 2008; Westheimer & Lopater, 2005). During the most recent decades, LGB individuals and the LGB community have continued to experience both acceptance and setbacks.

Paralleling societal perceptions and judgments of homosexuality, mental health professionals' attitudes have evolved regarding the study and treatment of LGB individuals. In 1973, homosexuality was officially removed from the American Psychiatric Association's list of mental illnesses (American Psychological Association, 2011; Campbell et al., 1983; Connors, 2007; Davies & Neal, 1996; Group for the Advancement of Psychiatry, 2012; Sullivan, 2003; Westheimer & Lopater, 2005). Yet, diagnosing homosexuality as a disorder still subtly remains, and as recent as the *DSM-IV-TR*, individuals could receive a diagnosis of *Sexual Disorder Not Otherwise Specified* if they experience distress regarding their sexual orientation (American Psychiatric Association, 1994; Davies & Neal, 1996; Evans, Kincade, & Seem, 2011).

Due to perceived and real rejection by others, LGB individuals may conceal their sexual identity, however hiding an aspect of one's identity may result in increased stress, loneliness, and illness (Cox, Dewaele, Van Houtte, & Vincke, 2011; Troiden, 1988, 1989). Being out has been associated with decreased internalized homonegativity, and may result in better mental health and well-being, such as increased self-acceptance and more happiness (Barnes & Meyer, 2012; Cox et al., 2011; Troiden, 1979, 1988, 1989). Generally, homosexual and bisexual individuals have few differences in psychological functioning when compared to heterosexual individuals (APA, 2011; APA, 2008; Newcomb & Mustanski, 2010), however, their experiences of discrimination and oppression have been found to result in a higher likelihood of negative mental health symptoms when compared to their heterosexual counterparts (APA, 2011; APA, 2008; Cox et al., 2011; Currie, Cunningham, & Findlay, 2004; Newcomb & Mustanski, 2010; Ussher, 2009).

Research has found that LGB individuals have increased rates of overall distress and a range of psychological symptoms and disorders including panic attacks, anxiety disorders, major depression, bipolar disorder, substance abuse and dependence, self-injurious behaviors, suicidal ideation, and suicide attempts (APA 2011; Beren, Hayden, Wilfley, & Grilo, 1996; Cochran, Sullivan, & Mays, 2003; Cox et al., 2011; Fergusson, Horwood, Ridder, & Beautrais, 2005; Hellman, Sudderth, & Avery, 2002; Kowszun & Malley, 1996; Newcomb & Mustanski, 2010). Sexual minorities with higher levels of internalized homophobia have been found to experience more symptoms of psychological distress (Bauermeister et al., 2010; Campbell et al., 1983; Cox et al., 2011; Currie et al.,

2004; Davies, 1996; Kubicek et al., 2009; Newcomb & Mustanski, 2010; Peterson & Gerrity, 2006; Ross, Rosser, Neumaier, & Positive Connections Team, 2008; Rosser, Bockting, Ross, Miner, & Coleman, 2008; Sánchez, Westefeld, Liu, & Vilain, 2010; Schwartzberg & Rosenberg, 1998; Szyamnski, 2006; Szymanski & Carr, 2008), and use more maladaptive coping mechanisms (DeLonga et al., 2011; Gold, Feinstein, Skidmore, & Marx, 2011; Szymanski & Carr, 2008).

Humor has been studied extensively for its association with a sense of happiness, benefits to well-being, and as a tool for coping (Alpass, Neville, & Flett, 2001; Avi & Zeigler-Hill, 2011; Capps, 2006; Collinson, 1988; Rim, 1988; Scott, 2007; Thorson, Powell, Sarmany-Schuller, & Hampes, 1997). Humor may be used to reduce the psychological impact of various life stressors which may lead to psychopathology, such as depression and anxiety (Alpass et al., 2001; Capps, 2006; Dozois, Martin, & Bieling, 2009; Kelly, 2002; Kuiper, Martin, & Olinger, 1993; Lefcourt & Martin, 1986).

Within the area of coping, it has been noted that specific types of humor, or styles of humor, are more effective than others in moderating stress (Capps, 2006; Lefcourt & Martin, 1986). Thus, types of humor have been generally divided into positive and negative uses, or adaptive and maladaptive humor (Avi & Zeigler-Hill, 2011; Cann, Zapata, & Davis, 2011; Galloway, 2010), and some gender differences have been found regarding humor styles used (Dijkstra, Barelds, Ronner, & Nauta, 2011; Martin et al., 2002).

The benefits of humor as a coping skill are prevalent, and while gender differences have been studied, there is currently no known research directly examining

the relationship between humor and sexual identity. The current study serves as an attempt to explore the association between sexual identity and the use of humor as a coping mechanism.

Sexual Minorities and Society

From the earliest historical records, same-sex relationships were prevalent in a variety of cultures, and even seen as a rite of passage for men in Ancient Greece and Rome (Sullivan, 2003). However, since the beginning of Christian civilization, individuals who identify their sexual orientation as gay, lesbian, or bisexual (LGB) have experienced discrimination and oppression in predominantly heterosexist societies (Campbell et al., 1983; Connors, 2007; Sullivan, 2003; Szymanski et al., 2008; Westheimer & Lopater, 2005). Homosexuality has historically been regarded as a sin by religious institutions. In 1533, the first secular law criminalized same-sex activities in England, punishable by hanging (GAP, 2012; Sullivan, 2003). Early English colonists adopted this law set by King Henry VIII, declaring homosexuality a capital offense (GAP, 2012). In 1869, the term *homosexuality* was coined and led to the popular notion that sexual orientation was a stable aspect of personality (Sullivan, 2003). Throughout the 18th and 19th centuries in European and Asian countries, homosexuality was viewed as a criminal offense punishable by life in prison, burning at the stake, and execution (Connors, 2007; Westheimer & Lopater, 2005).

European decriminalization of same-sex acts slowly began as early as 1791, during the Enlightenment in France (GAP, 2012). Karl Heinrich Ulrichs, a German lawyer, may be the first civil rights activist supporting homosexuality (GAP, 2012). He

stated that homosexuality was hereditary, dismissing the argument that same-sex acts occurred due to immorality (GAP, 2012). His writings influenced a German physician, Karl Westphal, who claimed that since homosexuality was a hereditary disorder, those individuals should not be prosecuted, but instead should be put into psychiatric care (GAP, 2012). As late as the 19th century, it was assumed that homosexuality was a disease curable through such interventions as hypnosis, castration, and aversion therapies (Connors, 2007; Westheimer & Lopater, 2005). Magnus Hirschfeld, a German sexologist and physician who publicly acknowledged his own homosexuality and believed homosexuality was a normal variant in the spectrum of sexuality, founded the *Scientific Humanitarian Committee* in 1897 which lobbied for the decriminalization of same-sex acts (GAP, 2012).

Larger cities in the United States had a notable homosexual population as early as the 1890s, and through the 1920s many homosexual-friendly establishments existed (Sullivan, 2003). During the prohibition of alcohol and World War I, however, the United States withdrew its friendliness, and it became illegal to hire or serve any homosexual individual (Sullivan, 2003). Toward the beginning of the McCarthy era, homosexual men were viewed as a national threat to children, which led to the myth that gay men were child molesters (Sullivan, 2003). During this anti-communist era of the 1950s in the United States, the Lavender Scare occurred which encouraged fear and persecution of any suspected homosexual individuals, particularly gay men (Shepard, 2009; Sullivan, 2003). Discrimination came in the form of stereotypes, such as gay men being perverts or sissies, and in turn groups such as the *Mattachine Society*, *Gay Liberation Front* (GLF),

and *Gay Activist Alliance* (GAA) formed to publicly advocate for gay rights (Shepard, 2009; Sullivan, 2003).

A shift in public thought within the United States followed Alfred Kinsey's (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) research and books on human sexuality (GAP, 2012; Sullivan, 2003). Kinsey's work (Kinsey et al., 1948; Kinsey et al., 1953) asserted that sexuality was shaped by social and cultural influences, and helped trigger the sexual revolution during the 1960s (Connors, 2008; Sullivan, 2012; Westheimer & Lopater, 2005). During this time period, homosexual feelings, acts, and behaviors began to receive more acceptance (APA, 2011; Campbell et al., 1983; Connors, 2007; Westheimer & Lopater, 2005).

Kinsey's work (Kinsey et al., 1948; Kinsey et al., 1953) was unique in that instead of focusing on homosexual behaviors to classify homosexual individuals, he studied different levels of attraction (GAP, 2012). These results reported higher rates of homosexual identity within the U.S. population than more current estimates. Results from the *Kinsey Institute for Research in Sex, Gender and Reproduction* reported 10% of men identified as homosexual and about 2-6% of women identified as homosexual (Kinsey et al., 1948; Kinsey et al., 1953). Based on a more recent national survey, it is estimated that about 7% of adults in the United States identify as homosexual or bisexual (Janus & Janus, 1993). More specifically, 4% of men identified as gay and 5% identified as bisexual, while 2% of women identified as lesbian and 3% identified as bisexual (Janus & Janus, 1993). While the 2000 U.S. Census Bureau estimated missing up to 19% of gay

and lesbian couples, collected data estimated that nearly 11% of all unmarried households consist of a same sex couple (APA, 2008; Simmons & O'Connell, 2003), with 34.3% of all family households headed by a lesbian parent and 22.3% headed by a gay parent, compared to 45.6% married and 43.1% unmarried heterosexual head of households (APA, 2008; Pawelski et al., 2006).

Social acceptance was recognized even more as the legal system became more confirming of homosexual relationships, with states decriminalizing same-sex acts and repealing sodomy laws since the 1960s (Connors, 2007; Westheimer & Lopater, 2005). During the 1980s, however, the AIDs crisis emerged and homosexuality was again condemned (Shepard, 2009). During the most recent decades, LGB individuals and the LGB community have continued to experience both acceptance and setbacks. Conservative religious organizations continue to view homosexuality as morally wrong and deviant (Connors, 2007; Westheimer & Lopater, 2005).

Due to the discrimination that LGB individuals experience in society, they are more likely to experience unequal treatment, such as limited employment opportunities, and lack of recognition of relationships and parental status (APA, 2011; APA, 2008; Ussher, 2009). While American attitudes toward homosexuality have become more affirming, there is still a sharp divide regarding acceptance. In a 2010 national social survey of over 1,200 individuals, 44% believed that sexual relationships among same-sex individuals are "always wrong," while 41% believed that they are "not wrong at all" (Smith, 2011). Acceptance of homosexuality and same-sex marriage is much more common among individuals aged 18-29, with 50.2% believing that same-sex

relationships are "not wrong at all" compared to only 18% of citizens aged 70 years and older (Smith, 2011).

Disparities have also been noted regarding being a victim of crime (Billies, Johnson, Murungi, & Pugh, 2009; Cramer, McNiel, Holley, Shumway, & Boccellari, 2012; Ussher, 2009). Sexual minorities experience stigmatization and hate crimes, which have tripled within the past two decades, while continuing to fight for equal rights and legal protection (APA, 2008; Connors, 2008; Westheimer & Lopater, 2005). LGB individuals are over twice as likely to be victims of sexual assault than their heterosexual counterparts (Cramer et al., 2012). When victim of a crime, sexual minorities reported higher symptoms of acute stress and anxiety when compared to heterosexual victims (Cramer et al., 2012). Perpetrators of violence toward LGB individuals tend to be more sexually prejudiced through endorsement of more anti-feminine norms and reporting more negative attitudes toward gay men and lesbian women (Parrott, Peterson, & Bakeman, 2011).

Worldwide, there have been achievements for the LGB community, which include Germany's official apology for Nazi regime persecutions, legalization of civil unions among certain states in the United States, and the recognition of same-sex marriage in the Netherlands, Canada, and Spain, among other countries (Connors, 2007; Pawelski et al., 2006; Sullivan, 2003; Westheimer & Lopater, 2005). Yet, there are still many places where same-sex unions are not legally recognized, where same-sex couples are not allowed to adopt children, and where it is even illegal to engage in same-sex sexual acts (Connors, 2007; Pawelski et al., 2006).

Despite this discrimination, research has found little difference in healthy functioning (APA, 2011; APA, 2008), and parenting practices and abilities (APA, 2008; Pawelski et al., 2006) among LGB individuals and heterosexual individuals, as well as psychological health among children of LGB parents compared to heterosexual parents (APA, 2008; Pawelski et al., 2006). Research has also shown that the best ways for individuals to help eliminate the discrimination that sexual minorities experience includes being open-minded regarding sexuality, examining personal biases and beliefs regarding sexuality, encouraging nondiscrimination rules and laws, and personally accepting and interacting with LGB individuals and the community in a supporting manner (APA, 2008). The mental health profession itself has gradually become more accepting and supportive of the LGB community over time.

Sexual Minorities and the Mental Health Profession

Homosexuality was first studied by medical and legal experts, who pathologized it and established it as a mental illness in order to protect individuals from sodomy laws (GAP, 2012). In 1882, the French neurologist Jean Martin Charcot described homosexuality as a *sexual inversion* in his article on sexual perversions (GAP, 2012). In his article, Charcot argued that homosexuality was a mental illness that could be related to other disorders (GAP, 2012). One of the first-known individuals to acknowledge the normality of homosexuality was German forensic writer Richard von Krafft-Ebing (GAP, 2012). Although his early work described homosexuality as a severe hereditary defect, later in life he argued that homosexual individuals could be functional in society, and

fought against sodomy laws by testifying in the defense of homosexual individuals charged with sodomy (GAP, 2012).

In Europe, the term *sexual introversion* was popularized by sexologist Havelock Ellis, who believed that homosexuality was a hereditary variation of sexuality, and not a disorder (GAP, 2012). Ellis' more famous contemporary, Sigmund Freud, developed a number of theories on homosexuality in his career. Earlier in his work, Freud believed that homosexuality may be a perversion in need of treatment. Later, he hypothesized that homosexuality was a result of arrested development in childhood, so that homosexuality was an immature form of sexuality (GAP, 2012). This led to his theory that with enough motivation and mature development, any homosexual individual could achieve a heterosexual orientation (GAP, 2012). Eventually, his stance softened more and Freud became the first proponent of an environmental theory of homosexuality that attributed male homosexuality to poor relationships between mother and son (Sullivan, 2003). By the end of his career Freud no longer believe that homosexuality was a deviation or implied impairment in functioning, and instead viewed homosexuality as an innate instinct (GAP, 2012). He came to agree with Ellis, and viewed homosexuality as a normal outcome (GAP, 2012; Sullivan, 2003). Freud also supported bisexuality during a time that it was mostly denied or ignored. He believed bisexual tendencies were universal, but viewed bisexuality as a matter of gender rather than sexual orientation with every individual holding varying levels of masculinity and femininity (GAP, 2012).

During the late 1800s and early 1900s, medical and psychological research led to a scientific definition that relied on behavior rather than identity to define homosexuality

(GAP, 2012). Kinsey's research and development of the Kinsey Scale helped researchers and psychologists conceptualize human sexuality as a continuum rather than a dichotomy (GAP, 2012). Despite this, homosexuality was still viewed by the mental health profession as pathological.

In 1952, homosexuality was officially classified as a mental disorder in the first *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*; APA, 1952), and described as a *sociopathic personality disturbance* (Evans et al., 2011; GAP, 2012; Plummer, 2010; Sullivan, 2003). Homosexuality was later identified as a pathological disorder of *sexual orientation disturbance* by the psychological profession in the American Psychiatric Association's second edition of the *DSM* (*DSM-II*; APA, 1968; Connors, 2007; Westheimer & Lopater, 2005). By contemporary standards, interventions used during that time on those diagnosed as homosexual are now viewed less like treatment and more like torture, and included shock treatment, castration, vasectomy, and hysterectomy (Campbell et al., 1983).

The classification of homosexuality as a *sexual orientation disturbance* in the *DSM-II* (APA, 1968) coincided with the rise of the gay rights movement, and gay activists began to challenge psychiatry and psychology's pathologizing of same-sex sexual acts (Evans et al., 2011; GAP, 2012; Plummer, 2010). Kinsey's work (Kinsey et al., 1948; Kinsey et al., 1953) helped normalize same-sex activities, along with Ford and Beach's (1951) publication that reported homosexuality as common in multiple cultures and within other animal species (GAP, 2012; Sullivan, 2003). Additionally, Hooker's research (1956, 1957) challenged the pathologizing of homosexuality when psychologists

could not reliably distinguish between homosexual and heterosexual men's test results on a projective personality measure (GAP, 2012; Sullivan, 2003).

In 1973, homosexuality was officially removed from the American Psychiatric Association's list of mental illnesses (APA, 2011; Campbell et al., 1983; Connors, 2007; Davies & Neal, 1996; GAP, 2012; Sullivan, 2003; Westheimer & Lopater, 2005). However, the APA still doubted the normalcy of homosexuality and replaced *sexual orientation disturbance* with *ego-dystonic homosexuality* in the *DSM-III* (APA, 1980) to diagnose individuals whose homosexuality caused anxiety and wanted to change or become more comfortable with a homosexual orientation (Davies & Neal, 1996; Evans et al., 2011; GAP, 2012; Sullivan, 2003). Continued efforts of gay activists argued that research had not supported this new diagnosis, and the APA Advisory Committee finally removed the diagnosis with the revised version of the *DSM-III* (*DSM-III-R*; APA, 1987; GAP, 2012). Not all professionals agreed with this decision, though, and the National Association for Research and Therapy of Homosexuality (NARTH) to this day, argues that homosexuality is a disorder that can be corrected (GAP, 2012). Diagnosing homosexuality as a disorder still subtly remains, and as recently as the *DSM-IV-TR*, individuals could receive a diagnosis of *Sexual Disorder Not Otherwise Specified* if they experience distress regarding their sexual orientation (APA, 1994; Davies & Neal, 1996; Evans et al., 2011).

As early as 1975, the American Psychological Association displayed support for LGB individuals by publicly declaring that homosexuality does not imply impairment, and urging all mental health professionals to help decrease stigma toward homosexuality

(APA, 2011). In more recent years, support has followed with other professional organizations. In 1992, the World Health Organization (WHO) removed homosexuality from the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems* (*ICD-10*; WHO, 1992; GAP, 2012). The American Psychiatric Association continued its support of homosexual individuals, and in 1998 publicly declared an opposition to any treatment for homosexuality as a medical disorder, such as reparative and conversion therapies (GAP, 2012). In 2000, it supported the legal efforts of same-sex unions, and in 2002 expanded its support to include the adoption and parenting of children by same-sex couples (GAP, 2012). As recently as 2009, the American Psychological Association made a public assertion that homosexuality was deemed normal and not perceived as a deviant variation in sexuality (APA, 2011; Campbell et al., 1983). With the mental health professions' gradual acceptance of homosexuality and bisexuality came a need to better understand the normative development of an identity as a sexual minority. Multiple models have been developed to help explain this process.

Sexual Minority Identity Development

There is no consensus on how an individual develops a gay, lesbian, or bisexual orientation and identity. Sexual orientation is likely shaped at an early age through the multiple interactions of genetic, hormonal, biological, developmental, social, and cultural influences (APA, 2008). Emotional, romantic, and sexual attractions typically develop during middle childhood and adolescence, and do not necessarily depend on sexual behaviors (APA, 2008).

Several models of sexual minority development have been postulated (Andersen & Taylor, 2004; Cass, 1979; D'Augelli, 1994; Troiden, 1979, 1988, 1989). Some models have attempted to examine the intersection of multiple minority identities, such as ethnicity, gender, and sexual identity. Most theories, however, tend to focus on one characteristic in identity formation and development (Fukuyama & Ferguson, 2008). The major models of sexual minority identity development are reviewed below.

Cass model. Cass's (1979) model of homosexual identity formation consists of two broad assumptions, that sexual identity is part of a developmental process, and that behaviors are a result of interactions between the individual and his or her environment, including psychological and social factors. This model focuses on incongruence as the motivating factor for an individual to move between stages in the model. Cass viewed homosexual development as a six-stage process through which the individual changes his or her intrapersonal systems to be congruent with his or her internal perception of identity, moving from a sexual identification of non-homosexual, and completing identity development by identifying as homosexual.

The first stage, *identity confusion*, consists of feeling socially different, alienated, depressed, self-doubting, self-conscious, and ambiguous as the individual starts to become aware of homosexual thoughts, feelings, and behaviors. *Identity comparison*, the second stage, includes the individual investigating his or her qualities first experienced in stage one and starting to make contact with other LGB individuals. At the same time, the individual is still immersed in heterosexism and feels a heightened sense of isolation, but also begins to feel a personal meaning to identifying as LGB. During *identity tolerance*,

the individual starts to admit and tolerate a sexual minority identity, but he or she may feel inadequate, immature, or immoral. During this third stage, increased contact with the LGB community may lead to feelings of greater empowerment, self-concept, and sense of self.

Identity acceptance begins to occur when the individual experiences conflict between his- or herself and other, heterosexual, perceptions. The individual may start to accept a sexual minority identity and even enter into a same-sex relationship, but at the same time may feel vulnerable. During the fifth stage, *identity pride*, the incongruence is managed by dichotomizing the homosexual and heterosexual cultures. The individual feels pride for the LGB community, and values it, while feeling anger toward the greater heterosexual society, which is devalued. During this stage, the individual is more likely to advocate and become an activist for the LGB community, feeling more open and accepting about his or her sexual minority status. The last stage, *identity synthesis*, is achieved when the individual perceives similarities with, and experiences positive reactions from the heterosexual community, and is able to integrate an LGB identity into an entire sense of self.

The larger body of research has provided partial support for Cass's model, and has found its utility in predicting shame, internalized homophobia, and mastery (Greene & Britton, 2012). Cass's model, however, is proposed as a linear process, whereas more recent models propose identity development as a nonlinear, fluid process (Fukuyama & Ferguson, 2008). A contemporary model of Cass's model is that developed by Troiden.

Troiden's (1979, 1988, 1989) model presents a slightly different view of sexual identity development.

Troiden model. Troiden's (1979, 1988, 1989) model was based on the idea that a homosexual identity involved same-sex sexual activities, attractions, and romantic relationships, identification as homosexual, and involvement in homosexual culture. He utilized a sociological perspective when developing his model, holding to the idea that sexual identities are constructed through gender roles and sexual scripts (Troiden, 1989). His original model (1979) was developed based on interviews with self-identified gay men to understand how they realized and decided on a homosexual identity. Troiden interviewed 108 men in three cities through snowball recruitment sampling. Troiden (1988, 1989) later modified his model to include women who identify as lesbian, and made slight changes to the developed stages.

Troiden (1979, 1988, 1989) argued that a homosexual identity was acquired through four stages of intrapersonal development by an introspective process that influences behaviors. The first stage, *sensitization*, consists of a sense of being different from peers (Troiden, 1979, 1988, 1989). It was divided into two age categories, with those experiencing the first stage under 13 years of age identified as being in an early phase and those experiencing sensitization between 13 and 17 years of age identified as being in a late phase (Troiden, 1979). Differences were explained by social experiences, and attributed to experiences such as a general feeling of alienation, a sense that they were inadequate compared to other boys, feeling excited when in the presence of other males, and not sharing many interests with boy peers (Troiden, 1979). Troiden (1979,

1988, 1989) specified that sensitization does not consist specifically of the behaviors or events that occurred, but the homosexual meanings attributed to them by an individual. During the late phase, nearly all men experienced a feeling of sexual difference, with emotional and genital reasons given, such as being less interested than others in the opposite sex, feeling interested in members of the same sex, engaging in sexual activities with male peers, and feeling inadequate compared to other males (Troiden, 1979).

Dissociation and signification make up the second stage (Troiden, 1979). Later, Troiden (1988, 1989) named the second stage *identity confusion*, a term and concept he borrowed from Cass (1979). The questioning of heterosexuality and thinking one might be homosexual marks the beginning of this stage (Troiden, 1979, 1988, 1989). Dissociation consists of dividing sexual feelings and behaviors from a homosexual identity, and individuals may rationalize their feelings and behaviors, feel uncomfortable, ashamed, anxious, and guilty, or assume that it was something they would grow out of. Identity confusion was specified by the thoughts of potential homosexuality and the confusion, discomfort, and anxiety it caused (Troiden, 1988, 1989). This identity confusion may result from altered perceptions of the self, sexual experiences, and the social discrimination of homosexual individuals (Troiden, 1988, 1989). Troiden (1988, 1989) identified denial, avoidance, repair, redefinition, and acceptance as potential responses to alleviate identity confusion.

Coming out, the third stage in Troiden's (1979) model, begins with identifying feelings as being homosexual. The coming out stage, additionally, consists of initial interaction and involvement with the gay culture and viewing homosexuality positively

as an alternative lifestyle (Troiden, 1979, 1988, 1989). There are multiple ways of determining what coming out means, and can include admitting to oneself of having a homosexual preference and engaging in homosexual activities, or seeking out men for sex, while acknowledging a homosexual preference (Troiden, 1979). Later, Troiden (1988, 1989) added coming out to others, and renamed this stage as *identity assumption*. It is important to note, however, that while a homosexual preference or desire is experienced during the coming out stage, the majority of men in Troiden's (1979) original sample did not self-identify as homosexual. Instead, they believed their homosexual feelings were a phase, that their feelings could indicate bisexuality, that their feelings were simply indicative of tendencies, or believed that they had little in common with homosexuals.

Troiden (1979) indicated that confusion can be present in coming out, but may be eliminated through an accurate understanding of homosexuality and homosexual individuals. This understanding typically occurs through meeting other gay men, but could also come from wanting any sexual identity instead of feeling sexually ambiguous, or enjoying same-sex sexual activities, falling in love with another man, and deciding to label oneself as homosexual (Troiden, 1979). Later, Troiden (1988, 1989) acknowledged that individuals who come out as homosexual must also manage stigma. This could be through *capitulation*, or the avoidance of homosexual activities, *minstrelization*, or expressing homosexuality in a stereotypical manner as expected by society's myths, *passing*, or identifying as heterosexual while in public, or *group affiliation* by becoming involved in the homosexual culture and community (Troiden, 1988, 1989).

The fourth stage, *commitment*, involves the merging of sexuality and emotionality into a meaningful homosexual identity (Troiden, 1979, 1988, 1989). Troiden (1979, 1988, 1989) specified that commitment occurs when an individual adopts homosexuality as a lifestyle, and there is a feeling of contentment. In Troiden's (1979) original model, this stage differentiated between a homosexual and gay identity. A homosexual identity is said to occur when an individual is exclusively homosexual for an extended period of time, but has never loved another man or been social with other gay men. A gay identity, on the other had, is achieved once the individual has become romantically and socially involved with other gay men, and seems to be viewed as better identity achievement than the adoption of a homosexual identity. Troiden (1979) believed that an individual was committed to a gay identity when it was valued as much as, if not more than, a bi- or heterosexual identity, and would choose to remain gay even if he had the ability not to be.

Troiden later divided his final stage into internal and external dimensions (Troiden, 1988, 1989). The *internal dimension* consisted of his definition of the commitment stage, while the *external dimension* consisted of being involved in a same-sex romantic relationship, disclosure of a homosexual identity to non-homosexual individuals, and the utilization of different stigma-management strategies (Troiden, 1988, 1989). New strategies used may include *blending*, by neither announcing or denouncing a homosexual identity, *covering*, or minimizing their homosexuality so that they appear respectable, or *converting*, by confronting stigma, providing education regarding homosexuality, and ultimately eliminating oppression (Troiden, 1988, 1989).

Troiden (1979) developed his model at a time when it was believed that homosexuality was a choice, limiting the model in that it tries to understand how men "decide" that they are gay. It is also limited in that the interview sample consisted of all white individuals (Troiden, 1979). Troiden's model, however, did suggest that individuals may bypass or merge stages in their identity development. Troiden also acknowledged that a gay identity may never be fully acquired, and may always be incomplete, which is more in line with the current assumption that the development of an identity may be a lifelong, fluid process (Fukuyama & Ferguson, 2008). While Troiden's model, in some ways, offered an improvement over Cass's (1979) model, like Cass's model, it did not account for the development of a bisexual identity.

D'Augelli's model. D'Augelli's (1994) model was more fluid than Cass's (1979), and accounts for the development of a bisexual identity. D'Augelli's model consists of an interactive process, instead of stages, in the development of lesbian, gay, and bisexual identity formation. It incorporates the human development, or lifespan model, and takes into account personal actions and subjectiveness, or the individual's self-concept of his or her feelings, thoughts, and behaviors. It also incorporates interactions between the individual, partners, family, or others, as well as sociohistorical influences, including communities, institutions, social views, and cultural beliefs.

D'Augelli's (1994) model for LGB identity development is much more considerate of the social context, and is more likely to account for and represent diversity within and among sexual minority individuals. While this model is less of a developmental stage model and more of a descriptor of processes an individual can

engage in during identity development, it accounts for shortcomings in Cass's (1979) and Troiden's (1979) models. Specifically, it does not make the assumptions that identity achievement is a linear process or dependent on coming out.

D'Augelli (1994) built his model theoretically, as opposed to empirically, on the backbone of a human development metatheory. He believed that individuals were not simply passive recipients of their environments, but can shape their circumstances and settings through their plasticity and adaptability. D'Augelli stated that LGB individuals shape their identity development within a heterosexist culture, and out of necessity create institutions to provide socialization experiences for sexual minorities. According to this model, identity development is ongoing from birth to death, occurs within a sociopolitical context, and includes psychological, cognitive, emotional, behavioral, and physical changes. Personal, familial, community, and cultural histories are believed to concomitantly influence development.

Within D'Augelli's (1994) model, an individual may experience any or all of the processes described while developing an LGB identity. *Exiting heterosexual identity* consists of recognizing and labeling feeling and attractions as being non-heterosexual, feeling unrelated to the heterosexual majority, and potential disclosure to others of a lesbian, gay, or bisexual identity. Self-awareness of identity during this process usually occurs during early adolescence (D'Augelli, 1994; Herdt, 1989; Hetrick & Martin, 1987). Due to living and developing in a heterosexist society, asserting a non-heterosexual identity becomes a continuing, life-long process. D'Augelli noted that disclosure has been facilitated through increasing cultural acceptance and affirmation.

While *developing a personal lesbian-gay-bisexual identity status*, a sense of stability develops, in which feelings and desires are congruent, and internalized myths are challenged. This is typically completed through relationships with others, who confirm ideas the individual has about identifying as a non-heterosexual individual. The individual is able to develop a lesbian-gay-bisexual social identity by creating and maintaining a supportive network of people who know and accept the person's sexual minority status. Social support is crucial during this process. Tolerance from others is viewed as harmful, while acceptance and affirmation are most beneficial. The reactions of others can change over time, and within different contexts and circumstances, making this a lifelong process.

Becoming a lesbian-gay-bisexual offspring includes disclosing a non-heterosexual identity to siblings, parents, grandparents, and other family members, and redefining these relationships after coming out. For those who are coming out later in life, this stage may also include LGB parents coming out to their children and other younger family members. Establishing a positive relationship can be difficult and lengthy, particularly for individuals who are more dependent on family, since coming out typically disrupts these relationships. It is believed that other social support and more cultural acceptance of LGB individuals and communities may help moderate any family rejection. D'Augelli indicated that it is possible to establish more positive relationships with family members through education and patience. This responsibility often falls on the LGB individual, however, recently parents have taken more active steps to reintegrate the LGB family member and affirm his or her life.

Developing a lesbian-gay-bisexual intimacy status is a more complex process because of the oppression and discrimination that same-sex couples experience in society. These relationships may initially consist of uncertainty and ambiguity because of a lack of cultural scripts for same-sex relationships in society. D'Augelli believed that a happy, healthy, and adaptive relationship is able to emerge that is more flexible and couple-specific. *Entering a lesbian-gay-bisexual community* consists of varying degrees of commitment to political groups and social action. Some LGB individuals never engage in this process, especially if they view sexual orientation as a private matter. Others who engage in this process may experience personal and professional risk such as losing employment or housing. D'Augelli believed that in order to feel empowered, LGB individuals must become aware of heterosexism within society's laws and policies, and how it limits their freedom and development. He noted that barriers still remain for LGB individuals and communities, including lack of rights for housing, employment, commitment or marriage, adoption, and military service. Individuals who enter a lesbian-gay-bisexual community are conscious of historical and continuing oppression, and make a commitment to resist current oppression.

Since this model was not developed based on data or other methods of research, it lacks empirical support that other models have received. Additionally, while D'Augelli (1994) specifically included bisexual individuals in his model, there are no distinctions made between lesbian women, gay men, or bisexual individuals and how their development might differ. D'Augelli's model is unique in that there are not stages for an

individual to progress through. Rather, it acts as a descriptor for what processes the individual experiences in his or her identity development.

Andersen and Taylor's model. Andersen and Taylor (2004) also created a model that incorporates social context within the identity development process, however, unlike D'Augelli (1994) their model consists of stages. Andersen and Taylor (2004) attempted to integrate more social influences and context with sexual orientation development, and created an ecological model of gay male identity. While this model is limited to only gay men, and ignores the development of lesbian and bisexual individuals, it consists of stages based on the individual's interpersonal and intrapersonal processes as an explanation for development. This model conceptualizes the individual as being surrounded by societal influences, with environmental factors consisting of cultural and spiritual influences, peers, and family and parents influencing the individual.

During the *before coming out* stage, the individual is most influenced by the previously mentioned environmental influences, including the support, or lack of support, received from parents, family, and friends, as well as the acceptance, or lack of acceptance and tolerance, by institutional and spiritual organizations. The individual may experience internalized homophobia as a result of negative societal influences. The *coming out* stage is comprised of emotional, cognitive, and behavioral characteristics of the individual. Questioning a sexual minority identity is the hallmark of this stage, and may lead to the assumption of a gay identity. Feelings of ambivalence and conflict or confusion may lead the individual to engage in self-destructive behaviors as a way of

coping when there is a lack of tolerance, acceptance, and/or support from environmental factors.

The third stage, *beyond coming out*, consists of self-love, a sense of wholeness and authenticity, and a positive perspective of identifying as gay. This stage is also characterized by a connection with the gay community and pursuing same-sex relationships, as well as reintegration with heterosexual society, which may lead to considerations regarding coming out in a heterosexist environment and negotiating strategies to remain safe. This ultimately leads to the achievement of a unique, gay-positive identity that is consolidated with the rest of the self.

Andersen and Taylor's (2004) ecological model has an obvious shortcoming in that it only accounts for the identity development for gay men. Like Cass's (1979) model, this model is also dependent on the act of coming out as a gauge of identity development and achievement. Additionally, Andersen and Taylor's (2004) prerequisites for achieving consolidation of identity may not be relevant to all individuals who identify as gay.

Summary of sexual minority identity development. Coming out has been described as one of the most stressful parts of LGB identity development, and may be a life-long process (Cox et al., 2011; D'Augelli, 1996; Fukuyama & Ferguson, 2008; Garnets & Kimmel, 1993; Troiden, 1988, 1989). It has been suggested that the development of a positive LGB identity may span over at least 12 years (McFarland & McMahon, 1999; Troiden, 1989). Although more recent research has suggested that time between traditional milestones in identity development have decreased (Morgan, 2013). For example, in one cross-sectional study (Glover, Galliher, & Lamere, 2009), there was

no difference found between adolescent and emerging adults' sexual minority identity. Due to perceived and real rejection by others, LGB individuals may conceal their sexual identity, however hiding an aspect of their identity may result in increased stress, loneliness, and illness (Cox et al., 2011; Troiden, 1988, 1989). Being out has been associated with decreased internalized homonegativity, and may result in better mental health and well-being, such as increased self-acceptance and more happiness (Barnes & Meyer, 2012; Cox et al., 2011; Troiden, 1979, 1988, 1989). An additional factor to consider in the process is the intersection of sexual identity and ethnic identity.

Sexual Minority Identity Among People of Color

It can be argued that one's self-identity depends on the cultural context or environment and the multiple group memberships to which an individual belongs, both of privilege and oppression (Andersen & Taylor, 2004; Fukuyama & Ferguson, 2008). Oetting and Beauvais (1990-1991) made an attempt at recognizing multiple identities with their orthogonal cultural identification. They suggested that different identities function independently, but may also react in complex interactions so that individuals can identify uniculturally, biculturally, or multiculturally based on feelings toward each identity and its salience in the individual's life (Fukuyama & Ferguson, 2008).

As identity development depends on cultural influences, it is important to examine ethnic perspectives and their respective cultural influence on the identity formation process for LGB individuals who do not identify as part of the dominant White culture. Native Americans, African Americans, Asian Americans, and Latino/as make up the four largest, most inclusive ethnic minority categories within the United States, and

these individuals have also historically experienced the most oppression (Choney, Berryhill-Paapke, & Robbins, 1995; Christian, 1999; Dana, 2002; Der-Karabetian, Dana, & Gamst, 2008; Guthrie, 1976; Locke, 1998).

Native Americans have traditionally viewed sexual orientation as a continuum rather than limited categories or stages (Fukuyama & Ferguson, 2008). Native Americans who identify as LGB may also feel conflicted in their allegiances to either of the communities, both of which face prejudice, as Native American values of kinship and collectiveness likely conflict with predominantly White values of coming out and differentiating oneself as a unique individual (Fukuyama & Ferguson, 2008; Walters, 1997).

African Americans who identify as LGB are likely to experience discrimination from both White and African American communities (Fukuyama & Ferguson, 2008). Racial stereotypes of African Americans are at odds with an LGB identity, as African American individuals may be stereotyped as sexually "primitive" by dominant White culture (Meyer & Ouellette, 2009, p. 80), whereas same-sex activities have been condemned as "unnatural" (p. 80). Coming out for an African American may result in the loss of heterosexual privilege, support from family, and other communities, such as religious affiliations, that make the individual feel safe (Fukuyama & Ferguson, 2008). Historically, religion has played a large role in African American communities, however, the same spiritual beliefs that provide affirmation for these individuals may condemn homosexuality (Fukuyama & Ferguson, 2008; Richardson, 1991). Because of this, African Americans may not feel as compelled to come out as LGB for fear of prejudice

on top of racism already experienced (Fukuyama & Ferguson, 2008). Internalized racism and internalized heterosexism in LGB African Americans have been negatively correlated with self-esteem, and internalized heterosexism has positively predicted psychological distress (Szymanski & Gupta, 2009).

Asian Americans have traditionally highly valued family and collectivism, and affiliated feelings of family obligations and shame may dictate behaviors for these individuals (Fukuyama & Ferguson, 2008). Men and women may be expected to marry for procreation to carry on the family name, which may be more important to the individual than pursuing a same-sex relationship (Fukuyama & Ferguson, 2008). Since religious faiths vary among Asian Americans, including Hinduism, Buddhism, Christianity, and Islam, so do spiritual beliefs regarding homosexuality (Fukuyama & Ferguson, 2008). Views on coming out among Asian American LGB individuals may also vary based on acculturation into the United States (Fukuyama & Ferguson, 2008).

Loyalty to family is also very important to many Latino/as (Falicov, 1996; Fukuyama & Ferguson, 2008; Garcia-Preto, 1996; Grau, Azmita, & Quattlebaum, 2009). The pressure to marry for the sake of family appearance may influence some LGB Latino/as to not come out or pursue a same-sex relationship (Fukuyama & Ferguson, 2008). Additionally, the ideal of *machismo* for Latino men values virility, while the ideal of *marianismo* for Latinas values childrearing, which again may outweigh the desire to come out or pursue a same-sex relationship for sexual minority Latino/as (Fukuyama & Ferguson, 2008). LGB Latino/as tend to experience more internalized homophobia than White LGB individuals (Barnes & Meyer, 2012). Religion, predominantly Catholicism,

has historically played a large role in Latino/as lives (Falicov, 1996; Fukuyama & Ferguson, 2008). Their spirituality likely prohibits and condemns homosexuality, however, their family may also be a source of acceptance and support (Falicov, 1996; Fukuyama & Ferguson, 2008; Garcia-Preto, 1996).

Generally, the gay liberation movement was initiated by and has been associated with White middle class United States citizens, so that people of color may resist identifying as part of the LGB community (Fukuyama & Ferguson, 2008). Thus, they may chose to identify their sexual orientation in a way that does not fit the customary labels of gay, lesbian, or bisexual (Fukuyama & Ferguson, 2008). LGB people of color and White individuals perceive similar levels of social stigma and heterosexism, however, people of color are less likely to disclose their sexual minority status, especially if they will lose familial support or even disassociate from their cultural environment (APA, 2008; Fukuyama & Ferguson, 2008; Moradi et al., 2010). For those who have immigrated, coming out may be a sign of further acculturation into United States society (Fukuyama & Ferguson, 2008). People of color who identify as being LGB may not have the coping skills needed in order to be out and experiencing homophobia or biphobia on top of racism (Fukuyama & Ferguson, 2008).

Heterosexism, Homophobia, and Internalized Oppression

LGB individuals in the United States face discrimination stemming from heterosexism, homophobia or homonegativity, gender role nonconformity, sexism for lesbians and bisexual women, racism for sexual minority people of color, and in the case of sexual minority immigrants, xenophobia (APA, 2011; APA, 2008; Lebolt, 1999;

McLaughlin & Rozee, 2001; Negy & McKinney, 2006). Sexual prejudice may be understood as the negative attitudes toward a sexual orientation, and characterizes aversion to gay, lesbian and bisexual individuals, as well as the negative attitudes that some sexual minorities may have against heterosexual individuals (Herek, 2004).

Heterosexism has been defined as "the ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community" (Herek, 1995, p. 321). It has also been described as the belief that heterosexual orientation is part of normal development, implying that deviations from this are unnatural or dysfunctional (D'Augelli, 1994). Heterosexism refers to the larger societal and cultural ideology that denies and disparages sexual minorities, which perpetuates the power imbalance so that homosexuality continues to be perceived as inferior to heterosexuality (APA 2011; APA, 2008; Greene, 2005; Herek, 2004). Homophobia describes the unwarranted negative reactions, including fear, disgust, and hatred toward homosexual individuals (Campbell et al., 1983; Schwartzberg & Rosenberg, 1998; Sullivan, 2003). LGB individuals are denied heterosexual privilege, and the homonegativity they face pathologizes them.

Internalized oppression is the process in which individuals take in negative messages and stereotypes regarding a specific identity and identity roles, which then may result in lower self-esteem, self-pride, and pride of the entire group (Pharr, 1988, 1997). More specifically, internalized homophobia/homonegativity refers to the painful process of turning negative attitudes about an LGB identity, as reflected by society, inward and applying those messages toward the self (Barnes & Meyer, 2012; Brady, 2011; Cox et al.,

2011; Dew & Chaney, 2005; Frost & Meyer, 2009; Kubicek et al., 2009; Russell & Bohan, 2006).

Internalized oppression and identity development. Internalized homo- and biphobia, and development of a sexual minority identity tend to be intertwined. Internalizing negative messages results in a negative self-perception, which in turn leads to negative views of homosexuality (Wilson, 1999). For example, young gay men with higher levels of internalized homophobia may be more wary of and anxious about their sexual identity (Herek, 1991).

Internalized homophobia likely consists of being concerned with publicly identifying as gay and discomfort with having a sexual minority identity (Ross & Rosser, 1996). The initial stages of multiple identity models (e.g. Cass, 1979; Troiden, 1979, 1988, 1989) may consist of feelings of anxiety, alienation, and shame regarding a homosexual or bisexual identity and other sexual minorities. Examination of Cass's (1979) model has suggested that identity development is negatively correlated with internalized homophobia (Greene & Britton, 2012). It has also been suggested that in order to successfully come out, internalized homophobia must be resolved (Shildo, 1994). Experiences of heterosexism and homophobia, and internalizing those negative messages likely hinder healthy development of a positive sexual minority identity (Wilson, 1999).

Internalized oppression and well-being. Internalized heterosexism has largely been studied as a potential mediator or moderator of well-being among LGB individuals. Almost all LGB individuals must confront and work through internalized homophobia, which can influence their sense of self, their relationships, and their development

(Davies, 1996; Frost & Meyer, 2009; Schwartzberg & Rosenberg, 1998; Troiden, 1988, 1989). Internalized homophobia has also been associated with negative outcomes in relation with others, such as distrust, loneliness, self-sabotaging in relationships, high-risk sexual behaviors, and more sexual partners (Currie et al., 2004; DeLonga et al., 2011; Ross et al., 2008; Smith, 2012). Loneliness can also lead to unhealthy coping behaviors such as substance abuse and risky sexual behavior (DeLonga et al., 2011). Those with lower self-esteem are less likely to benefit from social support and are also more likely to use avoidant coping methods, which may further diminish their mental health (Szymanski & Carr, 2008).

LGB individuals who experience internalized heterosexism likely experience greater psychological distress (Szymanski, 2006; Szymanski & Carr, 2008). The internalization of homonegative messages has been correlated with symptoms of depression, anxiety, somatization, eating disorders, social isolation, lower self-esteem, self-harm, and suicide (Bauermeister et al., 2010; Campbell et al., 1983; Cox et al., 2011; Currie et al., 2004; Davies, 1996; Kubicek et al., 2009; Newcomb & Mustanski, 2010; Peterson & Gerrity, 2006; Ross et al., 2008; Rosser et al., 2008; Sánchez et al., 2010; Schwartzberg & Rosenberg, 1998; Szyamnski, 2006; Szymanski & Carr, 2008). For lesbians who have survived sexual assault, more internalized homophobia was associated with avoidant coping and posttraumatic stress disorder (PTSD; Gold, Dickstein, Marx, & Lexington, 2009). For gay men, internalized homophobia mediated the relationship between childhood physical abuse and PTSD (Gold et al., 2011).

The psychological distress that sexual minorities experience is likely due to stigmatization, oppression, violence, identity development, losses from coming out, and health issues such as HIV/AIDS (APA, 2011). Forces such as heterosexism and homophobia undoubtedly contribute to the development of psychological concerns among sexual minorities.

Psychological Distress Among Sexual Minorities

Generally, LGB individuals have few differences in psychological functioning when compared to heterosexual individuals (APA, 2011; APA, 2008; Newcomb & Mustanski, 2010). The discrimination and prejudice that LGB individuals experience, however, has been repeatedly shown to result in a higher likelihood of negative mental health symptoms when compared to their heterosexual counterparts (APA, 2011; APA, 2008; Cox et al., 2011; Currie et al., 2004; Newcomb & Mustanski, 2010; Ussher, 2009).

Previous studies have found that LGB individuals have increased rates of overall distress and a range of psychological symptoms and disorders including panic attacks, anxiety disorders, major depression, bipolar disorder, substance abuse and dependence, self-injurious behaviors, suicidal ideation, and suicide attempts (APA 2011; Beren et al., 1996; Cochran et al., 2003; Cox et al., 2011; Fergusson et al., 2005; Hellman et al., 2002; Kowszun & Malley, 1996; Newcomb & Mustanski, 2010). Gay and bisexual men have been more likely to be diagnosed with a mental health disorder than heterosexual men (Cochran et al., 2003). Gay men are also more likely to have lower self-esteem when compared to heterosexual men (Beren et al., 1996; Campbell et al., 1983). Additionally,

nearly half of gay and bisexual men have reported comorbidity of symptoms, compared to approximately 30% of heterosexual men (Cochran et al., 2003).

Gay and bisexual men have been three to five times more likely to meet criteria for major depression, nearly five times more likely to meet criteria for panic disorder, and over eight times more likely to meet criteria for an anxiety disorder than heterosexual men (Cochran et al., 2003; Fergusson et al., 2005). Generalized anxiety disorder has been found to be more prevalent for lesbian and bisexual women than heterosexual women, with over half of lesbian and bisexual women reporting comorbidity of symptoms, compared to 30% of heterosexual women (Cochran et al., 2003). Lesbian women have been twice as likely to report symptoms meeting criteria for major depression and anxiety disorders than heterosexual women (Fergusson et al., 2005). Both gay men and women have reported significantly more suicidal ideation and suicide attempts when compared to heterosexual individuals (Fergusson et al., 2005).

In regard to substance abuse, while approximately 8% of women in the general United States population reported experiencing a problem with alcohol, as many as 23-35% of lesbian women reported a problem (Clark & Midanik, 1982; Kowszun & Malley, 1996). Sixteen percent of men in the general U.S. population reported having a problem with alcohol consumption, compared to 19-30% of gay men (Clark & Midanik, 1982; Kowszun & Malley, 1996). Additionally, LGB individuals are more likely than their heterosexual counterparts to use a wide range of substances, including marijuana, cocaine, amphetamines, MDMA, barbiturates, and other psychedelic substances (Kowszun & Malley, 1996; McKirnan & Peterson, 1989; Stall & Wiley, 1988). It is also

more likely that gay men and lesbian women continue their substance use and misuse later in life than heterosexual individuals (Kowszun & Malley, 1996).

Dissatisfaction with body image and symptoms of eating disorders have also been found to be higher among LGB individuals than their heterosexual counterparts, and simply affiliating with the gay community has been related to an increase in body dissatisfaction (Beren et al., 1996; Wood, 2004). Gay men have been found to have comparable or higher rates of body dissatisfaction when compared to heterosexual and lesbian women (Beren et al., 1996; Strong, Singh, & Randall, 2000; Wood, 2004). When compared to heterosexual men, gay men are more likely to binge and purge, be more occupied with weight, and report more dissatisfaction with their waists, biceps, arms, and stomach (French, Story, Remafedi, Resnick, & Blum, 1996; Silberstein, Mishkind, Striegel-Moore, Timko, & Rodin, 1989; Wood, 2004).

These issues with body dissatisfaction may be a result of gay men trying to live up to the male standard for appearance from a sexual or romantic partner (Wood, 2004), as men tend to give a higher priority to physical appearance than women in relationships (Siever, 1996). Gay men have been found to have the greatest amount of objectification toward themselves and their partners than any other group of individuals (Deaux & Hanna, 1984; Sánchez & Vilain, 2012), with physical appearance rated as more important to their identity personally and culturally (Sánchez & Vilain, 2012; Sánchez et al., 2010; Wood, 2004). The more emphasis a gay man places on appearing and acting masculine and not effeminate, the higher likelihood he experiences negative feelings about

identifying as gay (Sánchez, Greenberg, Liu, & Vilain, 2009; Sánchez & Vilain, 2012; Sánchez et al., 2010).

Research suggests that gay men also have an increased risk of experiencing physical and sexual abuse during childhood, which likely influences their mental and physical health (Brady, 2008). Adolescents who identify as LGB are also at risk for more psychological problems than heterosexual adolescents. Boys who identify as gay or bisexual are 15 times more likely to binge and have body image concerns than heterosexual boys (Wood, 2004). Social stressors that affect LGB youth put them at higher risk for teasing, and verbal and physical abuse, which may result in problems with education, running away, and increased rates of anxiety disorders, depression, substance abuse, risky sex, sex work, sexually transmitted infections, pregnancy, suicidal ideation, and suicide attempts (APA 2011; APA, 2008; Bauermeister et al., 2010; Beren et al., 1996; McCann, Plummer, & Minichiello, 2010; D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Espelage, Aragon, Birkett, & Koenig, 2008; Savin-Williams, 1994; Wood, 2004).

There have been differences found in the utilization of mental health services for individuals identifying as LGB compared to heterosexual individuals. LGB men, women, and adolescents are more likely to utilize mental health care than their heterosexual counterparts (Cochran et al., 2003; Plummer, 2010). This might be explained by the high levels of stress LGB individuals experience daily from being a sexual minority in a predominantly heterosexist society, less access to social support, and generally less acceptance of LGB individuals' values and identity (Plummer, 2010).

Internalized homophobia and heterosexism may hinder sexual identity development and contribute to psychological distress (Rowen & Malcolm, 2002; Szymanski, 2006; Szymanski & Carr, 2008; Wilson, 1999), however, LGB individuals are capable of coping with such obstacles. Processes used to accept a more positive view of self have included evaluating the sources of homophobic messages and identifying hypocrisy, critically rethinking what they have been taught about sexual minorities, thinking positively, and acknowledging personal strengths (Kubicek et al., 2009; Moane, 2008). One personal strength that may assist LGB individuals in coping with heterosexism and homophobia is the development of a protective sense of humor. The importance of humor as a coping skill has received past and continued attention in psychological literature.

Importance of Humor Research

Prior to the 1960s, the psychological benefits of using and appreciating humor were largely understudied (Capps, 2006). Since then, humor has been studied extensively for its association with sense of happiness, benefits to well-being, and as a tool for coping (Alpass et al., 2001; Avi & Zeigler-Hill, 2011; Capps, 2006; Collinson, 1988; Rim, 1988; Scott, 2007; Thorson et al., 1997). Humor is used within multiple contexts, and the effects of its use have been examined in general society (Bing, 2004; Case & Lippard, 2009; Coser 1960; Crawford, 2003; Merrill 1988; Stillion & White 1987), among coworkers in organizations (Collinson, 1988; Scott, 2007), within romantic relationships (Barelds & Barelds-Dijkstra, 2010; Bippus, Young, & Dunbar, 2011; Cann et al., 2011; Carstensen, Gottman, & Levenson, 1995; Driver & Gottman, 2004; Greengross & Miller,

2011; Murstein & Brust, 1985; Priest & Thein, 2003; Rust & Goldstein, 1989; Ziv & Gadish, 1989), and for individuals, which typically includes comparisons between men and women (Alpass et al., 2001; Avi & Zeigler-Hill, 2011; Cann et al., 2011; Capps, 2006; Greengross & Miller, 2011; Polio & Edgerly, 1996; Rim, 1998; Thorson et al., 1997; Vitulli, 2005).

Symbolic interactionist perspectives focus on systems of meaning that operate at the individual, interactional, and societal structural levels (Case & Lippard, 2009; Crawford, 2003). The presence of others, especially whose company we enjoy, tends to facilitate laughter and enjoyment of humor (Chapman, 1996; Coser, 1960), which demonstrates the importance of sharing appreciation of humor with others. Humor has also been viewed as a means and strategy for interaction among individuals (Crawford, 2003), and may significantly perpetuate or alter relationships of power and authority (Case & Lippard, 2009). In these cases, humor is viewed as a mode of communication allowing individuals or larger systems to support current definitions and perspectives, or construct alternative definitions and promote different perspectives (Bing, 2004; Case & Lippard, 2009).

Generally, findings have indicated that those who hold more power and authority tend to tell more jokes and use humor more often to shame and ridicule those of lesser statuses and privilege, or those they are unaffiliated with; while those who have less power and status tend to affirm or silently endure this type of humor (Bing, 2004; Case & Lippard, 2009; Coser 1960; Hodson, Rush, & MacInnis, 2010; Merrill 1988; Polio & Edgerly, 1996; Stillion & White 1987, Zillman & Cantor, 1996). When jokes are made at

the expense of others, they appear funnier or more amusing (Bain, 1865; Bergson, 1911; Coser, 1960; Gruner, 1978, 1997; LaFave, Haddad, & Maesen, 1996; Leacock, 1935; Ludovici, 1932; Martin, 1998; Middleton, 1959; Polio & Edgerly, 1996; Rapp, 1949, 1951; Sidis, 1913; Wolff, Smith, & Murray, 1934; Zillman, Bryant, & Cantor, 1974; Zillmann & Cantor, 1996). More often, groups and individuals who are less privileged use humor as a means to express their own identities and perceptions that may disagree with those held by the dominant group (Bing, 2004; Case & Lippard, 2009; Merrill, 1988). Thus, humor may be used to convey information, and help construct and deconstruct social identities, ideologies, and realities (Case & Lippard, 2009; Chapman, 1996; Crawford, 2003).

Within larger organizations in society, a humor culture exists (Collinson, 1998; Scott, 2007). Humor is a means for socialization, and may be used as a mechanism to mediate and facilitate coworker relationships, increase camaraderie, cope with work conditions and relieve tension, prevent burnout, and promote practices and values of the workplace (Collinson, 1998; Coser, 1960; Gilgun & Sharma, 2012; Scott, 2007). Humor, however, may also be used as a way to disguise or distort work conflicts and deny lower work statuses by lower-level employees (Collinson, 1998). Types of humor utilized by employees may also act as a form of resistance toward the social organization within the company, as well as a way to differentiate themselves from other workers or departments (Collinson, 1998).

Humor has been identified by partners in long-term relationships as a characteristic that has contributed to successfulness, happiness, and satisfaction (Bippus

et al., 2011; Carstensen et al., 1995; Greengross & Miller, 2011; Murstein & Brust, 1985; Ziv & Gadish, 1989). While humor has been perceived as being important in dating relationships and marriage, there has been no evidence supporting similarity in humor styles used by partners (Cann et al., 2011). Couples commonly use humor for conflict resolution (Bippus et al., 2011; Driver & Gottman, 2004; Ziv & Gadish, 1989). The type of humor used, and each partner's perception of humor during these situations, however, is more important than simply the production of humor (Bippus et al., 2011; Driver & Gottman, 2004; Rust & Goldstein, 1989; Ziv & Gadish, 1989). Although other studies examining romantic relationships have concluded that humor plays a limited role in mediating attraction, relationship quality, and happiness (Barelds & Barelds-Dijkstra, 2010; Cann et al., 2011; Priest & Thein, 2003; Rust & Goldstein, 1989), with one study indicating that men's humor had no significant relationship with love or relationship quality (Barelds & Barelds-Dijkstra, 2010).

At the individual level, some studies have found that women and men both use humor similarly, in both same-sex and mixed-sex group settings (Bippus et al., 2011; Capps, 2006; Crawford, 2003; Lefcourt & Martin, 1986; Martin & Lefcourt, 1983). However, other research has concluded that men tend to produce more humor socially while women tend to use more humor for coping (Coser, 1960; Polio & Edgerly, 1996; Thorson et al., 1997), and that men tend to be perceived as funnier than women (Coser, 1960; Greengross & Miller, 2011). Gender differences have been found in humor use during adolescence, as well, with boys using more sex-themed and aggressive humor than girls (Führ, 2002). In adults, men also tend to find sexual humor more enjoyable, while

women tend to find absurd humor more enjoyable, however women who identify as more masculine tended to appreciate sexual humor more (Brodzinsky, Barnet, & Aiello, 1981; Diaconu-Muresan & Stewart, 2010). Research with older adults has found that older women perceive humor as an important quality for women to have, while older men did not value the use of humor in women (Vitulli, 2005). It also appears that younger adults are perceived as more humorous than older adults, however there may be generational differences in defining sense of humor (Thorson et al., 1997).

There are numerous circumstances surrounding, motivations for, and situations of humor, humor use or production, and humor appreciation. Thus, there are several theories to help understand what factors into humor production, what content individuals appreciate in humor, and what causes some people to be amused by humor that others do not find amusing.

Theories of Humor

Multiple theories of humor have been developed to better understand and explain the disjointed research conducted on laughter and humor thus far (Gervais & Wilson, 2005). These include psychoanalytic theory, incongruity theories, superiority/ disparagement theories, arousal and relief theory, personality trait theory, developmental psychology theory, and benign-violation theory.

Psychoanalytic theory. Freud (1928, 1960, 1963) studied humor and categorized it into three different types based on the experience. The first category, *jokes*, allows an individual to express unconscious aggression and sexual impulses that would typically be repressed (Freud, 1928, 1960, 1963; Martin, 1998). *Comic*, Freud's second category,

involves the nonverbal sources of comedy, or what is also known as slapstick comedy (Martin, 1998). In comic experiences, the observer anticipates what she or he expects to happen, and when expectations are not met, the result is laughter (Freud, 1928, 1960, 1963; Martin, 1998). Freud described comic as the laughter at immature or childish behavior (Freud, 1928, 1960, 1963; Martin, 1998). The third category, simply labeled *humor*, includes situations when a person would typically experience negative emotions, including sadness, fear, and anger, but the amusing perception of the situation allows for the avoidance of negative emotions (Freud, 1928, 1960, 1963; Martin, 1998). Freud believed that this third category serves as a defense mechanism, and indicated that humor plays as the superego comforting and reassuring an anxious ego (Freud, 1928, 1960, 1963; Martin, 1998).

Research has both supported and refuted Freud's (1928, 1960, 1963) theory of humor. His second and third categories, comic and humor, have received extremely little empirical attention (Martin, 1998). The first category, jokes, has been studied the most and results have largely been at odds with Freud's theory (Byrne, 1956; Freud, 1928, 1960, 1963; Martin, 1998; Prerost, 1983, 1984; Ruch & Hehl, 1988; Ullmann & Lim, 1962). Research regarding aggression has mostly found that those who express hostility more tend to enjoy aggressive humor more (Byrne, 1956; Ullmann & Lim, 1962). Research regarding sexual impulses has produced similar results, namely that those who are less sexually inhibited are more likely to enjoy sexual humor (Prerost, 1983, 1984; Ruch & Hehl, 1988). Additionally, those who enjoy more sexual experiences tend to find all types of humor more enjoyable than those who are more sexually inhibited, suggesting

that the repression of sexual impulses decreases appreciation of all types of humor (Martin, 1998; Prerost, 1983, 1984; Ruch & Hehl, 1988). The majority of studies examining Freud's (1928, 1960, 1963) theory on humor are far outdated, and are riddled with other limitations, such as methods used to measure inhibition and repression, small sample sizes, and samples largely consisting of either psychiatric inpatients or college students.

Incongruity theories. While Freud's (1928, 1960, 1963) theory focused on the affect and drives behind humor, incongruity theories address the cognition behind humor (Martin, 1998). According to incongruity theories, humor is funny due to different, typically serious, ideas or situations brought together in an unexpected way (Martin, 1998). Incongruity theories contribute to the notion that humor production is the result of creative cognition (Babad, 1974; Brodzinsky & Rubien, 1976; Fabrizi & Pollio, 1987; Koestler, 1964; Martin, 1998).

While these theories focus more on humor production than the content of humor appreciation, incongruity theories and creativity have received much more empirical support than Freud's (1928, 1960, 1963) theory of humor (Babad, 1974; Brodzinsky & Rubien, 1976; Fabrizi & Pollio, 1987; Koestler, 1964; Martin, 1998). In studies of incongruity theories of humor, creativity has been correlated with the funniness of humor production (Babad, 1974; Brodzinsky & Rubien, 1976; Clabby, 1980; Fabrizi & Pollio, 1987). Maintaining the focus on cognition, some researchers have studied the association between sense of humor and intelligence (Feingold & Mazzella, 1991; Koppel & Sechrest, 1970; Levine & Redlich, 1960; Martin, 1998). From the research that has

examined intelligence, there is a general consensus that intelligence is not necessarily related to humor appreciation (Koppel & Sechrest, 1970), but there is a correlation between intelligence and the ability to comprehend and explain what makes a joke humorous (Fengold & Mazzella, 1991; Levine & Redlich, 1960; Martin, 1998). Again, the majority of research examining incongruity theories is outdated, and samples are limited by largely focusing on students in middle school, high school, and college.

Superiority/disparagement theories. Superiority/disparagement theories are the oldest known theories of humor, originating with Plato and Aristotle (Martin, 1998). According to these theories, humor is funny because of the feeling of superiority that comes from disparaging or ridiculing past mistakes or another person (Bain, 1865; Bergson, 1911; Coser, 1960; Gruner, 1978, 1997; Leacock, 1935; Ludovici, 1932; Martin, 1998; Polio & Edgerly, 1996; Rapp, 1949, 1951; Sidis, 1913).

Research examining superiority/disparagement theories has shown support for multiple groups of individuals (LaFave et al., 1996; Martin, 1998; Middleton, 1959; Wolff et al., 1934; Zillman et al., 1974; Zillmann & Cantor, 1996). Results have generally agreed that an individual identifying with the group being disparaged will appreciate the humor less than if an individual identifies with the superior group (LaFave et al., 1996; Martin, 1998; Middleton, 1959; Wolff et al., 1934; Zillman et al., 1974; Zillmann & Cantor, 1996). It is important to differentiate simple belonging to a group from identification with a group, since it is identification with the group that helps predict the funniness of humor.

Studies have found that non-Jewish individuals tend to laugh at anti-Jewish jokes (Wolff et al., 1934), men tend to laugh at jokes disparaging women (Wolff et al., 1934), Black individuals tend to laugh at anti-White jokes (Middleton, 1959), and individuals tend to enjoy cartoons more when they ridiculed political candidates who the subjects viewed negatively (Zillman et al., 1974). The research on superiority/disparagement theories, as with Freud's (1928, 1960, 1963) theory and incongruity theories, is outdated. Superiority/disparagement theories speak to the appreciation of humor, however they do not address an individual's production of humor or uses for humor.

Arousal and relief theory. Arousal and relief theories assert that emotional arousal occurs as an individual anticipates and prepares for an unpleasant, straining, or demanding situation, and then experiences humor concurrently with relief when the expected situation suddenly diffuses (Shurcliff, 1968). There have been a few studies examining the relationship between arousal and humor, which have concluded that arousal, or induced anxiety, correlates with diminished appreciation of humor (Byrne, 1958; Hom, 1966). But, higher levels of arousal experienced by an individual results in greater appreciation of humor when experiencing relief (Shurcliff, 1968). The research for this theory, however, is sparse and outdated. Additionally, research critiquing this theory appears nonexistent.

Personality trait theory. Personality trait theory has been used to understand correlations between personality traits and humor styles used (Jovanovic, 2011). Humor has been identified as a positive personality attribute, historically and currently (Cann & Calhoun, 2001; Kuiper & Leite, 2010). Most of the research conducted on humor using

personality trait theory is based on the five factor model (Costa & McCrae, 1985, 1992; Kuiper & Leite, 2010; Özyeşil, Denïz, & Kesici, 2013; Jovanovic, 2011).

The big five personality factors are considered universal traits that include neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (Costra & McCrae, 1985, 1992). *Neuroticism* refers to anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability. *Extraversion* is related to warmth, gregariousness, assertiveness, activity, excitement-seeking, and positive emotions. *Openness to experience* includes importance of fantasy, aesthetics, feelings, actions, ideas, and values. *Agreeableness* is associated with trust, straightforwardness, altruism, compliance, modesty, and tenderness. Lastly, *conscientiousness* consists of competence, order, dutifulness, striving for achievement, self-discipline, and deliberation.

Generally, adaptive humor styles, such as self-enhancing and affiliative humor that benefit the self or others, have correlated with more positive personality traits such as self-esteem, extraversion, openness to experience, conscientiousness, and agreeableness (Galloway, 2010; Jovanovic, 2011; Kuiper & Leite, 2010; Özyeşil et al., 2013; Schermer, Martin, Martin, Lynskey, & Vernon, 2013; Veselka et al., 2010a). Neuroticism, or emotional instability, has been negatively correlated with self-enhancing humor (Özyeşil et al., 2013).

Maladaptive humor styles, such as self-defeating and aggressive humor that harm the self or others, have correlated with more negative personality traits such as neuroticism (Galloway, 2010; Jovanovic, 2011; Kuiper & Leite, 2010; Schermer et al., 2013). In addition, extraversion, openness to experience, and agreeableness have been

negatively correlated with aggressive humor, and conscientiousness has been negatively correlated with both types of maladaptive humor (Özyeşil et al., 2013; Veselka et al., 2010a).

Personality trait theory, while beneficial in understanding how individuals with particular personality traits may use humor differently, does not account for the individual's circumstances and context. Developmental psychology theory expands on personality trait theory by taking into consideration an individual's cognitive skills and interpersonal relationships.

Developmental psychology theory. Laughter and humor have been considered universal, occurring in all cultures and nearly all individuals (Apte, 1985; Gervais & Wilson, 2005). Developmental psychologists have examined maturation with laughter and humor, types of humor used across the lifespan, and uses for humor (Cameron, Fox, Anderson, & Cameron, 2010). Developmentally, laughter is one of the first vocalizations made by infants, typically occurring between two and six months of age (Deacon, 1989; Gervais & Wilson, 2005). Basic physical sensations, such as tickling and interesting sounds, can cause laughter in infants (Poole, 2005). Humor evolves as children develop cognitive skills, emotional interpersonal relationships, and physical coordination (Poole, 2005; Semrud-Clikeman & Glass, 2010)

It is believed that young children are amused when parents, other adults, or peers play or create games that involve cognitive skills recently mastered by the child (Levin, 2013; Semrud-Clikeman & Glass, 2010). At a very young age, object permanence is being mastered, such that every time an object is hidden and then reappears, a child is

likely to giggle (Levin, 2013). By one year of age, it is expected that memory and imitation help children learn how to be funny, such as doing something unexpected (Poole, 2005; Semrud-Clikeman & Glass, 2010).

As babies develop into toddlers, three types of humor have been identified in their use of social interactions: joking, teasing, and physical or rough-and-tumble play (Cameron, Kennedy, & Cameron, 2008). By three years of age, children tend to be more sociable and find humor in absurd or implausible situations, the mistakes they make, and interacting in goofy and comical ways with peers (Miller, 2005). Later, language skills for naming and categorizing objects develop, which evokes humor in wrongly naming objects (Levin, 2013). By age seven, children have great mastery over language skills, and humor production can occur in the form of puns and riddles (Semrud-Clikeman & Glass, 2010). It is assumed that incongruity, or violating rules and expectations that are being learned can occur in a safe and amusing way, increasing confidence in skills developed. This indicates that humor can be a vital part of learning and cognitive development, and children can find pleasure and humor in their mastered skills. However, if stimuli are too simple or too complex based on a child's developmental level, it will not be found humorous (Semrud-Clikeman & Glass, 2010). This has been supported by research that has found children with learning disabilities and autistic spectrum disorders have poorer humor comprehension and appreciation (Semrud-Clikeman & Glass, 2010).

As children mature into adolescence, they experience puberty with accompanying physical and cognitive changes (Cameron et al., 2010). This time period usually involves

more social interaction with peers and less parental supervision (Cameron et al., 2010; Schneider & Bullock, 2009). Humor has been found as a way for adolescents to navigate through this challenging period of time, with an increase in use of humor around age 12 years (Cameron et al., 2010; Führ, 2002). Specifically, humor has been found to help with problem solving, benefit social interactions, and make light of sensitive topics such as sex (Führ, 2002). During the adolescent developmental period, humor appears to be used to enhance social interactions with family members and peers (Cameron et al., 2010). Additionally, it may serve to deflect attention, reduce discomfort, avoid embarrassment, and maintain a positive and lighthearted perspective of life.

During adolescence, the three types of humor used during the toddler years are still used, but sense of humor is expanded upon with four more types of humor: irony, sarcasm, parody or mocking, and light tones (Cameron et al., 2010). The additional types of humor used indicate the cognitive development that comes with age, since irony and sarcasm rely on an understanding of incongruity, and parody and light tones involve understanding of social norms and human behavior (Cameron et al., 2010).

It appears as though developmental theory's study of humor does not expand past adolescence. This limits its applicability to how humor is used based on cognitive, emotional, and social skills learned later in life. All other theories focus on adulthood, however, making developmental theory unique in its focus on younger populations.

Benign-violation theory. Benign-violation theory has been most recently developed in response to humor studies that found humor can arise from negative situations (McGraw & Warren, 2010; McGraw, Warren, Williams, & Leonard, 2012).

This theory supports the ability to use humor in order to cope with negative events, experiences, or situations. This theory initially appears to be counterintuitive, since negative situations are not typically expected to resolve in positive emotions such as humor. According to this theory, individuals are able to be amused by threats to their worldviews only if violations appear harmless through psychological distance (McGraw & Warren, 2010; McGraw et al., 2012).

Psychological distance consists of four types (McGraw & Warren, 2010; McGraw et al., 2012). *Spatial* distance allows tragedies that occur geologically distant from an individual to be humorous. Similar to superiority/disparagement theories, when a violation occurs for a social group that an individual does not identify with, then jokes are perceived as harmless. This type of distance is known as *social*. *Temporal* distance allows a tragedy to become funny after a length of time, and *mental* distance allows violations that are hypothetical or not based in reality to be humorous. In benign-violation theory, the success of humor depends on the combined levels of moral threat, psychological distance, and emotional safety. A joke is likely to fail if the moral threat is high and psychological distance is too close, or if the moral threat is low and psychological distance is too far. Thus, psychological distance acts a moderator (McGraw et al., 2012).

This theory has been based on empirical research, and because of its recency has not been met with criticism. Benign-violation theory helps explain appreciation and use of humor. Specifically, that humor may be used as a psychological coping mechanism. Having the capability to change perspectives through humor, in order to see something as

potentially less harmful and threatening, allows for positive feelings and efficient coping (Cann, Calhoun, & Nance, 2000; Martin & Lefcourt, 1983).

Multiple theories have been developed in order to help understand and explain appreciation, production, and uses of humor. Newly developed and studied, benign-violation theory (McGraw & Warren, 2010; McGraw et al., 2012) has received recent national attention in the psychological community (Jaffe, 2013), allowing it to be considered a leading theory of humor appreciation and use. This theory provides a framework to understand humor's implications for psychological well-being and use for coping.

Humor and Psychological Well-being

It has been established that life stressors, or negative events, impact mental health and may contribute to psychopathology (Alpass et al., 2001; Martin & Lefcourt, 1983). Humor's moderating effects on psychological well-being is a popular topic of research (Capps, 2006; Lefcourt & Martin, 1986), and results have generally supported the notion that humor may be used to reduce the psychological impact of various life stressors which may lead to psychopathology, such as depression and anxiety (Alpass et al., 2001; Capps, 2006; Dozois et al., 2009; Kelly, 2002; Kuiper et al., 1993; Lefcourt & Martin, 1986). It has even been studied as a factor in alleviating immigration and acculturation stress, as one study found that immigrants to Australia reported that humor was a key factor for positive adjustment to the new culture and psychological well-being (Lund, 2012).

Humor's direct effects on mood have been researched, and it has generally been found to help regulate and elevate individuals' positive, happy moods (Deckers, 1998). Participants who watched something humorous rated their positivity or cheerfulness significantly higher (Isen & Gorgoglione, 1983; Ruch, Köhler, & van Lierde, 1995). Humor has also been found to decrease negative and serious moods (Danzer, Dale, & Klions, 1990; Deckers, 1998; Ruch, Köhler, & van Lierde, 1995).

It is believed that there is a positive relationship between sense of humor, self-concept, self-esteem, and acceptance of limitations in psychological well-being (Capps, 2006; Dijkstra et al., 2011; Kuiper & Martin, 1993; Lefcourt & Martin, 1986; Martin, 1998). Higher levels of affiliative humor, or humor used to promote relationships, and self-enhancing humor, or humor used to promote the self, and lower levels of self-defeating humor have been related to fewer depressive symptoms (Hugelshofer, Kwon, Reff, & Olson, 2006). Individuals who use more positive styles of humor also tend to report greater social intimacy, satisfaction with social support, and subjective well-being (Jovanovic, 2011; Martin et al., 2003).

Negative uses of humor, such as self-defeating humor, may result in decreased well-being (Dijkstra et al., 2011). Psychopathy has been found to be related to negative humor styles, and narcissism has been correlated with aggressive humor (Martin et al., 2012). Mindfulness, or awareness of the moment, which has shown success in alleviating negative thought patterns, has been positively correlated with affiliative and self-enhancing humor styles, and negatively correlated with aggressive and self-defeating humor styles (Özyeşil et al., 2013).

Interestingly, narcissism has been correlated with both positive and negative styles of humor production (Avi & Zeigler-Hill, 2011; Martin et al., 2012; Veselka, Schermer, Martin, & Vernon, 2010b). More specifically, grandiose narcissism has been associated with adaptive humor, while vulnerable narcissism, or those with an unstable self-concept, has been associated with maladaptive humor (Avi & Zeigler-Hill, 2011; Martin et al., 2012). On the other hand, negative styles of humor have been correlated with Machiavellianism (Martin et al., 2012; Veselka et al., 2010b).

Although research regarding substance use and humor has been sparse, findings suggest that humor is a predictor of substance use (Edwards & Martin, 2012; Martin et al., 2002). Cheerful and humorous children have been found to later have greater alcohol and tobacco consumption than less cheerful and humorous peers (Martin et al., 2002). Adults who endorse humor as a predominant coping style also have been found to engage in greater alcohol use (Carver, 1997). Interestingly, both adaptive and maladaptive styles of humor have been associated with greater substance use. Individuals who use affiliative or aggressive humor were more likely to have used substances, including alcohol, tobacco, marijuana, and cocaine, in the previous month (Edwards & Martin, 2012). This suggests that individuals who are more humorous may engage in less healthy behaviors. However, self-defeating and self-enhancing humor have not been correlated with substance use (Edwards & Martin, 2012). These inconsistent findings indicate that more research must be done in this area, as humor may still prove as an appropriate coping mechanism to alleviate mood and increase psychological well-being.

Humor as a Coping Skill

Humor used for coping is one of the most extensively researched roles of humor (Capps, 2006). Freud (1928, 1960, 1963) believed that humor use by individuals represented a way for the ego to avoid hurt and suffering. He considered it one of the highest forms of a defense mechanism since it did not alter or ignore reality (Martin, 1998). Psychodynamically-influenced humor coping styles have been identified as *minimization, suppression, seeking succorance, replacement, fault-finding* or *blame, substitution, mapping,* and *reversal* (Rim, 1988). Men have been found to be more sensitive to and enjoy humor more, and use humor more for mapping, while women tend to use humor as a way to suppress, seek succorance, blame, and substitute (Rim, 1988). Minimization was found to be the preferred style of coping for both men and women in their use of humor (Rim, 1988).

Other theorists have posited that humor may be used in various ways to help individuals cope, such as by reducing tension or promoting alternative perspective-taking (Avi & Zeigler-Hill, 2011; Martin, 1998; Murstein & Brust, 1985; O'Connell, 1996). Considerable research has found that humor helps reduce the impact of life stressors (Alpass et al., 2001; Capps, 2006; Lefcourt & Martin, 1986; Martin & Lefcourt, 1983). The use of humor as a strategy to cope with stress has been negatively correlated with perceived stress, tension, anxiety, and depression (Martin, 1998; Martin & Lefcourt, 1983). Individuals who experience stressful situations and use more humor are more likely to have realistic expectations for similar future situations than those who use less humor (Kuiper et al., 1993; Martin, Kuiper, Olinger, & Dance, 1993).

The use of humor as a coping skill has become more widely recognized within the past couple of decades, and programs have been developed to help individuals use humor to cope through the use of videos, books, comic strips, and encouragement to exchange jokes (Burns, 1995; Hulse, 1994; Hunt, 1992; Lefcourt & Thomas, 1998; Trent, 1990). The belief that humor is therapeutic, also known as *gelatotherapy*, indicates that humor can improve quality of life (Lefcourt & Thomas, 1998). It can be used as a distraction from pain (Hunt, 1992; Lefcourt & Thomas, 1998; McCaffery, 1990; Trent, 1990), or as a means for helpless individuals to feel empowered (Hulse, 1994; Hunt, 1992; Lefcourt & Thomas, 1998; Vergeer & MacRae, 1993). Generally, it has been agreed that humor is beneficial due to its affective coping with stress (Cann & Etzel, 2008; Capps, 2006; Lefcourt & Martin, 1968; Lefcourt & Thomas, 1998; Martin & Lefcourt, 1983).

The *DSM-IV-TR* (APA, 2000) recognized humor as a highly adaptive coping mechanism that helps an individual deal "with emotional conflict or external stressors by emphasizing the amusing or ironic aspects of the conflict or stress" (APA, 2000, p. 812). It is considered a highly adaptive coping style because it allows the individual to be aware of and process ideas, thoughts, and feelings in a gratifying way (APA, 2000). It has even been found that individuals will seek out humor in order to change a bad mood, with as many as 34% of participants in one study indicating that they would use humor to laugh at or make light of a situation (Deckers, 1998; Thayer, Newman, & McClain, 1994).

Within the area of coping, it has been noted that specific types of humor, or styles of humor, are more effective than others in moderating stress (Capps, 2006; Lefcourt &

Martin, 1968). Thus, types of humor have been generally divided into positive and negative uses, or adaptive and maladaptive humor (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Galloway, 2010). Adaptive humor has been associated with perceived low levels of stress, while maladaptive humor has been associated with perceived high levels of stress (Avi & Zeigler-Hill, 2011). These two categories have been further broken down into more specific types of styles. These include affiliative, aggressive, self-enhancing, and self-defeating, with affiliative and self-enhancing styles considered adaptive or benign, and aggressive and self-defeating humor considered maladaptive or detrimental styles (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Galloway, 2010; Martin et al., 2003).

Affiliative humor is a positive style that is used in a friendly way, to enhance relationships with others (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003). *Aggressive* humor is the opposite; a negative humor style that attacks or belittles other people in order to increase self-impression (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003). *Self-enhancing* humor is another positive type that is most likely used during stressful events (Cann et al., 2011), as it protects the individual and enhances the self by finding amusement in situations (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003). *Self-defeating* humor negatively reflects on the individual, such as focusing on weaknesses, in order to enhance relationships with others (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003).

Some gender differences have been found in use of humor style, as men tend to use aggressive and self-defeating humor more than women (Dijkstra et al., 2011; Martin et al., 2003). Femininity has been positively correlated with affiliative humor, while

masculinity has been positively correlated with self-enhancing humor (Martin et al., 2003). Individuals who use self-enhancing humor styles more, or those who use self-defeating humor styles less, tended to have lower perceptions of stress (Cann & Etzel, 2008).

Several studies (Aldridge & Roesch, 2008; Brown, Phillips, Abdullah, Vinson, & Robertson, 2011; Garrett, Garrett, Torres-Rivera, Wilbur, & Roberts-Wilbur, 2005; Roesch, Vaughn, Aldridge, & Villodas, 2009; Williams, 2009) have investigated ethnic minorities' use of humor for coping. For instance, for African Americans, humor has been used significantly more for coping with general stress than for racism-related stress (Brown et al., 2011). Another study (Williams, 2009) found that humor was an important aspect of social connectedness between African-Caribbean and other ethnic minority fathers. It has been postulated that humor has been a spiritual tradition for Native Americans, with humor used as an integral part of survival (Garrett et al., 2005). Use of humor for coping has been associated with a more positive mood for low-income, ethnic minority adolescents (Aldridge & Roesch, 2008; Roesch et al., 2009). Although Mexican American adolescents have reported utilizing positive thinking, problem-solving, and acceptance more than humor as a coping strategy, use of humor increased with age (Aldridge & Roesch, 2008).

Few studies (Ford, Ferguson, Brooks, & Hagadone, 2004; Kidd, Miller, Boyd, & Cardeña, 2009) have examined other minority groups and their use of humor. Coping with humor has been found to benefit women's math test scores while they experience stereotype threat that women are inferior in mathematics compared to men (Ford et al.,

2004). In another study of individuals diagnosed with a severe mental illness (Kidd et al., 2009), it was found that participants valued use of humor in order to cope with their illness and feelings of disempowerment, as well as to facilitate relationships.

Many studies of minorities and coping (Budge et al., 2013; Lehavot, 2012; Szymanski & Owens, 2008; West, Donovan, & Roemer, 2010), however, have ignored humor, and instead selectively focused on only a handful of coping styles (e.g., avoidance, social support, reframing). The benefits of humor as a coping skill are prevalent, and while gender differences and other minority groups have been studied, there is currently no known research directly examining the use of humor among sexual minorities.

Rationale for Current Study

The only known research to examine humor among sexual minorities qualitatively explored homophobic humor's effects on violence among Australian men (McCann, Plummer, & Minichiello, 2010). This study determined that homophobic name-calling and abuse was not actually humor, but described as humor due to the response of laughter that these acts received (McCann et al., 2010). For those who experienced homophobic bullying, the humor was viewed as cruelty, while those who did not report experiencing bullying indicated that homophobic humor was acceptable (McCann et al., 2010).

It appears that the literature has not explored the use of humor as a coping style among sexual minorities. The current study serves as an attempt to explore the associations between internalized homophobia, experiences of heterosexist discrimination, and the use of humor as a coping skill.

Research Questions and Hypotheses

Since research has demonstrated that higher levels of internalized homophobia have been associated with maladaptive coping mechanisms (DeLonga et al., 2011; Gold et al., 2009; Szymanski & Carr, 2008), it stands to reason that internalized homophobia might be related to use of maladaptive humor styles. This question has not yet been explored in the research literature. For this reason, the following hypotheses are made:

Hypothesis 1: It was hypothesized that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of aggressive humor.

Hypothesis 2: It was hypothesized that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-defeating humor.

Since research has also indicated that lower levels of internalized homophobia have been associated with adaptive coping mechanisms (Kubicek et al., 2009; Moane, 2008), it stands to reason that lower levels of internalized homophobia might be related to use of adaptive humor styles. This question has not been explored in the research literature. For this reason, the following hypotheses are made:

Hypothesis 3: It was hypothesized that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of affiliative humor.

Hypothesis 4: It was hypothesized that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-enhancing humor.

Since research has indicated that experiencing heterosexism (harassment, rejection, discrimination) leads to psychological distress among sexual minorities (APA, 2011; Szymanski & Gupta, 2009), it stands to reason that experiencing heterosexism might be related to use of maladaptive humor styles. This question has not yet been explored in the research literature. For this reason, the following hypotheses are made:

Hypothesis 5: It was hypothesized that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of aggressive humor.

Hypothesis 6: It was hypothesized that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of self-defeating humor.

Since research has indicated that experiencing acceptance and support leads to positive psychological outcomes (APA, 2011), it stands to reason that less frequent experiencing of heterosexism might be related to use of adaptive humor styles. This question has not been explored in the research literature. For this reason, the following hypotheses are made:

Hypothesis 7: It was hypothesized that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of affiliative humor.

Hypothesis 8: It was hypothesized that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of self-enhancing humor.

Since previous studies have found that men tend to use maladaptive humor more often than do women (Dijkstra et al., 2011; Martin et al., 2003), it stands to reason that gay and bisexual men might use maladaptive humor more often than lesbian and bisexual women. This question has not been explored in the research literature. For this reason, the following hypotheses are made:

Hypothesis 9: It was hypothesized that men in the sample would report greater levels of aggressive humor than women in the sample.

Hypothesis 10: It was hypothesized that men in the sample would report greater levels of self-defeating humor than women in the sample.

CHAPTER II

METHOD

Participants

The total sample used for analyses consisted of 146 participants. Participant's ages ranged from 18 to 70 years ($M = 29.91$, $SD = 10.53$). The majority of the sample identified as female ($n = 84$; 57.5%), followed by male ($n = 56$; 38.4%), transgender ($n = 3$; 2.1%), and other ($n = 3$; 2.1%). Those who identified as other specified their gender identity, with one participant who identified as *genderfluid*, and two participants who identified as *genderqueer*.

In terms of sexual orientation, the majority of participants identified as gay ($n = 53$; 36.3%), followed by those who identified as lesbian ($n = 45$; 30.8%), bisexual ($n = 35$; 24%), and other ($n = 13$; 8.9%). Of those who identified as other, six self-identified as *queer*, four self-identified as *pansexual*, two self-identified as having no label for a specific sexual identity, and one self-identified as *queer/pansexual*.

In terms of ethnicity, the majority of the sample identified as European/White American ($n = 110$; 75.3%). The remainder of the sample identified as Latino/Hispanic American ($n = 13$, 8.9%), African American ($n = 9$; 6.2%), Asian American ($n = 5$; 3.4%), multiracial ($n = 4$; 2.7%), Native American ($n = 2$; 1.4%), other ($n = 2$; 1.4%), and Middle Eastern American ($n = 1$; 0.7%). Of the two participants who identified their ethnicity as other, one self-identified as Hispanic White and the other as Jewish. A summary of participants' demographic characteristics by sexual orientation is presented in Table 1.

Table 1.

Demographic Information by Sexual Orientation

Demographic Variable	Total Sample	Gay	Lesbian	Bisexual	Other
Gender					
Male	56 (38.4%)	47	0	7	2
Female	84 (57.5%)	5	45	27	7
Transgender	3 (2.1%)	1	0	0	2
Other	3 (2.1%)	0	0	1	2
Ethnicity					
European/White American	110 (75.3%)	38	34	30	8
Latino/HispanicAmerican	13 (8.9%)	7	3	2	1
African American	9 (6.2%)	3	5	0	1
Asian American	5 (3.4%)	1	1	2	1
Multiracial	4 (2.7%)	1	1	1	1
Native American	2 (1.4%)	2	0	0	0
Other	2 (1.4%)	0	1	0	1
Middle Eastern American	1 (0.7%)	1	0	0	0
Total Sample	N = 146	N = 53	N = 45	N = 35	N = 13

Procedure

A goal of recruiting at least 120 participants was determined *a priori* in order to have the ability to detect a moderate correlation ($r = .30$) with 95% confidence and with .90 power. Participants were recruited by word of mouth, emails, and online postings. Information sent through email and posted included the purpose of the study, requirements for participation, IRB approval, and the website address created for the study. A Facebook page was created to provide information regarding the study and a link for participants to access the study. Information about the study was also sent out through email to American Psychological Association Division 44 listserv members. Postings were also made in the "Psych" discussion forum section for all United States areas on craigslist, a free online community website. A sample recruitment letter/email is presented in Appendix I.

In order to participate in the study, participants had to meet requirements of being at least 18 years of age and identifying as a sexual minority (i.e. Gay, Lesbian, or Bisexual). Children and adolescents, or individuals under the age of 18 years, were not allowed to participate, since it would be difficult to obtain parental or guardian consent and the knowledge that the child is capable to assent via an online survey (Public Welfare, 2009). Participants were informed that taking part in the survey is voluntary and that they could withdraw at any time. Participants were also informed that all of their personal information would remain confidential and that only aggregate data would be used in the data analysis. The contact information of the primary researcher and the

dissertation advisor were included should participants have any questions or concerns regarding the study. The full informed consent form is presented in Appendix J.

A revised version of the Internalized Homophobia Scale (IHS; Wagner, Serafini, Rabkin, Remien, & Williams, 1994), a revised version of the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006), the Humor Styles Questionnaire (HSQ; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003), as well as a demographic questionnaire, were compiled into one overall survey. Approval from the University of La Verne's Institutional Review Board (IRB) was obtained before administration of the survey. IRB approval is presented in Appendix H. The survey was administered online using *Qualtrics*, a secure survey management system.

Measures

Demographic Questionnaire. A demographic questionnaire assessing variables such as age, ethnicity, sexual orientation, gender identity, and beliefs about humor was developed for the present study. The demographic questionnaire is presented in Appendix A.

Internalized Homophobia Scale. To assess lesbian, gay, and bisexual participants' level of internalized homophobia, a revised version of the Internalized Homophobia Scale (IHS; Wagner, Serafini, Rabkin, Remien, & Williams, 1994) was used. The IHS was originally developed for gay men with the intention to measure how much negative attitudes and beliefs regarding homosexuality are internalized and integrated into a gay identity. The IHS was revised for the present study in order to include lesbians, and bisexual men and women. The IHS consists of 20 items that use a 5-

point rating scale with a total range of 20 – 100 for scores, with higher scores indicating a higher degree of internalized homophobia. Sample items include "Life as a homosexual is not as fulfilling as life as a heterosexual" and "I would not give up being gay if I could." During the creation of the IHS, Cronbach's alpha revealed high internal consistency (α = .92). In the present study, the IHS demonstrated good internal consistency (α = .88). The Internalized Homophobia Scale is presented in Appendix B. Permission to use this scale is presented in Appendix C.

Heterosexist Harassment, Rejection, and Discrimination Scale. To assess the degree of heterosexism experienced by participants, a revised version of the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) was used. The HHRDS was developed for a study examining the relationship between general heterosexist stressors and psychological distress in lesbian women. The HHRDS was revised for the present study in order to include gay men, and bisexual men and women. The scale consists of 14 items regarding the frequency that sexual minorities experience heterosexist harassment, rejection, and discrimination within the past year. The scale consists of three factors, including harassment and rejection, workplace and school discrimination, and other discrimination.

Participants respond using a 6-point Likert scale, ranging from 1 = "the event has never happened to you" to 6 = "the event happened almost all of the time (more than 70% of the time)." Mean scores are calculated, with higher scores indicating more experiences of heterosexist harassment, rejection, and discrimination within the past year. Sample items include "How many times have you been called a heterosexist name like *fag, queer,*

dyke, lezzie, or other names?" (harassment and rejection), "How may times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are Gay/Lesbian/or Bisexual?" (workplace and school discrimination), and "How many times have you been treated unfairly by people in service jobs (by store clerks, servers, bank tellers, mechanics, and others) because you are Gay/Lesbian/or Bisexual?" (other discrimination).

During its creation, inter-scale correlations ranged from .42 to .56, indicating that the scale is moderately internally consistent, yet distinct enough to support the three subscales. For each of the subscales, alpha scores were moderate to high (r = .84-.90). Good internal consistency was demonstrated for the total HHRDS during test development (α = .90). In the present study, the total HHRDS also demonstrated good internal consistency (α = .88). The Heterosexist Harassment, Rejection, and Discrimination Scale is presented in Appendix D. Permission to use this scale is presented in Appendix E.

Humor Styles Questionnaire. To assess the type of humor used by individuals, the Humor Styles Questionnaire (HSQ; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003) was used. The HSQ was developed theoretically based on clinical literature that suggested styles of humor could differ based on being adaptive and beneficial to well-being or maladaptive and detrimental to well-being. It consists of 32 items, with eight items for each of the four subscales or humor types, including affiliative, self-enhancing, aggressive, and self-defeating humor. Participants respond on a 7-point rating scale, ranging from 1 = "totally disagree" to 7 = "totally agree." Items for each of the subscales

are summed to obtain scale totals. Sample items include "I laugh and joke a lot with my closest friends" (affiliative), "Even when I'm by myself, I'm often amused by the absurdities of life" (self-enhancing), "If someone makes a mistake, I will often tease them about it" (aggressive), and "Letting others laugh at me is my way of keeping my friends and family in good spirits" (self-defeating).

Affiliative and self-enhancing styles of humor were moderately positively correlated (r = .33 for men and .46 for women) during the creation of the HSQ, indicating that these can together be considered an adaptive humor style (Martin et al., 2003). Aggressive and self-defeating styles of humor were also somewhat positively correlated (r = .28 for males and .22 for females), indicating that these can be combined into a maladaptive humor style. During test development, the affiliative, aggressive, and self-defeating humor scales revealed significant gender differences, with males having higher scores than females on all three scales. Self-enhancing humor revealed no gender differences.

The HSQ was developed for use with participants 14-87 years old, and good to acceptable internal consistency has been demonstrated for the four scales (α = .77-.81). During the current study, the HSQ subscales of affiliative (α = .84), self-enhancing (α = .81), and self-defeating (α = .86) humor demonstrated good internal consistency. Aggressive humor (α = .73) demonstrated acceptable internal consistency. The Humor Styles Questionnaire is presented in Appendix F. Permission to use this scale is presented in Appendix G.

Data Analysis Plan

Preliminary statistical analyses were used to determine ranges and means for each of the measures, and compare results to normative samples in previous studies (Martin et al., 2003; Szymanski, 2006; Wagner et al., 1994). One sample *t*-tests were performed, since this type of analysis allows examination of comparisons between data obtained through the current study and known sample data (McCluskey & Lalkhen, 2007). Results from one sample *t*-tests determined whether the means from the current study differed from known, or published data.

Hypotheses one through eight were meant to explore the associations between internalized homophobia, experiences of heterosexist discrimination, and the use of humor as a coping skill. Thus, Pearson product moment correlations were performed for these hypotheses. Each hypothesis consists of examining the direct relationship between internalized homophobia and type of humor, and heterosexism and type of humor. Correlations provide a measure of association between each of the variables, with neither variable considered a predictor nor an outcome (Crawford, 2006). Independent samples *t*-tests were performed for hypotheses nine and ten. These hypotheses examined the difference between the means of men and women's type of humor, and independent samples *t*-tests calculate the difference between two means (McCluskey & Lalkhen, 2007).

CHAPTER III

RESULTS

Data Screening

A total of 156 participants were recruited through an online convenience and snowball sample. Prior to conducting the proposed analyses, the Statistical Program for the Social Sciences, version 19 (SPSS-19) was used to recode the necessary measures (i.e., IHS, HSQ) in order to account for reversed scoring items. In addition, all variables were screened for completion. Following this process, the final sample consisted of 146 participants, following the deletion of 10 cases that did not provide consent, did not identify as a sexual minority, or did not complete the survey in its entirety.

Preliminary Analyses

The ranges and means of the measures used in the present study were examined and compared to normative samples. Participants' scores on the Internalized Homophobia Scale (IHS; Wagner et al., 1994) in the present study ranged from 20 to 64, with a mean score of 31.36 (SD = 9.96). Wagner and colleagues (1994) assessed internalized homophobia among multiple samples, with 48 male members attending the 1991 *Dignity Biennial National Convention* yielding a mean of 32.6 (SD = 10.6), 53 male members of the New York Dignity yielding a mean of 37.4 (SD = 12.8), and a community sample of 45 gay men in New York yielding a mean of 36.3 (SD = 11.6). A one sample t-test indicated that participants in the present study did not statistically differ in level of internalized homophobia compared to the 1991 *Dignity Biennial National Convention* sample, $t(145) = 1.50$, $p = .135$. However, participants in the present study did differ

significantly from the New York Dignity sample, $t(145) = 7.33$, $p < .0001$, and the New York community sample, $t(145) = 5.99$, $p < .0001$. This suggests that participants in the present study have lower levels of internalized homophobia than New York Dignity members and the community New York sample of gay men in Wagner and colleagues' study.

Participants' scores on the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) in the present study ranged from 1 to 3.71, with a mean score of 2.01 ($SD = .67$). Szymanski (2006) assessed heterosexist events among 143 predominantly White, highly educated sexual minority women, yielding a mean score of 1.63 ($SD = .70$). A one sample t-test indicated that participants in the current study differed significantly from Szymanski's (2006) sample, $t(145) = 6.85$, $p < .0001$. This suggests that participants in the current study have experienced more heterosexism than the women in Szymanski's study.

Participants' scores on the Humor Styles Questionnaire (HSQ; Martin et al., 2003) aggressive subscale in the present study ranged from 8 to 47, with a mean score of 25.60 ($SD = 7.79$). Participants' scores on the HSQ self-defeating subscale in the present study ranged from 8 to 54, with a mean score of 27.16 ($SD = 9.88$). Participants' scores on the HSQ affiliative subscale in the present study ranged from 12 to 56, with a mean score of 47.45 ($SD = 7.20$). Participants' scores on the HSQ self-enhancing subscale in the present study ranged from 16 to 55, with a mean score of 38.58 ($SD = 7.86$). Martin and colleagues (2003) analyzed each of the subscales in a sample of 485 high school and undergraduate students, with a mean score of 28.5 ($SD = 8.79$) for aggressive humor,

mean score of 25.9 (SD = 9.22) for self-defeating humor, mean score of 46.4 (SD = 7.17) for affiliative humor, and mean score of 37.3 (SD = 8.33) for self-enhancing humor. A one sample t-test indicated that participants in the present study differ significantly in endorsement of aggressive humor from participants in Martin and colleagues' (2003) study, $t(145) = 4.50$, $p < .0001$. This suggests that participants in the present study use aggressive humor less than the high school and undergraduate students in Martin and colleagues' study. Additional one sample t-tests indicated that participants in the current study did not statistically differ in self-defeating humor ($t(145) = 1.54$, $p = .126$), affiliative humor ($t(145) = 1.76$, $p = .080$), or self-enhancing humor ($t(145) = 1.97$, $p = .051$) compared to the Martin and colleagues' sample.

Beliefs About Humor

Participants' beliefs about the importance of humor and the effectiveness of humor as a coping skill were measured on 5-point Likert scales on the deomographic questionnaire. The majority of participants (63%) reported that it was important for them to be funny or very funny, while 30.8% were neutral, and 6.2% believed it was important for them to be serious or very serious. Nearly all participants (84.3%) agreed or strongly agreed that humor is an effective way of coping, followed by 8.9% who were neutral, 6.2% who disagreed, and 0.7% who strongly disagreed.

Results for Hypotheses

Separate Pearson product moment correlations were conducted for each of the eight correlational hypotheses. See Table 2 for a correlation matrix of level of

internalized homophobia and humor style. See Table 3 for a correlation matrix of level of heterosexist harassment, rejection, and discrimination and humor styles.

Hypothesis 1. It was hypothesized that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of aggressive humor. This hypothesis was marginally significant, $r = .161$, $p = .052$. Although it appeared that sexual minorities with greater levels of internalized homophobia endorsed greater levels of aggressive humor, these findings were marginally statistically significant.

Hypothesis 2. It was hypothesized that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-defeating humor. This hypothesis was supported, $r = .251$, $p = .002$. This finding suggests that sexual minorities with higher levels of internalized homophobia use self-defeating humor more than those with lower levels of internalized homophobia.

Hypothesis 3. It was hypothesized that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of affiliative humor. This hypothesis was not supported, $r = -.073$, $p = .384$. In the present study, sexual minorities with lower levels of internalized homophobia did not appear to endorse the use of affiliative humor any more than those with higher levels of internalized homophobia.

Table 2.

Correlation Matrix (Pearson) of Level of Internalized Homophobia and Humor Style.

Variable	IHS	HSQ Aggressive	HSQ Self-Defeating	HSQ Affiliative	HSQ Self-Enhancing
IHS	1	.161	.251**	- .073	- .119
HSQ Aggressive	--	1	.327**	.304**	.129
HSQ Self-Defeating		--	1	.176*	- .010
HSQ Affiliative			--	1	.412**
HSQ Self-Enhancing				--	1

Note. * $p < .05$ (two-tailed), ** $p < .01$ (two-tailed).

Table 3.

Correlation Matrix (Pearson) of Experienced Heterosexism and Humor Style.

Variable	HHRDS	HSQ Aggressive	HSQ Self-Defeating	HSQ Affiliative	HSQ Self-Enhancing
HHRDS	1	-.064	.268**	-.003	.040
HSQ Aggressive	--	1	.327**	.304**	.129
HSQ Self-Defeating		--	1	.176*	-.010
HSQ Affiliative			--	1	.412**
HSQ Self-Enhancing				--	1

Note. * $p < .05$ (two-tailed), ** $p < .01$ (two-tailed).

Hypothesis 4. It was hypothesized that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-enhancing humor. This hypothesis was not supported, $r = -.119$, $p = .151$. In the present study, sexual minorities with lower levels of internalized homophobia did not appear to endorse the use of self-enhancing humor any more than those with higher levels of internalized homophobia.

Hypothesis 5. It was hypothesized that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of aggressive humor. This hypothesis was not supported $r = -.064$, $p = .444$. In the present study, sexual minorities with greater experiences of heterosexist events did not appear to endorse the use of aggressive humor any more than those with less experience of heterosexist events

Hypothesis 6. It was hypothesized that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of self-defeating humor. This hypothesis was supported, $r = .268$, $p = .001$. This finding suggests that sexual minorities who have experienced more heterosexist events use self-defeating humor more than those who have experienced fewer heterosexist events.

Hypothesis 7. It was hypothesized that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of affiliative humor. This hypothesis was not supported, $r = -.003$, $p = .967$. In the present study, sexual minorities with fewer experiences of heterosexist events did

not appear to endorse the use of affiliative humor any more than those with greater experience of heterosexist events.

Hypothesis 8. It was hypothesized that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of self-enhancing humor. This hypothesis was not supported, $r = .040$, $p = .635$. In the present study, sexual minorities with fewer experiences of heterosexist events did not appear to endorse the use of self-enhancing humor any more than those with greater experience of heterosexist events.

Independent samples *t*-tests were conducted for the remaining two hypotheses.

Hypothesis 9. It was hypothesized that men in the sample would report greater levels of aggressive humor than women in the sample. This hypothesis was supported, $t(129) = 2.964$, $p = .004$. This finding suggests that men in the present study used aggressive humor ($M = 27.8$, $SD = 8.67$) more often than women ($M = 23.71$, $SD = 7.05$).

Hypothesis 10. It was hypothesized that men in the sample would report greater levels of self-defeating humor than women in the sample. This hypothesis was not supported, $t(129) = 1.067$, $p = .288$. Results indicated that there was no statistically significant difference between men's endorsement of self-defeating humor ($M = 28.26$, $SD = 9.04$) and women's endorsement of self-defeating humor ($M = 26.39$, $SD = 10.41$).

CHAPTER IV

DISCUSSION

The current study explored the associations between internalized homophobia, experiences of heterosexist discrimination, and the use of humor as a coping skill among sexual minority participants. A handful of studies (Aldridge & Roesch, 2008; Brown, Phillips, Abdullah, Vinson, & Robertson, 2011; Garrett, Garrett, Torres-Rivera, Wilbur, & Roberts-Wilbur, 2005; Roesch, Vaughn, Aldridge, & Villodas, 2009; Williams, 2009) have investigated ethnic minorities' use of humor for coping. A couple of other studies (Ford, Ferguson, Brooks, & Hagadone, 2004; Kidd, Miller, Boyd, & Cardeña, 2009) have examined other minority groups and their use of humor. However many studies of minorities and coping (Budge et al., 2013; Lehavot, 2012; Szymanski & Owens, 2008; West, Donovan, & Roemer, 2010) ignored humor, and focused on other coping styles (e.g., avoidance, social support, reframing). The only known research, until now, to examine humor among sexual minorities qualitatively explored homophobic humor's effects on violence among Australian men (McCann et al., 2010).

Participants completed a set of questionnaires that assessed demographic factors, level of internalized homophobia, degree of heterosexism experienced, and types of humor used. Participants volunteered online, and were recruited by word of mouth, emails, or online postings on Facebook or craigslist. The hypotheses of the current study examined level of internalized homophobia, experiences of heterosexism, and gender, with endorsement of type of humor (self-enhancing, affiliative, self-defeating, and aggressive).

Interpretation of Findings

The first hypothesis predicted that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of aggressive humor. Results did not support this hypothesis. While there was a positive correlation ($r = .161$) between the variables, it was marginally significant ($p = .052$). This may have not reached statistical significance for multiple possible reasons. First, a larger sample size may have been necessary to have a power great enough to detect this difference at a statistical level ($p < .05$; Schönbrodt & Perugini, 2013). This may also be explained by the lower level of aggressive humor endorsed by the present sample compared to Martin et al.'s (2003) comparison group, $t(145) = 4.50$, $p < .0001$. Ethnic/racial background and socioeconomic status were unreported by Martin and colleagues, and in the current study, the majority of participants were White, and socioeconomic status was not assessed. It is likely that these factors differed and may have influenced the results.

Additionally, it is possible that, while internalized homophobia has been associated with maladaptive coping mechanisms (DeLonga et al., 2011; Gold et al., 2009; Szymanski & Carr, 2008), it has largely been related to avoidance (Gold et al., 2009; Szymanski & Carr, 2008). Aggressive humor consists of a negative humor style that attacks or belittles other people (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003), which is not congruent with avoidant behavior. Lastly, scores of internalized homophobia were positively skewed (skewness = 1.13), suggesting that participants

reported lower levels of internalized homophobia regardless of humor type, which likely influenced results.

Scores of internalized homophobia were positively skewed (skewness = 1.13) in the current study, suggesting that participants reported lower levels of internalized homophobia overall. This likely occurred since recruitment of participants required that they identify as a sexual minority in order to participate. Internalized homophobia has been found to be negatively correlated with sexual identity development (Greene & Britton, 2012), and since participants in the current study had to at least privately acknowledge that they are non-heterosexual, they have likely moved beyond the initial stages of identity development, thus having lower levels of internalized homophobia (Ross & Rosser, 1996; Shildo, 1994).

The second hypothesis predicted that there would be a positive direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-defeating humor. Results supported this hypothesis, as participants' level of internalized homophobia was positively significantly correlated with self-defeating humor ($r = .251$, $p = .002$). This is consistent with previous research (DeLonga et al., 2011; Gold et al., 2009; Szymanski & Carr, 2008) that has demonstrated that higher levels of internalized homophobia have been associated with maladaptive coping mechanisms, in this case, self-defeating humor.

Examination of Cass's (1979) model has suggested that identity development is negatively correlated with internalized homophobia (Greene & Britton, 2012). Additionally, the initial stages of multiple identity models (e.g. Cass, 1979; Troiden,

1979, 1988, 1989) may consist of feelings of anxiety, alienation, and shame regarding a homosexual or bisexual identity and other sexual minorities. Thus, it is likely that for those that use humor as a coping skill and experience high levels of internalized homo- or biphobia, self-defeating humor is more natural or is easier to use for coping.

Superiority/disparagement theories, the oldest known theories of humor (Martin, 1998), suggest that humor is funny because of the feeling of superiority that comes from disparaging or ridiculing others, and when jokes are made at the expense of others, they appear funnier or more amusing (Bain, 1865; Bergson, 1911; Coser, 1960; Gruner, 1978, 1997; LaFave et al., 1996; Leacock, 1935; Ludovici, 1932; Martin, 1998; Middleton, 1959; Polio & Edgerly, 1996; Rapp, 1949, 1951; Sidis, 1913; Wolff et al., 1934; Zillman et al., 1974; Zillmann & Cantor, 1996). Considering this theory, while also understanding that the majority of participants (63%) in the current study reported that it was important for them to be funny or very funny, may implicate that sexual minority individuals have experienced or understand this superiority/disparagement humor, and know how to use humor within this theoretical model in order to appease or get along with others who may identify as heterosexual.

The third hypothesis predicted that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of affiliative humor. While results indicated a negative correlation (r = -.073) between the variables, it was not significant (p = .384). In the present study, endorsement of affiliative humor was skewed negatively (skewness = -1.75), suggesting that participants reported a higher degree of affiliative humor overall regardless of level of internalized homophobia.

Additionally, scores of internalized homophobia were positively skewed (skewness = 1.13), suggesting that participants reported lower levels of internalized homophobia overall.

The majority of participants (63%) in the current study reported that it was important for them to be funny or very funny. Additionally, there is a humor culture in our society (Collinson, 1998; Scott, 2007), and being in the presence of others, particularly those we enjoy, tends to facilitate laughter (Chapman, 1996; Coser, 1960), which demonstrates the importance of sharing the appreciation of humor with others. This emphasis on humor and being humorous likely bolsters the use and appreciation of affiliative humor, and may have even influence participants to rate use of affiliative humor higher.

The fourth hypothesis predicted that there would be a negative direct correlation between sexual minorities' level of internalized homophobia and endorsement of self-enhancing humor. Again, results indicated a negative correlation (r = -.119), however it was not significant (p = .151). Again, scores of internalized homophobia were positively skewed (skewness = 1.13), suggesting that participants reported lower levels of internalized homophobia, which likely influenced results. Also, individuals who more frequently use self-enhancing humor styles tend to have lower perceptions of stress (Cann & Etzel, 2008). Participants in the present study may have lower levels of internalized homophobia due to their use of self-enhancing humor.

The fifth hypothesis predicted that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of aggressive

humor. This hypothesis was also not supported (r = -.064, p = .444). Again, this may be explained by the lower level of aggressive humor endorsed by the present sample than Martin et al.'s (2003) comparison group, $t(145) = 4.50$, $p < .0001$.

Aggressive humor typically attacks or belittles other people in order to increase self-impression (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003). Since it is likely that participants in the current study have moved beyond the initial stages of sexual identity development, they may not feel the need to increase their self-impression, since later stages of identity development typically consist of feelings of stability, contentment, and self-love (Andersen & Taylor, 2004; D'Augelli, 1994; Troiden, 1979, 1988, 1989). Additionally, while discrimination and prejudice that LGB individuals experience has been repeatedly shown to result in a higher likelihood of negative mental health symptoms compared to heterosexual individuals (APA, 2011; APA, 2008; Cox et al., 2011; Currie et al., 2004; Newcomb & Mustanski, 2010; Ussher, 2009), it has not necessarily been correlated with maladaptive coping skills. The current study did not assess mental health or symptoms of mental distress, rather it solely focused on humor as a coping skill.

The sixth hypothesis predicted that there would be a positive direct correlation between sexual minorities' experience of heterosexism and endorsement of self-defeating humor. Results supported this hypothesis, as more experiences of heterosexism and endorsement of self-defeating humor were positively correlated (r = .268, p = .001). Heterosexism refers to the larger societal and cultural ideology that denies and disparages sexual minorities, which perpetuates the power imbalance so that homosexuality

continues to be perceived as inferior to heterosexuality (APA 2011; APA, 2008; Greene, 2005; Herek, 2004). Many studies (Bing, 2004; Case & Lippard, 2009; Coser 1960; Hodson, Rush, & MacInnis, 2010; Merrill 1988; Polio & Edgerly, 1996; Stillion & White 1987, Zillman & Cantor, 1996) have indicated that those who hold more power and authority tend to use humor more often to shame and ridicule those of lesser statuses and privilege, or those they are unaffiliated with; while those who have less power and status tend to affirm or silently endure this type of humor.

When jokes are made at the expense of others, they appear funnier or more amusing (Bain, 1865; Bergson, 1911; Coser, 1960; Gruner, 1978, 1997; LaFave, Haddad, & Maesen, 1996; Leacock, 1935; Ludovici, 1932; Martin, 1998; Middleton, 1959; Polio & Edgerly, 1996; Rapp, 1949, 1951; Sidis, 1913; Wolff, Smith, & Murray, 1934; Zillman, Bryant, & Cantor, 1974; Zillmann & Cantor, 1996), which again falls under the hypothesis of superiority/disparagement theories of humor. Self-defeating humor negatively reflects on the individual, such as focusing on weaknesses, in order to enhance relationships with others (Avi & Zeigler-Hill, 2011; Cann et al., 2011; Martin et al., 2003). Thus, sexual minorities may use self-defeating humor as a way to appeal to their heterosexual counterparts, in an attempt to gain or strengthen relationships.

The seventh hypothesis predicted that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of affiliative humor. Results did not support this hypothesis, $r = -.003$, $p = .967$. Again, this may be explained by the negative skewness (skewness = -1.75) for participant endorsement of affiliative humor, suggesting that they used a high level of affiliative

humor, regardless of the amount of heterosexism they have experienced. LGB individuals are capable of coping with experiences of oppression and discrimination, and since the majority of participants in the current study reported that it was important for them to be funny or very funny, while living within a society that values humor (Collinson, 1998; Scott, 2007), it is likely that participants use and appreciate affiliative humor more, or were biased in rating affiliative humor higher.

The eighth hypothesis predicted that there would be a negative direct correlation between sexual minorities' frequency of heterosexist experiences and endorsement of self-enhancing humor. Results indicated a non-significant positive correlation, $r = .040$, $p = .635$. Again, self-enhancing humor is most likely used during stressful events (Cann et al., 2011), and with the high levels of heterosexism that LGB individuals endure in this heterosexist society (Plummer, 2010), participants may have been naturally inclined to use self-enhancing humor more. Additionally, individuals who use self-enhancing humor styles more tend to have lower perceptions of stress (Cann & Etzel, 2008), so participants may have perceived fewer heterosexist events due to their use of self-enhancing humor. Also, while discrimination and prejudice has been repeatedly shown to result in a higher likelihood of negative mental health symptoms compared to heterosexual individuals (APA, 2011; APA, 2008; Cox et al., 2011; Currie et al., 2004; Newcomb & Mustanski, 2010; Ussher, 2009), it has not necessarily been correlated with coping skills.

The ninth hypothesis predicted that men in the sample would report greater levels of aggressive humor than women in the sample. Results supported this hypothesis, $t(129) = 2.96$, $p = .004$. Men in the sample endorsed an aggressive humor style ($M = 27.8$, $SD =$

8.67) more often than women in the sample ($M = 23.71$, $SD = 7.05$), suggesting that, regardless of sexual orientation, men tend to use aggressive humor more often than women. This is in line with previous studies examining gender and type of humor (Dijkstra et al., 2011; Martin et al., 2003). In this society, ideologies of masculinity tend to encourage anger and aggression as acceptable ways for coping (Courtenay, 2011), such that men, regardless of sexual orientation, may feel pressured to use more aggressive humor, or it may be easier for them to utilize aggressive forms of humor since they may have been raised learning that aggression is more acceptable.

The tenth hypothesis predicted that men in the sample would report greater levels of self-defeating humor than women in the sample. Results did not support this hypothesis, $t(129) = 1.07$, $p = .288$. This suggests that there were no differences in the use of self-defeating humor between men and women. This, in consideration of the previous correlational findings, seems to suggest that the use of self-defeating humor is associated more with complex intrapsychic processes, such as experiences of heterosexism and internalized homophobia, instead of or in addition to simple gender identity.

Limitations of the Current Study and Considerations for Future Research

The method of participant recruitment was a major limitation of the present study, as participant selection was not random. Volunteer, or convenience sampling, and snowball sampling result in little consequence for participants who participate based on their availability, and allows for further recruitment of the desired population (e.g. sexual minorities), however the resulting sample is likely to be unrepresentative of the target population (Black, 1999). Furthermore, since the survey was disseminated online, it

stands to reason that participants had access to a device connected to the Internet and felt comfortable participating and interacting online (Harding & Peel, 2007), which affected sampling in an unknown way. While income and occupation were not assessed, it is likely that those with higher income levels or with certain employment statuses were overrepresented (Harding & Peel, 2007) in the current study due to the need to use a technological device and have access to the internet in order to participate.

Compared to the 2010 United States Census, the current study had approximately similar representation of European/White Americans (75.3% in current study; 72% in U.S. population; Hixson, Hepler, & Kim, 2011), Asian Americans (3.4% in current study; 4.8% in U.S. population; Hoeffel, Rastogi, Kim, & Shahid, 2012), Native Americans (1.4% in current study; 0.9% in U.S. population; Norris, Vines, & Hoeffel, 2012), and multiracial participants (2.7% in current study; 2.9% in U.S. population; Jones & Bullock, 2012). Latinos/Hispanics (8.9% in current study; 16% in U.S. population; Ennis, Ríos-Vargas, & Albert, 2011) and African Americans (6.2% in current study; 13% in U.S. population; Rastogi, Johnson, Hoeffel, & Drewery, 2011) were underrepresented in the current study, however. The 2010 U.S. Census did not provide any specific information regarding Middle Eastern individuals. Additionally, it is uncertain what racial/ethnic distributions are among the sexual minority population in the United States.

While it is unknown what effect unrepresentative sampling had on the current study, it stands to reason that it may have influenced results (Black, 1999). It is also possible that some ethnic minority groups were underrepresented because people of color are less likely to disclose their identity, or more likely to identify their sexual orientation

as something different from the customary labels of gay, lesbian, and bisexual (APA, 2008; Fukuyama & Ferguson, 2008; Moradi et al., 2010). A more representative sample, particularly of Latino/Hispanic and African American participants, may have influenced results in a different manner, particularly since ethnic minorities may experience their sexual identity differently, such as through additional discrimination and exclusion from cultural support (Fukuyama & Ferguson, 2008; Sexual Minority Assessment Research Team, 2009). Ethnic minorities may also value and utilize humor differently (Brown et al., 2011; Garrett et al., 2005; Williams, 2009). Future research may attempt to recruit participants purposively or through clusters in order to obtain a more representative sample of the population (Black, 1999), or recruit sexual minorities through romantic attractions or sexual behaviors, in order to reduce stigma surrounding specific identity labels (SMART, 2009).

Compared to the Pew Research Center's 2013 Survey of LGBT Americans, the current study differed in terms of the distribution of sexual minority identities. The largest subgroup in the Pew Research Center's (2013) survey was bisexuals (40%), while bisexuals were the third largest subgroup in the current study (24%). The subpopulation of gay men was nearly exactly the same (36.3% in the current study; 36% in Pew Research), however lesbians made up 19% of their larger LGBT sample, compared to 30.8% lesbians in the current study. Again, while it is unknown what effect unrepresentative sampling had on the current study, it stands to reason that it may have influenced results. Future research should attempt to recruit participants in ways that result in more representative samples (Black, 1999; SMART, 2009).

Acknowledging solely the demographic factors of the current study, findings and interpretations from the current study should be made cautiously. Results are likely not generalizability due to the potential misrepresentations from the general United States population based on race/ethnicity, sexual identity, and socioeconomic and educational status.

Additionally, it has been well established that correlations explain the extent to which different variables covary, however they are limited in their ability to imply causation (Shaughnessy, Zechmeister, & Zechmeister, 2008). Since the current study was correlational in nature, it is limited in its ability to establish causation. This means that, while higher levels of internalized homophobia and more experiences of heterosexism were related to greater endorsement of self-defeating humor, cause cannot be established in these relationships.

There are multiple possible causes to these relationships that remain unknown, such as whether self-defeating humor enhances internalized homophobia, if those who endorse more self-defeating humor are more aware of heterosexism and internalized homophobia, or if more experiences of heterosexism and higher levels of internalized homophobia result in greater endorsement of self-defeating humor. Furthermore, it is likely that there are numerous mediating or moderating variables not assessed in this study that contribute to the correlations found.

Future research may investigate other potential indirect correlations, such as social support and mental health, especially since previous studies have found correlations between internalized homophobia, psychological distress, and social

connection (Currie et al., 2004; Davies, 1996; DeLonga et al., 2011; Frost & Meyer, 2009; Schwartzberg & Rosenberg, 1998; Ross et al., 2008; Smith, 2012; Szymanski, 2006; Szymanski & Carr, 2008; Troiden, 1988, 1989); experiences of heterosexism, negative mental health, and lack of access to social support (APA, 2011; APA, 2008; Cox et al., 2011; Currie et al., 2004; Newcomb & Mustanski, 2010; Plummer, 2010; Ussher, 2009); and type of humor used, psychological well-being, and social interaction (Capps, 2006; Crawford, 2003; Dijkstra et al., 2011; Hugelshofer et al., 2006; Kuiper & Martin, 1993; Lefcourt & Martin, 1986; Martin, 1998).

The current study was exploratory in nature, a major strength in that it begins to collect and understand information about an otherwise unknown subject area. Never before has research investigated types of humor used for coping among sexual minorities, and the current study is the first of its kind to examine internalized homophobia, experiences of heterosexism, and humor use. Many recent and current studies focusing on the LGB community have investigated harassment, rejection, and bullying (e.g., Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Cox et al., 2011; Currie et al., 2004; Duong & Bradshaw, 2014; Newcomb & Mustanski, 2010; Rabelo & Cortina, 2014; Swank, Fahs, & Frost, 2013; Ussher, 2009). This study expands the current literature by taking a more positive focus on coping and understanding a potential source of resiliency for sexual minority individuals and the LGB community.

Since this is the first known study to explore types of humor used for coping among sexual minority individuals, there are many directions future research can follow to further investigate and understand sexual minorities and humor use. For example,

while specific humor types used for the process of coping were assessed, humor content was not evaluated. The humor types, as measured on the Humor Styles Questionnaire (HSQ; Martin et al., 2003), assume that content and process are the same, such that aggressive humor is expressed to hurt or alienate others, and likely consists of content that is sarcastic, belittling, teasing, or ridiculing (Martin et al., 2003). Or that affiliative humor is expressed to increase social cohesion, and likely consists of content that is affirming and cheerful (Martin et al., 2003). However, even the developers of the measure acknowledged that "it may be impossible to disentangle" (p. 53) the differing types of humor, and they "anticipated some degree of overlap" (p. 53). Humor is complex, and it is likely that content and process among the humor types differ, based on the person using humor, others involved, and the context. Future research may help tease out differences in the process versus the content of humor use and its effects on mental health. Additionally, circumstances and contexts of humor use should be examined, such as type of humor used among friends versus with strangers, in order to better understand its effects.

Another direction for future research should include an analysis of age and potential generational differences. The current study required that participants were over the age of 18 years. This limits the current study such that level of internalized homophobia, degree of heterosexist experiences, and types of humor used among children and adolescents remain unknown. While one cross-sectional study (Glover et al., 2009) reported no difference between adolescent and emerging adults' sexual minority identity, sexual minority identity development models (e.g. Cass, 1979; Troiden, 1979,

1988, 1989) have suggested that initial stages of development are associated with higher levels of shame, related to the psychological distress of internalized homophobia (APA, 2011). It is more likely that a younger population would be in earlier stages of sexual minority identity development, and thus possibly differ from an adult sample in terms of internalized homophobia and experiences of heterosexism. Age differences have previously been found between older and younger adults, with those under 19 years of age reporting higher levels of affiliative and aggressive humor than those over 25 years old (Martin et al., 2003). However, age differences among sexual minorities has yet to be examined. Future research may use retroactive questions with an adult population to examine potential effects of age. Additionally, sampling that includes minors, or those under the age of 18 years, could help bring more understanding to these topics, and developmental and generational factors.

It should be noted that during data analysis scores of internalized homophobia were positively skewed (skewness = 1.13), suggesting that participants, in general, tended to report lower levels of internalized homophobia. This is to be expected, since the current study recruited participants who identified as gay, lesbian, or bisexual, and being out or coming out is typically associated with the dissolution of internalized homophobia (Shildo, 1994). Also, greater openness about sexual orientation or identity has been increasingly facilitated through greater cultural acceptance and affirmation (D'Augelli, 1994; SMART, 2009). It would be difficult for future studies to examine sexual minorities with higher levels of internalized homophobia, since these individuals may not yet identify as non-heterosexual (Andersen and Taylor, 2004; Cass, 1979; Ross & Rosser,

1996; Shildo, 1994; Troiden, 1979, 1988, 1989). One potential method could be asking only about sexual attraction or behavior (e.g., the sex or gender of sexual partners), in order to reduce stigma around self-identifying as a sexual minority (SMART, 2009).

Endorsement of affiliative humor was also skewed, but negatively (skewness = -1.75), suggesting that participants, in general, reported a higher degree of an adaptive type of humor used to enhance relationships. It is possible that, because of the sexual minority status of participants, they tend to utilize higher levels of affiliative humor, especially since considerable research has found that humor helps reduce the impact of stressors (Alpass et al., 2001; Capps, 2006; Lefcourt & Martin, 1986; Martin & Lefcourt, 1983). Because the current study did not have a heterosexual comparison group, it is unknown whether an affiliative type of humor is used more only among sexual minorities, or across all sexual orientations, which is possible since humor is a common strategy for interacting with others and enhancing relationships (Crawford, 2003).

The negative skewness could also be the result of social desirability bias, as this is the most prevalent form of bias that affects survey validity (Nederhof, 2006). Since humor is valued in our society (Collinson, 1998; Scott, 2007), and humor is commonly used while socializing (Crawford, 2003), participants may have felt pressured to endorse affiliative humor. This may be remediated in future studies with the use of a social desirability scale or rating items' desirability (Nederhof, 2006).

Clinical Implications of Current Findings

The current findings suggest that greater levels of internalized homophobia and more experiences of heterosexism are associated with higher endorsement of self-

defeating humor, and that men use aggressive humor more than women. These findings lead to clinical implications that can help direct clinician's efforts and interventions when working with sexual minority clients.

Nearly all LGB individuals must confront and work through internalized homophobia, which can influence their sense of self, their relationships, and their development (Davies, 1996; Frost & Meyer, 2009; Schwartzberg & Rosenberg, 1998; Troiden, 1988, 1989). Internalized homophobia has also been associated with negative outcomes in relation with others (Currie et al., 2004; DeLonga et al., 2011; Ross et al., 2008; Smith, 2012), which can also lead to unhealthy coping behaviors (DeLonga et al., 2011). Those with lower self-esteem are less likely to have or feel belonging with social supports, and are more likely to utilize maladaptive coping skills, resulting in poorer psychological health (Szymanski & Carr, 2007). The internalization of homonegative messages has been correlated with a range of symptoms, including depression, anxiety, eating disorders, social isolation, self-harm, and suicide (Bauermeister et al., 2010; Campbell et al., 1983; Cox et al., 2011; Currie et al., 2004; Davies, 1996; Kubicek et al., 2009; Newcomb & Mustanski, 2010; Peterson & Gerrity, 2006; Ross et al., 2008; Rosser et al., 2008; Sánchez et al., 2010; Schwartzberg & Rosenberg, 1998; Szyamnski, 2006; Szymanski & Carr, 2008).

The discrimination and prejudice that LGB individuals experience has also repeatedly been shown to result in a higher likelihood of negative mental health symptoms when compared to their heterosexual counterparts (APA, 2011; APA, 2008; Cox et al., 2011; Currie et al., 2004; Newcomb & Mustanski, 2010; Ussher, 2009), with

increased rates of overall distress and a range of psychological symptoms and disorders including panic attacks, anxiety disorders, major depression, bipolar disorder, substance abuse and dependence, self-injurious behaviors, and suicide (APA 2011; Beren et al., 1996; Cochran et al., 2003; Cox et al., 2011; Fergusson et al., 2005; Hellman et al., 2002; Kowszun & Malley, 1996; Newcomb & Mustanski, 2010).

Thus, it is extremely important for mental health practitioners to focus on experiences of heterosexism and the internalization of oppression in order to promote psychological health. LGB men, women, and adolescents are more likely to utilize mental health care than their heterosexual counterparts (Cochran et al., 2003; Plummer, 2010), so clinicians should be aware of and make special considerations for the high levels of stress LGB individuals experience daily from living in a predominantly heterosexist society, by having less access to social support, and generally experiencing less acceptance of LGB values and identity (Plummer, 2010). It has been previously indicated that clinical interventions should be designed to decrease internalized homophobia in order to help increase self-esteem and well-being among sexual minorities (Ross & Rosser, 1996; Szymanski & Carr, 2008). Processes used to accept a more positive view of self have included evaluating the sources of homophobic messages and identifying hypocrisy, critically rethinking what they have been taught about sexual minorities, thinking positively, and acknowledging personal strengths (Kubicek et al., 2009; Moane, 2008).

Previous associations between experiences of heterosexism, internalized homophobia, and maladaptive coping strategies (Gold et al., 2009; Gold et al., 2011;

Szymanski & Carr, 2007), and the correlation between detrimental coping through humor and decreased mental health and increased psychopathy (Dijkstra et al., 2011; Martin et al., 2012), suggest that clinicians should pay special attention to the type of coping skills used by their clients. The positive associations in the current study between experiences of heterosexism and endorsement of self-defeating humor may suggest that experiencing heterosexism (e.g. harassment, rejection, and discrimination) leads to psychological distress among sexual minorities (APA, 2011; Szymanski & Gupta, 2009), in part, because of the use of detrimental coping skills, in this case, self-defeating humor. Previous research (Dijkstra et al., 2011) has found that negative uses of humor, such as self-defeating humor, may result in decreased well-being.

Humor, in general, has been greatly valued (Collinson, 1998; Scott, 2007), and its beneficial effects on stress and well-being have been well-documented (Alpass et al., 2001; Capps, 2006; Lefcourt & Martin, 1986; Martin & Lefcourt, 1983). However, clinicians should not be naïve to the potential negative effects maladaptive uses of humor may have. Maladaptive coping skills, such as self-defeating and aggressive humor, should be discouraged due to their deleterious effects socially and mentally (Dijkstra et al., 2011; Martin et al., 2012). The consequences of utilizing self-defeating and aggressive humor should be explored, especially for those with more experiences of heterosexism, higher levels of internalized homophobia, and for men with aggressive humor. Encouragement of adaptive coping skills, such as self-enhancing and affiliative humor, may lead to a decrease in depressive symptoms (Hugelshofer et al., 2006),

increase in social intimacy, greater satisfaction with social support, and greater well-being (Avi & Zeigler-Hill, 2011; Jovanovic, 2011; Martin et al., 2003).

Role modeling by using humor within the therapeutic context may help clients learn how to develop insight and laugh about difficult moments, by allowing them to process ideas, thoughts, and feelings in a gratifying way and place experiences into perspective (APA, 2000; Maples, Dupey, Torres-Rivera, Phan, Vereen, & Garrett; 2001). Practitioners' use of humor, however, must be acceptable to the client, respectful, purposeful, and appropriately timed in order for it to be effective (Maples et al., 2001). Additionally, clinicians should be alert to and caution clients utilizing humor in self-defeating and aggressive manners, as well as utilizing humor to avoid processing of experiences and emotions (Garrett et al., 2005).

It has been generally agreed upon that gelatotherapy is beneficial due to its highly adaptive and effective coping with stress (APA, 2000; Cann & Etzel, 2008; Capps, 2006; Lefcourt & Martin, 1968; Lefcourt & Thomas, 1998; Martin & Lefcourt, 1983). Additionally, it has been suggested that sharing in humorous therapeutic encounters can help establish and maintain a trusting, collaborative therapeutic relationship, also promoting understanding of how a client perceives life (Garrett et al., 2005; Maples et al., 2001). This affiliative type of humor can promote self-enhancing humor, by helping a client take control and establish awareness, make meaning of life experiences, and overall, promoting holistic well-being (Garrett et al., 2005; Maples et al., 2001).

For those who have experienced oppression and discrimination, it may be beneficial to promote the use of humor as a means to express their own identities and

perceptions that are different from those held by the dominant group (Bing, 2004; Case & Lippard, 2009; Garrett et al., 2005; Merrill, 1988). Humor may be used to convey information, and help construct and deconstruct social identities, ideologies, and realities (Case & Lippard, 2009; Chapman, 1996; Crawford, 2003). From a resiliency perspective, adaptive humor as a coping skill may be taught as one method to increase proactive coping and a way to help increase self-esteem (Craig, Austin, & McInroy, 2014). Special attention to the disuse of aggressive and self-defeating humor, and use of affiliative and self-enhancing humor, can help with conflict resolution (Bippus et al., 2011; Driver & Gottman, 2004; Ziv & Gadish, 1989) and the reduction of negative psychological impact from life stressors (Alpass et al., 2001; Capps, 2006; Dozois et al., 2009; Kelly, 2002; Kuiper et al., 1993; Lefcourt & Martin, 1986).

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Please complete the following questions by filling in the appropriate spaces to the best of your ability:

1. What is your age? _____

2. What is your sexual orientation?

- o Heterosexual
- o Gay
- o Lesbian
- o Bisexual
- o Other (please explain) _____

3. What is your gender identity?

- o Male
- o Female
- o Transgender
- o Other (please explain) _____

4. Please mark the ethnicity you most identify with:

- o African American
- o Asian American
- o European/White American
- o Latino/Hispanic American
- o Middle Eastern American
- o Native American
- o Multiracial
- o Other (please explain) _____

5. It is usually important to me that I am:

1	2	3	4	5
Very funny		Neutral		Very serious

6. I believe that humor is an effective way of coping

1	2	3	4	5
Strongly agree		Neutral		Strongly disagree

APPENDIX B

INTERNALIZED HOMOPHOBIA SCALE

Please rate your level of agreement for each of the following statements using the rating scale below:

1	2	3	4	5
Completely Agree	Somewhat Agree	Neutral	Somewhat Disagree	Completely Disagree

1. Homosexuality/bisexuality is a natural expression of sexuality in humans.	1 2 3 4 5
2. I wish I were heterosexual.	1 2 3 4 5
3. When I am sexually attracted to someone of the same sex, I do not mind if someone else knows how I feel.	1 2 3 4 5
4. Most problems that homosexuals/bisexuals have come from their status as an oppressed minority, not from their homosexuality/bisexuality per se.	1 2 3 4 5
5. Life as a homosexual/bisexual is not as fulfilling as life as a heterosexual.	1 2 3 4 5
6. I am glad to be gay/lesbian/bisexual.	1 2 3 4 5
7. Whenever I think a lot about being gay/lesbian/bisexual, I feel critical about myself.	1 2 3 4 5
8. I am confident that my homosexuality/bisexuality does not make me inferior.	1 2 3 4 5
9. Whenever I think a lot about being gay/lesbian/bisexual, I feel depressed.	1 2 3 4 5
10. If it were possible, I would accept the opportunity to be completely heterosexual.	1 2 3 4 5
11. I wish I could become more sexually attracted to people of the opposite sex.	1 2 3 4 5
12. If there were a pill that could change my sexual orientation, I would take it.	1 2 3 4 5
13. I would not give up being gay/lesbian/bisexual even if I could.	1 2 3 4 5
14. Homosexuality/bisexuality is deviant.	1 2 3 4 5
15. It would not bother me if I had children who were gay/lesbian/bisexual.	1 2 3 4 5
16. Being gay/lesbian/bisexual is a satisfactory and acceptable way of life for me.	1 2 3 4 5
17. If I were heterosexual, I would probably be happier.	1 2 3 4 5
18. Most gay/lesbian/bisexual people end up lonely and isolated.	1 2 3 4 5
19. For the most part, I do not care who knows I am gay/lesbian/bisexual.	1 2 3 4 5
20. I have no regrets about being gay/lesbian/bisexual.	1 2 3 4 5

APPENDIX C

PERMISSION TO USE INTERNALIZED HOMOPHOBIA SCALE

Permission to use Internalized Homophobia Scale

Wagner, Glenn <gwagner@rand.org> Mon, Jun 10, 2013 at 12:23 PM
To: Elisabeth Turner <elisabeth.ann.turner@gmail.com>

Of course you can. Good luck with your research

From: Elisabeth Turner <elisabeth.ann.turner@gmail.com>
Date: Monday, June 10, 2013 12:18 PM
To: The RAND Corporation <gwagner@rand.org>
Subject: Permission to use Internalized Homophobia Scale

Glenn Wagner,

I would like to request permission to use the Internalized Homophobia Scale for my dissertation examining internalized homophobia as a predictor for humor use and psychological well being.

Please email me with any questions or concerns.

Thank you for your time and consideration,

--
Beth

Elisabeth Knauer-Turner, M.S.
Doctoral Student
Clinical-Community Psy.D. Program
University of La Verne, La Verne CA

APPENDIX D

HETEROSEXIST HARASSMENT, REJECTION, AND DISCRIMINATION SCALE

Please think carefully about your life as you answer the questions below. Read each question and then indicate the number that best describes events in the PAST YEAR, using these rules:

1—If the event has NEVER happened to you
2—If the event happened ONCE IN A WHILE (less than 10% of the time)
3—If the event happened SOMETIMES (10–25% of the time)
4—If the event happened A LOT (26–49% of the time)
5—If the event happened MOST OF THE TIME (50–70% of the time)
6—If the event happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers or professors because you are Gay/Lesbian/or Bisexual?

2. How many times have you been treated unfairly by your employer, boss, or supervisors because you are Gay/Lesbian/or Bisexual?

3. How may times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are Gay/Lesbian/or Bisexual?

4. How many times have you been treated unfairly by people in service jobs (by store clerks, servers, bank tellers, mechanics, and others) because you are Gay/Lesbian/or Bisexual?

5. How many times have you been treated unfairly by strangers because you are Gay/Lesbian/or Bisexual?

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists, pediatricians, school principals, and others) because you are Gay/Lesbian/or Bisexual?

7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are Gay/Lesbian/or Bisexual?

8. How many times have you been treated unfairly by your family because you are Gay/Lesbian/or Bisexual?

9. How many times have you been called a HETEROSEXIST name like *fag, queer, dyke, lezzie*, or other names?

10. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are Gay/Lesbian/or Bisexual?

11. How many times have you been rejected by family members because you are Gay/Lesbian/or Bisexual?

12. How many times have you been rejected by friends because you are Gay/Lesbian/or Bisexual?

13. How many times have you heard ANTI-LESBIAN/ANTI-GAY remarks from family members?

14. How many times have you been verbally insulted because you are Gay/Lesbian/or Bisexual?

APPENDIX E

PERMISSION TO USE HETEROSEXISM HARRASSMENT, REJECTION, AND DISCRIMINATION SCALE

Permission to use the Heterosexist Harrassment, Rejection, and Discrimination Scale

dawnszymanski@msn.com <dawnszymanski@msn.com> Wed, Jun 19, 2013 at 5:33 PM
To: Elisabeth Turner <elisabeth.ann.turner@gmail.com>

Yes you have my permission. Good luck on your study
Dawn

Sent from my iPad

On Jun 19, 2013, at 7:38 PM, "Elisabeth Turner" <elisabeth.ann.turner@gmail.com> wrote:

> Dr. Szymanski,
> I would like to request permission to use the HHSRDS for my dissertation examining internalized homophobia and heterosexism as a predictor for humor use and psychological well being.
>
> Please email me with any questions or concerns.
>
> Thank you for your time and consideration,
>
> --
> Beth
>
> Elisabeth Knauer-Turner, M.S.
> Doctoral Student
> Clinical-Community Psy.D. Program
> University of La Verne, La Verne CA

APPENDIX F

HUMOR STYLES QUESTIONNAIRE

People experience and express humor in many different ways. Below is a list of statements describing different ways in which humor might be experienced. Please read each statement carefully, and indicate the degree to which you agree or disagree with it. Please respond as honesty and objectively as you can. Use the following scale:

Totally Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Totally Agree
1	2	3	4	5	6	7

1.	I usually don't laugh or joke around much with other people.	1 2 3 4 5 6 7
2.	If I am feeling depressed, I can usually cheer myself up with humor.	1 2 3 4 5 6 7
3.	If someone makes a mistake, I will often tease them about it.	1 2 3 4 5 6 7
4.	I let people laugh at me or make fun at my expense more than I should.	1 2 3 4 5 6 7
5.	I don't have to work very hard at making other people laugh – I seem to be a naturally humorous person.	1 2 3 4 5 6 7
6.	Even when I'm by myself, I'm often amused by the absurdities of life.	1 2 3 4 5 6 7
7.	People are never offended or hurt by my sense of humor.	1 2 3 4 5 6 7
8.	I will often get carried away in putting myself down if it makes my family or friends laugh.	1 2 3 4 5 6 7
9.	I rarely make other people laugh by telling funny stories about myself.	1 2 3 4 5 6 7
10.	If I am feeling upset or unhappy I usually try to think of something funny about the situation to make myself feel better.	1 2 3 4 5 6 7
11.	When telling jokes or saying funny things, I am usually not very concerned about how other people are taking it.	1 2 3 4 5 6 7
12.	I often try to make people like or accept me more by saying something funny about my own weaknesses, blunders, or faults.	1 2 3 4 5 6 7
13.	I laugh and joke a lot with my friends.	1 2 3 4 5 6 7
14.	My humorous outlook on life keeps me from getting overly upset or depressed about things.	1 2 3 4 5 6 7
15.	I do not like it when people use humor as a way of criticizing or putting someone down.	1 2 3 4 5 6 7
16.	I don't often say funny things to put myself down.	1 2 3 4 5 6 7

Totally Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Totally Agree
1	2	3	4	5	6	7

17.	I usually don't like to tell jokes or amuse people.	1 2 3 4 5 6 7
18.	If I'm by myself and feeling unhappy, I make an effort to think of something funny to cheer myself up.	1 2 3 4 5 6 7
19.	Sometimes I think of something that is so funny that I can't stop myself from saying it, even if it is not appropriate for the situation.	1 2 3 4 5 6 7
20.	I often go overboard in putting myself down when I am making jokes or trying to be funny.	1 2 3 4 5 6 7
21.	I enjoy making people laugh.	1 2 3 4 5 6 7
22.	If I am feeling sad or upset, I usually lose my sense of humor.	1 2 3 4 5 6 7
23.	I never participate in laughing at others even if all my friends are doing it.	1 2 3 4 5 6 7
24.	When I am with friends or family, I often seem to be the one that other people make fun of or joke about.	1 2 3 4 5 6 7
25.	I don't often joke around with my friends.	1 2 3 4 5 6 7
26.	It is my experience that thinking about some amusing aspect of a situation is often a very effective way of coping with problems.	1 2 3 4 5 6 7
27.	If I don't like someone, I often use humor or teasing to put them down.	1 2 3 4 5 6 7
28.	If I am having problems or feeling unhappy, I often cover it up by joking around, so that even my closest friends don't know how I really feel.	1 2 3 4 5 6 7
29.	I usually can't think of witty things to say when I'm with other people.	1 2 3 4 5 6 7
30.	I don't need to be with other people to feel amused – I can usually find things to laugh about even when I'm by myself.	1 2 3 4 5 6 7
31.	Even if something is really funny to me, I will not laugh or joke about it if someone will be offended.	1 2 3 4 5 6 7
32.	Letting others laugh at me is my way of keeping my friends and family in good spirits.	1 2 3 4 5 6 7

APPENDIX G

PERMISSION TO USE HUMOR STYLES QUESTIONNAIRE

Permission to use humor scales

Rod Martin <ramartin@uwo.ca> **Tue, Jun 11, 2013 at 7:46 AM**
To: Elisabeth Turner <elisabeth.ann.turner@gmail.com>

Hi Beth,
I'm very glad to hear about your research on humor, homophobia, and well-being. I'm happy to give you permission to use the Humor Styles Questionnaire in your research. You're also welcome to use the SHRQ, although it hasn't been used in more than a decade. In my view, the HSQ has superseded it.
I'm attaching a copy of the HSQ, along with the article in which it was first published.

In case you're not aware of it, I've written a book on the psychology of humor which covers the theory and research in the field. It would likely be a useful resource for you in writing your dissertation. There's a link to the publisher's website below, and it's also available through Amazon.com.

Good luck with your research! I hope you can come to the conference of the International Society for Humor Studies in a year or two, and present your findings!

Best,
~ Rod Martin

Rod A. Martin, Ph.D., C.Psych.
Professor, Department of Psychology
Western University
Westminster Hall Room 311E
361 Windermere Road
London, Ontario, Canada N6A 3K7
Email: ramartin@uwo.ca
Telephone: 519-661-3665
Fax: 519-850-2554
Website: http://psychology.uwo.ca/faculty/martin_res.htm

** NOW AVAILABLE: "The Psychology of Humor: An Integrative Approach"

http://www.elsevierdirect.com/product.jsp?isbn=9780123725646

APPENDIX H

IRB APPROVAL FORM

University of La Verne
Institutional Review Board

TO: Elisabeth Knauer-Turner, Doctor of Psychology Program

FROM: University of La Verne, Institutional Review Board

RE: **2013-CAS-28-Knauer-Turner, Sexual Minorities' Internalized Homophobia, Experience of Heterosexism, and Use of Humor**

The research project, cited above, was reviewed by the College of Arts and Sciences IRB and IRB Chair. The college review determined that the research activity has minimal risk to human participants and the application received an Expedited review. The application is approved with no additional conditions.

A copy of this approval letter is required to be included as an appendix to your completed dissertation. The project may proceed to completion, or until the **date of expiration of IRB approval, October 16, 2014.** Please note the following conditions applied to all IRB submissions:

No new participants may be enrolled beyond the expiration date without IRB approval of an extension.

The IRB expects to receive notification of the completion of this project, or a request for extension within two weeks of the approval expiration date, whichever date comes earlier.

The IRB expects to receive prompt notice of any proposed changes to the protocol, informed consent forms, or participant recruitment materials. No additional participants may be enrolled in the research without approval of the amended items.

The IRB expects to receive prompt notice of any adverse event involving human participants in this research.

There are no further conditions placed on this approval.

The IRB wishes to extend to you its best wishes for a successful research endeavor. If you have any questions, please do not hesitate to contact me.

Approval Signature	Marcia L. Godwin, Ph.D. IRB Director/Chair	October 16, 2013 Date

For the Protection of Human Participants in Research
mgodwin@laverne.edu
(909) 593-3511, ext. 4103

APPENDIX I

RECRUITMENT LETTER/EMAIL

Hello,

You are being asked to participate in a research study conducted by Elisabeth Knauer-Turner, M.S., a doctoral candidate in the Psychology Psy.D. program at the University of La Verne. Results from this study will contribute to the researcher's dissertation. You were selected as a possible participant in the study because you are over 18 years of age and identify as a sexual minority (gay, lesbian, or bisexual).

The purpose of this study is to investigate sexual minorities' experiences and coping skills.

Please click on the link below to take the survey! It will only take about 15-20 minutes to complete the entire survey.

Also, please feel free to forward this email to anyone and everyone you think qualifies as a participant (over 18 years of age and identifies as a sexual minority).

https://lavernepsych.co1.qualtrics.com/SE/?SID=SV_eG8yxFB7fsLgyuF

Thank you in advance for your time and cooperation,

Beth
--
Elisabeth Knauer-Turner
Doctoral Candidate
Clinical-Community Psy.D. Program
University of La Verne, La Verne CA

elisabeth.knauer@laverne.edu

APPENDIX J

INFORMED CONSENT FORM

Consent to Participate in Research

You are being asked to participate in a research study conducted by Elisabeth Knauer-Turner, M.S., a doctoral candidate in the Psychology Psy.D. program at the University of La Verne, and Jerry L. Kernes, Ph.D., Dissertation Advisor (jkernes@laverne.edu). You were selected as a possible participant in the study because you are over 18 years of age and identify as a sexual minority (gay, lesbian, or bisexual).

PURPOSE OF THE STUDY

The purpose of this study is to investigate sexual minorities' experiences and coping skills.

PROCEDURES

If you decide to participate in this study by clicking "I AGREE" at the bottom of the page and give your consent to participate, then you will proceed to complete a demographic questionnaire and a few short surveys. It is expected to take approximately 15-20 minutes to complete the entire survey.

POTENTIAL RISKS AND DISCOMFORTS

There are no expected risks related to participation in this research. Answering personal questions regarding sexual orientation and coping may elicit some discomfort or be difficult to disclose for some participants. You may choose to stop at any time if questions make you too uncomfortable. There are no foreseeable risks or discomfort associated with this study; however, if you feel any distress as a result of your participation, please contact the GLBT National Hotline, which provides telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States. They can be reached at 1-888-843-4564 or glnh@GLBTNationalHelpCenter.org. Their hours are Monday – Friday 1 pm to 9 pm Pacific Time, and Saturday 9 am to 2 pm Pacific Time. Their services are free and confidential.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR SOCIETY

Participants may develop a greater understanding of their sexual orientation, internalized homophobia, heterosexism, and use of humor. This study can potentially benefit society by adding to literature regarding sexual orientation, internalized homophobia, heterosexism, and humor use. This study can potentially provide information for mental health professionals working with sexual minorities.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping data collected in a safe and confidential location, available only to the researcher. Only aggregated data

will be reported and no identification numbers or personally identifying information will be reported.

PARTICIPATION AND WITHDRAWAL
You can choose whether to participate in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions that you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

IDENTIFICATION OF INVESTIGATOR
If you have any questions or concerns about the research, please feel free to contact Dissertation Advisor, Jerry L. Kernes, Ph.D. at jkernes@laverne.edu or at 909 448-4414. The principal investigator is Elisabeth Knauer-Turner, M.S.

RIGHTS OF RESEARCH PARTICIPANTS
You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Marcia L. Godwin, Ph.D., IRB Director, at 909-593-3511, extension 4103 (mgodwin@laverne.edu). University of La Verne, Institutional Review Board, 1950 Third Street, CBPM 123, La Verne, CA 90750.

I have read the above consent and agree to provide my consent to continue with the survey.

____ I AGREE
____ I DISAGREE