

IDENTITY SUPPORT, IDENTITY DEVALUATION, AND WELL-BEING AMONG LESBIANS

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This research tested predictions about the association of identity support and identity devaluation with psychological well-being (self-esteem, life satisfaction, and depression). Lesbian women completed baseline surveys ($N = 42$), then provided daily experience reports during a 2-week period ($n = 38$), and completed a 2-month follow-up survey ($n = 34$). Several types of evidence consistently demonstrated the importance of identity support for well-being. Lesbians who reported more identity support scored higher on measures of well-being at initial assessment, during the daily phase of the study, and at the follow-up. Comparable results were found for the negative association between identity devaluation and well-being. Identity measures proved to be significant predictors of lesbians' well-being even after controlling for other types of support and social stress. Both identity support and identity devaluation contributed independently to the prediction of daily self-esteem and life satisfaction. Strengths and limitations of this study are discussed.

Everyday social interactions are vital in shaping psychological well-being. The benefits of social support and positive interpersonal interactions to psychological health are well documented (see review by Uchino, Cacioppo, & Kiecolt-Glaser, 1996). There is also growing evidence that darker aspects of relationships—difficult and stressful social interactions—are detrimental to individual well-being (Rook, 1998). Although research on social support is plentiful, few studies have extended this analysis to lesbians. Of special significance for lesbians may be interactions relevant to a woman's socially stigmatized identity as a sexual-minority person. Feeling that other people understand and support her identity should enhance a lesbian's mood, self-esteem, and satisfaction with life. In contrast, feeling that people are uncomfortable or negative about her being a lesbian should detract from a woman's well-being. Only one previous study examined a form of support that might be linked to lesbian identity. Wayment and Peplau (1995) assessed the association between six types of social support

and psychological well-being in a sample of 391 lesbians and 273 heterosexual women. Of the six types of social support measured, the strongest correlate of well-being for lesbians was "reassurance of worth," defined to participants as "feeling that one is respected and admired for one's abilities, is accepted as one really is, and is admired for acting in ways that are nontraditional for women" (p. 1198). In contrast, among the heterosexual women studied by Wayment and Peplau, reassurance of worth was less important. Instead, guidance support was most strongly correlated with well-being. The idea that identity support may be of special significance for lesbians is consistent with the general finding that support is most beneficial when it matches an individual's perceived needs (Wortman & Dunkel-Schetter, 1987), in this case, a need to feel valued as a lesbian.

Although past research has not examined identity support, available studies provide some evidence for the general importance of social support in understanding variations in the psychological well-being of lesbians. Two cross-sectional studies provided evidence that greater social support is associated with fewer symptoms of depression among lesbians (Earle, 2000; Oetjen & Rothblum, 2000). In a study of Latina lesbians (Zea, Reisen, & Poppen, 1999) higher perceived quality of social support significantly predicted less depression and greater self-esteem. Other studies demonstrating the benefits of social support have used samples that combined lesbians, gay men, and occasionally bisexuals (e.g., Grossman, D'Augelli, & Hershberger, 2000; Hershberger & D'Augelli, 1995). However, no past research has specifically investigated identity support among lesbians.

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Turning to the darker side of relationships, research on the negative social interactions of lesbians has focused on documenting experiences of discrimination, harassment, and violence. Two studies have examined how negative social interactions are associated with well-being. A cross-sectional study of 979 lesbians and gay men (Lewis, Derlega, Berndt, Morris, & Rose, 2001) found that perceived workplace discrimination and other stressors specific to being gay or lesbian were significantly associated with depression. Swim (2004) examined less extreme experiences of antigay prejudice that she called "heterosexist hassles." These included such events as hearing an antigay joke or being excluded from a social activity because of being lesbian or gay. In the course of their social interactions during one week, Swim's sample of 69 lesbians, gay men, and bisexuals reported experiencing, on average, two heterosexist hassles. More frequent heterosexist hassles were associated with increased anger and anxiety, but were not associated with decreased self-esteem. Both of these studies suggest that being devalued because of one's sexual identity is detrimental to well-being.

The current study contributes to our understanding of sexual identity and well-being among lesbians in several important ways. First, the study focused on social experiences linked to lesbian identity rather than relying on more general measures of social support or social stress. Second, the current study examined both the positive and the negative aspects of social interactions. Few studies have addressed the role of negative interactions with close others and no study has examined the construct of identity devaluation among lesbian women. Third, this study investigated whether identity support and devaluation are independent predictors of well-being. Fourth, this research used multiple methods of assessment.

Participants first completed a questionnaire that assessed support, stress, and well-being and then took part in a 2-week study in which they reported daily on their experiences of identity support, identity devaluation, and psychological well-being. Finally, participants completed a 2-month follow-up survey that assessed psychological well-being. Unlike previous cross-sectional studies, this intensive collection of data allowed an examination of how daily experiences affected both end-of-day outcomes and subsequent well-being, thus permitting stronger claims about these effects.

We predicted that identity support would be positively associated with well-being, that identity devaluation would be negatively associated with well-being, and that each would make an independent contribution to the prediction of psychological well-being. We also predicted that identity support would be significantly associated with well-being, even after controlling for other types of support, and that identity devaluation would be significantly associated with well-being even after controlling for the other social stressors.

METHOD

At an initial individual session, each participant completed a detailed survey and was given instructions about the daily diary phase of the research. Subsequently, participants completed an end-of-day report for a period of 2 weeks. Two months after the initial session, participants returned to complete a follow-up questionnaire.

Participants

Participants were recruited using a variety of methods including posting announcements to the Lesbian, Gay, Bisexual, and Transgender listservs and flyers posted on the UCLA campus. Announcements were made in classes, through the UCLA Psychology Department subject pool, and through personal contacts. A snowball strategy was also used in which participants were asked to forward an e-mail to people they knew who might be interested in the study. The goal was to recruit a sample that was diverse with respect to age and ethnicity. All participants were informed that they would have a one in five chance of winning \$50.

Of the 42 lesbians who participated in the initial session, 34 completed all phases of the study including the 2-month follow-up. All participants self-identified as lesbian. The sample included both students and full-time employees. Participants were, on average, 34 years old ($SD = 13.7$, $Mdn = 29$). Participants ranged from 18-year-old first-year college students to a 68-year-old retired woman. The sample was ethnically diverse: 65% of participants self-identified as White, 10% as Latina, 10% as African American, 5% as Asian or Pacific Islander, and the remaining 10% as multi-ethnic or other. Participants were also diverse in years since first identifying as gay or lesbian. Some participants had identified within the last year and other participants had identified as lesbian for as long as 48 years.

Initial Assessment

Participants took part individually in an initial 90-minute session. After completing the informed consent procedure, participants completed a packet of questionnaires assessing demographic background, social support, social stress, and psychological well-being. These measures are described below.

Background questions. Participants responded to questions about their background including age, ethnicity, years identified as a lesbian, employment status, and student status. In addition, participants reported the number of physician visits they had in the previous month, which was used as an index of physical health (Roberts, Bergstralh, Schmidt, & Jacobsen, 1996).

General identity support and devaluation. Following a series of questions about the extent to which family and friends acknowledge and support one's sexual identity,

participants were asked questions about identity support and devaluation. Participants first listed the two most important relatives and the two most important nonrelatives in their life. According to participants, virtually all (96%) of these important others knew about their sexual orientation. Participants rated how much each of these four individuals provided identity support. Unlike other types of support that involve providing information, guidance, or resources, *identity support* concerns accepting a woman for the person she is. The support question asked, "How much does (this person) show you that he/she cares about you?" and was rated on a 1 (*not at all*) to 5 (*a great deal*) scale. Ratings of the four important people were averaged to create a composite General Identity Support measure ($\alpha = .68$). The *identity devaluation* question asked, "How much does (this person) make you feel bad about yourself?" Ratings of the four important people were averaged to create a composite General Identity Devaluation measure ($\alpha = .71$). Although these measures did not explicitly refer to identity, they were asked in the context of other questions about women's lesbian identity and appear to capture identity issues.¹

Other social support. To compare the importance of identity support to other forms of support, participants also rated the same four important people in their lives on three other types of social support. Participants were asked: "How much does (this person) give you useful information or advice?," "How much does (this person) help you with specific problems or give you things that you need?," and "How much does (this person) listen to you when you need to talk?" These items were rated on a 1 (*not at all*) to 5 (*a great deal*) scale. For each kind of support, ratings of the four individuals were averaged to create composite scores; the alphas for these composites were .29, .61, and .58, respectively. The size of the alphas was presumably affected by the fact that we averaged reports of perceived support from four different people. It is quite possible that a mother or other relative may provide a different level of support than a good friend.

Other social stressors. In order to compare the importance of identity devaluation to other types of social stressors, participants also rated the same four important people in their lives on two additional items assessing other negative aspects of interaction: "How much does (this person) act in an unpleasant or angry way toward you?" and "How much does (this person) make your life difficult?" These items were rated on a 1 (*not at all*) to 5 (*a great deal*) scale. For each item, ratings of the four individuals were averaged to create composite scores; and the alphas were .65 and .63, respectively.

Depression. Depression was measured with the 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). The CES-D measures feelings as-

sociated with depression that have occurred during the past week. Sample items include: "I did not feel like eating, my appetite was poor" and "I had trouble keeping my mind on what I was doing." Participants rated each item from 0 (*rarely*) to 3 (*most of the time*). This measure has been shown to have high internal consistency and concurrent validity with clinical diagnosis (Boisvert, McCreary, Wright, & Asmundson, 2003; Radloff, 1977). In the current study, the alpha at initial testing was .75.

Self-esteem. The Rosenberg (1965) Self-Esteem Scale is a 10-item measure of self-attitudes. Participants indicate on a scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*) how much they agree with statements such as "On the whole, I am satisfied with myself." This scale is reliable and valid (Greenberger, Chen, Dmitrieva, & Farruggia, 2003). In this study, the alpha at initial testing was .92.

Satisfaction with life. The 5-item Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) was used. Sample items include: "Today, in most ways my life was close to my ideal" and "I was satisfied with my life today." Participants responded on a scale from 1 (*completely disagree*) to 5 (*completely agree*). These five items were averaged to create a composite score. In this study, the alpha at initial testing was .89.

Finally, these three measures of depression, self-esteem, and satisfaction with life were combined to create a composite score of overall well-being. First, depression scores were reversed, so that higher numbers meant less depression. Then scores on all three measures were standardized. These standardized scores were averaged to create the composite measure of overall well-being ($\alpha = .85$).

Daily Report Measures

Participants were asked to complete a short survey for 14 days at the end of each day after all expected social interactions had occurred. Instructions emphasized the importance of doing the survey daily. To increase compliance, participants were required to turn in reports two or three times each week on a set schedule determined during their initial visit. Ten lesbians were not on campus; they submitted all of their reports at the end of the 2-week recording period. The measures included in the daily report questionnaire are described below.

Daily identity support scale. Identity support was assessed with two questions: "Today, did you feel your gay or lesbian identity was supported by others?" and "Today, did you feel that your gay or lesbian identity was understood by others?" These items were rated on a 1 (*not at all*) to 7 (*a lot*) scale. These two items were averaged to create a Daily Identity Support Scale ($\alpha = .89$).

Daily identity devaluation scale. Daily identity devaluation was assessed with two items adapted from the Social Constraints Scale (Lepore, Silver, Wortman, & Wayment, 1996) to apply to sexual orientation. Participants were asked: "Today, did you feel as though you had to keep feelings about being gay or lesbian to yourself because they would make other people feel uncomfortable?" and "Today, did you feel you could discuss your feelings about your sexual orientation with other people if you wanted to?" (reverse scored). These items were rated on a 7-point scale from 1 (*not at all*) to 7 (*a lot*). The alpha for this 2-item Daily Identity Devaluation Scale was .70.

Daily well-being. The end-of-day questionnaire included the 10-item Rosenberg Self-Esteem Scale and the 5-item Satisfaction with Life Scale (described above). Both scales were reworded to refer to that specific day. For the Satisfaction with Life Scale, a sample item was "The conditions of my life were excellent today." Responses were based on a 5-point scale from 1 (*not at all*) to 5 (*extremely*). Alpha for the scale was .94. Daily self-esteem was assessed on a 1 to 9 scale and also had excellent reliability (alpha = .93).

Two-Month Follow-Up

Participants returned 2 months after their initial visit to complete questionnaires regarding their psychological well-being. Participants completed the same three measures of well-being used during the initial session. These included the CES-D Scale, the Rosenberg Self-Esteem Scale, and the Satisfaction with Life Scale. Participants were then debriefed and thanked for their participation.

RESULTS

Descriptive statistics for the variables from the initial questionnaire are presented in Table 1. On average, the lesbians in this sample reported high levels of identity support from the four important people in their lives; the mean identity

Table 1

Descriptive Statistics of Variables from the Initial Questionnaire

Variables	M	SD	Range
Age	33.5	13.7	18–68
Number of physician visits (last month)	1.3	3.3	0–7
Identity support	4.4	0.6	1.18–4.98
Identity devaluation	1.3	0.6	1.07–4.06
Self-esteem	3.3	0.6	2.00–4.00
Depression	16.2	11.0	0–45
Satisfaction with life	3.6	0.9	1.40–5.00

Note. Range of scores: identity support, identity devaluation, and satisfaction with life, 1 to 5; self-esteem, 1 to 4; depression, 0 to 60.

support score of 4.4 was close to the top of the 1 to 5 scale. Participants also reported low levels of identity devaluation, with a mean of 1.3, which was close to the bottom of the scale. Participants showed considerable variability in well-being. For example, participants ranged from a 0 to 45 on the CES-D Scale. Participants also varied on self-esteem and satisfaction with life. They scored above the mid-point on both scales, suggesting fairly high levels of well-being.

Before testing specific hypotheses, correlations among variables from the initial questionnaire were examined and are shown in Table 2. Several findings are noteworthy. First, as expected, identity support and identity devaluation were moderately negatively correlated ($r = -.41$). Because they are conceptually distinct, they were analyzed separately. Second, both age and physical health were significantly associated with depression, satisfaction with life, and self-esteem. Consequently, age and physical health were used as controls in all analyses. Third, the three dependent measures of psychological well-being were significantly correlated. Consequently, they were analyzed in two ways. Because self-esteem, satisfaction with life, and depression are distinct constructs representing different aspects of psychological adjustment, the measures were treated separately in the analyses. Because the measures were correlated, a composite overall well-being score was derived for the analyses as well.

Testing the Association Between Identity Support and Well-Being

We predicted that identity support would be associated with both concurrent and future well-being. This was tested in three ways. First, data from the initial survey were examined. Analyses showed that, controlling for age and physical health, the general identity support measure was significantly associated with concurrent life satisfaction ($r = .44$, $p < .01$); self-esteem ($r = .52$, $p < .01$); depression ($r = -.69$, $p < .001$); and overall well-being ($r = .66$, $p < .0001$).

Next, we tested the association between daily reports of identity support and the two end-of-day well-being measures. Specifically, we tested whether variations in a woman's rating on the Daily Identity Support Scale were associated with her ratings of self-esteem and life satisfaction on that day. Because of the nested nature of the data (days nested within participants), multilevel modeling was the appropriate statistical approach. Hierarchical Linear Modeling (HLM) was the program used to analyze the data (Bryk, Raudenbush, & Congdon, 1996). As expected, a significant association was found between the experience of identity support on a particular day and end-of-day self-esteem ($B = .13$, $p < .01$). The more identity support a woman reported on a given day, the higher her self-esteem on that day. A similar association was found between identity support and end-of-day satisfaction with life ($B = .09$, $p < .01$).

Table 2
Intercorrelations of Study Variables from the Initial Questionnaire

Variables	1	2	3	4	5	6	7
1. Age	–	–.087	–.170	–.098	.320*	–.407**	.224
2. Physician visits		–	–.166	.091	–.334*	.388*	–.319*
3. Identity Support			–	–.405*	–.433**	.268	–.358*
4. Identity Devaluation				–	.449**	–.575***	.375*
5. Self-esteem					–	–.702***	.668***
6. Depression						–	–.574***
7. Satisfaction with life							–

* $p < .05$. ** $p < .01$. *** $p < .001$.

Finally, the association between identity support and future well-being was examined by correlating the average daily experience of identity support (Identity Support Scale scores aggregated across the 2-week daily diary) with well-being at the 2-month follow-up. Identity support was significantly associated with subsequent life satisfaction ($r = .38$, $p < .05$); self-esteem ($r = .38$, $p < .05$); depression ($r = -.53$, $p < .01$); and overall well-being ($r = .45$, $p < .01$), controlling for age and physical health.

Testing the Association Between Identity Devaluation and Well-Being

To test the prediction that identity devaluation would be associated with lower well-being, analyses were conducted comparable to those for identity support. First, data from the initial testing session were examined while controlling for age and physical health. As expected, general identity devaluation scores were negatively correlated with concurrent measures of life satisfaction ($r = -.41$, $p < .05$); self-esteem ($r = -.49$, $p < .01$); and overall well-being ($r = -.48$, $p < .01$). Although identity devaluation was correlated with depression ($r = .32$, $p = .06$), this association was only marginally significant.

The predicted association between daily identity devaluation and well-being was then examined with data from the daily experience reports using HLM. We hypothesized that on days in which women scored higher on the Daily Identity Devaluation Scale, they would report poorer well-being. This hypothesis was confirmed. Daily identity devaluation scores were associated with poorer end-of-day self-esteem ($B = -.37$, $p < .05$) and lower satisfaction with life ($B = -.27$, $p < .05$).

Finally, the association between identity devaluation and subsequent well-being was tested by aggregating scores on the Daily Identity Devaluation Scale across all 14 days of the daily diary and correlating the aggregate with well-being at the 2-month follow-up. As expected, lesbians who reported more identity devaluation had significantly poorer life satisfaction ($r = -.49$, $p < .01$); lower self-esteem ($r = -.39$, $p < .05$); more depression ($r = .51$, $p < .01$); and lower

overall well-being ($r = -.51$, $p < .01$), controlling for age and physical health.

Testing the Relative Importance of Identity Support and Identity Devaluation

A further goal was to demonstrate that identity support was associated with well-being even after the effect of the other types of social support had been entered into the model. Data from the initial testing session provided a test of this prediction. A hierarchical linear regression was used to enter the variables in steps to assess the change in R^2 . In each regression equation, age and physical health were entered on Step 1. Next, the other three measures of support were entered on Step 2. Finally, identity support was entered on Step 3. As can be seen in Table 3, these other types of support did not add significantly to the prediction of well-being. However, adding identity support on Step 3 made a significant contribution to the amount of variance explained in all three measures of well-being and in the overall well-being index. Further, the standardized regression weights demonstrated that identity support was consistently a strong predictor of well-being relative to the other predictors in the model.

We also predicted that identity devaluation would be significantly associated with well-being above the contribution of the other two social stressors measured in this study. These other stressors included having important others acting angry or causing difficulty for the participants. This hypothesis was tested with hierarchical linear regressions comparable to those used for identity support. Results are presented in Table 4. Age and physical health were entered on Step 1. On Step 2, the other two types of social stress that were unrelated to identity devaluation were entered. Then, on Step 3, identity devaluation was entered. As expected, identity devaluation contributed significantly to the explanation of life satisfaction, self-esteem, and overall well-being as can be seen from the significant R^2 change scores from Step 2 to Step 3. A review of the standardized regression weights indicated that identity devaluation was an important predictor of satisfaction with life, self-esteem,

Table 3

Summary of Hierarchical Regression Analyses Predicting Four Measures of Well-Being from Four Types of Social Support

Variable	Satisfaction with Life				Self-Esteem				Depression				Composite Well-Being			
	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2
Step 1				.16*				.21*				.28**				.28**
Age	.00	.01	.26		.00	.01	.32*		-.32	.12	-.37*		.00	.01	.35*	
Physical health	.00	.04	-.30		.00	.03	-.30		1.13	.46	.35*		.00	.04	-.36*	
Step 2				.04				.13				.12				.12
Information	-.21	.26	-.09		.00	.16	.01		.00	2.73	.01		.00	.23	-.03	
Listen	.00	.27	.06		.00	.17	.11		1.02	2.87	.07		.00	.24	.04	
Help	.00	.30	.21		.25	.19	.27		-6.39	3.19	-.40		.46	.27	.34	
Step 3				.13*				.09*				.26***				.19***
Identity support	.79	.32	.53*		.45	.21	.43*		-13.88	2.83	-.75***		1.02	.26	.65***	

Note. Regression coefficients are reported from the step on which each variable was first entered. The four types of social support were assessed at the initial testing session.

* $p < .05$. ** $p < .01$. *** $p < .001$.

and overall well-being compared to the other types of social stressors. Contrary to the hypothesis, identity devaluation did not contribute significantly to the prediction of depression.

Testing Identity Support and Identity Devaluation Together as Predictors of Well-Being

We predicted that identity support and devaluation would each make an independent contribution to the prediction of psychological well-being. That is, the prediction of well-being would be improved by using both measures rather than either one alone. This hypothesis was examined using data from the initial cross-sectional survey and data from the daily reports.

First, we examined whether identity support and identity devaluation would each individually add to the explanation of the variance in well-being using measures from the ini-

tial testing session. A separate hierarchical linear regression analysis was conducted for each measure of well-being and for the overall well-being composite. Results are presented in Table 5. First, age and physical health were entered into the equation as controls. Next, on Step 2, we entered identity devaluation to examine whether it contributed significantly to the proportion of variance being explained above the control variables. We then entered identity support on Step 3 to examine whether identity support contributed above and beyond the prediction by identity devaluation. Consistent with the hypotheses, identity support and devaluation were each significant predictors and each explained a unique part of the variance in self-esteem and overall well-being. However, contrary to our expectations, the prediction of satisfaction with life and depression was not improved by including both identity support and devaluation. In the case of satisfaction with life, identity devaluation was significant, but identity support was not. Depression, on

Table 4

Summary of Four Hierarchical Regression Analyses Predicting Each of Four Measures of Well-Being from Three Types of Stressful Interactions

Variable	Satisfaction with Life				Self-Esteem				Depression				Composite Well-Being			
	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2
Step 1				.16				.20*				.28**				.27**
Age	.00	.01	.24		.00	.01	.31*		-.32	.13	-.37*		.00	.01	.35*	
Physical health	.00	.04	-.30		.00	.03	-.30		1.12	.46	.35*		.00	.04	-.36*	
Step 2				.04				.09				.18**				.12
Angry	-.28	.23	-.23		.00	.15	-.11		1.98	2.33	.13		-.22	.21	-.18	
Difficulty	.00	.24	.04		-.20	.16	-.23		5.33	2.46	.35*		-.27	.22	-.21	
Step 3				.14*				.10*				.00				.07*
Identity devaluation	-.76	.30	-.48*		.47	.20	-.42*		.36	3.36	.02		-.56	.28	-.34*	

Note. Regression coefficients are reported from the step on which each variable was first entered. Three types of stressful interactions were assessed at the initial testing session: angry, difficult and identity devaluation.

* $p < .05$. ** $p < .01$.

Table 5

Summary of Hierarchical Regression Analyses Assessing the Contributions of Identity Support and Devaluation to Predicting Four Measures of Well-Being

Variable	Satisfaction with Life				Self-Esteem				Depression				Composite Well-Being			
	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2	B	SE	β	ΔR^2
Step 1				.16				.20*				.27**				.27**
Age	.00	.01	.24		.00	.01	.31*		.00	.01	.35*		.00	.01	.35*	
Physical health	.00	.04	-.30		.00	.03	-.30		.00	.04	-.36*		.00	.04	-.36*	
Step 2				.14*				.20**				.07				.17**
Identity devaluation	-.62	.24	-.39*		-.51	.15	-.46**		5.56	2.83	.28		-.70	.22	-.42**	
Step 3				.07				.09*				.28***				.18***
Identity support	-.58	.23	.29		.35	.15	.34*		-11.18	2.24	-.60***		-.74	.19	.48***	

Note. Regression coefficients are reported from the step on which each variable was first entered. Identity devaluation and support were assessed at the initial testing session.

* $p < .05$. ** $p < .01$. *** $p < .001$.

the other hand, was predicted by identity support, but not identity devaluation.

Turning to the daily report data, we also examined whether the Daily Identity Support Scale and the Daily Identity Devaluation Scale both contributed significantly to the explanation of end-of-day well-being when added into the same multilevel model. As predicted, both support and devaluation were significant predictors of end-of-day satisfaction with life and self-esteem. See Table 6 for findings. Thus, identity support and identity devaluation were both independent predictors of well-being; on days in which a woman reported feeling more support or less devaluation, she also reported greater end-of-day satisfaction with life and self-esteem.

DISCUSSION

This study provides the first systematic evidence that social support and social stressors specifically linked to sexual identity are associated with psychological well-being for

lesbian women. Few lesbians are able to escape the social stigma of having a sexual identity at odds with current mainstream cultural values. Consequently, feeling that important people in one's social world support, understand, and appreciate her sexual identity should be particularly beneficial to a lesbian's well-being. Similarly, feeling that significant others do not accept her sexual identity, feel uncomfortable about the topic, or prefer that a woman not discuss her sexual identity should be harmful to psychological health.

Several types of evidence demonstrated the importance of identity support for lesbians' well-being. During the initial session, women who scored higher on identity support from significant others also reported higher levels of self-esteem, satisfaction with life, and overall well-being as well as lower levels of depression. Hierarchical linear regressions demonstrated that identity support was an independent predictor of well-being after controlling for the three other types of social support. Stronger evidence was provided by findings from the 2-week daily report component of the study, which used a more explicit measure of identity support and involved repeated assessments over time. Results showed that daily perceptions of identity support were significantly associated with self-esteem and life satisfaction on that day. Further, a woman's average level of daily identity support across the 2 weeks was significantly associated with well-being at the 2-month follow-up.

Our analyses also documented that identity devaluation was associated with lower well-being among lesbians. Women who scored higher on identity devaluation at the initial session also reported significantly lower self-esteem and life satisfaction as well as marginally higher depression. Hierarchical linear regressions demonstrated that, after controlling for two other types of social stressors, identity devaluation remained a significant predictor of satisfaction with life and self-esteem. Stronger evidence was provided by findings from the 2-week daily report component of the

Table 6

Hierarchical Linear Modeling Analyses Predicting End-of-Day Life Satisfaction and Self-Esteem from Daily Identity Support and Devaluation

Predictor	Satisfaction with Life		Self-Esteem	
	Coefficient	p-value	Coefficient	p-value
Daily identity support	.10 (.03)	.004	.13 (.03)	.001
Daily identity devaluation	-.12 (.05)	.031	-.16 (.06)	.021

Note. Numbers outside parentheses represent unstandardized HLM coefficients; numbers in parentheses are standard errors.

study, which used a more explicit measure of identity devaluation and involved repeated assessments. Results showed that women who reported more identity devaluation on a given day also reported less end-of-day life satisfaction and lower end-of-day self-esteem. Further, a woman's average level of identity devaluation during the 2 weeks was significantly associated with life satisfaction, self-esteem, and depression 2 months later.

Overall, the findings of this study provided consistent support for our predictions. In a few cases, predicted associations were only marginally significant or were nonsignificant. Future research will be needed to determine whether the relatively small size of our sample contributed to these findings or whether another explanation is needed.

Limitations of the Current Study

As in most studies of lesbians, the participants in this sample were not a nationally representative group. The sample was fairly diverse in age, ranging from 18 to 68 years old, and one-third of the women were not White. At the same time, participants were predominantly middle class and lived in a large metropolitan area that offers a relatively tolerant and open social environment. Because of the intensive collection of data during a 14-day period, the sample size was relatively small. Further, women who volunteered for this study may be more disclosing about their sexual orientation than women who did not volunteer. For these reasons, further research with lesbians who have different social characteristics will be especially valuable.

Another limitation of the study was the general wording of the items used to assess identity support and devaluation at the initial session. Future research would benefit from adding more items and focusing items more explicitly on support and devaluation for one's sexual identity. Fortunately, the questions used to assess these constructs during the 2-week daily recording phase of the study were very specific to lesbian identity and yielded results parallel to those for the more general items. This is the first study to examine identity support and identity devaluation among lesbians and provides a good starting point for future researchers seeking to understand the needs and vulnerabilities of lesbians.

A third limitation to the current study is that the correlational nature of the data does not provide definitive evidence for the causal relations among variables. Based on previous research and theory, we have proposed that social support enhances psychological well-being. But the opposite direction of causation cannot be ruled out. For example, it is possible that people who have low self-esteem may not garner as much identity support as individuals with high self-esteem.

A final concern involves participant compliance with the daily measures. It is possible that some participants completed forms for more than one day at the same time. However, most participants returned forms to a locked box two

or three times a week, on a schedule predetermined by the participant and researcher. Further, great care was taken in training participants to emphasize the importance of completing the reports each day.

Directions for Future Research

This study found convincing evidence of associations among identity support, identity devaluation, and well-being for lesbians. Future studies can build on these findings in several ways. A first direction would be to replicate and extend these findings with a larger sample. A larger sample would permit analyses of possible ways in which support, devaluation, and well-being may be associated with women's age, years since first identifying as lesbian, ethnicity, and other factors. Second, social support researchers have often found that support is most beneficial in times of increased stress (Cohen & Wills, 1985). In other words, social support can buffer an individual from the detrimental impact of daily hassles and stressful life events. Research on lesbians could profitably examine whether identity support buffers lesbians from specific experiences of prejudice and discrimination or assists lesbians in making social transitions such as beginning a new job or moving to a new town. Similarly, it is of interest to know whether identity devaluation might have comparable effects, with the impact of devaluation perhaps being amplified in hostile environments (Grossman et al., 2000) or during times of transition. Another direction for future research would be to extend the analysis presented here to other stigmatized populations, not only to gay men but also to members of such stigmatized groups as religious minorities, people with physical disabilities, or recent immigrants. Such research would test the generalizability of the ideas investigated in this project and might provide new insights into the well-being of other groups of individuals with minority identities.

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NOTE

1. There are four reasons to suggest that these questions from the initial testing are indices of identity support and identity devaluation. First, the questions directly followed other items about disclosure and acceptance of the woman's sexual orientation, so that identity issues were salient for the participants. Second, these questions were asked about important members of the woman's social network who knew about her sexual orientation (in 96% of cases). Third, our more explicit measure of identity support from the daily report part of the study correlated significantly with our baseline measure of identity support ($r = .46, p < .01$), but did not correlate significantly with the other types of support measured at the initial testing. Fourth, our baseline question about identity devaluation was the only type of social stress significantly associated with internalized homophobia. Specifically, when our identity

devaluation item was entered into a regression equation with questions about two other types of social stress, the identity indicator was the only significant predictor of scores on a 10-item measure of internalized homophobia (Martin & Dean, 1988, cited in Herek, Cogan, Gillis, & Glunt, 1998) that assessed a woman's negative feelings about her identity as a lesbian.

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