

IS IT ALL ABOUT COMING OUT: HOW THE MEDIA INFLUENCES THE LGBTQ+
EXPERIENCE

By

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Abstract

As the lesbian, gay, bisexual, and queer (LGBQ+) community has gained an increased acceptance in Western society, media representation of LGBQ+ characters has increased. One storyline that is prominent for LGBQ+ media is the coming out storyline. Using a developmental perspective and grounded in behavioral scripts theory (Huesmann, 1986; Wright, 2011), this study examines the effects of the coming out storyline's salience and applicability on LGBQ+ individuals' self-complexity and well-being. Three types of role models and LGBQ+ identity security were included as moderators. In total, 401 LGBQ+ emerging adults were surveyed. Results indicated that self-complexity was negatively related to well-being. Additionally, coming out script salience was positively related to self-esteem and negatively related to depression for those at the highest level of LGBQ+ identity security. These findings present avenues of future research on LGBQ+ individuals, behavioral scripts, and emerging adulthood.

Keywords: lesbian, gay, bisexual, queer, identity, behavioral scripts, coming out, well-being

Is It All About Coming Out: How the Media Influences the LGBTQ Experience

Within the last half-century, societal opinions on of lesbian, gay, bisexual, and queer (LGBTQ+) community have changed dramatically. One of the earliest polls on attitudes towards LGBTQ+ people occurred in June 1977, in which 43% of people in the United States felt negatively towards those in the LGBTQ+ community (Gallup, 2018). Over the next 40 years, opinions on LGBTQ+ people have steadily become more positive, with only 23% of people expressing negative opinions towards the LGBTQ+ community in May 2018 (Gallup, 2018). Although these numbers may not excite allies of the LGBTQ+ community, many LGBTQ+ people see this as a positive trend. In a Pew Research Poll of LGBTQ+ people conducted in 2013, 92% said that they felt society was more accepting of people who are LGBTQ+ than in the last 10 years and are equally optimistic for the future.

As opinions of the LGBTQ+ community have changed, so too has the representation of LGBTQ+ people in the media, especially on television and in film. Prior to the early 1960s, gay men, lesbians and bisexuals were not explicitly portrayed except in highly coded language, which was largely due to the prohibition of LGBTQ+ characters in the motion picture production code (Raley & Lucas, 2008). Once LGBTQ+ characters began to appear, they were depicted mostly in terms of stereotypes: as villains, comically feminine men, or victims of violence (Epstein & Friedman, 1995). The first homosexual main character appeared in the 1961 British film *Victim*, although the term “homosexual” or “gay” was not explicitly applied to the character. Nevertheless, this film started a trend of more explicitly LGBTQ+ characters in media, although often with tragic stories attached (Epstein & Friedman, 1995). More positive portrayals of LGBTQ+ characters came in the 1970s and 1980s, but these characters were guest stars who appeared only for an episode or as minor characters in film (Netzley, 2010). These

representations portrayed the character's sexual identity as the problem of the episode, rather than as an aspect of the character, and the story focused on how the presence of this character influenced the heterosexual main characters (Dow, 2010). The film *Making Love* in 1982 was the first to feature LGBTQ+ characters in a way that did not play into stereotypes (Epstein & Friedman, 1995). Television featured a positive portrayal of gay characters in 1972 with *That Certain Summer* and continued to break ground with *Hot l Baltimore* in 1975. In 1977, *Soap* featured a gay main male character contemplating gender-reassignment surgery. In 1997, *Ellen* became the first show to have a main character come out, played by Ellen Degeneres, who had come out herself a week earlier on a TME magazine cover (Dow, 2010). Although *Ellen* was ultimately cancelled one season after the coming out episode, the show lead to a rise in main and major characters in both film and television, such as *Will and Grace*, *Brokeback Mountain* and *Glee*.

This rise has led to an increase in representation for LGBTQ+ characters which continues today, with GLAAD reporting that 10.2% of regular characters on primetime broadcast shows are LGBTQ+ (GLAAD, 2019-2020). In film, GLAAD reports that 18.2% of movies feature LGBTQ+ characters in 2019, and movies such as *Carol*, *Love Simon*, and *Moonlight* all received critical and audience acclaim (Flanigan, 2018; Garvey, 2017; Hoffman, 2015). TV shows like *Orange is the New Black* on Netflix became a talking point among audiences, while reality shows, like *RuPaul's Drag Race* and *Queer Eye*, feature real LGBTQ+ contestants and hosts, giving a glimpse into some aspects of the LGBTQ+ experience to a wider audience (Daw, 2018; Di Venuta, 2018). Even children's shows like Disney Channel's *Andi Mack* feature young LGBTQ+ characters (Butler, 2017). The portrayals in movies and TV shows are still an important source of socialization, as Common Sense Media found that 58% of teens watched TV, movies,

or videos every day, with an average time reported as approximately two and a half hours per day (Rideout, 2015). Especially for people who do not have regular contact with the LGBTQ+ community, TV shows and movies featuring LGBTQ+ characters are likely expanding audience's understanding of LGBTQ+ topics and experiences (Bond, 2014).

As society becomes more accepting of LGBTQ+ people and as more LGBTQ+ stories are being seen in the media, it is important to understand how these messages affect real LGBTQ+ people. Are LGBTQ+ characters represented in well-rounded, thoughtful portrayals or are they mere token representations? What is the focus of these portrayals and stories? How do these stories match the experiences of real LGBTQ+ individuals? These questions have helped to guide this study and have helped center the focus on an experience that many LGBTQ+ people share: coming out of the closet, often shortened simply to "coming out." Coming out, for the purpose of this study, is defined as the self-disclosure of sexual identity to a person in one's life (Waxman, 2017). Coming out is seen as a milestone for many in the LGBTQ+ community. Thus, the purpose of this study is to examine the mediated coming out script on LGBTQ+ identities, specifically their self-complexity and well-being.

LGBTQ+ Coming Out Experiences On and Offscreen

Many LGBTQ+ adults struggle throughout their lives on who to tell about their LGBTQ+ sexuality and when (Pew Research, 2013). About one in six LGBTQ+ people have told one or both parents by age 25, with 65% saying that it was a difficult conversation to have. Thirty-nine percent said that it made their relationship with their parents stronger, while 46% expressed that there was no change in their relationship. While this is a positive trend, there is still a fear for many LGBTQ+ people that revealing their sexual orientation to important people in their lives will

cause them harm in some way, either through discrimination or through loss of important relationships (Bianchi, Piccoli, Zotti, Fasoli, & Carnaghi, 2017).

Although coming out is seen as a milestone of the LGBTQ+ experience, many do not come out the first time they have a thought that they may be LGBTQ+, and many do not come out even when they know for sure. A Pew Research poll (2013) asked gay men, lesbians, and bisexuals the age of their first homosexual thought, when they knew for sure, and when the first told someone. For gay men, the mean age of their first homosexual thought was 10, while they knew for sure at 15, and the mean age for telling someone was 18. For lesbians the ages were slightly higher with first homosexual thoughts occurring at 13, knowing for sure at 18, and finally telling someone at 21. For those who identified as bisexual, the ages for these three categories fell somewhere in between the average ages of gay men and lesbian women. Clearly, societal and personal attitudes are rapidly changing for the LGBTQ+ community; thus, the results of the 2013 Pew Research poll may not reflect the lived experience of LGBTQ+ individuals in 2020. However, with the lack of a more recent survey findings, this information is currently the most up to date. Following the example set by Pew Research, this study conceptualizes coming out as telling at least one other person about one's sexual identity. What coming out means is different for each person, while some take it to mean being out to their family, others to their social group, and others to the world at large (Duguay, 2016). This process can be a lengthy one, and many LGBTQ+ people feel it is life-long.

Although many question and confirm their sexuality in early to middle adolescence, coming out seems to occur in emerging adulthood (Pew Research, 2013). Labeling oneself as a member of the LGBTQ+ community can be a daunting thought, and many may practice identifying by using different labels privately or online. Craig and McNroy (2014) found that

prior to coming out, many LGBTQ+ people, especially those who were heavy media users, tried on different labels in more anonymous online settings. They also found that LGBTQ+ individuals felt they could learn more through the use of internet resources than they could elsewhere. This identity work is consistent with the stages of psychosocial development described by Erikson (1959; Palombo, Koch, & Bendicson, 2009). Erikson describes the main psychosocial task to be completed between the ages of 13 and 21 to be identity cohesion, or identity fidelity. Identity cohesion is obtained when adolescents feel that they can express themselves in a way that is authentic, but also that they will be accepted for this identity. For LGBTQ+ teens, this would manifest in dating whomever they wished while still being supported by friends and family. If identity cohesion cannot be obtained, people would experience identity confusion, possibly entering into a state of arrested development, unable to move on to the next developmental task until they have completed this one (Erikson, 1959). The Pew Research poll (2013) seems to corroborate Erikson's timeline of identity fidelity, with many LGBTQ+ individuals being certain in their LGBTQ+ identities in middle to late adolescence, signifying the formation of a permanent sexual identity.

Despite this age gap between knowing sexual identity and coming out, much of the media representation of the coming out narrative in fiction has teenagers as the focal LGBTQ+ character, as evidenced in *Love, Simon*, *Andi Mack*, and *Glee* (Butler, 2017; Flanigan, 2018). Even in reality television featuring LGBTQ+ people, the topic of coming out is addressed at least once, but usually multiple times within the series. These talks occur frequently between cast members of *RuPaul's Drag Race*, where drag queens talk about their experiences with coming out and talk about why they have not come out to certain people yet in their lives (Daw, 2018). The popular Netflix show *Queer Eye* features five gay men who also talk about their own experiences with

coming out, as well as the coming out experiences of some of the episodic stars which are featured (Di Venuta, 2018).

Bond (2014) found that the second most common type of LGBTQ+ talk in television shows that were popular with LGBTQ+ youth was coming out, second only to insults/jokes about one's LGBTQ+ status. Bond concluded that LGBTQ+ characters are rarely depicted in situations where their sexual orientation does not add comedic value or interesting twists to the plot. In *90210*, the character of Teddy drops from being a series regular to a reoccurring cast member after he comes out to the rest of the characters, suggesting there is not as much to his character after coming out (Bond, Miller & Aubrey, 2019). This is not a singular occurrence, as many characters see their stories focus solely on the coming out narrative, and once this narrative is resolved, the characters fall by the wayside. Sometimes, these characters are reduced solely to their LGBTQ+ status, such as in *Love, Simon* where the plot is solely focused on Simon's coming out to his family, his school, and his secret love interest. By having the focus be on this facet of the LGBTQ+ experience, LGBTQ+ individuals may come to believe that LGBTQ+ characters and by extension, themselves, are of less value once their sexuality is revealed, due to the narrow nature of many of these narratives. With how central the coming out storyline is to LGBTQ+ media, it is important to study how this is affecting real LGBTQ+ people. Behavioral scripts theory, in the context of the social cognitive information processing model, is used to ground the present study.

Theoretical Framework

Behavioral Scripts Theory

Huesmann (1986) theorized that mass media could affect behavior by demonstrating to audiences scripts of what should and should not happen, how people should or should not behave

based on what is happening, and the outcome of a particular action. These scripts can be applied to a variety of behaviors, including sexual behaviors. He later expanded this into the cognitive information processing model (CIPM) which details how information on social situations is integrated, retrieved, and processed (Huesmann, 1988). Wright (2011) specifically detailed the different phases of behavioral scripts in the context of sexuality, including acquisition, activation, and application. With a focus on the coming out narrative, these phases will be explained in the context of the present study.

Acquisition.

A behavioral script is can be acquired when a person views models demonstrating behaviors, similar to the process of observational learning (Bandura, 2009). The acquisition of behavioral scripts from the media is particularly likely to occur when the observer has not experienced that behavior before but anticipates they will in the future (Huesmann, 1986). The scripts acquired can be specific scripts learned from mass media (e.g., this is how you come out and this is how people react), or they can be “higher order” scripts, (Huesmann, 1986) which are abstracted rules or philosophies gained from a media model’s behavior. Not everything that is viewed is acquired and thus is encoded into memory as a behavioral script; however, there are certain qualities that are more prone to being acquired. Namely, scripts that incite arousal, are salient to viewers, and are relatively simple are those that are likely to be encoded (Wright, 2011). Other features that facilitates encoding are when behaviors are functional and realistic. Viewers must feel that the script could be followed.

Teenagers who are already questioning their sexuality may be particularly susceptible to acquiring behavioral scripts of coming out. If they were already questioning their sexual identity, media portrayals of coming out would incite arousal in them as a viewer, would be

salient to them as they were currently wondering much the same of themselves, and would be relatively simple to understand. For coming out narratives, the disclosure of sexual identity is the first step, with the second step being the effect or the reaction of the person they have told (Monaghan, 2010). This allows the script to appear functional for either the person disclosing the information or the person who is receiving it, and it is also realistic, as most teenagers know or know of someone who is LGBTQ+. Therefore, it seems likely that the scripts about what coming out “should be like” (according to media portrayals) will be acquired, particularly by those who are already questioning their sexuality.

Activation.

Scripts must be active in memory in order for them to affect behavior, and activation occurs when media messages cue the retrieval of a schema that includes specific beliefs, attitudes and behavioral scripts (Wright, 2011). It is this script search and retrieval that is the second step of the CIPM, and the most critical step according to Huesmann (1988). Without the retrieval of scripts, schemas cannot be activated. When schemas are activated by media portrayals, this is referred to as “priming” (Huesmann, 1986). When a schema is activated, it can change behavior and perceptions. However, to activate a schema, the audience must sufficiently attend to the behavioral scripts, with frequent exposure and the recency of the exposure affecting the strength of the exposure. For example, if the coming out narrative is a frequent topic of media featuring LGBTQ+ people, then people who choose to consume that media will be more likely to associate coming out with the LGBTQ+ experience. They may create a schema of what it means to be a LGBTQ+ person, of which coming out would be a large focus.

The activation of behavioral scripts is also dependent on the activities of the audience. First, audiences engage in active cognition, which includes reflection and fantasy (Wright, 2011).

Teens may reflect on what they think the reaction of those around them would be to coming out; thus, this reflection would be based on what they know of the people in their lives, as well as fantasizing about what reaction they would like to receive. This could be a rehearsal for their real event, with inspiration being taken from the coming out scene they have seen in the media. Second, the audience would enact these schemas (Wright, 2011). Teens may do this by practicing what they would say to those they are coming out to privately, as a way to reduce uncertainty about the event. This rehearsal is an essential part of the activation of scripts in the CIPM (Huesmann, 1988).

There are two situational cues that may additionally help with script activation: script-situation correspondence and arousal (Wright, 2011). The first allows that, all things being equal, the closer the situation overlaps with that which has been modeled in the media, the higher likelihood that this script will be activated. The second allows that the working memory has limited storage, thus making the most accessible script the one that will be activated. Thus, teens may default to a certain, most accessible script if the situation resembles one they saw in media portrayals of coming out.

Application.

The activation of a script increases the probability it will be used, but this is not always the case (Wright, 2011). There are many factors to the application of a script, including its perceived consequences. In the CIPM, a person evaluates a script for its acceptability in three areas: appropriateness for the situation (beliefs), belief that it will achieve the desired outcome (outcome expectancy), and ability to be carried out (self-efficacy) (Huesmann, 1988). Teens may weigh what time, if any, is the ideal time to come out based on what they have learned from the media, but they might also consider the outcome, and if they can actually go through with it.

For instance, if a teen suspects or knows their parents are homophobic, they will seriously consider what consequences could result of coming out to their parents, namely that they could be seriously harmed or left without basic needs such as food and shelter. Other consequences such as ostracization could occur if they come out to social groups such as family or friends. However, if they believe their community would be supportive of them, they would have rewards such as being true to themselves, and the possibility of joining an LGBTQ+ community that may have previously been closed to them. Those who perceive greater rewards than consequences are more likely to apply the coming out script.

Perceived similarity to media models also increases the probability of script application (Wright, 2011). If a viewer perceives a high similarity between themselves and the media model, they may believe that they will receive the same rewards or consequences as the media model. The ability of the viewer to enact the script must also be taken into consideration. Applicability is therefore important when considering whether a script will work for the viewer, as a script cannot be applied if it does not fit the world of the viewer. For teens, only those who are LGBTQ+ would use the coming out script, even though heterosexual teens may also have an acquired script for coming out. The similarity in sexuality is important for the application of a script, and further similarities can influence how and when teens come out and if they do it in a similar or dissimilar way as their media model. If a teen views a character who they perceive as similar to themselves in both situation and character coming out, and they feel that this character's experience is applicable to their own life, they may be more likely to enact a script similar to that character's enacted experience. Thus, the coming out script has been acquired, activated, and applied.

The CIPM takes one step further and discusses the evaluation of responses and consequences to script application (Huesmann, 1988). This evaluation of the responses and consequences for the media model can make the coming out script especially prominent and stick out in the viewer's memory. Salience can affect how accessible the script is to the viewer, with more salient scripts being most accessible. Script salience will also affect the application of scripts. However, television and movies notably show a limited worldview, which salient scripts will reflect. Depending on the type of response, or the consequences the person may face, the script application might affect well-being.

In sum, once a coming out script is acquired and activated, the salience and applicability of the script will affect if it is applied. These two variables then influence how individuals view themselves in terms of self-complexity and overall well-being. It is this presumed relationship that guides the current study.

Considering the Relationship between the Salience and Applicability of the Coming Out Script and Well-Being

Well-being is a positive concept, with an emphasis on the word "well" focusing on a sense happiness, or contentment in various aspects of life (White, 2008). Well-being could be viewed as a connection between the mind, body, and soul. In general, there are three dimensions of well-being: subjective, material, and relational. Individual differences are central to the subjective dimension of well-being, which can include differences in values, perceptions, and experiences. This includes someone's own aspirations, fears, hopes, sense of self-concept, confidence, level of satisfaction with the self and with life at large, and a sense of meaning and purpose. The material dimension of well-being concerns practical welfare and standards of living, including employment, education, physical health, environmental quality (including

shelter and quality of the shelter, as well as cohabitants and how they are treated in the home), and access to service. The relational dimension of well-being concerns personal and social relations, including: love and care from others, networks of support, social, political and cultural identities and inequalities, violence, conflict, and insecurity. These three dimensions work together to create an overall sense of well-being.

Much of the research surrounding well-being focuses on that which negatively affects well-being, particularly mental well-being (Bond, 2015; White, 2008). These negative effects can include anxiety and depression, among other mental illnesses. These are features of subjective well-being; however, it is unclear how these features affect the material and relational dimensions of well-being. Communication, and specifically media, may affect all these dimensions positively and negatively, so it is important to look at the concept of well-being as a whole.

For LGBTQ+ youth, coming out may present a challenge to well-being across all dimensions. In the material dimension, coming out could affect education and physical health due to homophobic bullying, as well as their access to safe shelter if they are disowned by homophobic family members (Bond, 2015). Coming out could also affect their relational well-being if prior networks of support fall away, the society in which they are living is particularly homophobic, or there is conflict about their sexual identity with others. In the subjective dimension, coming out may affect their sense of self, including their level of satisfaction with themselves and their lives, and sense of meaning and purpose. A negative response may affect the subjective level, and is particularly to blame for the high rate of suicide found among LGBTQ+ youth (Bond & Miller, 2017).

The scripts we encode can generally help to mitigate the negative challenges to well-being. In terms of coming out, scripts can be used in particular to evaluate reactions to coming out, allowing for an appraisal of material and relational well-being before the act occurs. However, scripts, particularly those from the media are also limiting in their worldview (Harrison, 2006). If relied on too heavily, the use of scripts will aid negative challenges to well-being rather than mitigate them. For LGBTQ+ teens who have no real LGBTQ+ model, the coming out script may be limiting and thus negatively affect their well-being. Yet many LGBTQ+ people feel as though they cannot and should not hide their identity (Pew Research, 2013). Simply hiding this piece of their identity will possibly stunt their psychosocial development (Erikson, 1959; Palombo et al., 2009), and it will hurt well-being due to a lack of satisfaction and self-concept. Once sexual identity is revealed, the person can move on to finding other unique aspects of their identity; however if they remain fixated on sexuality, they may experience heightened emotional distress which is connected to low self-complexity (Bond & Miller, 2017).

Important to the salience of a script is how connected the viewer feels to a character, with favorite characters being the most memorable to the viewer. Favorite characters often allow for scripts to be more accessible, as storylines are easier to recall for characters with which the viewer has a strong affinity (Huesmann, 1988). Storylines involving favorite characters are usually more salient to viewers due to strong emotions towards the character. When thinking about these characters, viewers would more easily recall salient storylines featuring these characters.

Favorite characters are often chosen due to wishful identification (Hoffner, 1996). Wishful identification involves three components: similarity between the viewer and the character, identification with the character, and positive outcome expectancy. For many, favorite

characters meet these requirements and allow for scripts featuring favorite characters to appear more applicable. Favorite characters are often similar to the viewer in some way, which allows viewers to identify with the character. A LGBTQ+ viewer will likely feel as though they are similar to an LGBTQ+ character, and thus identify with LGBTQ+ characters more easily than with heterosexual characters. Storylines featuring favorite characters will be more salient, but will also appear more usable in viewer's lives. Storylines in which the character experiences positive outcomes will also appear more applicable to the viewer. An LGBTQ+ viewer who watches a favorite LGBTQ+ character come out and be accepted will be more likely to apply this script.

Therefore, the salience, defined as the accessibility of a coming out script, and the applicability, defined as its usefulness to one's own experience, of the mediated coming out script are important considerations in whether a script will be related to well-being. If the mediated script is lacking, this can negatively affect well-being. It is this connection that informs the first hypothesis:

H1a: The salience of the mediated coming out script will negatively affect well-being.

H1b: The applicability of the mediated coming out script will negatively affect well-being.

Considering the Relationship between the Salience of the Coming Out Script and Self-Complexity

The concept of self-complexity comes from the broader idea of cognitive complexity, which is a broad individual difference variable which measures the degree of differentiation, articulation, and abstraction of people, objects, and ideas in a multidimensional way (Benet-Martinez, Lee & Leu, 2006). Self-complexity is measured in the number of unique aspects about

the self that compose an individual's self-concept (Bond & Miller, 2017). Self-aspects can relate to physical attributes, traits, roles, and social and group memberships. For example, an individual who defines the self as a short, hard-working nurse who is a loyal friend and a Republican has greater self-complexity than someone who simply sees the self as hard-working. Not all self-aspects remain constant over time, and not all are salient at any given time.

Adolescence is a time of concentrated identity development (Cote, 1996) which leads to a wider, more variable self-concept. During this time period, teens may explore and experiment with new attributes before committing to self-aspects that will remain into adulthood (Bond & Miller, 2017). For teens who are questioning their sexuality, identity development can be particularly difficult, as it adds yet another self-aspect that adolescents must explore and achieve. Sexuality may then become a very salient self-aspect, a feature of their identity that is different than their heterosexual counterparts (Dean, 2014). Self-complexity has been shown to buffer against stress (Harrison, 2006), so it stands to reason that LGBTQ+ teens with a greater self-complexity would experience less stress over those who have a lower self-complexity.

It has been shown that the more television and movies teens view, the lower their self-complexity (Harrison, 2006). This is because television and movies provide a narrow view of real-world human experience, which may provide adolescents with a narrow range of human identities and emotions and thus limit the self-aspects with which teens could identify (Bond & Miller, 2017). These roles can seem particularly limiting for LGBTQ+ characters due to stereotypes and the pigeon-holing of LGBTQ+ characters into one storyline (Bond et al., 2019). The limited roles for LGBTQ+ characters can therefore limit the self-complexity adolescents feel they can have as LGBTQ+ people. LGBTQ+ teens often lack real-world LGBTQ+ role models and perceive a low level of support from their social support networks (Bond, 2018). This may leave

the media as a place for LGBTQ+ teens to find role models and learn about different sexualities, lifestyles and cultures, making it more likely that these media portrayals will be encoded into a behavioral script on how to act gay. LGBTQ+ teens who rely on the media for LGBTQ+ role models are more likely to have lower self-complexity than those who do not. The coming out narrative is one that is frequently featured in LGBTQ+ storylines, and therefore likely to be encoded as a behavioral script. Because the mediated scripts focus on coming out as the central focus of the LGBTQ+ experience, it is likely that LGBTQ+ individuals for whom this script is salient would also have lower self-complexity. This leads to the second hypothesis of this study:

H2: The salience of the mediated coming out script negatively affects self-complexity.

Self-complexity is also related to well-being. A high sense of self-complexity has been shown to help dilute the impact of negative life events as it helps to compartmentalize stress (Bond & Miller, 2017). Previous research has demonstrated a link between low self-complexity and depression (Lutz & Ross, 2013). Thus, it can be said that a low self-complexity can make people more vulnerable to negative attacks on well-being. Script salience can also negatively affect well-being, as feeling confined to stereotypes can negatively affect a sense of self which is essential to subjective well-being. Stereotypes enforced by scripts can also lead to the tendency to compare oneself to others, thus leading to a lower sense of self complexity. Due to the connections between script salience and self-complexity, and the connections between self-complexity and well-being, it is suggested that self-complexity would mediate the relationship between script salience and well-being. The connections between self-complexity, well-being, and coming out script salience informs the next set of hypotheses:

H3: Self-complexity is positively related to well-being.

H4: The salience of the coming out script negatively affects self-complexity, which will in turn negatively influence well-being.

The Moderating Role of Role Models

A role model is a person whose behavior, example, or success is or can be emulated by others, especially younger people (Cushman, 2009). Role models are an important part of adolescent development, as they foster resilience, can be models of healthy behavior, transmit positive values and beliefs, and generate a positive sense of self-worth and future orientation (Bird, Kuhns & Garofalo, 2011). Having role models can positively impact well-being and self-complexity for emerging adults as well. Role models can be found in the people one knows, celebrities to whom one looks up, and fictional characters in the media, and often role models from each group are present simultaneously (Kim & Lennon, 2007). Role models from different groups can provide support simultaneously.

Role models are often similar to the people who are looking up to them in some way, a connection which fosters a sense of similarity (Bird et al., 2011). If a role model is a member of a minority group, this positive contact with them allows for greater understanding of the group as a whole, in accordance with the social contact theory (Allport, 1954). This includes both interpersonal and media models, and because both types of role models work together, logically both could extend understanding of minority groups (Slater, Ewoldsen & Woods, 2018). Often, those looking up to a role model will identify in a similar group. For example, an LGBQ+ teen may look up to a LGBQ+ adult as a model of what it means to be LGBQ+. Although both are part of the same minority group, the teen is learning how to be LGBQ+ from this role model. This effect is compounded by more role models, with each adding to the worldview of what it means to be a LGBQ+ person.

Harrison (2006) found that those who use fictional models to stand in for real life models have lower self-complexity. Because fictional media models exist solely in the source material, interaction with these models are limited to the content that has been published of those characters and fan work. Fictional role models can still be impactful, and parasocial relationships formed with these characters may be seen as particularly supportive and essential to those who have formed them. Parasocial relationships occur when readers or viewers feel as though they have a personal relationship with someone in the media, including a fictional character or a celebrity (Bond, 2018). However, portrayals of characters on television or film tend to be flat, in comparison to the complexity of real people.

The celebrity role model forms an interesting bridge between fictional and interpersonal role models, as celebrities often maintain a distance with fans that makes interaction on a personal level mostly inaccessible, although some opportunities for interaction exist, including social media (Bird et al., 2011). Celebrity role models can include actors and musicians, but as social media opens up the opportunity for others to become famous, this can come to include those famous on social media, including YouTubers, Instagrammers, and influencers. People in the latter group may present more opportunities for interaction, but those with large numbers of followers will have limited interaction with fans, in much the same ways as celebrities such as actors and musicians, which suggests that the parasocial relationships formed with social media or traditional celebrities are functionally the same (Rasmussen, 2018). Thus, both social media and traditional celebrities can serve as a homogenous group of celebrity role models, due to the distance from fans.

In contrast, interpersonal or real-life models such as friends, family members, or mentors are more accessible. Interactions with these role models are more often and varied than those

with celebrity role models or fictional role models. Interpersonal role models are likely to have a greater impact on LGBTQ+ emerging adults' understanding of what it means to be a LGBTQ+ person, and thus serve as a protective factor against the effect of the media script on an adolescent's identity. Due to this protective factor, interpersonal role models will have the greatest impact on self-complexity as well, and the overall effect of the coming out script will be weakest for those with interpersonal role models. Celebrity role models, in contrast, provide fewer non-media interaction opportunities, so they would not be as impactful as interpersonal role models due to interactional distance. However, celebrity role models will be more impactful than fictional role models, due in part to the complexity that comes with being a real person. These connections inform the fifth hypothesis:

H5: The effect of the salience of the mediated coming out script on self-complexity will be moderated by the type of participants' LGBTQ+ role models such that the effect of the script will be strongest for those who have fictional LGBTQ+ role models, weakest for those who have interpersonal LGBTQ+ role models, and in the middle for those who have celebrity LGBTQ+ role models.

The Protective Role of LGBTQ+ Identity Security

One of the first and most widely accepted models of LGBTQ+ identity development is Cass' (1979) model of homosexual identity formation. This model presents six stages of identity formation that LGBTQ+ people progress through during their lifetime: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. LGBTQ+ individuals either work through each stage, remain at a particular stage, or undergo identity foreclosure, indicating an inability to progress (Cass, 1984).

The stages are characterized by specific thoughts and feelings the LGBTQ+ individual experiences during this time, as well as interpersonal relationships (Degges-White, Rice & Myers, 2000). During the first stage of identity confusion, the LGBTQ+ person experiences the first awareness that they are experiencing same-gender attraction, characterized by questioning their sexuality. The second stage of identity comparison involves the tentative application of sexuality labels and further attempts to clarify their identity. If this is managed positively, then the individual moves to the third stage of identity tolerance, where they seek other members of the LGBTQ+ community to alleviate a sense of solitariness. What is critical at this stage is positive contact with other LGBTQ+ people, so as to allow for further LGBTQ+ identity development.

The fourth stage of identity development is identity acceptance, which is characterized by a sense of normalcy and increased contact with other members of the LGBTQ+ community (Cass, 1979). In the fifth stage of identity pride, acceptance of a LGBTQ+ identity is nearly complete, and there is an increased salience to sexual identity, where it seems to supersede other identity features. The final stage of identity synthesis is when LGBTQ+ identity is integrated with other aspects of identity. Sexual identity is now an important piece of a whole, complex identity, rather than being the sole piece of one's identity.

During the stages proposed by Cass (1979), coming out scripts could be especially salient for LGBTQ+ individuals, particularly for those in the stages of identity confusion, identity comparison, and identity tolerance. This salience could allow for social comparison to other LGBTQ+ people, as people question their identity as a LGBTQ+ person. In particular, the identity tolerance stage is also marked by increased contact with other LGBTQ+ people, yet if the individual does not know anyone in their personal lives who is openly LGBTQ+, they may instead

turn to media portrayals of LGBTQ+ people, which will narrow their ideas of the roles LGBTQ+ people can take.

However, for those individuals who are in the later stages of identity acceptance, identity pride, and identity synthesis, their identity as a LGBTQ+ person is confirmed and integrated as a part of a larger self-concept. Although individuals may still seek out representations of LGBTQ+ characters in the media, this security in their identity may serve as a protection from coming out script salience, and protect from stereotypes in particular. Therefore, it is proposed that identity acceptance serves a moderating effect on coming out script salience, leading to the final set of hypotheses:

H6a: Security in one's LGBTQ+ identity moderates the effect of coming out script salience on well-being, such that the effect is weaker for those secure in their LGBTQ+ identity.

H6b: Security in one's LGBTQ+ identity moderates the effect of applicability of coming out scripts on wellbeing, such that the effect is weaker for those secure in their LGBTQ+ identity.

H7: Security in one's LGBTQ+ identity moderates the effect of coming out script salience on self-complexity, such that the effect is weaker for those secure in their LGBTQ+ identity.

See Figure 1 for the hypothesized model incorporating H1-7.

Method

Participants

To participate in this survey, participants had to identify as LGBTQ+, and be between the ages of 18 and 32. This age range was chosen as it is similar to the age range of those reported to have come out to at least one person, according to Pew Research (2013). In addition, due to

the focus on coming out, the participants must have told at least one person about their sexual identity.

One set of participants was recruited from the LGBTQ+ Resource Center on the University of Arizona campus, and they were entered to win a \$100 Amazon gift card. The study invitation was distributed through the email list of the LGBTQ+ Resource Center. In total, 174 responses were collected from the LGBTQ+ Resource Center. Fifteen responses were removed for questionable answers in the open-ended response questions, such as responding in a nonsensical way or by describing real LGBTQ+ people, or failing all attention checks. Participants who could not recall a storyline with a memorable character were not removed from the final data set, provided they passed the attention check questions. A final eight responses were removed for not meeting the age or sexuality requirement. This left a total of 151 useable responses from the LGBTQ+ Resource Center.

The second set of participants was recruited from Qualtrics Panels, and each participant was compensated up to \$5 for their participation. A total of 356 responses were collected from Qualtrics Panels. Due to Qualtrics' screening questions of age and sexuality, no responses were removed for not meeting these criteria. One hundred and six responses were removed for questionable answers in the open-ended response questions, such as nonsensical responses or responses referencing real LGBTQ+ people, or for failing all attention checks. The final data set from the Qualtrics Panels were 250 participants. The combined total was 401 responses across both data collection sites.

Procedure

Participants completed a Qualtrics survey in an average of 12 minutes. Variables such as race, gender, age, sexual orientation, and current romantic relationship status were measured as possible covariates. Demographic information was collected at the end of the survey, to avoid priming effects for the following measures.

Measures

Self-Complexity.

Self-complexity was measured by asking participants to list traits or attributes (e.g., self-aspects) that they believe describe themselves. In line with previous research, the number of unique self-aspects were used to determine the level of self-complexity, with a larger number indicating greater self-complexity (Bond & Miller, 2017). Participants listed as many labels as they felt describe themselves in an open-ended question box, and they were required to stay on this page for 60 seconds before they can move on to the next page of the survey. This measure was asked first, to avoid the priming effect of other measures.

Because self-complexity is comprised of a number of distinct words used to describe the self, words that were synonymous were collapsed into one (ex: woman and female) and the valence of the words as positive, negative, or neutral was recorded. The valence of the words were determined based on description and connotation. Words that were coded as positive were ones that carried a positive connotation, such as excited, intelligent, or kind. Words that were coded as negative included words alluding to mental illness such as depressed or anxious, or words that would typically be insulting if applied to another, such as idiot or lazy. Words that were neutral included descriptive words such as those describing sex (man, woman, female),

careers (doctor, student) or hobbies (artist, reader). If a word could be taken either positively or negatively, it was coded as neutral.

A female graduate student not associated with this project coded approximately 10% ($n = 42$) of the total responses to this question (up to 30 words per response). Percent agreement for the number of responses after collapse was 75%, and percent agreement for the valence of the words was 71%.

Coming Out Script Salience and Applicability.

Participants were first asked: “Please describe a character or character you most identify with who is also LGBTQ+. Then, please describe a memorable storyline of the character(s).”

Participants were asked how much they agree with statements that reflect whether they would apply the experience of the character in their own coming out experience. Following the logic of wishful identification (Hoffner, 1996), these statements included: “This character’s experience in coming out was similar to my own experience,” “I could see myself following in the character’s footsteps when I come out,” and “I think the character experienced a positive outcome to coming out.” These were rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree).

These statements were used to create a composite of applicability of the coming out script to participants’ experience.

To determine whether storylines featured coming out, an outside coder was trained. One female graduate student was trained to identify coming out narratives on a scale of 0 (no mention of coming out) to 1 (a mention of coming out). Approximately 25% ($n = 100$) storylines were coded by both the outside coder and the author. Percent agreement was 93%. Intercoder reliability was coded with Cohen’s Kappa (1960) and can be found in Table 2.

Role Models.

Participants reported whether they have interpersonal role models. A definition of an interpersonal role model as “someone you look up to that you know personally, such as a friend, family member, coworker, mentor, etc.” was given prior to questions. First, participants were asked: “How many people in your life that you personally know are LGBTQ+?” Participants then responded on a scale of 0, 1-3, 4-6, 7-9, and 10 or more. Then, participants were asked: “Do you have interpersonal LGBTQ+ role models?” To this, participants responded yes or no. This question was used to assess the moderating effect of having role models on coming out script salience on self-complexity.

In addition, participants reported whether they have celebrity role models. A definition of a celebrity role model as “someone you look up to that you do not know personally, such as an actor/actress, YouTube star, Instagram influencer, etc.” was given prior to the questions. First, participants were asked: “How many celebrities do you know who are LGBTQ+?” Participants then responded on a scale of 0, 1-3, 4-6, 7-9, and 10 or more. Then, participants were asked: “Do you have celebrity LGBTQ+ role models?” To this, participants responded yes or no. This question was used to assess the moderating effect of having role models on coming out script salience on self-complexity.

Finally, participants reported whether they have fictional role models. . Prior to answering the questions, a definition of a fictional role model as: “a fictional character from a movie, book, TV show, or other fictional work” was provided. Participants were asked “Do you have fictional LGBTQ+ role models?” The second question was contingent on a yes to the previous question and asked: “If yes, how many?” Participants then responded on a scale of 0, 1-

3, 4-6, 7-9, and 10 or more. These questions were used to assess the moderating effect of having role models on coming out script salience on self-complexity.

Well-Being.

Previous research on well-being has indicated that it is a multi-dimensional construct which measures both self-esteem and depressive mood states (Diener & Lucas, 2000). Modelled after Bond and Miller's (2017) procedure, well-being was operationalized from the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the depression-related items from the Multiple Affective Adjective Checklist (Zuckerman & Lubin, 1965). The Multiple Affective Adjective Checklist (MAACL) (1986) is a 132-item scale, but modeled after Bond and Miller's (2017) procedure, only the dejection-related items were used. Furthermore, Zuckerman and Lubin found that the scales could be paired down further, ending with 34 total dejection related items from the anxiety and depression scales. It is this brief scale created by Zuckerman and Lubin that was used, which are marked by asterisks in Appendix A.

The Rosenberg Self-Esteem Scale (1965) is a 10-item scale in which participants indicate their level of agreement with each statement. Sample items from the Self-Esteem Scale include, "On the whole, I am satisfied with myself" and "I take a positive attitude towards myself." Sample items from the dejection checklist include, "afraid", "terrible" and "calm." Participants were asked to check all adjectives that describe how they generally feel on a 7-point Likert scale that was adapted for this study, with 1 being strongly disagree and 7 being strongly agree. The combined questions can be found in Appendix A.

Identity Security.

To measure identity security, participants completed the attitudes towards sexual orientation scale (ATSO), which is a 12-item scale developed by Van de Meerendonk and Probst (2008). The ATSO focuses on stages three through six as described by Cass (1979) with three items addressing each scale. Items 1-3 correspond to stage three (identity tolerance); items 4-6 correspond to stage four (identity acceptance); items 7-9 correspond to stage five (identity pride), and items 10-12 correspond to stage six (identity synthesis). Participants indicated their level of agreement with each statement on a 7-point Likert scale with 1 being strongly disagree and 7 being strongly agree. Higher scores indicated a higher identity synthesis and thus identity security than lower scores. Items for the ATSO can be found in Appendix B.

Data Analysis

Hypotheses 1a through 4 tested the relationships between coming out script salience, well-being, and self-complexity. To test Hypotheses 1 through 3, hierarchical regression analyses were conducted. As well-being was reflected in the three criterion variables of self-esteem, depression, and anxiety, testing each hypothesis involved conducting three separate hierarchical regression analyses. Hypothesis 4 tested the mediating relationship of self-complexity on coming out script salience and well-being for a significant indirect effect using Hayes (2015) PROCESS Model 4 linear regression analyses. For each model, single relationship status, white racial identification, and biological sex (1 = women, 0 = men) were entered as covariates, and then the models were re-run without the covariates to determine if the addition of the covariates obscured statistically significant relationships. In the models examining self-complexity as a predictor, the valence of the self-descriptors was controlled. This allows us to

examine the influence of self-complexity while controlling for the evaluation of the self that is inherent to the measurement of self-complexity.

Hayes (2015) PROCESS model 1 regressions were used to analyze Hypotheses 5 through 7. For Hypothesis 5, three PROCESS model 1 regressions were conducted for each type of role model, to test for moderation effects. Three PROCESS model 1 regressions were conducted for Hypothesis 6a and 6b, to test the effects on the three well-being criterion variables by identity security.

Results

Descriptive Findings

In total 250 participants completed the survey from Qualtrics Panels, which stipulated that participants had to be between the ages of 18 and 25. Age was not assessed beyond that screening criterion. The remaining 151 participants completed the survey through the LGBT Resource Center at the University of Arizona. Those participants did report their age, and it ranged from 18 to 32 years old with a median age of 23 years old ($M = 22.66$, $SD = 2.97$). There were 305 participants who identified as female (76.1%), 82 who identified as male (20.4%), and 14 who preferred another label (3.5%). The sample was primarily White/Caucasian ($n = 263$, 65.6%), followed by Asian/Asian-American ($n = 29$, 7.2%), Latino ($n = 25$, 6.2%), African-American/Black ($n = 17$, 4.2%), and others being listed as mixed race or other ($n = 67$, 16.7%). In total, 58.1% of respondents identified as bisexual or pansexual ($n = 233$), with 21.1% identifying as homosexual ($n = 85$), 10.9% as asexual ($n = 45$), 5.5% as queer ($n = 22$), with 4% preferring not to answer ($n = 16$).

Correlations between all variables can be found in Table 1. Descriptive statistics for the primary study variables (predictor, criterion, and moderator variables) can be found in Table 2.

Hypothesis Testing

Hypothesis 1 tested the relationship between the salience of the mediated coming out script and the applicability of the coming out script on well-being. Well-being was assessed via three variables: self-esteem, anxiety, and depression. Therefore, hierarchical regression analyses were conducted for each of the three criterion variables. In each model, sex, race (dummy-coded as White versus all others), and single relational status were controlled on the first step of the model, while the focal predictor variables were entered on the second. Results are in Table 3. There was not a statistically significant effect of coming out script salience on self-esteem, $\beta = .086, p = .124$, anxiety, $\beta = -.009, p = .871$, or depression, $\beta = -.072, p = .190$.

To determine if there would be an effect of script salience on well-being, even without the covariates entered, we re-ran the regression models without covariates. Again, the results confirmed that there were no statistically significant effects of coming out script salience on self-esteem, $\beta = .084, p = .134$, anxiety, $\beta = -.009, p = .875$, or depression, $\beta = -.07, p = .207$. Therefore, Hypothesis 1a was not supported.

Hypothesis 1b examined the relationship between mediated coming out script applicability on well-being. Also seen in Table 3, there was no significant effect of applicability on self-esteem, $\beta = .038, p = .495$, anxiety, $\beta = -.006, p = .917$, or depression $\beta = -.038, p = .495$.

Further tests were conducted to examine the coming out script applicability on the three well-being variables without covariates. These results confirmed that there was not a statistically significant relationship between script applicability and self-esteem, $\beta = .045, p = .419$; anxiety, $\beta = -.011, p = .849$; or depression, $\beta = -.044, p = .432$. Therefore, Hypothesis 1b was not supported.

Hypothesis 2 examined the relationship between the salience of the mediated coming out script on self-complexity. A hierarchical regression model was run, with sex, race, and relational status entered on the first step. We found that there was no effect of script salience on self-complexity, $\beta = -.031, p = .553$.

Further tests were conducted to examine the relationship between the coming out script salience on self-complexity without single relationship status, white racial identification, and female entered as covariates. Valence of self-complexity, however, was retained as a covariate. Again, there was no statistically significant effect of salience on self-complexity, $\beta = -.023, p = .662$. Therefore, Hypothesis 2 was not supported. See Table 4.

Hypothesis 3 tested the relationship between self-complexity and well-being, positing a positive relationship. Three hierarchical regression analyses were conducted for each of the criterion variables of well-being. The average valence of the words, in addition to sex, race, and relational status, were entered as control variables on the first step of the model. Contrary to the hypothesized direction, self-complexity was *negatively* related to self-esteem, $\beta = -.185, p = .001$, while it was *positively* related to both anxiety, $\beta = .173, p = .001$, and depression, $\beta = .209, p < .001$. See Table 5.

Further tests with relationship status, race, and sex (but with valence still controlled) were also run and showed that self-complexity was negatively related to self-esteem, $\beta = -.185, p = .001$, and positively related to anxiety, $\beta = .173, p = .001$, and depression, $\beta = .209, p < .001$. Although these are statistically significant effects, the direction was contrary to the hypothesis. Therefore, Hypothesis 3 was not supported.

Hypothesis 4 tested the effect of the salience of the mediated coming out script on well-being with self-complexity as a mediator. In these models, sex, race, relational status, and the

valence of the self-descriptors were entered as covariates. PROCESS Model 4 linear regressions were run on the three criterion variables. The indirect effect of script salience through self-complexity on self-esteem was not statistically significant, $b = .011$, $SE = .026$, 95% $CI = -.040, .067$. Statistically significant indirect effects were also not found for anxiety, $b = -.012$, $SE = .027$, 95% $CI = -.067, .043$; or for depression, $b = -.014$, $SE = .031$, 95% $CI = -.081, .045$.

Further tests were conducted to see the indirect effect of script salience through self-complexity on the three well-being predictor variables with relationship status, race, and sex removed as covariates but with valence still controlled. The indirect effect on self-esteem was not significant, $b = .010$, $SE = .028$, 95% $CI = -.045, .069$. Statistically significant indirect effects were also not found for anxiety, $b = -.010$, $SE = .027$, 95% $CI = -.066, .044$; or for depression, $b = -.011$, $SE = .033$, 95% $CI = -.078, .055$. These results show that there is no mediation effect of self-complexity on the relationship between the coming out script on well-being. Hypothesis 4 was not supported.

For Hypothesis 5, we tested whether the relationship between the salience of the mediated coming out script on self-complexity would be moderated by the participants' type of role models, with fictional role models allowing for the strongest effect, celebrity role models allowing for a medium effect, and interpersonal role models allowing for the weakest effect. Three models (PROCESS Model 1) were run, one for each type of role models. In each model, sex, race, and relational status were entered as covariates. The interaction of script salience and interpersonal role models on self-complexity was not statistically significant, $b = -2.50$, $p = .377$. Similarly, the interaction between script salience and celebrity role models was not statistically significant, $b = .642$, $p = .841$; nor was the interaction between script salience and fictional role models on self-complexity, $b = -3.42$, $p = .275$.

Further tests were completed on the relationship between the coming out script salience on self-complexity as moderated by the three types of role models without covariates. The interaction between script salience and interpersonal role models on self-complexity remained non-significant, $b = -2.129$, $p = .468$. Similarly, the interaction between script salience and celebrity role models was not statistically significant, $b = -1.569$, $p = .632$; nor was the interaction between script salience and fictional role models on self-complexity, $b = -2.313$, $p = .473$. Therefore, Hypothesis 5 was not supported.

Hypothesis 6a tested the relationship between security in one's LGBQ+ identity as a moderator on the relationships between coming out script salience and well-being. Three PROCESS Model 1 regressions were run, testing the effect of script salience on the three criterion variables: self-esteem, anxiety, and depression. There was a moderation effect of LGBQ+ identity security of script salience on self-esteem, $b = .290$, $\Delta R^2 = .012$, $F(1,326) = 4.33$, $p = 0.038$. For those who have the greatest level of security (ATSO = 5.75), there was a significant effect of script salience on self-esteem, $b = .615$, $p = 0.006$. For those who were at low levels of security (ATSO = 3.58) or moderate levels (ATSO = 4.58), the effect of script salience on self-esteem was not statistically significant. See Figure 2 for the plotted interaction.

Further tests were run on LGBQ+ identity as a moderator without covariates. There was a moderation effect of LGBQ+ identity security on self-esteem, $b = .295$, $\Delta R^2 = .013$, $F(1, 329) = 4.527$, $p = 0.034$. Again, for those who have the greatest level of security, there was a significant effect of script salience on self-esteem, $b = .618$, $p = 0.005$. For those who were at the low levels of security or moderate levels, the effect of script salience on self-esteem was not statistically significant.

The moderation effect of LGBQ+ identity security on the relationship between script salience and anxiety was not statistically significant, $b = -.063$, $p = 0.664$. Further tests were run on the moderation effects of LGBQ+ identity security on the relationship between script salience and anxiety without covariates. The effect on anxiety remained non-statistically significant, $b = -.084$, $p = 0.557$.

However, there was a moderating effect of LGBQ+ identity security on the relationship between script salience and depression at a level approaching statistical significance, $b = -.237$, $\Delta R^2 = .009$, $F(1, 326) = 3.05$, $p = 0.082$, with the effect of script salience on depression demonstrating statistical significance among those with the highest level of security (ATSO = 5.75, $b = -0.502$, $p = 0.021$). The effect of script salience on depression was not statistically significant for those who were low or moderate in LGBQ+ identity security. See Figure 3.

Similarly to the results with covariates, there was moderating effect of LGBQ+ identity security on the relationship between script salience at a level approaching statistical significance, $b = -.250$, $\Delta R^2 = .010$, $F(1, 329) = 3.398$, $p = 0.066$, with the effect of script salience on depression demonstrating statistical significance among those with the highest level of security, $b = -.518$, $p = 0.017$. Hypothesis 6a is partially supported.

Hypothesis 6b tested the moderation effect of security in one's LGBQ+ identity on the relationship between coming out script applicability and well-being, with the posited effects being weaker for those who are secure in one's LGBQ+ identity. Three PROCESS Model 1 linear regressions were run on the three criterion variables. There were no significant interaction effects on self-esteem, $b = .062$, $p = .143$, anxiety, $b = -.061$, $p = .161$, or depression, $b = -.047$, $p = .257$.

Further tests were conducted on the moderation effect of security in one's LGBQ+ identity on the relationship between coming out script applicability and well-being without covariates. Three PROCESS Model 1 linear regressions were run on the three criterion variables. There were no significant interaction effects on self-esteem, $b = .062, p = .147$; anxiety, $b = -.059, p = .176$; or depression, $b = -.045, p = .275$. Therefore, Hypothesis 6b was not supported.

Finally, Hypothesis 7 predicted the moderation effect of LGBQ+ identity security on the relationship between coming out script salience and self-complexity, with great identity security leading to a weaker effect. A Hayes' PROCESS Model 1 linear regression was run to test moderation. There was no significant moderation effect of identity security on self-complexity, $b = .918, p = .483$. Another test was conducted to test the moderation effect of LGBQ+ identity security on the relationship between coming out script salience on self-complexity without covariates. There was no significant moderation effect of identity security on self-complexity, $b = .947, p = .484$. Therefore, Hypothesis 7 was not supported.

Post-Hoc Tests

Post-hoc tests were conducted to determine if the effect of scripts on well-being or self-complexity differed based on age. Although not initially theorized, it is possible that the effects of mediated scripts are more impactful for younger participants. We focused these moderator analyses on H1-4. Due to the way data on age were collected, the sample for including age was limited to 121 participants, causing the power of these tests to be quite low.

For H1a, we tested age as moderator in the relationship between script salience and well-being. The interactions were not statistically significant for self-esteem, $b = .086, p = .360$; anxiety, $b = -.077, p = .378$; or depression, $b = -.060, p = .472$.

For H1b, age was tested as a moderator in the relationship between script applicability and well-being. The interactions were not statistically significant for self-esteem, $b = -.005$, $p = .872$; anxiety, $b = .004$, $p = .890$; or depression, $b = .007$, $p = .788$.

For H2, the effect of script salience on self-complexity, moderated by age, was tested. The interaction was not statistically significant, $b = .112$, $p = .711$.

For H3, age was investigated as a moderator in the relationship between self-complexity and well-being. Valence of self-complexity was entered as a covariate. The interactions were not statistically significant for self-esteem, $b = -.009$, $p = .428$; anxiety, $b = .007$, $p = .549$; or depression, $b = .007$, $p = .516$.

Finally, for the indirect effects of script salience on well-being through self-complexity, age was entered as a moderator in the relationship between script salience and self-complexity. Because these were moderated mediation models (PROCESS Model 7), we focused on the index of moderated mediation, which was not statistically significant in any of the three models: self-esteem (IMM = .003, SE = .011, 95% CI: -.016, .032), anxiety (IMM = .001, SE = .010, 95% CI: -.019, .026), or depression (IMM = -.003, SE = .012, 95% CI: -.034, .016). Thus, the indirect effects were not moderated by age.

Discussion

One of the major goals of this study was to understand how media portrayals of LGBTQ+ experiences was related to LGBTQ+ people's real-life experiences. Using a behavioral scripts perspective, the coming out script was identified as one script which is unique to the experience of LGBTQ+ people and regularly featured in media featuring LGBTQ+ people. The present study aimed to examine whether the salience and applicability of the coming out script was related to participants' self-complexity and well-being. Because media viewing has been shown to

negatively impact self-complexity and well-being (Harrison, 2006), and LGBTQ+ people are more at risk for mental illness such as anxiety and depression (Bond & Miller, 2017), it was important to understand the influence of behavioral scripts featured in the media have on LGBTQ+ people.

Neither the coming out script salience nor applicability was related to participants' well-being. Hypothesis 1a posited that the salience of the coming out script would negatively affect well-being, while Hypothesis 1b asserted that coming out script applicability would negatively impact well-being. Similarly, Hypothesis 2 postulated that the salience of the coming out script would negatively impact self-complexity. We did not find support for either of these hypotheses. One explanation for these null findings may have been due to the age of the sample of this study. That is, participants were emerging adults rather than adolescents. Behavioral scripts are thought to be more impactful for adolescents (Wright, 2011), perhaps due to the developmental task of identity fidelity, which is when adolescents feel as though they can express themselves in a way which is authentic and be accepted for it (Erikson, 1959). For emerging adults, identity fidelity has already likely been reached, which might lessen the effects the coming out script could have. This may be due to the fact that many participants have already come out, which would decrease the impact of the coming out script. However, other scripts, such as those about love and relationships, may be more effective for this age group, as finding love is the developmental task of emerging adults. Although we tested an explanation similar to this in the post-hoc analyses, there are two major reasons why the results did not support this explanation. First, there is only a small subsample of participants for which age was individually report ($n = 121$); thus, the statistical power for these analyses was quite a bit lower than in the main analyses. Second, our explanation hinges on the differences between adolescents and young adults. In this sample, all

participants were 18 or older. A broader age range would be necessary to directly address this developmental explanation.

Additionally, having participants recall a script might have diluted its impact in these hypotheses. That is, the vividness of the scenes or the narratives might have been weakened with distance. Because participants could describe any memorable storyline featuring an LGBTQ+ character, the coming out script was not activated in the majority of cases (74.2%). If participants had been shown a scene featuring the coming out script, the script may have been more salient and perhaps applicable for participants.

Hypothesis 3 posited that self-complexity would be positively related to well-being, however, the results were opposite to the hypothesized direction. That is, participants who had greater self-complexity also had higher scores on anxiety and depression and lower scores on self-esteem. There are two potential explanations for these results.

The first explanation comes from a developmental perspective. Previous research has established the link between high self-complexity and stronger well-being (including lower depression and higher self-esteem) in a LGBTQ+ adolescent sample (Bond & Miller, 2017). The relationship between low self-complexity and well-being might be particularly relevant to LGBTQ+ adolescents because they are in the midst of the developmental task of understanding their identity and achieving identity fidelity. Although the post-hoc analyses did not support this explanation, in the present study, the sample was comprised of emerging adults, most of whom have probably moved past the developmental task of identity fidelity. Therefore, the differences in the results between the two studies may be due to the difference in age groups and developmental tasks. Emerging adults may have higher self-complexity due to a greater

understanding of themselves as people, but with that may come low self-esteem and more recognition of depression and anxiety within themselves.

The second explanation for these results comes from a societal perspective. Emerging adults may have a greater understanding of themselves as LGBTQ+ young adults; however, with this may come an understanding of the wider world and the realities of life as part of a marginalized group. Those who are LGBTQ+ are more likely to experience low self-esteem and have higher rates of anxiety and depression into adulthood, perhaps because of their marginalized status as a minority group (Bond & Miller, 2017). Although emerging adults may have higher self-complexity, they may also have a greater understanding of the world and the obstacles and oppression like discrimination facing LGBTQ+ people. This realistic and yet bleak view of the world could mitigate any positive effects higher self-complexity would have on well-being, ultimately leading to the contrary findings of Hypothesis 3.

Similar to Hypothesis 3, Hypothesis 4 also considered self-complexity's effect on well-being but with self-complexity serving as a mediator for the salience of the coming out script. The findings here did not indicate a mediation effect for self-complexity on well-being. This may again be due to the age of the participants, which would have decreased the salience of the coming out script and therefore decreased self-complexity's buffering effect on well-being. Again, the post-hoc analyses did not support this explanation, for the reasons already articulated. However, it is an avenue for future inquiry.

Hypothesis 5 posited that role models would moderate the effects of the coming out script salience on self-complexity, with the effect of the script being weakest for those with interpersonal role models and strongest for those with fictional role models. Those with celebrity role models were predicted to fall somewhere in the middle of these two groups. The

type of role models was found not to have an effect on the relationship between the salience of the coming out script on self-complexity. There are two possible explanations for these null effects.

The first is methodological: having to recall a memorable storyline may have primed participants to think of certain role models, namely fictional role models. Because of this, participants may have been unable to recall unique role models, which may have impacted the overall number of role models recalled. The second explanation is theoretical and is once again influenced by the age of the sample. Role models may be more impactful for adolescents who are seeking to understand different aspects of their identity such as sexuality, and role models may serve as examples of what it means to be LGBTQ+. For emerging adults, role models may not be seen as impactful, as they are already secure in their identity and therefore do not need a model of what it means to be LGBTQ+. Emerging adults may also be moving into becoming role models themselves and instead focusing on helping younger LGBTQ+ people. Therefore, they may be less likely to seek out role models of their own, as they are serving in a modeling capacity for others.

Hypothesis 6 focused on the moderation effect of LGBTQ+ identity security on the relationship between the coming out script and well-being, hypothesizing that greater levels of identity security would decrease the effects of the coming out script. Hypothesis 6a tested the moderation of LGBTQ+ identity security on coming out script salience and found that there was a moderation effect on self-esteem. For those who had a high level of identity security, the coming out script salience was positively related to self-esteem. Similarly, for those at the highest level of identity security, the coming out script was negatively related to depression. The results of this hypothesis suggest that security in one's LGBTQ+ identity mitigates negative effects of

coming out scripts and helps to buffer against negative emotions which would otherwise decrease self-esteem and increase depression, but only when one is completely secure in one's sexuality. Further, participants could find something positive within the coming out script, perhaps because of the security in their identity. This security could perhaps allow them to reflect more happily on the script and subsequently their own coming out. Security in one's LGBTQ+ identity serves as a grounding piece of identity which allows participants to be overall more secure and thus more resilient to the mediated scripts about coming out.

Hypothesis 6b posited the moderation of LGBTQ+ identity security on the applicability of the coming out script on well-being, and the results were not statistically significant. The salience of the coming out script seemed to be more impactful than the applicability of the script. The scripts being salient for those who were secure indicated that they were easily accessible from memory and could even be recalled fondly, yet this accessibility did not translate to applicability for the participants. The security in one's LGBTQ+ identity could therefore translate to a fondness for the coming out moment, but not extend beyond that, indicating that the coming out script is activated but not applied (Wright, 2011).

Finally, Hypothesis 7 posited that security in one's LGBTQ+ identity would moderate the effect of the coming out script salience on self-complexity, with those at the highest level of identity security experiencing the weakest effects of the coming out script. There was no statistically significant relationships found, which could again be related to asking participants to recall a memorable storyline rather than being shown a storyline featuring the coming out script.

The theoretical implications of this study are twofold. Firstly, this study expands the concept of scope of self (Harrison, 2006) by furthering the understanding of self-complexity for marginalized groups, and for showing the effect identity security can have on well-being. The

findings of Hypothesis 3 further the understanding of how self-complexity affects well-being for sexual minorities, which implies that self-complexity is not always a positive thing for those who are a part of a marginalized group. The findings of Hypothesis 6a would support these findings, particularly in relation to those who have the highest level of identity security. This suggests that identity security can mitigate the effects of coming out scripts, while also allowing for a stable self-concept. Although the results may seem contradictory, when taken together self-complexity and identity security can perhaps work in tandem to lead to greater understanding of oneself, while also mitigating external mediated portrayals so that they can actually see the *positive* aspects of coming out scripts. Further research should be conducted to show a connection between these concepts.

Secondly, the present study furthers the understanding of how mediated scripts affect emerging adults. The findings here suggest that the mediated behavioral scripts are less impactful for emerging adults than other studies have found in relation to adolescent samples (Wright, 2011). It may be possible that different types of scripts affect different age groups. The coming out script centers around identity— realizing, accepting and admitting one's sexuality— but other behavioral scripts such as scripts about hooking up (Aubrey & Smith, 2011), or scripts more suited to emerging adults' developmental goal of achieving intimacy and loving relationships may be more impactful (Erikson, 1959). The present study furthers the research that the effects of behavioral scripts may be limited to certain age groups, or that behavioral scripts may be activated less often based upon developmental goals. Often, the memorable storylines described by participants featured characters achieving loving relationships. These types of storyline align more closely to emerging adults' developmental task of finding love and achieving intimacy (Erikson, 1959).

In addition to the previously mentioned explanation regarding the developmental tasks of participants in the present study, there are other explanations for these null results, such as the background of the individuals involved, particularly familial relations. Developmental scholars acknowledge the impact of the childhood environment on the personality and beliefs of the adult (Palombo et al., 2009). For example, growing up in a religious household or one where cohabitants express homophobic sentiments may significantly impact LGBTQ+ individuals (Craig & McInroy, 2014). LGBTQ+ individuals who are raised in homophobic homes may choose to remain closeted for safety reasons, or simply because they would not like to face the backlash from family members. In these situations, coming out storylines may be less salient and applicable, particularly those storylines in which the character coming out faced a favorable outcome, something the viewer may feel is not attainable for themselves.

Conversely, participants who grew up in households that were accepting of LGBTQ+ individuals, or who had community support, may have grown up feeling as though coming out was not something to worry about, as they knew they would be accepted. This security might have lessened anxiety about coming out, thus making coming out storylines more salient, but perhaps less applicable. This explanation may help to explain the findings for Hypothesis 6. The coming out storyline may be most salient and applicable for people who are unsure of their household's feelings about the LGBTQ+ community, and so they attempt to learn from media examples how they should come out and what reactions may come. The support or appearance of support for the LGBTQ+ community present in the household in which LGBTQ+ individuals were raised, as well as their dependence upon these households into adulthood, may affect the salience and applicability of the coming out script, and should be examined in future research.

Furthermore, the present study had a relatively high number of asexual participants (11.25%, of the sample, $n = 45$), even though asexuals are estimated to make up about 1% of the population (Bogaert, 2015). The overrepresentation of this community may have impacted the results of this study. Asexuality is not as visible as homosexuality, and asexuals may not feel the need to come out, unlike their homosexual counterparts. This may especially be true for asexuals who are in heterosexual-appearing relationships, or ones who are not interested in romantic relationships at all, as they may not feel the need to explain their sexuality to others. Additionally, there are not many explicitly asexual characters in media, which may affect the coming out storylines that would be salient or applicable for asexual participants. The storylines presented by asexual participants often featured two prominent asexual characters, or featured LGBTQ+ individuals who they could identify with in other ways, such as personality. The experiences of asexual individuals may be different to other LGBTQ+ individuals, particularly in coming out, and the lack of media representation of asexual characters, may make the salience and applicability of the coming out script less impactful than for other LGBTQ+ individuals. Future research may look into the scripts that are most impactful for asexual individuals, as well as the unique experiences that asexual individuals bring to the LGBTQ+ community and the stories thereof.

Limitations

The present study faces the limitations of causality present in all cross-sectional studies. Because only experimental and longitudinal studies can demonstrate causality, the present study is limited in the extent to which the mediated scripts affect LGBTQ+ individuals' well-being. In addition, the purposive sampling technique limits the generalizability of the findings. This limitation is further compounded by the participants being emerging adults rather than adolescents;

adolescents may have been more affected by the coming out script than emerging adults. These results can therefore not be applied to adolescents, limiting generalizability to emerging adults.

One limitation of the present study is the retrospective nature of coming out script salience in combination with the current measure of both self-complexity and well-being. This is due to the recruitment criteria for participants to have come out to at least one person, necessitating the retrospective nature of this variable.

Furthermore, by asking participants to recall a memorable storyline, the vividness of storyline may have diminished, making the script less consequential to participants' self-concepts. Results may have been different if participants were prompted to watch a scene featuring coming out, due to the recency of the viewing and the vivacity of the scene. Another limitation was that participants within the Qualtrics sample were only asked to indicate their age range in order to be admitted to the study, but were not asked to give a specific age, thus limiting the age data to those recruited from the University of Arizona LGBTQ+ center, a total of 151 participants.

Future Research

Further research into the coming out script should collect data from an adolescent sample. The results may change based on this age range given the developmental task of identity fidelity in adolescents. Additionally, behavioral scripts may be stronger for adolescents, particularly behavioral scripts which center around realizing, accepting and being accepted for an aspect of one's identity such as sexuality. The impact of these scripts can also be examined on a population who has grown up in a world where the LGBTQ+ society is more widely accepted than ever before. Societal acceptance may impact the scripts which are particularly powerful and

influential for LGBTQ+ adolescents. Future research may look into which storylines are impactful for adolescents, including the coming out script.

Further research should also investigate which scripts remain impactful for young adults from adolescents into emerging adulthood. Some scripts may lose salience as individuals get older, while others may remain constant or become more salient with age. Which behavioral scripts may be most effective for emerging adults, whose developmental goal is forming intimate relationships and finding love rather than identity fidelity, should also be considered. As previously mentioned, many of the storylines mentioned by participants featured relationships or the theme of falling in love, which coincides with the developmental task for emerging adults of finding love and achieving intimacy (Erikson, 1959). It could be then that the storylines that are most memorable for emerging adults are different than those that are memorable for adolescents. Further research can delve into which types of behavioral scripts are most impactful for emerging adults.

Additionally, research can be done to understand which behavioral scripts are impactful for other age groups such as older adults. According to Erikson (1959), older adults reflect back on their lives to decide if they have lived life with integrity and develop the virtue of wisdom. During this experience, the coming out script may become impactful for older LGBTQ+ adults as they consider their own coming out in a time when being LGBTQ+ was not as favorable as it is today. This script may have unexpected effects on the well-being of older LGBTQ+ adults as painful past experiences are recalled, or conversely, they may feel a sense of joy at helping to pioneer a change for younger LGBTQ+ individuals. A lifespan perspective on LGBTQ+ identities and common yet unique experiences may provide a rich addition literature on both behavioral scripts theory and the LGBTQ+ community.

Finally, further research may also look at what behavioral scripts are most impactful for LGBTQ+ adults, and if scripts such as the coming out script are pushed by heterosexual filmmakers to attract LGBTQ+ consumers. There may be a disconnect between the experiences that LGBTQ+ people feel are impactful to their identity, and the ones that heterosexual content producers feel are impactful to LGBTQ+ people. It is possible that the coming out script is most salient to heterosexual people because it is most strongly correlated to the LGBTQ+ experience for them, while individuals who are LGBTQ+ recognize other life experiences which are more impactful to themselves. This can call into question the authenticity of media which feature LGBTQ+ storylines. LGBTQ+ audiences might see the attempts of heterosexual producers to use LGBTQ+ experiences as nothing more than a transparent way to generate additional revenue. As diversity increasingly becomes a talking point among audiences, producers may see diverse stories less as an opportunity for realistic representation and more for the potential profits. The implications of this assertion call into question if heterosexual producers have a duty to feature diverse sexual minorities in the media they create, or if LGBTQ+ storylines should be left solely in the hands of LGBTQ+ creators.

Conclusion

This study acknowledges a common shared experience within the LGBTQ+ community: coming out. Overall, the findings of this study conclude that the mediated coming out script does not have an effect on self-complexity or well-being for emerging adults. The null findings are largely interpreted through a developmental lens. That is, the effects of the coming out script might be more consequential for adolescents, who are more likely searching for identity fidelity, than the emerging adults studied in the present sample. For emerging adults, future research must consider the developmental task that resonates uniquely with people in this stage of life,

such as intimacy and romantic relationships. Diverse storylines present opportunities for greater understanding of the experiences of those who are LGBTQ+ in a way that benefits the community at large.

Table 1. Correlations Between Main Variables

Variable	1	2	3	4	5	6	7	8	9
1. Self-Complexity									
2. Coming Out Script Salience	-.138**								
3. Coming Out Script Applicability	.000	-.182**							
4. Interpersonal Role Models	.022	-.105*	.127*						
5. Celebrity Role Models	.168**	-.189**	.100*	.238**					
6. Fictional Role Models	.053	-.384**	.267**	.233**	.217**				
7. Total Role Models	.115**	-.322**	.235**	.714**	.690**	.688*			
8. RSES	-.069	.018	.019	-.082	-.060	-.106*	-.119*		
9. MAACL	-.033	-.066	.109*	.024	.148**	.073	.116*	-.004	
10. ATSO	.194**	.002	.082	-.001	.072	.015	.041	.097	.302**

** Correlation significant at the 0.01 level (two-tailed)

* Correlation significant at the 0.05 level (two-tailed)

Table 2. Descriptive Statistics of Main Variables

	<i>M</i>	<i>SD</i>	No. of Items	Reliability	Min	Max
Coming Out Script Salience	N/A	N/A	1	$\kappa = .88$	0	1
Self-Complexity Valence	15.91	11.61	30	ICC = .75 ICC = .71	0	30
Script Applicability	4.54	1.38	2	ICC = .67	1.00	7.0
Self-Esteem	4.10	1.29	10	$\alpha = .92$	1.00	<u>7.00</u>
Anxiety	4.20	1.28	10	$\alpha = .91$	1.00	6.90
Depression	3.65	1.20	22	$\alpha = .93$	1.00	6.77
Real-life Role Models	N/A	N/A	1	N/A	1	0
Celebrity Role Models	N/A	N/A	1	N/A	1	0
Fictional Role Models	N/A	N/A	1	N/A	1	0
Identity Security	4.57	1.08	12	$\alpha = .83$	1.83	7.00

Note: Reliability could not be computed for coming out script salience, or the role models variables, as these were represented by just one item.

Table 3. Hierarchical regression models examining the relationships between coming out script salience, applicability and well-being variables.

	Self-Esteem		Anxiety		Depression	
	b (SE)	β	b (SE)	β	b (SE)	β
Step 1						
Female	-.12 (.16)	-.04	.17 (.16)	.06	.10 (.15)	.03
White	.14 (.14)	.06	.07 (.14)	.03	-.19 (.14)	-.08
Single	-.30 (.14)	-.12*	.22 (.14)	.09	.44 (.13)	.18**
R ²	.02		.03		.04**	
Step 2						
Salience of Coming Out Script	.24 (.16)	.09	-.03 (.16)	-.01	-.20 (.15)	-.07
Applicability of Coming Out Script	.03 (.05)	.04	-.01 (.05)	-.01	-.03 (.05)	-.04
ΔR^2	.01		.00		.01	

Note. $N = 332$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4. Hierarchical regression model examining the relationship between coming out script salience and self-complexity.

	b (SE)	β
Step 1		
Female	7.42 (1.46)	.27***
White	-2.40 (1.29)	.10
Single	-.94 (1.24)	-.04
R ²		.08
Step 2		
Coming Out Script Salience	-.83 (1.40)	-.03
ΔR^2		.001

Note. $N = 332$. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 5. Hierarchical regression models examining the relationships between self-complexity and well-being variables.

	Self-Esteem		Anxiety		Depression	
	b (SE)	β	b (SE)	β	b (SE)	β
Step 1						
Female	-.37 (.15)	-.12*	.36 (.15)	.12*	.27 (.14)	.10
White	.14 (.13)	.05	.16 (.13)	.06	-.17 (.12)	-.07
Single	-.29 (.13)	-.11*	.12 (.13)	.04	.42 (.12)	.17***
Valence of Self-Complexity	.29 (.06)	.24***	-.16 (.06)	-.14**	-.23 (.06)	-.21***
R ²	.07		.03		.08	
Step 2						
Self-Complexity	-.02 (.01)	-.19**	.02 (.01)	-.17**	.22 (.01)	.21***
ΔR^2	.03**		.02**		.04***	

Notes. $N = 399$. * $p < .05$, ** $p < .01$, *** $p < .001$

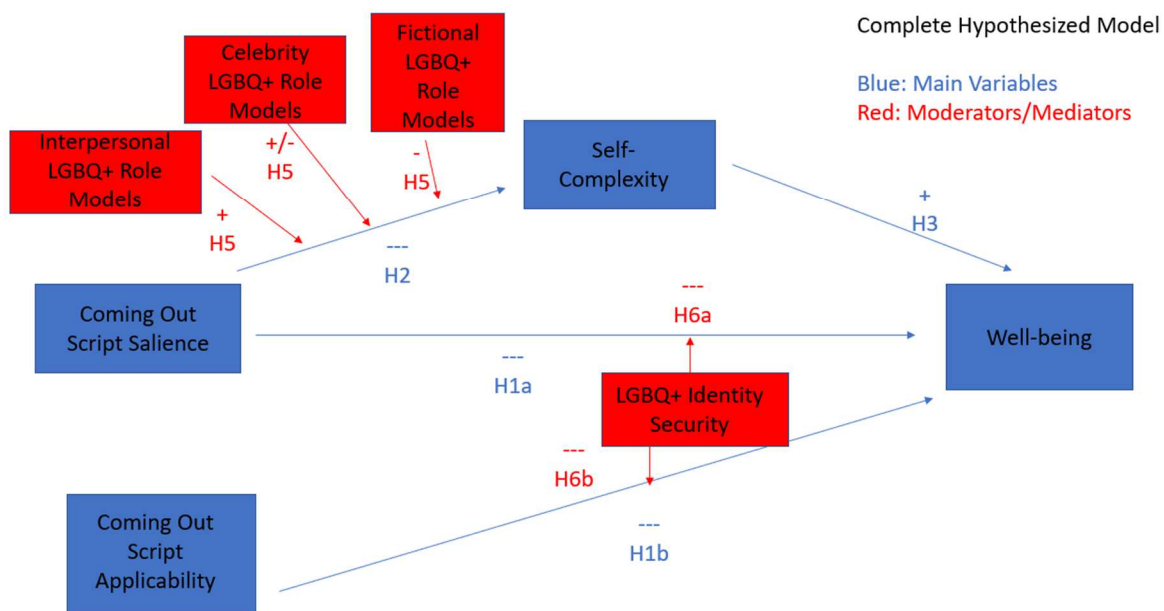


Figure 1. Complete Hypothesized Model.

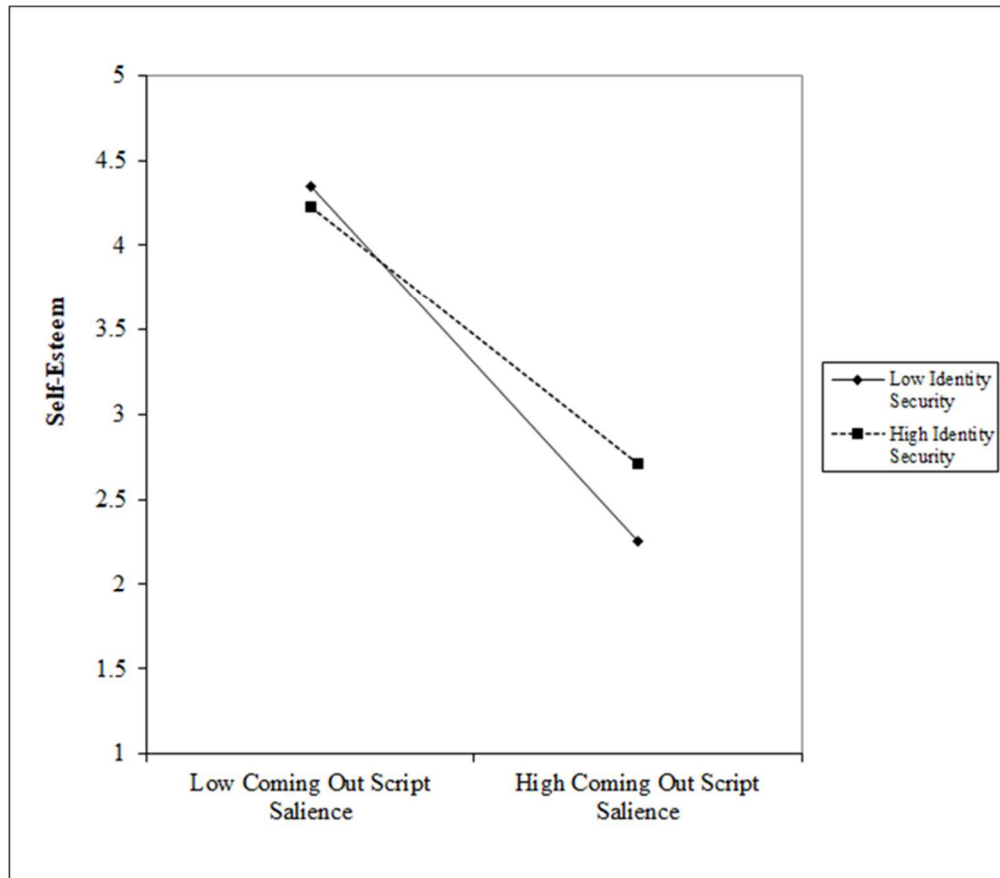


Figure 2. The effect of coming out script salience on self-esteem, moderated by LGBTQ+ identity security.

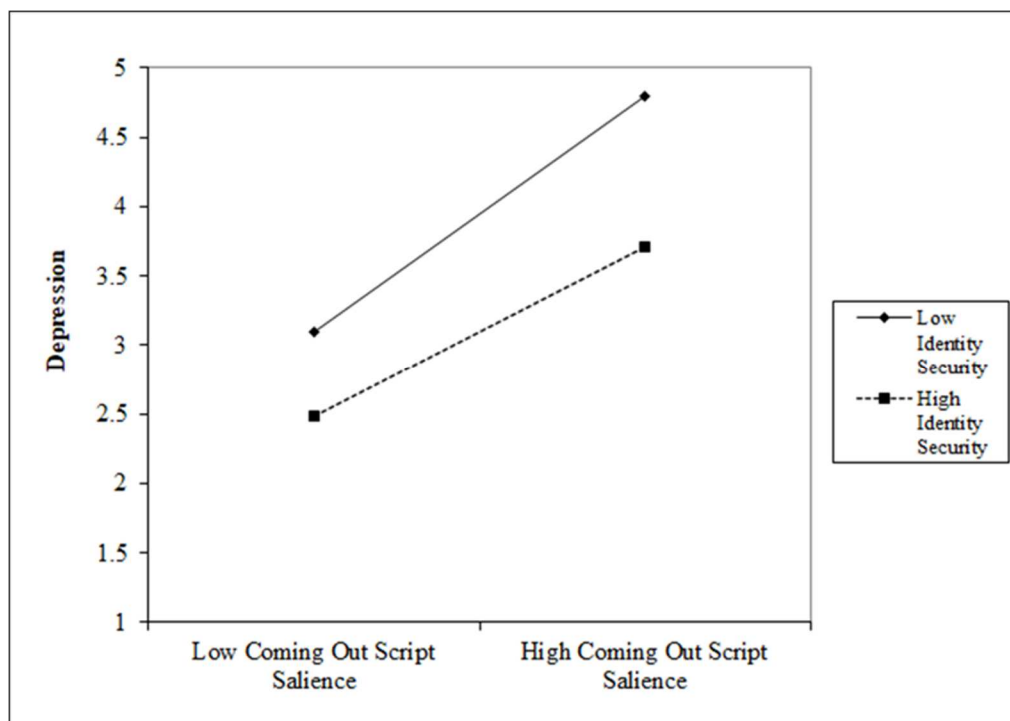


Figure 3. The effect of coming out script salience on depression, moderated by LGBTQ+ identity security.

Appendix A

Scale:**Instructions**

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree	Agree	Disagree	Strongly Disagree
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2. At times I think I am no good at all.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

3. I feel that I have a number of good qualities.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

4. I am able to do things as well as most other people.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

5. I feel I do not have much to be proud of.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

6. I certainly feel useless at times.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

8. I wish I could have more respect for myself.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

10. I take a positive attitude toward myself.

Strongly Agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Scoring:

Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.

Anxiety		Depression		Hostility	
Plus	Minus	Plus	Minus	Plus	Minus
^x afraid desperate ^x fearful ^x frightened ^x nervous ^x panicky ^x shaky ^x tense terrified ^x upset ^x worrying	^x calm cheerful contented happy joyful loving pleasant secure steady thoughtful	^x alone ^x awful ^x blue destroyed ^x discouraged ^x forlorn ^x gloomy ^x hopeless ^x lonely ^x lost ^x low ^x miserable ^x rejected sad ^x suffering ^x sunk ^x terrible ^x tormented ^x unhappy ^x wilted	^x active ^x alive clean enthusiastic ^x fine fit free ^x gay glad good ^x healthy inspired interested lucky ^x merry peaceful safe strong whole young	^x angry bitter ^x cruel ^x disagreeable discontented disgusted enraged furious irritated ^x mad mean offended outraged stormy unsociable vexed	^x agreeable ^x amiable ^x cooperative friendly good-natured ^x kindly ^x polite ^x sympathetic tame ^x tender ^x understanding willful ^x (devoted) ^x (warm)
^x Items marked with an (x) indicate words scored on the briefer scales (a, d, & h) described on page 21 of this manual. They represent the items showing highest correlations with their respective full scales relative to their correlations with the other full scales. Two hostility words, in parentheses, are only scored on the briefer scales, since they were not derived from the initial empirical study.					

(Zuckerman and Lubin, 1965).

Appendix B

TABLE 2. Attitudes Towards Sexual Orientation Scale Items

1. I am happy about other people knowing my sexual orientation.
2. I usually try to portray myself as a heterosexual to everyone.
3. I currently have a sexual orientation other than heterosexual, but I may have a heterosexual orientation in the future.
4. I carefully select who I tell about my sexual orientation.
5. When I am with heterosexuals, I portray myself as a heterosexual. Among sexual minorities, I am open about my sexual orientation.
6. When confronted by heterosexuals, I am embarrassed about my sexual orientation.
7. I am proud of my sexual orientation.
8. I make no attempts to hide my sexual orientation.
9. I believe my public and private identities are one and the same.
10. I am prepared to tell anyone what my sexual orientation is.
11. I believe many heterosexuals happily accept sexual minorities as equals.
12. I trust heterosexuals and sexual minorities equally.

Van de Meerendonk & Probst (2008)

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