

Sexual Minority-focused Sport Group Involvement in Reducing the Impact of Homophobic
Stigmatization on Internalized Homophobia and Degree of Disclosure

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

The homophobic stigmatization that many gay and lesbian individuals are exposed to, can have negative implications for their well-being. Sexual minority-focused sport group involvement is one way to boost well-being in the face of adversity. The purpose of this study is to examine the relationship between gay and lesbian individuals' involvement in sexual minority-focused sport and internalized homophobia and identity disclosure. This study was pursued through secondary data analysis of Dr. Steven Mock's sport group study. Participants of the study were gay men and lesbian women who were involved in one or a number of same sex focused sport groups. Internalized homophobia and identity disclosure were assessed in conjunction with level of involvement.

As expected, those who had negative experiences with homophobic stigmatization had a lower prevalence of identity disclosure and higher levels of internalized homophobia. Those who had a high level of sport group involvement and experienced a high level of negative experiences had those negative experiences buffered by involvement. These high involvement individuals experienced greater identity disclosure and lower internalized homophobia than would be expected.

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1.0 Introduction

Recent advances have been made toward equality for sexual minorities in Canada (Nicol & Smith, 2008), however non-heterosexual relationships and identities remain stigmatized (Morrison, Morrison, & Franklin, 2009; Rye & Meaney, 2009). This stigmatization coupled with sexual prejudice results in the increased victimization of sexual minorities, when compared to a heterosexual population. In addition continual messages of disapproval from social interactions lead to a devaluing of the self and poor self-concept through internalizing the negative appraisal of others. This has been termed internalized homophobia. Those who experience high levels of internalized homophobia are more likely to conceal their sexual minority identity (Herek, Cogan, Gillis, & Glunt, 1997). Identity concealment leads to poor psychological well-being and makes finding social support from similar others difficult.

Social support accessed through leisure and sport participation can be effective in relieving stress and promoting well-being (Caldwell, 2005; Coleman & Iso-Ahola, 1993; Iwasaki & Mannell, 2000; Mannell, 2007). This study investigates the growing phenomena of sexual minority-focused sport groups (Jones & McCarthy, 2010) and their role in improving the well-being of participants. Sexual minority-focused sport groups offer a unique setting for participation because the competition and camaraderie of sport exist without the anti-gay language and attitudes that are apparent in many sport settings (Anderson, 2002). Further, these sport groups provide a context for participants to meet with others who share their stigmatized identity. This can relieve apprehension relating to identity concealment and affords opportunities to receive support from similar others. This form of support is more effective in promoting well-being than support from those outside the stigmatized group (Frable, Platt, & Hoey, 1998). These

social connections are an important facet of how leisure and sport are beneficial to psychological well-being (Browne & Mahoney, 1984; Mannell, 2007).

This study examines the importance of ego involvement in leisure involvement with aiding people to overcome the negative experiences related to having a stigmatized identity. It has been shown that leisure participation is beneficial for well-being (Caldwell, 2005; Mannell, 2007). Also, studies into ego-involvement have displayed that different levels of ego-involvement in leisure result in different actions and behaviors (Gerard Kyle, Norman, Jodice, Graefe, & Marsinko, 2007; Siegenthaler & Lam, 1992). The potential link between ego-involvement and factors that effect well-being has yet to be explored.

This study contributes to research on sexual minorities in the field of leisure. This study also uses ego-involvement in a unique manner, expanding on potential uses of Kyle, Absher, Norman, Hammitt, and Jodice's (2007) Modified Involvement Scale. Ego-involvement has been primarily used to segment leisure participants into high and low involvement groups and analyze their respective motivations for participation (Kyle, et al., 2007; Siegenthaler & Lam, 1992). This study highlights how different facets of ego-involvement can independently impact outcomes of leisure participation. Sport group involvement, as measured through facets of ego-involvement, is an important resource for counteracting internalized homophobia, the more severe homophobic stigmatization has been.

1.1 Purpose

The purpose of this study is to examine the relationship between gay and lesbian individual's involvement in sexual minority-focused sport and internalized homophobia and identity disclosure.

1.2 Research Objectives

It is the goal of this study to examine gay and lesbian individual's level of involvement in sexual minority-focused sport group and the potential role sport involvement plays in mediating negative homophobic experiences. The study investigates level of involvement, internalized homophobia, and identity disclosure with the hypothesis that involvement in sexual minority-focused sport will have a greater positive impact on individuals facing more severe experiences of homophobia.

1.3 Research Questions

1. Does ego-involvement in sexual minority-focused sport groups increase identity disclosure?
2. Does ego-involvement in sexual minority-focused sport groups decrease internalized homophobia?
3. Does ego-involvement in sexual minority-focused sport groups buffer the effects of experiences of homophobic stigmatization?

2.0 Literature Review

This literature review has five sections. First, stigmatization will be defined and research on the stigmatization of sexual minorities will be presented. Second, the concept of internalized homophobia is introduced and expanded upon. Third, research on identity management is reviewed and discussed with links to leisure participation. Fourth, the importance of social support in relation to stigmatization is briefly touched on. Finally, ego-involvement is introduced and literature on ego-involvement and well-being presented. The importance of the identity affirmation and social bonding facets of ego-involvement are discussed in relation to the study.

2.1 Stigmatization

According to Herek (2004), stigmatization occurs when an otherwise meaningless individual characteristic or condition is judged to be negative through social interaction or institutions. Stigma in itself is not something that one person can hold; rather it represents a larger system of shared knowledge that devalues certain behaviors, traits, or characteristics. Non-heterosexual relationships, identities, or behaviors are stigmatized (Herek, 2004; Morrison et al., 2009). Although many members of Canadian or American society may not personally share the negative evaluation associated with sexual minority status, a shared knowledge still exists. This is the knowledge that an identity that strays from heterosexuality is one that is inferior.

Sexual prejudice or homophobia refers to negative attitudes or beliefs that are held on an individual level and directed towards sexual minorities (Herek, 2000, 2004). According to Agnew, Thompson, Smith, Gramzow, and Currey (1993), homophobic attitudes are based on moral beliefs, fear, misunderstanding, or lack of contact. These attitudes are dynamic and have been changing over time. Morrison, Morrison, and Franklin (2009) studied homonegativity and

found that contemporary forms of homophobic stigmatization are distinguishable from a more traditional form of stigmatization. While traditional homophobic stigmatization is based on moral beliefs or religious values, contemporary stigmatization revolves around claims that the discrimination that sexual minorities face is marginal, any further demands for equality are needless, and finally that sexual minorities are responsible for their own marginalization through overstating both past discrimination and the importance of their sexual orientation (Morrison & Morrison, 2002).

Victimization of sexual minorities was found to persist throughout life by Balsam, Rothblum, and Beauchaine (2005). Their findings conclude that sexual minorities are victimized both in childhood and in adulthood. When compared with a heterosexual sample, sexual minorities were more often exposed to physical or sexual abuse at some point in their life. D'Augelli, Pilkington, & Hershberger (2002) studied sexual minority youths between the ages of 14 and 21. The study revealed that more than half of the respondents had experienced verbal abuse related to their sexual minority status. The experience of verbal abuse was also linked to mental health symptoms. Brotman, Ryan, & Cormier (2003) investigated the experiences of sexual minority seniors when using health and social services. Their findings revealed that in addition to participants currently experiencing instances of homophobia, many had a profound history of marginalization. The stigmatization experienced by minorities has been found to be related to suicidal ideations, anxiety, depressed mood, and poorer physical health (Díaz, Ayala, Bein, Henne, & Marin, 2001; Dressler, Oths, & Gravlee, 2005; Herek, Gillis, & Cogan, 1999; Mays & Cochran, 2001).

Despite positive shifts in beliefs in western society (Nicol & Smith, 2008; Savin-Williams, 2008), sexual minority identities are still stigmatized. It is evident that this

stigmatization is present throughout the lifespan. Due to the dynamic nature of stigmatization there is likely a cohort effect with respect to how stigmatization has been encountered. Homophobic stigmatization has evolved and changed from one generation to the next. The traditional homophobia that was experienced by now older adults has changed into a less conspicuous form of marginalization. This is likely to affect the current study in that participants will have been subjected to both blatant and discrete forms of homophobic stigmatization. This may inhibit or encourage involvement in sexual minority sport groups. Regardless of the nature of stigmatization, having a sexual minority identity can have many negative effects on the individual level. These effects include internalized homophobia and identity concealment and will be expanded upon in the following sections.

2.2 Internalized homophobia

Internal homophobia occurs when a gay, lesbian, or bisexual individual “direct(s) negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard” (Meyer & Dean, 1998, p. 161). A broad pattern of health problems and difficulty with relationships is apparent in research on internal homophobia. Rosser, Metz, Bockting, and Buroker (1997) found that lower levels of internal homophobia were positively correlated with relationship satisfaction. A study conducted by Frost and Meyer (2009) examined the relationship between depressive symptoms, internal homophobia, and relationship quality. Findings demonstrated having greater difficulty with relationships was associated with internalized homophobia. This association was mediated by depressive symptoms pointing to a situation where greater internalized homophobia increases depressive symptoms resulting in relationship strain. Both of these studies focused on the effects of internalized homophobia on romantic relationships. Relationships with peers and friendships are

not immune to the negative effects of internal homophobia. Kelley and Robertson (2008) investigated gay male peer relationships and relational aggression and victimization. The results of their study suggest that experiencing higher levels of internalized homophobia was coupled with higher instances of relational victimization. The study also revealed that being victimized by gay male peers was related to also being a perpetrator of relational aggression. This research provides a good example of real world outcomes of internal homophobia. Those who have internalized negative messages about their sexual orientation not only have difficulty reconciling their own identity but also have difficulty with others who share the same minority status. This can make sustaining satisfying romantic and peer friendship arduous. From these results we can see that internalized homophobia is negatively related to having and maintaining healthy relationships. In addition, depressive symptoms play a role in the association between internal homophobia and satisfaction with relationships.

The second pattern observed in literature on internalized homophobia is its effect on personal health and well-being. Nicholson and Long (1990) researched HIV positive gay men and their coping strategies, self-esteem, and internalized homophobia. Men who experienced higher levels of internalized homophobia and lower self-esteem reported poorer coping skills. Men with low levels of internal homophobia showed productive and positive coping strategies. Self-harm, eating disorders, substance use, and poor mental health have also been linked to internal homophobia (Williamson, 2000). Results from a meta-analysis on internalized homophobia and internalizing mental health problems completed by Newcomb and Mustanski (2010) demonstrated a relationship between psychological distress and internal homophobia. Their meta-analysis also indicated that contrary to natural assumption that an increase in acceptance toward sexual minorities would decrease instances and severity of internalized

homophobia, measures spanning several years show internalized homophobia remains unaffected. Newcomb and Mustanski infer that it is possible that despite an increased tolerance the continual presence of reports on anti-marriage equality legislations or other anti-gay setbacks in the media perpetuate homophobic stigmatization.

In a study conducted by Herek, Cogan, Gillis, and Glunt (1997) 147 gay men and lesbian women completed a questionnaire measuring internalized homophobia, psychological well-being, outness, and perceptions of community. Results are congruent with all other findings, supporting the association of more mental health problems and depressive symptoms with higher internalized homophobia. On the social front, those reporting higher levels of internal homophobia were less likely to disclose their sexual orientation and also felt more of a disconnect between themselves and the sexual minority community. These findings demonstrate the negative effects internalized homophobia can have on an individual's health and their relationships. A factor in the work done by Herek and colleagues was identity management. The following section expands on identity disclosure and concealment of identity for sexual minorities.

2.3 Identity Management

All sexual minorities and those with concealable stigma are continually engaged in identity management (Cain, 1991; Pachankis & Goldfried, 2006). Due to the pervasive nature of stigmatization, sexual minorities are aware that there is a potential for a negative reaction when revealing their sexual orientation. This being the case, identity management is employed, as some situations need to be assessed and evaluated before deciding whether to conceal or disclose their minority status. Past negative experiences with disclosure or the anticipation of a negative reaction are both motivation for identity concealment (Meyer, 2003; Pachankis, 2007). D'Augelli

and colleagues (2002) found that sexual minority high school students who were more “out” or displayed gender atypical behavior were victimized more often than those who were less conspicuous about their sexual orientation. Considering that high school occurs relatively early in life, it is easy to assume that both those who were victimized and those who witnessed victimization would be left with the impression that there may be benefits to concealing their identity and carry these beliefs forward in life. However, the negative health effects of identity concealment itself negate any benefit of escaping victimization through identity concealment.

Pachankis and Goldfried demonstrated the presumption that identity concealment is beneficial in their study of social anxiety in 87 gay men and 87 heterosexual men. Three-quarters of the gay men tried to control others thinking negatively of them by altering their behavior. This was motivated by fear of rejection due to their sexual minority status. Pachankis and Goldfried further found that those gay men who made more of an effort in concealing their identity were more likely to experience social anxiety and were more uncomfortable with their sexual orientation. Smart & Wegner (1999) conducted a unique study that investigated how those with a concealable stigma experienced stigma related social situations. It was found that those who concealed their stigma experienced persistent negative thoughts regarding the stigma. Research by Quinn and Chaudoir (2009) further supports the trend of the negative psychological consequences of concealing one’s identity. When studying identity disclosure and expression the opposite results are found. Gay and lesbian participants in a study conducted by Beals, Peplau, and Gable (2009) experienced better mental health, greater purpose in life, and greater self-acceptance on days when they disclosed their identity.

Psychological and social setbacks are not the only observed challenges associated with concealing a stigmatized identity. Ullrich, Lutgendorf, and Stapleton (2003) studied HIV-

seropositive gay men. They found that in addition to strained relationships and depressive symptoms, those who concealed their sexual minority status were more likely to have poorer immune functioning. They also found that among those with high levels of social support, concealment again was related to worse immune functioning. This supports previous research completed by Cole, Kemeny, Taylor, Visscher, and Fahey (1996) who found that in gay men who concealed their gay identity, HIV infection advanced at a faster pace than in those who disclosed their sexual orientation. These findings indicate a link between physical and psychological well-being and identity management strategies. It is interesting that concealment only affected the health of those with higher levels of social support. This might suggest that the social support those in the study received was from individuals who did not share their stigmatized identity.

Research conducted by Frable, Platt, and Hoey (1998) supports this notion. Their sample included individuals with visible stigma, no stigma, and concealable stigma. Those with concealable stigma benefited most from social support from like others. When compared to those with a visible stigma and with no stigma, those with concealable stigma experienced a greater increase in mood and self-esteem when with like others. However, those with concealable stigma were the least likely to encounter social situations with like others and less likely to be present in any social situation at all. Worthy of noting is the role perception played in the well-being and happiness of those with concealed stigma. Situations where the perception was that an individual is the only stigmatized individual present are more damaging than those where the perception is that like others are present.

Identity concealment and disclosure are a part of daily life for sexual minorities. The decision to conceal one's identity can have grave effects both on physical and psychological

well-being. Social experiences with like others and becoming confident in one's self can lead to greater identity disclosure and resulting well-being. When surrounded by like others and unconcerned with identity concealment, positive feedback can be more readily accepted and judged as more credible due to both the source of the feedback and it being based on a truer version of one's self (Pachankis, 2007). Social experiences with like others can be difficult to access due to the concealed nature of sexual minority identity and also due to poorer social functioning due to fear of disclosure.

2.3.1 Leisure. Sexual minority sport groups can have a role in overcoming these obstacles. The segregated nature of the sport groups and also the benefits of leisure participation can work in tandem to aid in the process of becoming comfortable with oneself and expressing one's identity. In relation to the challenges experienced by sexual minorities leisure has been shown to play a role in personal identity development (Kivel & Kleiber, 2000; Shaw, Kleiber, & Caldwell, 1995) and provides a venue for social integration and social support (Caldwell, 2005; Coleman & Iso-Ahola, 1993; Iwasaki & Mannell, 2000; Mannell, 2007) that contributes to psychological well-being. Meeting new people and forming friendships is promoted by the social nature of leisure. In addition, the continued participation in leisure with others is an effective method for stress reduction (Coleman & Iso-Ahola, 1993).

2.4 Importance of Social Support

Homophobic stigmatization or the expectation of stigmatization that exists in everyday social situations creates an unwelcoming environment for sexual minorities (Meyer, 2003). Access to support from similar others is important in coping with stigma related stress however is impeded by the stigma itself. Isolation and lack of social resources can result in poor mental and physical health (Meyer, 2003; Myers, 2009). Baumeister and Leary (1995) reviewed

research on the importance of close relationships and social ties. As would be expected negative mental and physical health outcomes were associated with social rejection, exclusion, isolation, and lack of belongingness. Conversely social inclusion and acceptance were found to be associated with a positive sense of well-being. This conclusion supports earlier evidence reviewed by Cohen and Wills (1985) who also found research to reveal strong links between social ties and well-being.

2.6 Ego Involvement

It has been established that reducing internalized homophobia and becoming comfortable with disclosing one's identity is important for the well-being of sexual minorities. Also recognized is the importance of social support in the achievement of these outcomes. Separately these constructs have been investigated in terms of confirming a link between them, leisure, and health. There have been few studies to measure a direct link between the degree to which someone holding these values (that they feel their leisure is social bonding or identity affirming) affects their health outcomes as accessed through leisure. The following section first reviews what ego-involvement is and outlines previous research connecting ego-involvement to well-being. Secondly, this section provides a rationale for being primarily concerned with only two facets of ego involvement and provides a focused review of literature on these facets.

Broadly defined ego-involvement refers to “the identification of self with an activity” (Siegenthaler & Lam, 1992, p. 304). Ego-involvement with leisure activities leads to enduring leisure involvement through the arousal of emotion, memory, problem solving, decision-making, and resulting behavior (Kyle, Absher, Hammitt, & Cavin, 2006). Building on decades of previous research Kyle and colleagues (2007) developed the Modified Involvement Scale that successfully measures enduring leisure involvement. They argued that enduring leisure

involvement is composed of five factors: centrality, attraction, social bonding, identity affirmation, and identity expression (Kyle, et al., 2007).

2.6.1 Ego-Involvement and Well-being. There are several recent studies relating ego-involvement, situational involvement, and aspects of health or antecedents of health. Decloe, Kaczynski, and Havitz (2009) studied social participation as a factor in situational involvement. Situational involvement refers to the immediate and “temporary feelings of involvement a participant has in a particular situation” (Richins, Bloch, & McQuarrie, 1992, p.143). Although this differs from ego-involvement in terms of when, where and how long the emotions related to involvement are experienced the two concepts are very much interconnected. Kyle, Absher, Hammitt, and Cavin (2006) identify the ego-involvement facet of attraction to be the importance of the activity and the pleasure derived from involvement. The pleasure one derives from a given experience is likely to be heavily related to the feelings experienced during participation. Naylor and Havitz (2007) studied the situational involvement and ego-involvement of those who were heavily invested in participation in hockey and hockey culture. Their results demonstrated a connection between lower levels of ego-involvement and lower situational involvement. Those individuals in their study who exhibited a high level of ego-involvement also demonstrated high hockey related behavior.

Decloe, Kaczynski, and Havitz (2009) found that recreation that was participated in with a club or friends was associated with higher levels of situational involvement. They also found that flow like experiences were associated with higher levels of situational involvement. In general flow is a positive experience that holds the potential to effect positive emotions and psychological benefits (Stein, Kimiecik, Daniels, & Jackson, 1995). This build on the previous

research of Havitz and Mannell (2005) who found ego-involvement, situational involvement and flow to be associated with one another in their study of both leisure and non-leisure activities.

Havitz, Wilson, and Mock (2012) studied runners who had been varsity athletes while they were in university, their current involvement in running, and health. Their results showed involvement in terms of attraction and identity affirmation to be positively associated with overall health perception, number of times participants participated in running weekly, and how many running races participants competed in within the last year. Havitz, Kaczynski, and Mannell (2013) measured physical activity during leisure time with involvement, self-efficacy, and motivation. Findings from this study further support the link between ego-involvement in leisure and well-being. Results demonstrated reliable and positive relationships between involvement, physical activity, and self-efficacy. In this instance ego-involvement is related to well-being through self-efficacy, an antecedent of positive mental health.

This research shows the connections between ego-involvement, situational involvement, and well-being. Higher levels of involvement are associated positively with measures of well-being or antecedents of well-being. In this study internalized homophobia and identity disclosure can be conceptualized as measures of well-being. As reviewed those with higher levels of internalized homophobia exhibit markers of lower well-being. Additionally, those who disclose their sexual minority identity have better personal well-being. It was predicted that these measures would act similarly to other measures of well-being as displayed in previous studies. Hypothesizing that greater ego-involvement will be associated with lower levels of internalized homophobia and greater levels of disclosure. On the individual level this would present as a greater sense of well-being and health.

2.6.2 Social bonding and Identity Affirmation. All facets of ego-involvement may be equally important when measuring a complete picture of leisure involvement; the proposed study is primarily concerned with the facets of social bonding and identity affirmation as opposed to measuring leisure involvement as a whole. These two aspects were selected because of their perceived importance within the realm of sexual minority focused leisure Involvement. This rationale is explained with Meyer's (2003) interpretation of the minority stress model as it relates to sexual minorities. Meyer (2003) identifies minority stress as a socially based stress purveyed largely by social institutions and social interaction. Negative social exchanges are an ingrained cause of distress for sexual minorities. It was hypothesized that because the source of stress is social that the social nature of involvement in a sexual minority-focused sport may act a potential moderator at different levels of homophobic stigmatizing experiences. This is supported by Meyer (2003) who identifies the importance of positive social interactions with similar others as effective coping.

Secondly, identity affirmation was also selected with consideration given to the minority stress model. It is identified in Meyer's analysis that internalized homophobia is a likely result of negative social interactions and experiences of homophobic stigmatization. Even if the ongoing stigmatization a sexual minority individual experience's is not directed personally at them observed homophobic stigmatization and previous experiences can perpetuate internalized homophobia. Internalization of negative attitudes would naturally be a hindrance in the acceptance of one's identity. It is probable that self created and socially created messages about the validity of one's identity are likely to conflict. For this reason this study shows particular interest in the identity affirmation facet of ego-involvement.

Social bonding refers to the degree that leisure participation is motivated through social ties. Identity affirmation refers to using leisure to establish, verify, and acknowledge components of one self to the self. The strength with which and individual links their needs, goals, and values with features of leisure participation is reflective of the degree an individual understands himself or herself to be connected to an activity (Kyle, et al., 2007).

The nature of social ties associated with a leisure pursuit has been shown to have an impact on one's involvement in that specific activity. Choi, Loomis, and Ditton (1994) found that those who identified with angling as an activity in which to participate with friends had different involvement patterns than those who identified with angling as an activity to participate in with family. Scott and Godbey (1992) researched social factors and participation in bridge groups and suggested that differences in participation occurred between those who played bridge socially and those who played bridge competitively. The function that participation served and types of relationships developed were defined by the social factors associated with the type of club. These two studies demonstrate a link between degree of participation and social ties. The extent to which involvement can be driven by these social ties varies with the meanings one associates with a particular activity.

Dimanche and Samdahl (1994) reviewed research on leisure consumption and its relation to self and identity. Their conclusions acknowledge that leisure participation is in part motivated by a need to affirm one's identity and that greater satisfaction will be found in leisure that can accomplish this. Leisure that succeeds in affirming one's identity can in turn become a representation of the characteristics one first sought to affirm. Research completed by Haggard and Williams (1992) on identity images associated with various leisure activities suggests identity affirmation plays a role in the selection of leisure activities. Kyle and Chick (2004)

studied campers that attend an annual fair and factors present in their leisure involvement. Findings linked social ties with identity expression. Personal meanings associate with participation in the fair was derived from others involved in the fair. Fair participation also facilitated self-discovery of personal identity and a means for expression of identity.

Through this review of research it has been shown that social ties and identity affirmation are present in leisure involvement. Individuals can be connected to an activity through social ties and identity affirmation. The level to which someone feels connected to a leisure activity varies based on personal needs, goals, and values and how that relates to the meanings that have been attached to a particular activity. This relates to the current study, as greater social bonding and identity affirmation with sport group involvement was found to positively influence on the identity expression and levels of internalized homophobia of participants.

2.7 Summary

Through this review of literature it has been shown that sexual minorities face stigmatization that can lead to internalized homophobia and identity concealment. All three of those experiences can have a negative impact on physical health, psychological well-being, and social functioning. Leisure involvement has been presented as an avenue for increased well-being and stress coping. Both the social nature of leisure and the potential for leisure to promote identity development are important when considering ways leisure involvement is beneficial. However, individuals associate different values with their leisure involvement. On a team some members may be driven to participate due to social ties, while others may find that involvement aligns with an image of oneself. Alternatively some may have their needs and values met in terms of both social ties and identity affirmation through sport involvement or have neither of those aspects present in their involvement. This study aims to build on ego-involvement research

and examine links between the social and identity affirmation facets of involvement with internalized homophobia and degree of disclosure. As reviewed, past ego-involvement research has shown links between higher levels of involvement and greater health and well-being related outcomes. It is expected this study with further support a link between high levels of involvement and positive personal benefits.

3.0 Methods

3.1 Data Collection

Data was collected by Dr. Steven Mock. In total, 320 study participants were recruited from sexual minority-focused sport groups in a large Canadian city. Individualized online links to a web-based survey were sent to participants that assessed their degree of involvement in the groups, affiliation with the group, availability of support, measures of well-being, and management of sexual minority identity in everyday life.

3.2 Participants

Among the 320 participants, the average age was 37 ($SD = 9.94$; min = 20, max = 68). Approximately 60% of the participants were male, 37% were female, 0.6% identified as transgender, and 1.6% gave diverse responses (e.g., genderqueer, not defined). Regardless of gender, 67% were gay, 27% were lesbian, 2% were bisexual, 2% were heterosexual, and the remainder were unlabeled or not defined. Participants took part in a variety of individual and team sports including running, tennis, hockey, softball, flag-football, soccer, water polo, and curling.

3.3 Variables & Scales

Homophobic stigmatization (Díaz, et al., 2001) was assessed with the mean of three items designed to measure experiences of homophobia in childhood (“As you were growing up, how often did you feel that your homosexuality hurt or embarrassed your family?”), in adulthood (“As an adult, how often have you had to pretend that you are straight to be accepted?”), and incidences of physical assault (“As you were growing up, how often were you hit or beaten up

for being homosexual or gender atypical?") ($\alpha = .37$). Response options for the first question included: "never" (1), "rarely" (2), "sometimes" (3), "most of the time" (4), and "always" (5). Response options for the second and third questions were: "never" (1), "one to five times" (2), "six to ten times" (3), or "more than ten times" (4). Calculating the mean of standardized responses was used to derive a *negative experience* score. A higher score indicates greater experience of homophobic stigmatization.

Internalized homophobia was measured with a scale developed by Martin and Dean (1987) based on nine items. The scale was originally designed for gay men, so items were altered to also include lesbian, bisexual, and transgendered identities. Participants were asked questions such as "How often have you felt alienated from yourself because of being gay/lesbian/bisexual/transgendered?" and "How often have you wished you weren't gay/lesbian/bisexual/transgendered?" A five-point scale ranging from "never" (1) to "always" (5) was used to measure the frequency respondents experienced such feelings and thoughts ($\alpha = .83$). An internalized homophobia score was calculated by taking the mean of response scores for all nine items. A higher score indicates a higher level of internalized homophobia.

Degree of disclosure of sexual orientation in everyday life was assessed with a three-item measure. Participants were asked to rate the degree to which their family, network of friends, and people in their day-to-day life (work, school, community...) knew of their sexual orientation identity. A five-point scale ranging from "no one knows" (1) to "most people know" (5) was used by participants to respond to each of the three items. A higher score indicates a higher degree of disclosure.

Subscales from Kyle and colleagues' (2007) Modified Involvement Scale (MIS) was used to measure the moderating variables of *identity affirmation* and *social bonding*. *Identity*

affirmation was measured with three items in which participants evaluated how much they agreed or disagreed with statements about their sport group involvement (e.g. “When I participate in this sport group, I can really be myself”). Each item is rated on a four-point scale ranging from “strongly disagree” (1) to “strongly agree” (4). Means of responses to the three items were calculated with a high score representing sport group involvement as very affirming to oneself and low scores reflecting little self affirmation associated with sport group involvement ($\alpha = .59$).

Social Bonding was also measured with three items drawn from the MIS (Kyle, et al., 2007). Agreement or disagreement with statements about sport group experiences was measured with a four-point scale ranging from strongly disagree (1) to strongly agree (4). Items included “Participating in this sport group provides me with opportunity to be with friends.” Means of responses to the three items were calculated with a high score representing a high level of social ties related to sport group involvement and low scores representing little evidence of social ties specific to sport group involvement ($\alpha = .72$).

3.4 Data Analysis

Descriptive statistics were calculated for study variables. A correlation analysis was used to determine the association of *homophobic stigmatization* with *internalized homophobia* and *degree of disclosure*. Second, linear regression models were used to examine the association between *homophobic stigmatization* and both *internalized homophobia* and *degree of disclosure* with *identity affirmation* and *social bonding*. The sample was controlled for age, gender, marital status, and education. The role of participation in identity affirming and social leisure (measured through MIS) as a buffer was examined by the addition of interaction terms (*identity affirmation*

by *homophobic stigmatization* and *social bonding* by *homophobic stigmatization*) to the regression models.

In the regression analyses, *internalized homophobia* and *degree of disclosure* were considered outcome variables, *homophobic stigmatization* was the independent variable and *identity affirmation* and *social bonding* through leisure involvement were each treated as moderators. Significant interactions were explored using the PROCESS SPSS macro (Hayes, Preacher, & Myers, 2011) to determine simple slopes for high and low levels of the moderators (*identity affirmation* and *social bonding*) across the range of the independent variable (no experiences of homophobia to high experiences of homophobia).

4.0 Results

4.1 Descriptive Statistics

Table 1 displays the descriptive statistics for those surveyed in addition to the means and standard deviations of the outcome, independent, and moderator variables. The average age was 37 ($SD = 9.94$; min = 20, max = 68). Approximately 60% of the participants were male, 37% were female, 0.6% identified as transgender, and 1.6% gave diverse responses (e.g., genderqueer, not defined). 38% of participants were married, common law, or cohabitating with their partner. The average level of education for the participants was completion of college or university with the majority completing somewhere between some university or college to some graduate studies.

Table 1. Means and Frequencies for demographics, ego-involvement, and sexual minority variables.

Variables	Sport Participants	
	<i>M/Percent</i>	<i>SD</i>
Demographics		
Age	37.32	9.94
Male	60.00	--
Married/Cohabiting	38.49	--
Education	6.23	1.18
Ego Involvement		
Attraction	3.37	0.59
Social	3.03	0.58
Identity Affirmation	3.10	0.53
Identity Expression	2.71	0.58
Centrality	2.66	0.69
Sexual minority		
Negative Experience	2.06	0.67
Internal Homophobia	1.53	0.47
Out to Social Network	4.30	0.77

4.2 Correlation Analyses

Table 2 displays correlation information for all five facets of the modified involvement scale, negative experiences, internalized homophobia, and identity disclosure. As would be expected, items from the modified involvement scale are strongly associated with each other. High scores in one facet are accompanied by high scores in all other areas of involvement. Negative experiences and internalized homophobia were moderately associated with each other ($r = .37, p < .05$). Those with greater experiences of homophobic stigmatization are more likely to have a higher prevalence of internalized homophobia. A smaller significant association is also present between experiences of stigmatization and identity disclosure. Those with greater experiences of homophobic stigmatization are less likely to disclose their sexual minority status

to others ($r = -.14, p < .01$). Identity disclosure is also strongly associated with internalized homophobia. Those who experience a greater degree of internalized homophobia are less likely to disclose their sexual minority identity to others ($r = -.45, p < .01$).

A small but significant association was also observed between the social facet of ego involvement and internalized homophobia ($r = -.11, p < .05$) as well as identity disclosure ($r = .13, p < .05$). The higher the level of socially driven involvement in sexual minority-focused sport groups, the less likely participants were to be struggling with internalized homophobia and more likely to disclose their sexual minority identity.

Table 2. *Correlation Matrix for Ego-involvement, and Sexual Minority Variables.*

	1.	2.	3.	4.	5.	6.	7.	8.
1. Attraction	--							
2. Social	.43 **	--						
3. Identity Affirm	.43 **	.50 *	--					
4. Identity Express	.40 **	.36 *	.49 **	--				
5. Centrality	.60 **	.62 *	.41 **	.44 **	--			
6. Negative	.00	.01	.01	.02	.08	--		
7. Internal	-.09	-.12 *	-.08	-.03	-	.40 **	---	
8. Disclosure	.05	.14 *	.01	.07	.02	-.17 **	-.42 *	---

$n = 305$; * $p < .05$, ** $p < .01$

4.3 Linear Regression Analyses

4.3.1 Internalized Homophobia. Experiences of homophobic stigmatization can lead an individual to internalize negative messages about oneself and an increased vigilance to conceal one's identity (Meyer, 2003). The following regression model (Table 3) focuses on the variables pertinent to supporting this concept. Negative experiences involving homophobic stigmatization were associated with higher levels of internalized homophobia ($B = 0.28, SE = 0.04, p < .001$). Those who found their sport group involvement to be identity affirming reported lower levels of internalized homophobia ($B = -0.09, SE = 0.05, p < 0.001$). Identity expression related to group involvement was found to not be significantly associated with internalized homophobia. The identity affirmation by negative experience interaction was statistically significant ($B = -0.18, SE = 0.08, p < 0.05$). Greater identity affirmation was associated with lower levels of internalized homophobia for those who experienced a high level ($M + 1SD$) of homophobic stigmatization ($b = .36, SE = .17, p < .05$). Identity affirmation was not associated with lower levels of internalized homophobia at low levels ($M - 1SD$) of stigmatization ($b = .07, SE = .23, p = \text{n.s.}$) (see Figure 1).

The second set of regression models test associations between the remaining facets of ego-involvement (attraction, centrality, and social bonding) and internalized homophobia (Table 4). Social bonding was associated with lower levels of internalized homophobia ($B = -0.12, SE = 0.06, p < .05$). The social bonding by negative experience interaction term was found to be significant ($B = -.20, SE = 0.09, p < 0.05$). For those who had experienced higher levels of stigmatization ($M + 1SD$), social bonding as accessed through the sport groups was associated with lower levels of internalized homophobia ($b = .52, SE = .24, p < .05$). At lower levels of stigmatization ($M - 1SD$), social bonding was not associated with degree of internalized homophobia ($b = .19, SE = .33, p = \text{n.s.}$) (see Figure 2).

Table 3. *Unstandardized Coefficients for Regression Models Showing Association of Demographics, Negative Experiences of Homophobic Stigmatization, Identity Affirmation, Identity Expression, and Interaction terms with Internalized Homophobia.*

Variables	Model 1		Model 2		Model 3	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Constant	1.65 ^{***}	0.18	1.93 ^{***}	0.25	1.92 ^{***}	0.25
Age	0.00	0.00	0.00	0.00	0.00	0.00
Male	-0.06	0.05	-0.07	0.05	-0.08	0.05
Married/Cohabiting	-0.03	0.05	-0.04	0.05	-0.03	0.05
Education	0.02	0.02	0.01	0.02	0.01	0.02
Negative experiences	-		0.28 ^{***}	0.04	0.78 ^{**}	0.24
Identity Affirmation	-		-0.09 ^{***}	0.05	-0.09	0.05
Identity Expression			0.01	0.05	0.01	0.05
ID Affirm X neg. exper.					-0.18 [*]	0.08
ID Express X neg. exper.					0.03	0.07
Adjusted <i>R</i> ²	.15		.16		.17	

Note. *n* = 304; **p* < .05, ** *p* < .01, *** *p* < .001

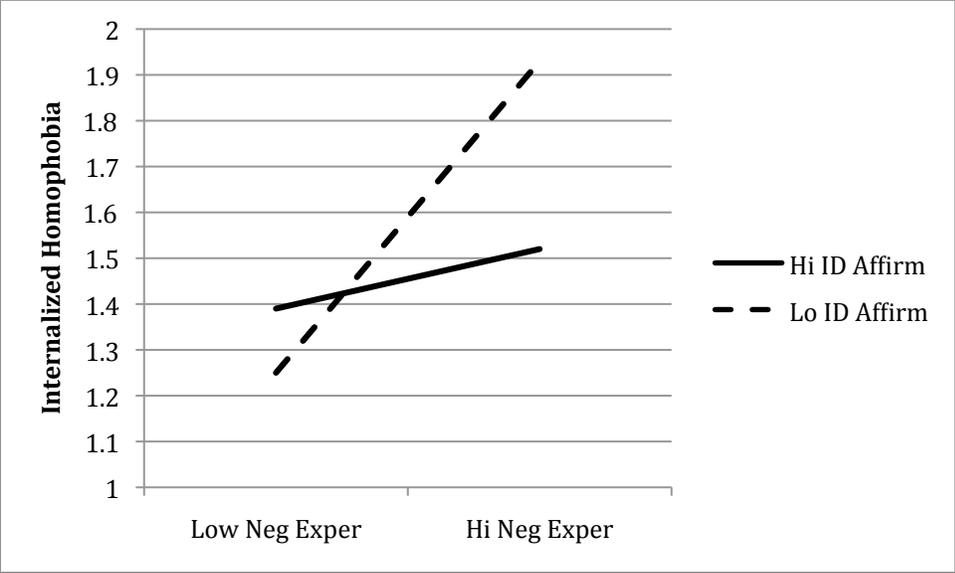


Figure 1. Association of Negative Experiences with Internalized Homophobia Moderated by Identity Affirmation.

Table 4. *Unstandardized Coefficients for Regression Models Showing Association of Demographics, Negative Experiences of Homophobic Stigmatization, Attraction to Sport Group, Social Bonding, Centrality and Interaction terms with Internalized Homophobia.*

Variables	Model 1		Model 2		Model 3	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Constant	1.65 ^{***}	0.18	2.14 ^{***}	0.26	2.01 ^{***}	0.26
Age	0.00	0.00	0.00	0.00	0.00	0.00
Male	-0.06	0.05	-0.06	0.05	-0.07	0.05
Married/Cohabiting	-0.03	0.02	-0.04	0.05	-0.03	0.05
Education	0.28 ^{***}	0.04	0.01	0.02	0.01	0.02
Negative experiences	-		0.28 ^{***}	0.04	0.97 ^{**}	0.24
Attraction	-		-0.06	0.05	-0.06	0.05
Social Bonding			-0.12 [*]	0.06	-0.10	0.06
Centrality			0.07	0.05	0.07	0.05
Attract. X neg. exper.					-0.05	0.08
Soc. Bond. X neg. exper.					-0.20 [*]	0.09
Centrality X neg. exper.					0.03	0.08
Adjusted <i>R</i> ²	.15		.17		.19	

Note. *n* = 304; **p* < .05, ** *p* < .01, *** *p* < .001

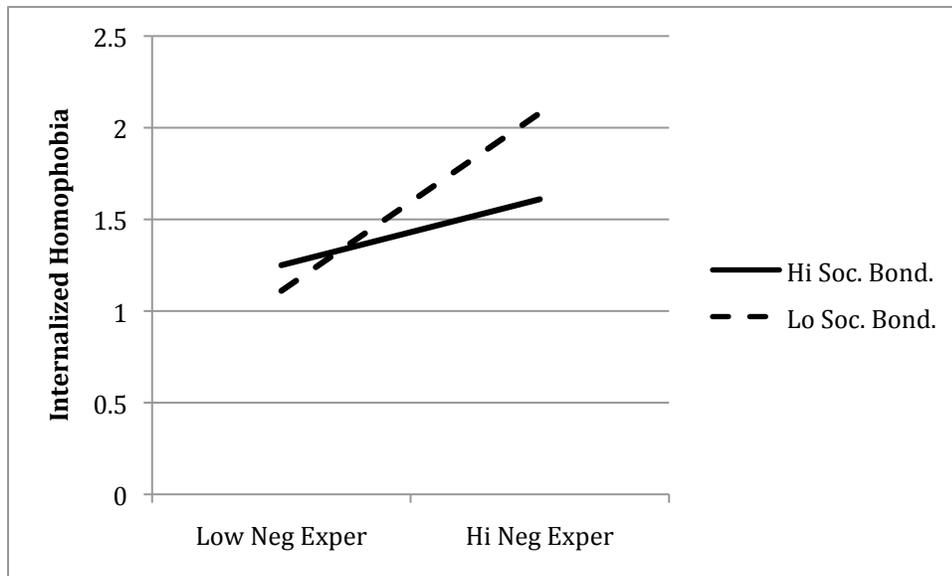


Figure 2. Association of Negative Experiences with Internalized Homophobia Moderated by Social Bonding.

4.3.2 Identity Disclosure. The second outcome variable that was examined was sexual orientation identity disclosure. Table 5 shows the associations between identity disclosure, homophobic stigmatization, and identity affirmation, and identity expression. Significant associations were found between relationship status and identity disclosure. Individuals who reported they were married, common-law, or cohabitating with their partner were more likely to have disclosed their identity to others ($B = 0.19, SE = 0.09, p < .05$). Higher levels of negative stigmatization were also associated with less identity disclosure ($B = -0.17, SE = 0.07, p < .01$). The higher social bonding was rated, the greater the identity disclosure ($B = 0.23, SE = 0.10, p < .05$). The social bonding by negative experience interaction term was significant ($B = 0.31, SE = 0.16, p < .05$). The simple slopes for high social bonding ($b = .26, SE = .58, p = n.s.$) and low social bonding ($b = -.24, SE = .42, p = n.s.$) were not found to be significant but were found to be significantly different from each other. This indicates that there is a pattern that those who had

experienced homophobic stigmatization and who also identified their sport involvement as a social endeavor did not conceal their identity as much as those who did not find social bonding to be a part of their sport group experience (Figure 3).

Table 5. *Unstandardized Coefficients for Regression Models Showing Association of Demographics Negative, Experiences of Homophobic Stigmatization, Identity Affirmation, Identity Expression, and Interaction terms with Sexual Orientation Identity Disclosure.*

Variables	Model 1		Model 2		Model 3	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Constant	4.61 ^{***}	0.30	4.47 ^{***}	0.43	4.49 ^{***}	0.43
Age	0.00	0.00	0.00	0.00	0.00	0.00
Male	-0.03	0.09	-0.05	0.09	-0.04	0.09
Married/Cohabiting	0.19 [*]	0.09	0.20 [*]	0.09	0.19 [*]	0.09
Education	-0.05	0.04	-0.05	0.04	-0.05	0.04
Negative experiences	-0.17 ^{**}	0.07	-0.17 ^{**}	0.07	-1.11 ^{**}	0.42
Identity Affirmation	-		-0.07	0.09	-0.07	0.09
Identity Expression			0.14	0.08	0.14	0.08
ID Affirm X neg. exper.					0.27	0.14
ID Express X neg. exper.					0.03	0.12
Adjusted <i>R</i> ²	.15		.16		.17	

Note. *n* = 304; **p* < .05, ** *p* < .01, *** *p* < .001

Table 6. *Unstandardized Coefficients for Regression Models Showing Association of Demographics, Negative Experiences of Homophobic Stigmatization, Attraction to Sport Group, Social Bonding, Centrality and Interaction terms with Sexual Orientation Identity Disclosure.*

Variables	Model 1		Model 2		Model 2	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Constant	4.61 ^{***}	0.30	3.80 ^{***}	0.44	3.99 ^{***}	0.45
Age	0.00	0.00	0.00	0.00	0.00	0.00
Male	-0.03	0.09	-0.03	0.09	-0.02	0.09
Married/Cohabiting	0.19 [*]	0.09	0.21 [*]	0.09	0.19 [*]	0.09
Education	-0.05	0.04	-0.03	0.04	-0.04	0.04
Negative experiences	-0.17 ^{**}	0.07	-0.17 ^{**}	0.06	-0.97 [*]	0.41
Attraction	-		0.06	0.09	0.05	0.09
Social Bonding			0.23 [*]	0.10	0.20	0.10
Centrality			-0.09	0.09	-0.10	0.09
Attract. X neg. exper.					-0.01	0.14
Soc. Bond. X neg. exper.					0.31 [*]	0.16
Centrality X neg. exper.					-0.04	0.14
Adjusted <i>R</i> ²	.03		.04		.05	

Note. *n* = 304; **p* < .05, ** *p* < .01, *** *p* < .001

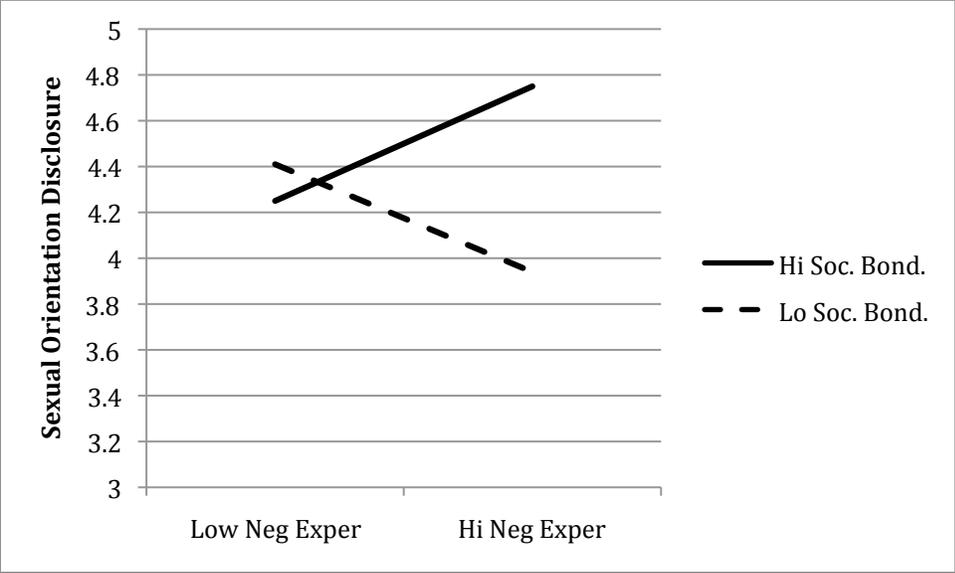


Figure 3. Association of Negative Experiences with Sexual Orientation Disclosure Moderated by Social Bonding.

5.0 Discussion

This section will first discuss the findings and their relation to the field of leisure research and broader field of sexual minority research. Secondly, limitations with the study will be identified. Finally, recommendations and concluding remarks will be provided.

The results of this study provided two main findings. The first finding was, at high levels of negative experiences those who found their leisure involvement to be identity affirming experienced lower levels of internalized homophobia than would be expected. The second main finding revealed that at high levels of negative experiences those who identified their leisure involvement as socially important also experienced lower levels of internalized homophobia than would be expected. The first research question posed was: does ego-involvement in sexual minority-focused sport groups increase identity disclosure? The social bonding (facet of ego-involvement) by negative experience interaction term was found to be statistically significant in the regression model run with degree of disclosure as the outcome variable. However, this result did not provide significant results when the simple slopes were calculated.

The second question was does ego-involvement in sexual minority-focused sport groups decrease internalized homophobia? The identity affirmation (facet of ego-involvement) by negative experience and the social bonding (facet of ego-involvement) by negative experience interaction terms were both found to be significant with internalized homophobia as outcome variable. The third research question asked does ego-involvement in sexual minority-focused sport groups buffer the effects of experiences of homophobic stigmatization? This was found to be true. Higher levels of either social bonding or identity affirmation proved to lessen the impact of negative homophobic experiences.

The purpose of this study was to examine the relationship between gay and lesbian individual's involvement in sexual minority-focused sport with internalized homophobia and identity disclosure. Experiences of homophobic stigmatization are persistent and present throughout the lifespan of sexual minority individuals (D'Augelli, Pilkington, & Hershberger, 2002). In the absence of outright discrimination, there is still an ongoing threat of potential discrimination that must be navigated by all individuals who identify as gay, lesbian, or bisexual (Pachankis, 2007). Sexual minorities remain a stigmatized group, and unlike those who are a part of visible minority groups, it is a trait that can be concealed. As a result, those who identify as a sexual minority remain cautious of how they are being perceived as a proactive solution for avoiding negative experiences with homophobia (Pachankis, 2007). In addition to public spaces, work environments, and the home, leisure is a setting where one may encounter homophobic stigmatization.

Anderson's (2002) study examined openly gay athletes' involvement in sport on presumably all-heterosexual teams. In addition to frequently hearing anti-gay language during competition and practice, gay team members experienced a more subtle form of stigmatization. The denial of a "gay athlete" identity was prevalent in his study, exemplified by teammates never asking or discussing a gay team member's sexuality or their romantic partners. This was observed to be somewhat of a double standard in that talk of heterosexual relationships was common. Study participants who never experienced outright homophobic stigmatization were under the impression that this censorship made their experiences positive, despite their identity as a gay athlete being silenced. These findings are similar to those revealed by in Hekma's (1998) study of "experiences of gay men and lesbians in organized, nonprofessional sports". "Respondents reported not feeling at home in sports" (p.4). Most participants had not disclosed

their sexual minority identity to their teammates. Due to this lack of disclosure, study participants were not discriminated against because their teammates were unaware of their minority status. This mirrors the invisibility of a gay athlete identity that was found in Anderson's work. These findings detract from research that supports the social nature of sport involvement as a contributing factor to sport having positive effect on psychological well-being (Browne & Mahoney, 1984). From these three sources, it is easy to conclude that while sport may be beneficial to sexual minorities' physical health, there is a limited capacity to support positive identity development and foster meaningful social ties.

When sport is sexual minority-focused, it changes the nature of the experience. The results from this study indicate that not only is involvement beneficial, it's conducive in buffering the effects of high levels of homophobic stigmatization. For those with high levels of negative experiences who identified their sport involvement to be identity affirming, their level of internalized homophobia was lower than what would be expected. This effect was also demonstrated when individuals found their sport involvement to include social bonding.

These results are congruent with other research on sexual minority-focused sport involvement. Elling, De Knop, & Knoppers (2003) found sexual minority sport provided a safe setting for socialization, exercise, and sport. Likewise, in study of gay male football (soccer), Jones & McCarthy (2010) found sexual minority-specific teams and leagues provided positive personal gains, an opportunity to be openly gay, and a sense of belonging and community. These findings provide possible insight to the mechanisms behind the findings as listed above. For example, being provided an opportunity to be openly gay, even if only within the context of the sport, would likely have a positive impact on how an individual's perception and comfort with their identity, and reduce the severity of internalized homophobia experienced.

5.1 Limitations

Study limitations include the cross-sectional design of the research as well as limitations in the way negative homophobic experiences were measured. The cross-sectional design is limiting in that while the findings were significant the associations can only represent a specific time and place. Homophobia and the status of gay rights are continually changing and vary vastly throughout the world. The most recent generation of Canadians are growing up in a country where same-sex marriage is and was always legal. This is in contrast to previous generations that has lived much of their life in a time where this was not the case. This shift creates something of a cohort effect where the experiences of these two generations will likely differ in terms of homophobic stigmatization. Future research could undertake a longitudinal study to investigate if there is in fact a cohort effect and how this affects the associations between sexual minority-focused sport group involvement and variables such as internalized homophobia.

The second limitation to the study is how negative homophobic experiences were measured. Currently it is the only scale to measure an individual's history with such occurrences. Cronbach's alpha for the 3-item scale was .37, Historically this scale performs poorly in terms of internal consistency however at this time there is no other appropriate scale available to measure homophobic stigmatization. Development of such a scale would be valuable in the continuation of research into the experiences of sexual minority individuals.

5.2 Future Research and Implications

There are several ways in which this study can be built on to expand the current literature on sexual minority leisure involvement. Two avenues that could be explored include investigating type of sport participation and delving more deeply into the differences and

similarities between the gay male experience the lesbian woman experience. Despite gay men and lesbian women being included in one homogeneous “sexual minority” group it is likely that there are vast differences in experiences in sport. Sexual minority-focused sport group involvement may be driven by different facets of ego-involvement depending on gender and the benefits of such involvement may show more variety than the scope of this study was able to provide.

In regards to type of sport participation, team sports and individual sports could be investigated separately or analyzed separately. For this study there were such a variety of sports that to analyze them individually would have segmented the participants to the degree where the sample size would have been compromised. Analyzing team and individual sports separately would provide further insight into the nature of social involvement. It could be assumed that team sports would produce a greater level of social ego-involvement. There are potentially a greater number of participants and also a need for communication and teamwork. Individual sports participated while can be participated in parallel with others there is no need for communication to achieve a shared goal. This study’s results showed that the ego-involvement facets of centrality and attraction were not all that important in terms of reducing the impact of negative homophobic experiences. This leads to the possibility that it is not involvement in a particular sport that lends a buffering effect rather it is the group involvement (regardless of sport) that is the draw. Although group and individual sports may be expected to display differing results in the case of sexual minority-focused sport this may not be true to the same extent as a group that is more centrally themed around sport than a shared personal trait or experience.

Outside of further research the results of this study could be used to guide development of sport and leisure programming with a sexual minority focus. This may be especially pertinent in relation to counseling programs or mental health services. The results of this study show the potential for sexual minority-focused sport in reducing the impact of negative experiences of homophobia. Those with little involvement in the sport groups reported higher levels of internalized homophobia. As stated in the literature review internalized homophobia is linked to poorer mental health. Sexual minority-focused sport could be a resource to promote to gay and lesbian individuals who are struggling with mental health issues relating to their sexual minority status.

5.3 Conclusion

This study adds to the growing field of sexual minority leisure involvement, and more specifically sexual minority sport involvement. Results demonstrated that high levels of identity affirmation associated with sport group involvement aids in minimizing the expected impact of negative homophobic stigmatization in generating higher levels of internalized homophobia. Similarly, high social bonding relating to sport involvement also reduced the impact of negative homophobic stigmatization in generating higher levels of internalized homophobia.

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Appendix A: SURVEY QUESTIONS AND SCALES

Scale Question Relates to	Question Text	Response Options
Attraction	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: a) Participating in this sport group is one of the most enjoyable things I do	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Attraction	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: b) Participating in this sport group is very important to me	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Attraction	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: c) Participating in this sport group is one of the most satisfying things I do	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Centrality	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: d) I find a lot of my life is organized around participating in this sport group	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Centrality	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: e) Participating in this sport group occupies a central role in my life	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Centrality	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: f) To change my preference for participating in this sport group to another recreation activity would require major rethinking	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Social	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: g) I enjoy discussing my participation in this sport group with my friends	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree

Social	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: h) Most of my friends are in some way connected with this sport group	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Social	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: i) Participating in this sport group provides me with opportunity to be with friends	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Affirmation	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: j) When I participate in this sport group, I can really be myself	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Affirmation	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: k) I identify with people and images associated with this sport group	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Affirmation	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: l) When I'm participating in this sport group, I don't have to be concerned with the way I look	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Expression	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: m) You can tell a lot about a person by seeing them participate in this sport group	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Expression	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: n) Participating in this sport group says a lot about who I am	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Identity Expression	Please indicate your level of agreement or disagreement with the following statements about your experiences with this type of sport group: o) When I participate in this sport group, others see me the way I want them to see me	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: a) How often have you felt it best to avoid personal or social involvement with other gay/lesbian/bisexual/transgender people?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always

Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: b) How often have you tried to stop being attracted to people of the same sex?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: c) How often have you thought that if someone offered you the chance to be completely heterosexual, you would accept the chance?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: d) How often have you wished you weren't gay/lesbian/bisexual/transgender?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: e) How often have you felt alienated from yourself because of being gay/lesbian/bisexual/transgender?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: f) How often have you wished you could develop more erotic feelings for people of the opposite sex?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: g) How often have you thought that being gay/lesbian/bisexual/transgender was a personal shortcoming?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: h) How often have you thought you would like to get professional help in order to change your sexual orientation?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Internal Homophobia	Please indicate how often you have experienced each of the following thoughts: i) How often have you tried to become more sexually attracted to the opposite sex?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Negative Experiences	As you were growing up, how often did you feel that your homosexuality hurt or embarrassed your family?	1 = Never 2 = Rarely 3 = Sometimes 4 = Most of the time 5 = Always
Negative Experiences	As you were growing up, how often were you hit or beaten up for being homosexual or gender atypical?	1 = Never 2 = 1-5 times 3 = 6-10 times 4 = More than 10 times
Negative Experiences	As an adult, how often have you had to pretend that you are straight to be accepted?	1 = Never 2 = 1-5 times 3 = 6-10 times 4 = More than 10 times

Out to Network (disclosure)	For each of the following contexts, please rate the degree to which this group of people knows your sexual orientation identity on the following scale. a) Your network of friends	1 = No one knows 2 3 = Some people know 4 5 = All people know
Out to Network (disclosure)	For each of the following contexts, please rate the degree to which this group of people knows your sexual orientation identity on the following scale. a) Your family	1 = No one knows 2 3 = Some people know 4 5 = All people know
Out to Network (disclosure)	For each of the following contexts, please rate the degree to which this group of people knows your sexual orientation identity on the following scale. a) People in your day-to-day life (work, school, community...)	1 = No one knows 2 3 = Some people know 4 5 = All people know
	What is your age in years?	Numeric response
	How would you describe your sex?	1 = Male 2 = Female 3 = Transgendered 4 = Other
	What is your current marital status?	1 = Married 2 = Common Law 3 = Widowed/Separated/Divorced 4 = Single, Never Married 5 = Not Stated
	What is the highest level of education you have completed?	1 = Some elementary 2 = Completed elementary 3 = Some high school 4 = Completed high school 5 = Some college or university 6 = Completed college or university 7 = Some graduate studies 8 = Completed graduate studies