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Exploring the Role of Being Out on a Queer Person's Self-Compassion

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Exploring the Role of Being Out on a Queer Person’s Self-Compassion

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Recent changes in societal attitudes toward lesbian, gay, and bisexual identities have resulted in more people openly identifying with sexual minority status. Due to research on the effects of denying one’s sexual orientation and the negative effects of this, many have advocated for more openness in queer sexual orientation. Compassion means connecting to the suffering of others not by avoiding their pain but instead by identifying it so that the feeling of kindness may emerge. Self-compassion, therefore, involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness. The purpose of the research is to understand the impact that being out has on a queer person’s self-compassion. The Self-Compassion Scale (SCS) is a 26-item, 5-point Likert measure, where a higher score equated to higher self-compassion and looked at how a person showed loving kindness to one’s self through the six dimensions of self-compassion. The six dimensions of self-compassion are mindfulness, over-identification, self-kindness, self-judgment, common humanity, and isolation. Results showed that those who are totally out have a higher sense of self-compassion. Implications for practitioners working with the queer population are also discussed.

KEYWORDS mental health, minority stress, coming out, self-compassion, life course

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Being Out and Self-Compassion

INTRODUCTION

Recent changes in societal attitudes toward lesbian, gay, and bisexual (LGB) identities have resulted in more people openly identifying with sexual minority status. Herek (2007) reported that despite significant changes in the social and political landscape regarding issues pertaining to the community, judgment and hostility remain common factors. In developing their queer identities, many people will have difficulty in identifying a positive self-concept because of the stigma attached to their sexual minority status (Mohr & Kendra, 2011).

Many acronyms have been used to describe the community of sexual minorities (LGB, LGBT, LGBTQ, LGBTQI [Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex], and others); an overall term sometimes used is “queer,” encompassing all individuals who identify as non-heteronormative. For purposes of this article, we will use queer to identify such individuals in this study, recognizing that the study and its terms may not encompass every sexual identity.

Sexual Orientation

Sexual orientation describes the way in which a person navigates differing patterns of romantic, sexual, and emotional attraction to other males, females, or a combination of both male and female (American Psychological Association [APA], 2008). Sexual orientation is different from gender identity, which can be understood in how people define and conceptualize themselves as a gendered person, usually seen in terms of male, female, or transgender (Garcia-Falgueras & Swaab, 2010; Reiter, 1989). Because the focus of this study is on sexual orientation, issues regarding transgender persons will not be addressed. This delineation is made because transgender does not define sexual orientation in the way that lesbian, gay, or bisexual does (APA, 2008).

As more people identify as members of the queer community, considerable research has been conducted into the effects of such identification (Knoble & Linville, 2012; LaSala, 2000; Mohr, Selterman, & Fassinger, 2013; Orne, 2012; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Yarhouse, 2001). Even as more people begin to be open regarding their sexual orientation, many still choose to not reveal. According to the Williams Institute at the UCLA School of Law (2011), approximately 9 million persons explicitly identify as lesbian, gay, or bisexual in the United States. This number reframes the traditional statistic that there are 1 in 10 people who identify as queer to 1 in 20 persons. However, due to the likelihood of underreporting sexual orientation, only estimates of the queer population can be reported.
Outness

Due to research on the effects of denying one’s sexual orientation and the negative effects of this, many have advocated for more openness in queer sexual orientation (Meyer, 1995; Potoczniak, Aldea, & DeBlaere, 2007; Schmidt, Miles, & Welsh, 2011; Yarhouse, 2001). Colloquially, this is called being “out of the closet” or “outness.” While “being out” may be understood by many people, how being “out” is defined remains a subject of scrutiny because the notion of being out can have many definitions and meanings to different people in various situations (Orne, 2012). Orne (2012) stated that coming out is done in stages, deliberately by the person in different ways, dependent upon the setting and the audience. He called this “strategic outness” (p. 682).

Struggles with acceptance of one’s sexual orientation have been linked to negative mental health outcomes, whereas coming out has been associated with positive outcomes for queer individuals. Participants in studies have identified that being out has improved their romantic relationships (Knoble & Linville, 2012; LaSala, 2000), with Clausell and Roisman (2009) citing that having both partners in a relationship being out at the same level is important. Living openly as a couple was cited as a primary factor in the success of a relationship, according to LaSala (2000), specifically being able to live openly among partners’ families. Multiple researchers have also cited the importance of being out to family members in the psychological well-being of queer individuals (Clausell & Roisman, 2009; Jordan & Deluty, 1998; LaSala, 2000).

Benefits of being out to family and friends are not limited to success in intimate or familial relationships. Knoble and Linville (2012) demonstrated that individuals with increased outness reported “more cohesion in their lives, opportunities for validation through visibility as a sexual minority, increased satisfaction, comfort, and an increased sense of integrity” (p. 336). When they increase their levels of openness regarding their sexual orientation, queer individuals have also reported an increase in overall satisfaction in major relationships in their lives, regardless of the type of relationship (Potoczniak et al., 2007).

Self-Compassion

Compassion means connecting to the suffering of others not by avoiding their pain but instead by identifying it so that the feeling of kindness may emerge
Compassion also involves offering nonjudgmental understanding to those who fail or do wrong, so that their actions and behaviors are seen in the context of shared human fallibility. Self-compassion, therefore, involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness (Neff, 2003a). Self-compassion also involves both formal and informal practices of offering nonjudgmental understanding to one’s pain, inadequacies, and failures, so that one’s experience is seen as part of the larger human experience (Neff, 2003a).

Several studies demonstrate the relationship between self-compassion and psychological issues. Self-compassion has been negatively correlated to anxiety (Neff, 2003a, 2003b; Neff, Hsieh, & Dejitterat, 2005; Neff, Kirkpatrick, & Rude, 2007; Raes, 2010) and depression (Mills, Gilbert, Bellew, McEwan, & Gale, 2007; Neff, 2003b; Neff et al., 2007; Neff, Pisitsungkagarn, & Hsieh, 2008; Ying & Han, 2009). Neff and Vonk (2009) suggested that self-compassion was positively correlated with happiness, optimism, and positive affect. In addition, self-compassion has been shown to be associated with a positive sense of well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). This relationship between well-being and self-compassion is important in that well-being, as defined by Neely and colleagues (2009), is having a strong sense of life purpose, self-mastery, and high life satisfaction (Barnard & Curry, 2011). Overall, research on self-compassion shows that many variables are hypothesized to contribute to a positive sense of identity development.

RELEVANCE TO SOCIAL SERVICES

When investigating the literature specifically regarding self-compassion and queer persons, there is a paucity of scholarship in social work and other socio-behavioral discipline journals. The social work profession is committed to promoting the concerns of those seen as disenfranchised and disadvantaged in our society (Ying & Han, 2009). It is important to add research regarding the role of self-compassion with queer persons in order to move forward in practice, research, and policy advocacy for this population. Social workers adhere to a code of ethics that states that all people have worth and dignity and should be respected. Therefore, social work professionals have a responsibility to provide cultural competence regarding diversity, respect to all persons, and advocating for and eliminating discrimination.
PURPOSE

The purpose of the research is to understand the impact that being out has on a queer person’s self-compassion. Being out has been shown to improve a person’s mental health outcomes; likewise, increased self-compassion has also been correlated to increased mental health outcomes. Because we know that queer individuals are at an increased risk for self-harm and suicide (King et al., 2008; Mustanski & Liu, 2013; Scourfield, Roen, & McDermott, 2008), an examination of the impact of being out on self-compassion could prove useful for practitioners working with queer individuals. We will do this by asking the following question: Does being totally out have an effect on an LGB person’s self-compassion?

METHODS

Procedure

All study procedures were approved by the institutional review board (IRB). The study population consisted of self-identified lesbian women, gay men, and male and female bisexual persons. All persons were adults at least 18 years old. Study participants were recruited through social networking websites, community-based support groups, local pride centers, and direct electronic discussion lists. The purpose of using these outlets was to attempt to have as diverse a participant population as possible. Therefore, because the queer population can be difficult to sample due to various stigma-related issues, both snowball sampling and purposive sampling were used to gain an appropriate N size.

A cross-sectional design was used for data collection. This design provided the researchers with a particular descriptive, explorative, and point-in-time picture of the participants’ experiences with the study variables (Rubin & Babbie, 2008). The strengths of using a cross-sectional design were that the one-time survey can collect data on many variables, retrieve data from a large number of participants, aim to gather data on a variety of participants, and gather data on the behaviors and attitudes of the participants. However, one significant limitation to using a cross-sectional survey is that it is only a snapshot of what the participants feel and think at that singular point in time. The participant’s specific life situations may provide differing results if another time frame had been chosen.

Data were collected mainly through an online survey (SurveyMonkey). The data were collected via an online survey due to the researcher’s ability to gather information from a more diverse population base (Hewson, Yule, Laurent, & Vogel, 2003; Smith & Gray, 2009). The decision to do an online survey was due to being able to anonymously reach LGB persons who would not respond in person due to not being totally out. Research has shown...
that populations that experience social stigmatization, such as lesbian, gay, and bisexual persons, develop Internet groups to create virtual communities allowing for safer networking, communication, and affiliation (Highleyman, Longmire, & Steinbauer, 2002). By targeting these online networks the study was able to collect information from those who valued their personal safety and privacy around their sexual orientation.

Participants

Of the available sample of 243 queer participants that began the survey, 28 were eliminated due to not defining a sexual orientation and/or not completing the survey in total, resulting in a final participant sample size of 215 (Table 1).

Measures

Outness was determined by asking participants to identify their level of outness (i.e., not out at all, out to some friends, out to some friends and family, out to most friends, out to most friends and family, totally out). This measure of outness was developed specifically for this study in order to provide a range of options for a person to identify a level of being out as a sexual minority. The purpose of this study was to compare those who were totally out (no barriers as to who knows if they are gay or lesbian) and those who were not totally out (those who stated they were not out...
as gay or lesbian in all parts of their lives). In order to compare the two
groups, we coded all responses that were anything other than totally out
on the measure as being in the not totally out group. Doing this, we had
140 participants who identified as “totally out” and 85 participants who iden-
tified that they had one or more areas of their lives where they were not out.

Self-compassion was measured using the Self-Compassion Scale (SCS)
(Neff, 2003b; Neff et al., 2007). The SCS is a 26-item, 5-point Likert measure,
where a higher score equated to higher self-compassion and looked at how
a person showed loving kindness to one’s self through the six dimensions
of self-compassion. The Cronbach’s coefficient alpha from this study regard-
ing the Self-Compassion Scale was $\alpha = .945$, which suggested an excellent
reliability.

Neff (2003b), the developer of the Self-Compassion Scale, explains
that there are six subscale dimensions of self-compassion. These dimen-
sions are mindfulness, over-identification, self-kindness, self-judgment, com-
mon humanity, and isolation. These six subscale dimensions transform into
the three “positive” dimensions of mindfulness, self-kindness, and com-
mon humanity. These positive dimensions are created when the nega-
tive dimension (over-identification, self-judgment, and isolation) are reverse
coded and combined with the positive dimensions. The mindfulness sub-
scale ($\alpha = .834$) was a combination of mindfulness (“When something
painful happens I try to take a balanced view of the situation”) and over-
identification (reverse coded; R) (“When I am feeling down I tend to
obsess and fixate on everything that is wrong”). The self-kindness sub-
scale ($\alpha = .901$) was a combination of self-kindness (“I try to be un-
derstanding and patient toward aspects of my personality I don’t like”) and
self-judgment (R) (“I am disapproving and judgmental about my
own flaws and inadequacies”). Finally, the common humanity subscale
($\alpha = .843$) was a combination of common humanity (“I try to see my failings
as part of the human condition”) and isolation (R) (“When I think about my
inadequacies it tends to make me feel more separate and cut off from the
rest of the world”).

RESULTS

An independent samples t-test was conducted to compare those who
were totally out to those who were not totally out and how that af-
fected their self-compassion scores on the SCS. The SCS is comprised of
six subscales: self-kindness, self-judgment, common humanity, isolation,
mindfulness, and over-identification. For three of the six subscales, there
was a significant difference for those who are totally out and those who are
not (Table 2).
The data indicate significant positive results for those who are totally out regarding their sexual identity. The significant result regarding the total Self-Compassion Scale demonstrates that a person who is totally out has an increased sense of self-compassion. In addition, three subscales also showed significant results: self-judgment, common humanity, and isolation.

For the total Self-Compassion Scale (SCS), scores differed significantly for those who are not out ($M = 3.13$, $SD = .729$) and those who are out ($M = 3.40$, $SD = .766$); $t(213) = -2.461$, $p < .015$, two-tailed. The magnitude of the difference of the means (mean difference $= -.265$, 95% CI: $-.478$ to $-.053$) was small (eta squared $= .021$). This suggests that those who are totally out have a higher self-compassion.

For the self-judgment subscale, scores differed significantly for those who are not out ($M = 2.95$, $SD = .959$) and those who are out ($M = 2.64$, $SD = .973$); $t(213) = 2.183$, $p < .030$, two-tailed. The magnitude of the difference of the means (mean difference $= .302$, 95% CI: $.029$ to $.575$) was small (eta squared $= .022$). Therefore, those who are not totally out have higher levels of judgment against themselves.

For the common humanity subscale, scores differed significantly for those who are not out ($M = 3.12$, $SD = .927$) and those who are out ($M = 3.38$, $SD = .877$); $t(213) = -1.993$, $p < .048$, two-tailed. The magnitude of the difference of the means (mean difference $= -.255$, 95% CI: $-.507$ to $-.003$) was small (eta squared $= .018$). Therefore, those who are totally out have an increased sense of identification with others.

For the isolation subscale, scores differed significantly for those who are not out ($M = 2.80$, $SD = 1.110$) and those who are out ($M = 2.36$, $SD = 1.007$); $t(213) = 2.927$, $p < .004$, two-tailed. The magnitude of the difference of the means (mean difference $= -.437$, 95% CI: $.143$ to $.731$) was small (eta squared $= .039$). Therefore, those who are not totally out have an increased sense of isolation.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Not Totally Out $M$ ($SD$)</th>
<th>Totally Out $M$ ($SD$)</th>
<th>$t$</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Compassion</td>
<td>3.13 (.729)</td>
<td>3.40 (.766)</td>
<td>-2.461 (.015)</td>
<td>213</td>
</tr>
<tr>
<td>Self-Kindness</td>
<td>2.88 (.842)</td>
<td>3.11 (.973)</td>
<td>-1.763 (.079)</td>
<td>213</td>
</tr>
<tr>
<td>Self-Judgment</td>
<td>2.95 (.959)</td>
<td>2.64 (.973)</td>
<td>2.183 (.030)</td>
<td>213</td>
</tr>
<tr>
<td>Common Humanity</td>
<td>3.12 (.927)</td>
<td>3.38 (.877)</td>
<td>-1.993 (.048)</td>
<td>213</td>
</tr>
<tr>
<td>Isolation</td>
<td>2.80 (1.110)</td>
<td>2.36 (1.007)</td>
<td>2.927 (.004)</td>
<td>213</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>3.26 (.786)</td>
<td>3.46 (.862)</td>
<td>-1.635 (.104)</td>
<td>213</td>
</tr>
<tr>
<td>Over-identification</td>
<td>2.62 (.841)</td>
<td>2.46 (.931)</td>
<td>1.289 (.199)</td>
<td>213</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01.*
The concept of self-compassion may provide a powerful motivating force for personal growth and change. Moreover, self-compassion requires that individuals not avoid or repress painful feelings, so that there is acknowledgment and a feeling of compassion for their experience in the first place. When individuals are faced with experiences of suffering or personal struggle such as coming out, self-compassion provides three basic tools for working through the struggle: self-kindness, common humanity, and mindfulness. One of these, common humanity, had significant differences between the two groups.

Common humanity examines how a person feels his or her experiences relate to the experiences of others (Neff, 2003b; Neff et al., 2007; Neely et al., 2009). As Neff (2003b) states, “Self-compassion entails seeing one’s own experience in light of the common human experience, acknowledging that suffering, failure, and inadequacies are part of the human condition, and that all people—oneself included—are worthy of compassion” (p. 87). An increased sense of common humanity would mean that the individual feels the experience he or she has had is shared with others. This was found to be true for those who are totally out. In working with an individual who is not totally out, practitioners may seek to educate the person of the common experiences of other individuals. By opening up the individual to the idea that his or her experience is shared by others, the practitioner can normalize the thoughts, feelings, and experiences of the individual.

While self-kindness was not found to be significant, it is the dichotomous counterpart to one of the other subscales that were significant: self-judgment. Self-compassion teaches self-kindness as one extends kindness and understanding to oneself rather than harsh judgment and self-criticism. For queer people, this could be the time of acknowledging and accepting who they are as they begin to understand themselves within the dynamics of their sexual minority status. This acknowledging time has the potential to have positive implications for the well-being of queer people. For example, this acceptance can be a time of learning to balance who they are with how they feel about their queerness and begin to decrease their self-judgment of this status.

In examining how the practitioner can assist with isolation, the final subscale found to be significant, self-compassion practices can provide a link to connect individuals to a larger community. Practitioners may work with individuals in identifying a support network within their lives. Benefits of having a strong social support system include many factors. First, having a sense of belonging where one feels less lonely, judged, and isolated helps in coping with stress where people have the knowledge that they are not alone in their thoughts and feelings (Farmer, 2009; Ussher, 2006). Second, support systems can increase one’s sense of self-worth by providing a sense
of connection, empowerment, and control (Eysenbach, 2004; Karren, 2010). Third, a support system helps to provide feelings of security, guidance, and comfort, whereby one can increase coping skills to provide a positive sense of adjustment (Butow, 2007; Docherty, 2004; Sood, 2009). Finally, social support systems are places to gather information, feel a sense of community, and, specifically with queer persons, provide a place to share personal experiences and offer support, advice, and practical tips to cope and process their life experiences (Butow, 2007; Docherty, 2004; Eysenbach, 2004; Farmer, 2009; Karren, 2010; Sood, 2009; Ussher, 2006).

In working with queer individuals, engaging conversation around the level of outness that person identifies as having can be an important tool in assessing the individual. An individual who identifies as not being out or being only partially out may be at an increased susceptibility to concerns regarding self-compassion. Practitioners may assess this in working with individuals who identify as queer. This does not, however, mean that practitioners should encourage individuals to come out. Instead, assessment is needed.

First, the practitioner may discuss with the individual what level of outness he or she has. After determining that the individual is not out or is only partially out, the practitioner should discuss the reasons why the individual has not come out. People may remain closeted for a myriad of reasons, including familial concerns, work concerns, religious concerns, and cultural concerns. Without addressing the underlying concerns first, encouraging coming out may have detrimental, unintended consequences for the queer individual.

Discussion of the concerns related to remaining closeted is an important step. As the practitioner and the individual begin to explore why a person feels he or she cannot come out of the closet, they can begin to forge an understanding of the individual’s situation. With some individuals, remaining in the closet may be the best choice for them in the place they are in. This again harkens to strategic outness as described by Orne (2012). A young person in college who is supported by his or her parents may choose not to disclose a queer identity if that would affect the support received by his or her parents. Or, an individual in a workplace setting that was not accepting of a queer identity and who lived in a community where protections against this discrimination did not exist may need to remain closeted at work. While this may preclude the benefits we have found in being totally out, strategic outness in circumstances such as these may be warranted.

Determining this is important for the practitioner before he or she encourages the queer individual to come out. For individuals who remain closeted because they feel shame, guilt, fear, or other internalized homonegative thinking patterns based on their identified sexual orientation, the practitioner can work to develop a healthy self-compassion toward sexual orientation. Neff (2003b) defined self-compassion as “an open-hearted way of
relating to the negative aspects of oneself and one’s experience that enables greater emotional resilience and psychological well-being” (p. 28). Again, Neff (2003a) identified that self-compassion includes offering non-judgmental understanding by connecting to and accepting the suffering of self.

Three subscales for the self-compassion were found significant: self-judgment, common humanity, and isolation. For two (self-judgment and isolation), the occurrence was increased for persons who were not totally out. This speaks specifically to methods that practitioners could use to decrease the judgment of self. By decreasing this judgment and enhancing a person’s sense of identity as a queer individual, the isolation experienced should decrease. Common humanity involves the connection one feels toward other persons and with community (Neff, 2003b). As an individual decreases self-judgment and isolation, connection with others will increase.

Each of these offers an opportunity for social workers involved with people who are struggling with their sexual identity. In creating lives surrounded by individuals who are supportive, the queer individual may make choices about who is an important part of his or her life. Practitioners may need to allow clients to process the painful choices that may be a part of living in this way. Having a strong support network is a part of this as well. Practitioners may be able to facilitate this with individuals by referring to support groups or other social groups where friendships and other supports may be made. Finally, identifying and reducing the homonegative thought patterns that are accepted by the individual will be an important step in decreasing perceived discrimination.

Each of these practice interventions should be conducted with the readiness of the individual in mind. The notion of strategic outness is important in this aspect. Many people are out in different contexts and different situations. A person should not be forced to come out or reveal sexual identity when he or she is not ready for the possible consequences of such disclosure. The practitioner can assist in this, readying the individual for what may come and providing preparation for the future.

An additional important aspect of outness should be discussed in this section. As a practitioner seeks to assist an individual in identifying and accepting a sexual identity, what “outness” means to that person should also be discussed. As previously noted, there exist different definitions about what it means to be “out,” with no one definition being the standard. Some may consider themselves “out” if their family and close friends know of their sexual orientation, even while their colleagues and associates are unaware. Others may find this description to mean the individual is closeted, preferring instead, a definition of outness that means being totally open with everyone in life. Before encouraging any individual to forge into the territory of total outness, a practitioner must consider the safety factors involved in making
the change, the person’s level of readiness, and the potential outcomes of the disclosure.

These considerations may have special significance for practitioners working with youths. The age of coming out has continued to decrease, as many people now express their sexual orientation in middle or high school grades. Because of their vulnerable nature, young persons offer a significant risk in expressing sexual minority status. A practitioner should take special care as a young person begins to explore his or her sexual orientation. Consideration should be given to the family dynamic and the safety of the young person before encouraging any coming out. Mental health and thoughts of suicidal ideation self-harm thoughts should be evaluated to ensure the safety of the individual.

CONCLUSION

As queer individuals find increased awareness and openness in society, more people are willing to express their sexual orientation openly. This has led to an increase in research on the effects of being out. While a definition of being out has not been developed, the concept is generally understood as accepting and admitting sexual minority status to self and others (even if “others” is defined differently). Data have supported that it is healthy for an individual to be open regarding a sexual minority status. This is true despite evidence that sexual minorities still face discrimination.

Self-compassion has been demonstrated to increase mental health outcomes for individuals in multiple settings. Here, we demonstrated that increasing a person’s level of outness increased the self-compassion of queer individuals. Practitioners should consider these data when working with individuals who are struggling with their sexual identities.

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