

LGBT GUILDS AS BUFFERS AGAINST SEXUAL MINORITY STRESS

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Pray, let us return to the Waking Sands.

ABSTRACT

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Minority stress theory posits that social connection to LGBT-affirming communities may buffer against the negative health effects of anti-LGBT stigma. Yet, few scholars have extended this scope of research to video games—a \$90 billion industry touching nearly three-fourths of all U.S. households. This study is among the first to investigate how membership in a virtual LGBT-affirming community within online video games (LGBT guilds) impacts minority stress levels and mental health. Utilizing cross-sectional data from a survey of adult LGBT gamers who play Final Fantasy XIV Online ($N = 265$), this study tested an adapted version of the minority stress model and examined direct and indirect effects of LGBT guild participation and sense of belonging on minority stress, as well as effects on mental and physical health. The final models tested fit the data well. Furthermore, results from structural equation modeling partially supported current literature linking belonging to decreased minority stress, but current findings suggest that the effects of belonging on minority health remain largely indirect. Additional findings also emphasize the significant effects of participation on minority stress, particularly discrimination, justifying future studies on this unique LGBT population.

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CHAPTER I

INTRODUCTION

Lesbian, gay, bisexual, and transgender (LGBT) people face numerous challenges that impact their social identity and status (Goffman 1963; Major and O'Brien 2005; Meyer 2003b), including institutional discrimination, cultural prejudices, and expectations of social rejection. The internalization of these negative perceptions and experiences may result in significant mental and physical health disparities among LGBT people, as well as disparities across LGBT subgroups based on sexual orientation and gender identity (Fredriksen-Goldsen et al. 2014; Hsieh 2019; Krueger and Upchurch 2019; Meyer 2003b). Scholars have linked these health inequities to stress derived from LGBT-related stigma rooted in sexual and gender prejudice with strong ties to heterosexism—cultural ideologies that denigrate non-heterosexual and/or non-gender conforming existence and perpetuate hostile social climates and discriminatory practices (Herek 2004). Manifestations of these anti-LGBT prejudices emerge within structural, interpersonal, and individual levels of society, affecting many aspects of LGBT lives including health (Hatzenbuehler 2014; Herek 2015; Lewis et al. 2017; Meyer 2003b; Pachankis and Bränström 2019).

Despite seemingly warmer attitudes toward LGBT people in the United States over the past decade (Fetner 2016; Kaufman and Compton 2021; Pew Research Center 2013), other data suggests that attitudes have shifted negatively in the past few years

(GLAAD 2019). There remains a plethora of data pointing to the chronic nature of LGBT-related stressors and their embeddedness within social systems and cultural ideologies that shape the experiences and health of sexual and gender minorities (Flenar, Tucker, and Williams 2017; Meyer 2003b).

Meyer (2003b) developed one of the leading paradigms for studying LGBT health, the minority stress model, and asserted lesbian, gay, and bisexual people, encounter stressors specifically linked to their lived experiences as sexual minorities. These unique stressors fall on a distal-proximal continuum, where distal stressors include external structural influences and objective experiences (e.g., discrimination), and proximal stressors describe the internalization of society's anti-LGBT attitudes (e.g., internalized homophobia). Scholars have expanded this framework to include gender minorities as well, including transgender, gender non-conforming, and gender diverse people (Hendricks and Testa 2012; Testa et al. 2015; Timmins, Rimes, and Rahman 2017). Moreover, an abundance of literature evidences serious implications of minority stress on LGBT community members when compared to non-LGBT people, such as lower self-esteem (Austin and Goodman 2017), poorer mental and physical health (Bostwick et al. 2014; Cochran and Mays 2007; Krueger and Upchurch 2019), and higher rates of risky health behaviors such as smoking (Bostwick, Hughes, and Everett 2015; Fredriksen-Goldsen et al. 2013) to name a few.

Additionally, race, class, gender, and other salient social identities may interact with minority stressors that heighten or attenuate health differences within LGBT subgroups (McConnell et al. 2018; Meyer 2003b). For example, physical health

disparities resulting from minority stress exist across sexual orientation groups, but some scholars have found disproportionate impacts on bisexuals (Dyar et al. 2019). Other research indicates that the magnitude of impact that stress causes on mental health may be stronger for younger sexual and gender minorities compared to older LGBT adults (Hsieh 2019). Lastly, some scholars have pointed to lower levels of stress in heterosexual men compared to gay and bisexual men, disparities in mental health among bisexual women compared to other LGBT subgroups, and virtually no difference in mental health outcomes among heterosexual women and lesbians (Krueger and Upchurch 2019).

Despite some inconsistencies in the current literature, the growing evidence of minority stress research cites significant effects on health. Accordingly, scholars to date have examined various coping and resilience strategies to protect against or overcome the current health disparities resulting from minority stress. Many researchers posit that LGBT group solidarity among sexual and gender minorities serves as a buffer against the harmful effects of structural and cultural stigma, and studies typically explore this relationship in the implicit context of geographically-restricted social networks, such as local communities and groups (Ceatha et al. 2019; Frost and Meyer 2012; Johns et al. 2013) with growing consideration for online communities (Harper et al. 2016; Hou and Lu 2013; Ybarra et al. 2015). Yet, one LGBT online population remains consistently overlooked in current literature—LGBT online gamers.

PROBLEM STATEMENT

Virtual groups have emerged in the last several decades, offering a connection to broader LGBT-inclusive communities across the globe (Cipolletta, Votadoro, and Faccio

2017; Jackson 2017). Sociological literature on this subject currently lags behind despite LGBT advancements in cultivating thriving networks on sociotechnical platforms beyond social media and location-based apps to build community, such as in video games. Many studies suggest that connection to LGBT-affirming spaces may have independent, moderating, and mediating effects on sexual and gender minority stressors, and may directly or indirectly support better mental and physical health outcomes among sexual and gender minorities (McLaren 2009; Petruzzella et al. 2019; Puckett et al. 2015). Yet, few scholarly studies have extended this scope of research to online video games and LGBT gamers specifically, and scholars focusing on this subpopulation have primarily used qualitative methods (Gray 2012, 2018; Hernandez 2020). Accordingly, the purpose of this study is to examine how membership in a virtual LGBT-affirming community within the context of online video games (i.e., LGBT guilds) impacts LGBT members' mental and physical well-being. More specifically, using data collected from a survey of adult LGBT gamers who play the massively multiplayer online roleplaying game (MMORPG) Final Fantasy XIV and who are members of LGBT-guilds, this study examines the effects of LGBT guild membership, participation, communication, and sense of belonging on minority stress (e.g., experiences of discrimination, expectations of rejection, concealment of identity, and internalization of anti-LGBT prejudice), and in turn, mental and physical health.

SIGNIFICANCE OF STUDY

Current literature notes that involvement in face-to-face LGBT communities offers social support and protection for LGBT individuals that buffer against negative

effects of minority-based stressors rooted in social stigma and sexual prejudice, such as distress about disclosing one's own sexual/gender identity due to fear of social rejection or discrimination (Ceatha et al. 2019; Meyer 2003b; Morris et al. 2015). Yet, similar findings from digital membership in online LGBT communities remain scant. This study fills current gaps in minority stress literature by testing and analyzing the direct and indirect effects of LGBT guild membership on minority stress and health. Findings contribute useful knowledge of important group-level coping resources that stem from increased group solidarity, sense of belonging, and social support—all of which are deemed important in minority stress literature, especially for clinicians working with LGBT clients to support health improvements.

Furthermore, this study contributes to literature on a subset of the LGBT population that remains under-researched—LGBT adult gamers—and may be among the first to examine online video game participation and its implications on health for sexual and gender minorities. Some qualitative research touches on adjacent topics, such as building community resilience against online gaming harassment (Gray 2018) and queering the gaming environment through LGBT representation and identity expression (Hernandez 2020). However, quantitative research is warranted to test whether the broader minority stress model fits this potentially unique population. Alternatively, quantitative investigations on this subject may offer further justification for a reconceptualization of the minority stress model to address a changing landscape of LGBT attitudes (Meyer 2016), which remains a point of contention for some scholars

who argue that LGBT stressors will subside as attitudes toward LGBT people become more accepting, thus nullifying any supposed disparities caused by minority stress.

Additionally, this study builds a bridge between sociological inquiry and an important social structure in society that affects billions of people. The video game industry contributed \$59.76 billion to the Gross Domestic Product (GDP) in 2019, and has become a popular platform for innovative instruction in education, medicine, and the military (Tripp et al. 2020). In fact, the impact that video games have on our social lives is near limitless as technology advances. Reports show that 40 percent of people have met someone through video games that they otherwise would not have met (ESA 2020). Nearly 80 percent of people indicate that games help them relieve stress, and 55 percent say that games serve as a tool for social connection. These are remarkable insights considering that 75 percent of all U.S. households consist of at least one person who plays video games. Thus, this study paves a way toward integrating social science research in an expansive and ever-growing segment of the social world where sociological literature remains underrepresented compared to fields such as psychology and media studies (Madigan 2015).

SUMMARY

The purpose of this study is to test an adapted model of minority stress and examine the direct and indirect effects that LGBT guild membership has on one's sense of belonging, sexual and gender minority stress, and mental and physical health. Current literature on LGBT gamers remains scant, and existing studies on this topic are largely qualitative. This study contributes new knowledge to the current body of LGBT health

literature, whether it supports the minority stress model in whole, in part, or not at all when applied to a unique population of sexual and gender minorities. As video games become more prevalent in society, it remains imperative that sociological inquiry considers the social implications of gaming, especially if gaming communities can mitigate minority stress.

CHAPTER II

THEORETICAL FRAMEWORK

Several key theoretical frameworks support this study investigating LGBT belonging within an online video gaming community and its effects on sexual and gender minority stress and health. The following section provides a brief overview of social stratification which serves as a foundation on which scholars of social identity theory and stigma ground their sociological and social-psychological work. When combined, these theoretical insights pave a way toward cohesive analyses related to belonging, discrimination, prejudice, and self-reported health as described below. Thereafter, an examination of the frequently cited and empirically-tested minority stress model (Meyer 2003b) will explicate how sexual and gender minorities experience unique stressors as a result of societal stigma, which in turn leads to mental and physical health disparities compared to non-LGBT people.

STRATIFICATION OF SOCIAL IDENTITY

Social Stratification

Social stratification systems across the globe consist of processes in which value and privilege are assigned and allocated to members of society, thereby defining the potential for mobility between rungs of social strata, such as moving from one social class to another (Grusky and Weisshaar 2014). While significant academic investigations remain focused on the economic value assigned to resources and distributed among

members of society (i.e., studies on income inequality), scholars also examine the social structures and practices that instill and perpetuate the unequal distribution of power, cultural capital, and social capital, to name a few (Allman 2013; Herek 2015; Meyer 2003b; Orne 2013). Consequently, researchers assess the significance and magnitude of social stratification using several dimensions, including the ascription of stratified identities and characteristics (e.g., race, ethnicity, gender), the rigidity of boundaries and social closure attached to the stratification system (i.e., mobility), the severity of unequal access to specific resources (e.g., income, education, health, etc.), and the interactions of these dimensions and their correlations (Grusky and Weisshaar 2014). These dimensions all apply to the inequalities that LGBT people experience in the United States (Hatzenbuehler 2014; Hatzenbuehler, Phelan, and Link 2013; Herek 2015; Institute of Medicine 2011).

It remains imperative for sociological scholars studying the effects of stratification on LGBT people to understand how minoritized groups experience, process, facilitate, and perpetuate identity-based inclusion and exclusion within hierarchies, in addition to how people adapt to or change their inclusive/exclusive behavior within groups (Allman 2013). When discussing social stratification affecting the LGBT community based on sexual orientation and gender identity, the use of social identity theory and self-categorization theory help situate and contextualize the processes and effects of group identification, intergroup conflict, and inequality. These theories are especially important when considering LGBT stigma and minority stress as discussed later.

Social Identity Theory and Self-Categorization Theory

Tajfel and Turner (1979), the founding scholars of social identity theory, suggested that one's sense of self largely stems from one's membership to a group, which creates a meaningful connection to that identity. They further argued that people want society to view their group as positively distinct from other groups. Complementary to social identity theory is self-categorization theory, which describes the self-defining process of identity assumption, such as how and when an individual self-categorizes as a member to a specific group (Ashmore, Deaux, and McLaughlin-Volpe 2004; Haslam, Reicher, and Reynolds 2012; Oakes 2002). Self-categorization theory focuses on individual psychology and motivations of taking on a group identity, and further suggests that individuals are more likely to assume an identity under social circumstances that accentuate one's similarities to the group while simultaneously highlighting intergroup differences (Huddy 2001).

Scholars argue that self-categorizing to a social identity group occurs on a continuum of two extremes, where most people move toward and away from extreme group identification. This phenomenon implies that identity salience remains largely fluid depending on social context (Oakes 2002) and grounded in individuals' meaning-making processes and interpretations of the social world (i.e., symbolic interactionism). An important note of self-categorization theory is that individuals' evaluation of their social identity is not necessarily congruent with society's evaluation of that identity (Ashmore et al. 2004). Moreover, Tajfel and Turner's conceptualization of social identity theory explains how some groups are viewed negatively compared to others based on ascribed

characteristics, such as race and gender, and how collective action within a group may facilitate social change to challenge the status quo (Reicher et al. 2012; Tajfel and Turner 1979).

Exclusion and inclusion practices derived from variations of group evaluations (e.g., negative perceptions) and power differentials (e.g., economic, political, and/or social advantages) may lead to intergroup conflict, such as oppression and exploitation (Allman 2013), which encourages the social closure of group boundaries to protect group identity and maintain any group privileges. Put another way, conflict between groups may increase an individual's identification with their group and strengthen a group's criteria for membership to maintain power or positive evaluation. In the case of the LGBT community, this could include establishing a sense of connectedness among members and the community at large to protect one's group-based identity.

Furthermore, the feasibility of moving from a group of perceived or actual lower status to one of higher status may vary based on the permeability of group boundaries (e.g., criteria to be considered a member of a group) and the stability of group statuses (e.g., consistency in a group's social position). Permeable groups that are viewed negatively may experience the greatest individual mobility, such as people de-identifying or leaving the group (Haslam et al. 2012; Reicher et al. 2012). For example, individuals may wish to remove themselves from a socially undesirable student organization at a university (i.e., disassociation of group membership) to avoid negative consequences of that group's association, which may be fairly easy to accomplish. However, if group membership is impermeable, meaning membership remains unlikely to change (e.g.,

social class), and the group's status is perceived negatively with limited potential for change (e.g., negative attitudes toward the impoverished compared to aspirational attitudes toward the wealthy), then groups may attempt to enhance their status through social creativity—the process of evaluating one's group attributes more positively or by transforming the meaning of the group altogether (Haslam et al. 2012; Reicher et al. 2012; Tajfel and Turner 1979).

Finally, when groups consist of impermeable boundaries as well as insecure social relations (i.e., societal perceptions are able or likely to change), members may bolster the group's legitimacy and image via social competition and social change strategies, including political advocacy (Haslam et al. 2012; Oakes 2002; Reicher et al. 2012; Tajfel and Turner 1979). Thus, the centrality of power structures in social identity theory and self-categorization theory, along with their impact on identity development and group participation, have critical implications for minoritized identity-based groups such as the LGBT community. Group membership centered around sexual and gender identity may be conceptualized as largely impermeable and insecure, because membership is unlikely to change easily or quickly, and societal evaluation of status has shifted over the last decade (Fetner 2016; GLAAD 2019; Kaufman and Compton 2021; Pew Research Center 2013).

Social identity theory and self-categorization theory have evolved significantly since Tajfel and Turner's (1979) contributions to the field of social sciences. Today, scholarly research framed within these two theories focus on intergroup processes, diversity, crowd behavior, as well as fandom and fanbases (Hogg and Ridgeway 2003;

Reysen 2015). There remain several critiques of using social identity theory and self-categorization theory to analyze the processes of stigma and minority stress due to implied fluidity of group identity based on social context, ambiguities in identity acquisition (e.g., acquired versus ascribed, self-identifying versus externally-identifying), conflation between self-categorization and issues of external labeling, and confusion between feeling a sense of belonging to a group and internalizing the meaning of group membership (Ashmore et al. 2004; Huddy 2001). Yet, the theoretical power of social identity theory and self-categorization theory allows for a thorough investigation of macro- and meso-level mechanisms and their effects on individuals within a socially stratified culture, and provides insight into micro-social processes of attaching one's sense of self to an identity-based group. This is especially relevant for the LGBT community because an abundance of literature focuses on LGBT identity stigma and its relation to unique stressors that sexual and gender minorities encounter (Hatzenbuehler 2014; Herek 2015; Meyer 2003b).

STIGMA AND MINORITY STRESS

Although some research suggests that attitudes toward LGBT individuals in the United States have become more accepting over the last several years (Dodge et al. 2016; Fetner 2016; Kaufman and Compton 2021; Pew Research Center 2013), anti-LGBT prejudice, discrimination, and assaults persist (Formby 2017; Herek 2015; Lewis et al. 2017; Meyer 2003b; Pachankis and Bränström 2019). Some scholars attribute the roots of anti-LGBT hostilities to patriarchy, at least in part. Cauce (2007) argued that patriarchy offers a clear example of stratification based on the distribution of power which

emphasizes male dominance, wherein sexism and homophobia serve to enforce gender roles. Accordingly, misogynistic ideologies and expectations of traditional gender behavior influence societal attitudes toward LGBT people based on perceived gender and sexual deviance, resulting in a stigmatized or spoiled identity (Goffman 1963).

Stigma

Studies on stigma grew exponentially since Goffman's (1963) book *Stigma: Notes on Management of Spoiled Identity*. Today, scholars define the term as a discrediting attribute of an individual, such as a devalued social identity or a tarnished social perception (Goffman 1963; Major and O'Brien 2005). Stigma derives from and is perpetuated by structural, cultural, and individual mechanisms (Fabbre and Gaveras 2020; White Hughto, Reisner, and Pachankis 2015), and attaches a label of undesired differentness to individuals and groups. This label typically becomes salient above other social identities an individual or group holds, which illustrates the significant interactions between power and stigma regarding intergroup conflict in stratified societies (Herek 2004). Members of stigmatized groups face numerous challenges related to group status and social identity threats, which emerge in various forms: institutional discrimination, cultural prejudices, individuals' expectations of negative social consequences in their daily life, and even disparate health outcomes, to name a few examples (Allman 2013; Goffman 1963; Major and O'Brien 2005; Meyer 2003b). For LGBT individuals, stigma may manifest as a symptom of underlying homophobia and transphobia, described as negative attitudes and beliefs held toward sexual and gender minorities that contribute to hostile social climates (Herek 2004). While a significant amount of literature incorporates

these traditional concepts, Herek (2004, 2015) urged scholars to adopt the use of the terms sexual stigma, heterosexism, and sexual prejudice because they encompass the institutional and cultural dimensions that the psychological conceptualizations of anti-LGBT prejudice (e.g., homophobia) fail to cover.

For example, Herek (2004) wrote that sexual stigma fits in into the larger umbrella of stigma scholarship because it carries five major characteristics: (1) stigma is an enduring attribute; (2) it is manifested through a symbol or mark with attached social meaning; (3) there exists a negative societal evaluation of the stigmatized mark; (4) the stigmatized identity becomes prevalent above other identities of the individual; and (5) the differences between the stigmatized and the non-stigmatized rest on power differentials. Put another way, sexual stigma is the societal devaluation of non-heterosexual identities and behaviors, and may manifest with greater or lesser magnitude depending on the social context. Accordingly, the enactment of sexual stigma within a society is through heterosexism—the systems, cultural ideologies, and practices that give way to prejudices against LGBT people—and remains apparent in social institutions that aim to make nonheterosexuality invisible and othered. Heterosexist hegemony culturally reinforces traditional gender expressions and expectations of heterosexual orientation through laws, policies, social policing, and internalization of hegemonic values. Lastly, Herek (2004) noted that prejudice toward gender nonconformity also exists, but that it remains distinct from sexual prejudice. He explained that people whose masculine or feminine expressions and mannerisms match cultural norms of gender (e.g., masculine men, feminine women) may still encounter hostilities based on non-heterosexual identity,

whereas heterosexual gender-nonconforming people may experience prejudice based on their gender identity or expression. Thus, the emerging terminology calls for scholars to look beyond the use of homophobia as pathology, and instead see it as a manifestation of oppressive structures that sexual and gender minorities continue to face, especially when considering how sexual and gender stigma adds to unique types of stress for LGBT people. As such, Meyer (2003b) offered a minority stress model that explains the process and impact of social stigma, and the effects of prejudice on LGBT health.

Minority Stress

Minority stress serves as a leading conceptual framework used in LGBT health studies (Institute of Medicine 2011; Meyer 2016). While previous scholars of stress theory largely focused on the individualized conceptualizations and mechanisms of stress and coping, an emergence of sociological literature in the twentieth century began approaching the study of stress in ways that analyzed the micro-level stress experiences within dominant macro-level contexts (Meyer 2003b). Durkheim's (1951) research on suicide in the late 1890s pioneered this methodological approach as he argued that a lack of belonging and a sense of normlessness and alienation, known as anomie, causes social disharmony, thus explaining the phenomenon of suicide. Durkheim's scholarship cemented the fact that the seemingly individual experience of suicide occurs in social context wherein societal factors lead to internal processes that were once conceptualized solely in psychological and cognitive terms. Unraveling this notion of stress and mental health from psychological foundations and situating them within sociological perspectives further evidences the importance of social identity literature in the

discussion of social stress. As previously mentioned, social identity theory describes how one's group identification is influenced by and influences intergroup behaviors related to stress and threats to identity, providing a theoretical foundation for understanding the role of minority stress within the LGBT community.

Minority Stress Model

Meyer's (2003b) minority stress model builds upon the findings of previous literature on social stress theory which argues that some groups as a whole experience disparities in mental health due to the social structure that affords advantages to certain groups over others (Schwartz and Meyer 2010). Early conceptualizations of minority stress concluded that minorities face unique stressors in addition to stress from everyday life, and that these stressors are both chronic and socially based. In other words, minority stress stems from underlying social processes and systems beyond individualized or internalized experiences, and persists due to social and cultural influences. Meyer (2003b) expanded on these theoretical perspectives and argues that sexual minorities face four unique categories of stressors that contribute to negative mental health outcomes. These stressors include: (1) the lived experiences of prejudice; (2) the anticipation of rejection due to sexual minority status; (3) the management of sexual identity, such as negotiating identity disclosure and concealment; and (4) the internalization of negative societal perceptions. These concepts are described in greater detail in the following chapter.

Building further upon the minority stress model, Meyer (2003b) adopted a distal-proximal distinction between stressors, where distal stressors are objective external

events that impact individuals (e.g., institutional and cultural stigma), while proximal stressors rely on subjective psychological processes (e.g., self-identification, meaning creation and attachment, and internalization of social perceptions). He also examined coping and identity management strategies to support better health, and finds that sexual minorities have two major pools of resources: (1) individual-level coping resources, such as enhancing self-esteem or changing one's behaviors; and (2) group-level resources, such as social support, community, and solidarity—the focus of this study. Lastly, scholars have successfully expanded this minority stress framework to include gender minorities as well (Hendricks and Testa 2012; Testa et al. 2015).

SUMMARY

Social stratification may be influenced or perpetuated by stigma and prejudice (Goffman 1963; Meyer 2003b), leading to the continued marginalization of groups in lower strata. As previously discussed, one such group is the LGBT community as evidenced by a history of overt discrimination and oppression (Herek 2015). Using the minority stress model as a leading theoretical framework that pulls together social stratification, social identity theory, and stigma, this study aimed to conduct a thorough investigation of the unique stressors and negative experiences that LGBT adult gamers encounter, and the resulting impact on their health. The following section examines health disparities among sexual and gender minorities as a result of minority stress, followed by a review of the four major categories of LGBT stressors noted by Meyer (2003b). Thereafter, a review of group-level stigma reduction strategies via LGBT community connectedness leads into the final section of the literature review that remains

central to this dissertation—online gaming communities and their potential to decrease sexual and gender minority stress and positively impact mental and physical health.

CHAPTER III

A REVIEW OF LITERATURE

The following review of literature first examines evidence of mental and physical health disparities between LGBT and non-LGBT people, as well as among LGBT subpopulations. The parameters of this review primarily comprise studies published in English and in peer-reviewed scholarly journals or through reputable research-based institutions. The second portion of this review synthesizes literature pertaining to the conceptualization of LGBT community, followed by a critical analysis of significant findings from in-person and online community connectedness as a source of resilience and coping for sexual and gender minorities. The final section of the review discusses online virtual gaming environments and the few critical studies that have focused on the intersection of gaming, LGBT identity, and community. At the end of each major section, critiques and contradictory findings posed by intersectional scholars are examined alongside gaps and limitations in minority stress literature.

MINORITY STRESS AND HEALTH DISPARITIES

Research suggests that stigma and prejudice against LGBT people lead to greater exposure of chronic stress among sexual and gender minorities, thereby negatively impacting health on a psychological, physiological, and biological level (Flentje et al. 2020; Meyer 2003b, 2016). Numerous studies evidence the relationship between stress and health using the minority stress model or adaptations of it (Baams, Grossman, and

Russell 2015; Flenar et al. 2017; Hendricks and Testa 2012; Kamen et al. 2017; Lick, Durso, and Johnson 2013; Meyer 2003b, 2016; Noyola, Sánchez, and Cardemil 2020; Testa et al. 2015). Documenting and analyzing existing health disparities among LGBT people supports social policies and interventions programs that may assist in mitigating the health outcomes related to minority stress stemming from anti-LGBT prejudice. Group solidarity among sexual and gender minorities serves as one buffer against the harmful effects of structural and cultural stigma, and studies often highlight this ameliorative resource in the context of local or regional social networks (Ceatha et al. 2019; Frost and Meyer 2012; Johns et al. 2013). The emergence of virtual communities over the last several decades has provided similar opportunities for LGBT people to engage in broader LGBT-inclusive communities, yet this topic appears underdeveloped in sociological literature related to video game participation and community building.

A growing body of research points to an increase in LGBT acceptance across the globe, with trends of warmer attitudes toward sexual and gender minorities and institutional protections for the LGBT community (Dodge et al. 2016; Pachankis and Bränström 2019; Pew Research Center 2013; Poushter and Kent 2020). For example, nearly 30 countries have legalized same-sex marriage (Pew Research Center 2015) and 43 have implemented policies that afford legal protections against hate crimes (Pachankis and Bränström 2019). However, homosexual activity remains criminalized in 72 countries and sexual stigma persists in many cultures. Attitudes toward LGBT people within the United States are mixed (GLAAD 2019), though more Americans support same-sex marriage and hold less prejudice than in previous years (Pew Research Center

2013). Even the United States Supreme Court—with conservative Justices comprising a majority of the bench—extended federal protections of employment status for LGBT workers under Title VII of the Civil Rights Act of 1964 in a 6–3 vote in *Bostock v. Clayton County* (590 U.S. __ [2020]). Some scholars theorize a post-gay identity will emerge, placing less emphasis on one’s sexual or gender identity due to increased acceptance (McCormack 2013). Meyer (2016), on the other hand, points to the gaps in this post-gay perspective that presumes an unfolding progression of LGBT assimilation, and describes the continuance of LGBT prejudice and stigma within the United States as similar to race relations, implying that negative attitudes and beliefs may persist covertly.

A study based on a nationally representative probability sample in the United States suggests that major legislative changes or court opinions in favor of LGBT people may evoke a polarization effect on political conservatives, reducing levels of support for LGBT rights among those who already hold LGBT prejudices (Perrin et al. 2018). The social consequences of such wide variations in societal acceptance of sexual and gender minorities are further expounded upon in the following sections discussing mental and physical health disparities noted in current research and their associations to the distal and proximal stressors outlined in the minority stress model.

Mental Health Disparities

Compared to non-LGBT people, research shows that sexual and gender minorities experience poorer mental health, including heightened psychological distress (Cochran and Mays 2007), higher likelihood of mood disorders (Blosnich et al. 2016; Institute of Medicine 2011), and higher rates of anxiety, depression, suicidal ideation, and suicide

attempt (Clements-Nolle, Marx, and Katz 2006; Institute of Medicine 2011). Moreover, studies purport that LGBT people face increased internalized stigma (Austin and Goodman 2017; dickey and Budge 2020; Institute of Medicine 2011; McCabe and Kinney 2020; White Hughto et al. 2015) and greater risks of traumatic experiences involving violence and victimization (Herek 2017; McCabe and Kinney 2020; Newcomb et al. 2020)—all of which may lead to increased stigma consciousness and anticipation of negative social experiences (Lick et al. 2013).

In a recent study using nationally representative data from the National Epidemiologic Survey on Alcohol and Related Conditions, Krueger and Upchurch (2019) found similar results of health differences across gay, lesbian, bisexual, (LGB) and heterosexual sexual minorities (HSM) compared to heterosexuals. For instance, higher proportions of gay men, along with bisexual and HSM women, met the criteria for general anxiety disorder compared to heterosexual men and heterosexual women, respectively. They also found that gay men were more likely to meet criteria for post-traumatic stress disorder (PTSD) in one's lifetime compared to heterosexual men—a trend the scholars also detected for bisexual women in comparison to all groups. In addition, LGB people were more likely to meet the criteria for major depressive episode (MDE) and attempt suicide at higher rates compared to their heterosexual counterparts (Krueger and Upchurch 2019). Research suggests these mental health disparities extend throughout older adulthood, as LGB adults 50 years or older are twice as likely to have had depression in their lifetime compared to heterosexuals (Nelson and Andel 2020). These findings are consistent with other data suggesting sexual minorities, particularly

men, are at higher risk for mood disorders (Blosnich et al. 2016; Institute of Medicine 2011).

As for gender minorities, studies on the effects of minority stress on mental health are particularly startling because attitudes towards trans and gender diverse people are generally less favorable compared to attitudes toward LGB people (Lewis et al. 2017; Nagoshi et al. 2008; Norton and Herek 2013). Consequentially, transgender and gender nonconforming people remain at high risk for suicide, especially transgender youth under the age of 25 (Clements-Nolle et al. 2006). Other scholars, such as Newcomb et al. (2020), found that average mental health ratings for non-binary youth whose sex was assigned female at birth (AFAB) scored in the range of moderate depression, while average mental health ratings for transgender men and non-binary AMAB (assigned male at birth) indicated mild depression. Interestingly, transgender women in their study reported lower depression, despite reporting the lowest levels of social support from family, friends, and significant others.

Some studies contradict the above findings and suggest that gay and bisexual men have lower levels of depressive symptoms, and that no significant differences exist in levels of anxiety between sexual minorities and heterosexuals (Juster et al. 2013). Other research suggests that while disparities exist across the board for LGBT people compared to non-LGBT people, within-group differences emerge. For example, scholars found that when compared to lesbian women, bisexual women were more likely to report higher levels of depression (Bostwick et al. 2015) and that transgender people were more likely to report poorer health compared to non-trans people (Fredriksen-Goldsen et al. 2014).

Despite some inconsistencies across studies, a significant portion of available literature evidence, in part, the existence of mental health disparities among sexual and gender minorities. Considering the persistent nature of prejudice and discrimination that LGBT people face, it is unsurprising that scholars frame sexual and gender minority stress and its relationship to health as central to their research mission. While researchers have spent considerable efforts in examining mental health effects of stigma, some have found that these effects extend to physical health as well.

Physical Health Disparities

Beyond the abundance of literature highlighting significant mental health concerns such as depression and anxiety, studies also examine the effects of minority stress on a wide range of physical health indicators, including: general self-reported physical health (Frost, Lehavot, and Meyer 2015); bone health (Gibb et al. 2020); allostatic load, which measures physiological consequences of chronic stress (Juster 2019; Juster et al. 2013; Juster et al. 2019); blood pressure (López Castillo et al. 2021; Mays et al. 2018); problematic substance and alcohol use (Bostwick et al. 2015; Talley et al. 2016; Wicki et al. 2021); risky sexual behavior (Jeffries et al. 2021); sleep disturbances (Kolp et al. 2020; Krueger and Upchurch 2019); and variations in genetic expression related to inflammation (Flentje et al. 2018; Flentje et al. 2020).

Some sexual minorities are at higher risk for HIV (Pachankis et al. 2017), asthma (Blosnich et al. 2014), cardiovascular disease, hypertension, and are more likely to smoke excessively compared to cisgender heterosexuals (Beach, Elasy, and Gonzales 2018; Blosnich et al. 2014; Fredriksen-Goldsen et al. 2013; Phillips et al. 2020). In an in-depth

review of existing literature on LGBT physical health disparities, Lick et al. (2013) found that LGB people reported overall poorer health compared to heterosexuals. Lesbian and bisexual women also reported higher risk behaviors, such as rates of smoking and using illicit drugs compared to heterosexual women (Bostwick et al. 2015) and worse physical health overall compared to other sexual minorities. Moreover, Lick et al. (2013) noted that sexual minority men are at greater risk for cardiovascular disease, pain, fatigue, and chronic diseases.

Some data suggests that gay and bisexual men are more likely to have diabetes compared to heterosexual men, whereas no differences in the rate of diabetes between sexual minority women and heterosexual women exist when adjusting for health-based behaviors, healthcare access, and socioeconomic factors (Beach et al. 2018). Yet, other research shows that lesbian and bisexual women, especially in older age, are more likely to be obese than heterosexuals (Fredriksen-Goldsen et al. 2013; Institute of Medicine 2011), which could contribute to the development of diabetes. In fact, discrimination has been linked to being overweight or obese (Mereish 2014), and body stigma remains positively associated with body shame and binge eating (Mason and Lewis 2016), suggesting a greater risk of poor behaviors surrounding food and body image. Moreover, bisexual women experience greater physical activity limitations compared to heterosexual women (Blosnich et al. 2014), which may relate to the higher proportion of sexual minority women being at risk for obesity. Furthermore, transgender older adults are more likely to report poorer physical health compared to non-trans LGB people, such

as higher odds of disability, and excessive drinking and smoking (Fredriksen-Goldsen et al. 2014).

A growing number of studies have examined the effect of social stress on biological and physiological processes as well, finding strong connections between structural stigma and health (Flentje et al. 2018). For example, Hatzenbuehler and McLaughlin (2014) linked structural stigma to blunted cortisol response levels among LGB people living in high stigma environments compared to LGB people in low stigma environments. Other scholars have found similar relationships between sexual orientation discrimination and negative health outcomes based on flattened cortisol slopes resulting from greater exposure to stressful events (Parra et al. 2016). Additionally, sexual minorities have higher concentrations of C-reactive protein and interleukin-6 (Wardecker, Graham-Engeland, and Almeida 2021), which are biological markers of inflammation often used to predict cardiovascular issues, development of cancer, and other potential health issues.

As with mental health research, several contradictions exist in the current literature pertaining to physical health disparities within the LGBT community. Mays et al. (2018) found lower levels of allostatic load for gay men compared to heterosexuals, which remained consistent with prior research (Juster et al. 2013), suggesting that gay men have fewer negative physiological consequences as a result of stress. Mays et al. (2018) also found no significant differences in allostatic load among women. Additionally, several studies have found few significant differences in overall LGBT physical health when compared to heterosexual cisgender people. For example, Nelson

and Andel (2020) concluded that LGB people over the age of 50 are actually more likely to report better health compared to heterosexuals. Similarly, Meyer et al. (2017) found that patterns of transgender health remained relatively similar to cisgender health, with the exception of transgender people reporting fair or poor health at disproportionately higher rates, greater lack of access to healthcare services, and greater limitations in their physical activities.

In a systematic review of sexual minority health literature, Flentje et al. (2020) noted the absence of statistically significant relationships between minority stressors and health indicators in several studies using measures such as self-appraised physical health (Frost et al. 2015), higher levels of allostatic load across all sexual minorities (Juster et al. 2013), and heightened cortisol levels as a result of identity disclosure to non-family members (Manigault et al. 2018), to name a few. Yet, Flentje et al. (2020) found that 42 percent of reviewed analyses concluded with a statistically significant relationship between a type of minority stressor and a biological or physical health condition. More specifically, 43 percent of studies that investigated prejudice events and minority stress found a meaningful relationship between stress and a physical health indicator during hypothesis testing, and 38 percent of the reviewed studies found a statistically significant association between anticipation of rejection or discrimination and biological outcomes. Interestingly, Flentje et al. (2020) found no relationship between perceived stigma and biological outcomes. As for hypotheses about the effects of identity concealment on biology, Flentje et al. (2020) found that 50 percent of studies concluded in a statistically

meaningful relationship, while only one of five studies pertaining to internalized stigma and health resulted in a significant association.

In summary, health disparities—both mental and physical—between LGBT and non-LGBT people are well documented in the minority stress and public health literature. Although there remain some inconsistencies among findings regarding specific health effects within the LGBT community (between L, G, B, and T) and across groups (LGBT compared to non-LGBT), the existing data indicate that health disparities indeed exist. The main explanatory factors underlying the disparities cited above are demonstrated through a sexual and gender minority stress framework, which suggests that LGBT people experience unique and persistent stress in addition to the everyday stressors of life (Meyer 2003b). These stressors are rooted in anti-LGBT societal stigma, prejudice, and discrimination, and manifest on a distal (external) to proximal (internal) spectrum, thereby impacting sexual and gender minority health in a multitude of ways. While the above review listed the health outcomes and differences, the following overview discusses the structural, interpersonal, and individual levels of stress processes.

MINORITY STRESS REVISITED

Scholars have found that LGBT people encounter a multitude of prejudicial and discriminatory challenges across the globe, including: negative attitudes and affects toward sexual and gender minorities (Herek 2015; Lewis et al. 2017; Nagoshi et al. 2008; Norton and Herek 2013; Pew Research Center 2013; Poushter and Kent 2020); the existence and perpetuation of anti-LGBT climates in schools and workplaces (Cech and Rothwell 2020; Nadal et al. 2011; Platt and Lenzen 2013); instances of harassment,

bullying, and victimization (Ballard and Welch 2017; Formby 2015; Kahle 2017; Silverschanz et al. 2008; Woodford et al. 2012); physical assaults such as hate crimes (Burks et al. 2018; Norton and Herek 2013; Paterson, Brown, and Walters 2019; Walters et al. 2020); and discriminatory policies that restrict liberties and resources, such as bans against same-sex marriage equality and criminalization of homosexuality (Pachankis et al. 2017). Accordingly, the following overview links the health disparities discussed previously to minority stress processes more specifically, and describes how negative health outcomes among sexual and gender minorities are a result of increased exposure to four distinct yet interconnected minority stressors: prejudiced events, anticipation of rejection or prejudice, concealment of LGBT identity, and internalized LGBT-prejudice.

Discrimination and Prejudice Events

Anti-LGBT climates are rooted in heterosexism—defined as the underlying cultural and systemic force that reinforces heteronormative values and ideologies that perpetuate sexual stigma and prejudice (Herek 2004). Heterosexist environments contribute to the social and psychological stress that LGBT people endure (Herek 2004, 2015; Meyer 2003b). These cultural prejudices are embedded in our social systems, serving as external (distal) stressors that manifest within all levels of society, with examples including interpersonal discrimination, anti-LGBT social policies, and structural barriers (Hatzenbuehler 2014).

Scholars have linked distal stressors, such as structural stigma and discrimination, to mental and physical health implications for LGBT people. For instance, sexual and gender minorities face high rates of minority-based victimization, such as bullying and

violence (Button, O'Connell, and Gealt 2012), and this is especially true for gender diverse people. Transgender and gender nonconforming people report higher levels of victimization compared to non-trans and cisgender people (Fredriksen-Goldsen et al. 2014; Hendricks and Testa 2012), and these experiences have deleterious effects on health (Bowling et al. 2020). As an example, Clements-Nolle et al. (2006) found that social factors among trans and gender diverse individuals, including depression, experiences of forced sex, prior treatment for drug and alcohol abuse, and physical gender victimization (e.g., physical harm as a result of gender identity), are associated with greater suicide attempts.

Additionally, measuring public attitudes toward sexual and gender minorities plays a significant role in understanding disparities in health. In a study of county-level support for same-sex marriage and its impact on health, Hatzenbuehler, Flores, and Gates (2017) found that LGBT people are more likely to smoke and report fair or poor health if they live in communities with low same-sex marriage approval compared to LGBT people who live in high-approving communities. Also, both LGBT and non-LGBT people report less smoking and better overall health when structural stigma at the country-level regarding same-sex approval was low compared to high, thus highlighting the potential impact of structural-level prejudices.

Lastly, Meyer (2003a) noted that the effects of stressful events may not relate to the apparent magnitude of a stressful event (i.e., effects from a major event versus a daily hassle), because something seemingly minor may hold more social significance for minoritized individuals. Microaggressions, defined as underhanded bias-driven

interactions that negatively impact minority communities, serve as one example of this small, yet impactful experience (Cyrus 2017). Microaggressions primarily emerge in three forms: microassaults, which are negative and overt expressions and behaviors toward a minority; microinsults, described as stereotypes and slights against a minoritized individual or group; and finally, microinvalidations, which comprise of the dismissal of minorities' subjective experiences pertaining to discrimination and prejudice (Cyrus 2017; Sue et al. 2007). Accordingly, microaggressions contribute to hostile social environments for LGBT that may victimize, silence, or marginalize them in schools (Formby 2017; McLaren et al. 2015) and the workplace (Bell et al. 2011; Cech and Rothwell 2020). Whether unintentional or not, these slights against LGBT people are harmful, and may disproportionately target those with multiple minority identities as well (e.g., racial/ethnic LGBT people). The culmination of external prejudice events described above may contribute to the perception of an unwelcoming environment for LGBT people, which carries additional consequences of minority health.

Perceived Stigma: Negative Expectations and Anticipation of Rejection

Considering the communal history of prejudice that LGBT people have encountered alongside discrimination and harassment, it is not surprising how anticipation of negative social experiences resulting from one's sexual orientation or gender identity may serve as an additional stressor. The prior overview of structural and cultural stigma helps contextualize the phenomena of interpersonal and self-stigma, which are multifaceted and context-based. Meyer (2003b) argued that LGBT people attempt to navigate cultural and interpersonal stigma primarily in one of two ways: (1)

remaining vigilant in maintaining one's self concept in the midst of possible and expected prejudice events; and (2) managing stigma threat, which consists of a more internalized (proximal) process where an individual may react emotionally and disidentify with an aspect of themselves to avoid being stereotyped.

As stigmatized groups become more aware of and familiar with the collective representations of dominant heterosexist culture that devalue and discriminate against their minoritized group, a shared perception of potential victimization and prejudice may emerge (Major and O'Brien 2005). Consequentially, stress and anxiety associated with perceptions of stigma (in its vigilance form and stereotype avoidance form) lead to negative mental and physical health outcomes for sexual and gender minorities (Quinn and Chaudoir 2009; Timmins et al. 2017). In their study on transgender experiences with stigma, Fabbre and Gaveras (2020) articulated how monitoring oneself out of fear of ostracization and social rejection (termed rejection sensitivity in psychological literature), places a heavy emotional and physical toll on LGBT people, especially those who are gender diverse. For instance, researchers have linked anticipatory perceptions of stigma and discrimination to higher levels of inflammatory biological markers, such as CRP and IL-6, which are markers for inflammation that may predict serious conditions such as heart disease (Wardecker et al. 2021).

Furthermore, rejection sensitivity seems to develop from previous experiences with rejection, and may lead to increased anxiety. One example of this phenomenon is when LGBT people learn of anti-LGBT hate crimes. Paterson et al. (2019) conducted a path analysis on perceptions of hate crimes and their effects on marginalized

communities, and found that LGBT people experienced heightened anxiety, anger, and feelings of threat when they learned of anti-gay hate crime against a gay man compared to non-hate crime offenses. Other scholars have investigated the relationship between stigma and rejection sensitivity, and found that structural stigma moderates the effects of rejection sensitivity on alcohol consumption (Pachankis, Hatzenbuehler, and Starks 2014), meaning that the greater the structural stigma an individual experienced in the past, the stronger the individual's rejection sensitivity predicts alcohol consumption. Current stigma experiences increase the magnitude of the positive relationship between rejection sensitivity and rates of smoking as well.

As discussed above, the effects of anticipated negative consequences are varied but evident. Yet, when considered in conjunction with additional stressors, the mechanisms of minority stress and their relational impact on health become more apparent. Frost, Parsons, and Nanín (2007) found a direct relationship between personalized stigma (e.g., perceived stigma, anticipation of prejudice, etc.) and depression, as well as an indirect relationship mediated by identity concealment. Therefore, a proportion of variance in health explained by stigma perceptions is attenuated when considering identity concealment. This is consistent with social theory suggesting that structural stigma influences stigma-based experiences at the individual level (Hatzenbuehler 2016; Pachankis 2007) in accordance with the distal-proximal continuum that situates stressors from external events to internalized ones (Meyer 2003b). Accordingly, identity concealment may serve as avoidance strategy for the

negative social realities that have been perceived or anticipated by sexual and gender minorities.

Identity Concealment and Disclosure

While many stigmatized identities are visible due to apparent physical characteristics (e.g., body size), others remain invisible or concealed unless disclosed (Goffman 1963). The process of “coming out” about one’s sexual or gender identity may have varying social consequences, such as experiences of discrimination, rejection, or criminalization in some countries (Pachankis and Bränström 2019). Furthermore, the potential to experience microaggressions or assault no doubt impact the decision to remain “in the closet” (Polihronakis, Velez, and Brewster 2021). Even instances of identity invalidation emerge from within the LGBT community itself, such as bisexual erasure and stereotyping as reported by some scholars (Beach et al. 2019; Van et al. 2019).

Managing one’s identity in different social contexts, whether disclosing or concealing it, adds more stress on LGBT people that may negatively impact mental and physical health (Lick et al. 2013; Pachankis 2007; Ullrich, Lutgendorf, and Stapleton 2003). For example, medical patients’ non-disclosure of their sexual or gender identity to physicians due to fear of discrimination may have serious health consequences. For gay and bisexual men, Petroll and Mosack (2011) found that awareness of patient sexual orientation is associated with a higher likelihood of primary care physicians providing medically relevant preventative care, including HIV testing, hepatitis vaccination, and discussions of sexual activity and associated risks. Yet, only 29 percent of their

participants indicated that their doctor knew of their sexual orientation. Moreover, older transgender adults report avoidance and heightened fear of accessing healthcare services due to concerns of potential discrimination (Fredriksen-Goldsen et al. 2014; Institute of Medicine 2011).

Unfortunately, identity concealment is prevalent around the world, as levels of LGBT acceptance vary from country to country. Pachankis and Bränström (2019) suggested that nearly 83 percent of all sexual minorities conceal their identity from most or all people in their lives. The researchers estimated that Middle East and Sub-Saharan African regions hold some of the highest percentages of identity concealment (94.8 percent and 89.5 percent, respectively) compared to identity concealment in regions such as North America (37.5 percent), Europe (36.6 percent), and Latin America (35.4 percent). Notable limitations to Pachankis and Bränström's (2019) study include methodological concerns regarding the restrictive measurement of sexual identity and its application across different cultural contexts. For instance, respondents to the survey were self-identified LGBT individuals, which likely omitted individuals who identify as heterosexual while actively engaging in same-sex sexual activity. Despite the study's limitations, the scholars highlighted the widespread phenomena of identity concealment and its connection to structural stigma and minority stress.

While identity concealment serves as one strategy to avoid stigmatizing experiences, its associated negative effects on physical and mental health are apparent (Fredriksen-Goldsen et al. 2014; Frost et al. 2007; Hughto et al. 2020; Pachankis 2007). Thus, identity disclosure may lead to unique health benefits. Studies show that

transgender people who engage with social and medical gender affirmation processes, including disclosure of identity (i.e., coming out), experience lower levels of depression, anxiety, and stress compared to those who are not engaged in such processes (Hughto et al. 2020). Disclosure of one's salient identity may help facilitate other factors that lead to greater life satisfaction (Mock et al. 2013), while reducing cortisol levels upon waking up (Juster et al. 2013). The process of coming out may also serve as an opportunity to engage in meaningful social change. Among a sample of 17 queer participants in a qualitative study, Orne (2013) found that some people use the coming out process to engage in destigmatization of one's identity and facilitate education. Orne (2013) argued that queer people hold a double consciousness—a term borrowed from Du Bois (1999)—in that queer people understand their own stigmatized status as well as the stigmatizing social context in which power dynamics privilege the majority group (non-queer people). Thus, queer people can assess the social context of when disclosure or avoidance is suitable and safe for them.

In summary, identity concealment acts as a double-edge sword of identity management: on one hand, a harm-mitigation strategy, while on the other, a constant stressor affecting mental and physical well-being (Meyer 2003b). Past trauma has been associated with negative expectations of social outcomes, which helps further explain why LGBT people may choose to avoid disclosing their sexual and/or gender identities in the first place. Yet, withholding one's identity, especially if salient and important to one's sense of self, may lead to internalizations of societal prejudices.

Internalized Stigma and Prejudice

Lastly, the internalization of stigma—defined as believing in and adopting the negative prejudices and perceptions about one’s identity—may lead to higher levels of distress (Puckett et al. 2015; Timmins et al. 2017), lower levels of self-esteem (Austin and Goodman 2017), higher self-criticism (Puckett et al. 2015), drug-related problems (Moody et al. 2018), and more negative coming out experiences (Baiocco, Pistella, and Morelli 2020). Thus, Murgo et al. (2017) urged clinicians to address sexual minorities’ attachment to (hetero)sexist attitudes, because prejudice from within the LGBT community, such as negative feelings towards men who fail to adhere to masculine norms, harms the community as a whole.

Moody et al. (2018) tested a path model of internalized homophobia and its effects on health and drug use, and found that internalizing societal prejudices has far reaching consequences. The results of their study indicate that internalized homophobia is positively related to drug problems, depression, and sexual anxiety, and negatively associated with gay community attachment. Thus, the greater one’s internalized homophobia is, the less connected they felt to the larger gay community and the greater depression and anxiety they experienced.

Furthermore, literature suggests that internalized stigma serves as a mediator between gender identity and negative health outcomes (Fredriksen-Goldsen et al. 2014) and may be especially harmful for transgender and nonbinary people, given that their rates of attempted suicide are nearly 10 or more times higher than the general public (dickey and Budge 2020; Fabbre and Gaveras 2020). In fact, scholars report that upwards

of 40 percent of trans and gender nonconforming people have attempted suicide in their lifetime (Fabbre and Gaveras 2020). Transgender people may also face compounded effects of gender identity and sexual orientation. For example, transgender bisexuals remain at greater risk for experiencing bisexual-specific minority stress (e.g., bisexual prejudice) and sexual minority stress (e.g., heterosexist prejudice) compared to bisexual men (Katz-Wise, Mereish, and Woulfe 2017; Van et al. 2019). These issues may contribute to the internalization of negative societal perceptions of trans people (Hendricks and Testa 2012) and may exacerbate one's absence of social belonging due to feeling burdensome.

Beyond gender identity, Silverschanz et al. (2008) also found that negative psychological effects due to heterosexist climates and harassment extend to heterosexuals as well. This could be due to bystander stress, but also from the strict policing of rigid social expectations regarding appropriate gendered behavior. Cumulatively, these studies suggest that anti-LGBT climates are harmful for everyone—not only LGBT individuals. Yet, minority stress and health outcomes may also vary by race and gender.

Intersectional Lens for Analyzing Minority Stress and Health Disparities

Approaching studies with an intersectional lens requires intention, astute observation, and critical evaluation as evidenced by the unique experiences of LGBT people who hold multiple marginalized identities across sociodemographic categories (e.g., race, gender, class, etc.). An intersectional approach may consider the additive and multiplicative effects of identities that shape individual and group experiences, thus requiring scholars to examine the social and structural mechanisms that individualize

one's reality and that also create differences among and between groups (Cole 2009; Crenshaw 1991). The importance of intersectionality in the study of minority stress rests on the foundation of social stress theory itself: advantaged groups will experience less stress than disadvantaged groups as a whole (Schwartz and Meyer 2010). Accordingly, scholars suggest that disparities among the LGBT community resulting from minority stress are further compounded by intersecting identities of race and gender (Friedman et al. 2019), including differences in discriminatory experiences among LGBT people of color compared to white LGBT people (Han 2007), and sexual minority women compared to sexual minority men (Katz-Wise et al. 2017). Other research suggests that sexual orientation contributes to health disparities only when interacting with other marginalized identities such as gender and race (Bostwick et al. 2014), meaning sexual orientation alone may not cause greater stress for people of color. In summary, studies incorporating an intersectional lens within the minority stress framework must investigate the relationship of structural, cultural, and personal disadvantages affecting mental and physical health (Schwartz and Meyer 2010), including the use of ameliorative resources that may mitigate harm, such as social support via connection with the LGBT community.

Social Support and Minority Stress

Meyer (2003b) posited that sexual minorities use both personal and social resources to cope with, manage, and remain resilient against minority-related stress. Yet, coping and resilience differ in significant ways. Coping entails individual effort taken to respond to stress, whereas resilience is the successful mitigation of negative effects of

minority stress (McConnell et al. 2018). Strategies to mitigate stigma and its negative effects largely rely on individuals connecting to sources of social support and group solidarity. Sharing a strong social and psychological connection with a stigmatized group may support destigmatization within-group and provide positive comparison references (Meyer 2003b; Reysen 2015). For example, people may attribute negative life experiences to larger issues of societal prejudice and individual acts of discrimination rather than blaming themselves for perceived shortcomings. Thus, the psychological need to belong no doubt carries significant implications for the LGBT community, considering that a lack of belonging may lead to greater stress and anxiety grounded in loneliness or disconnection (Baumeister and Leary 1995).

Barker, Herdt, and Vries (2006) note the various types of social support that exist, including informational support (e.g., advice), emotional support, and instrumental support (e.g., physical or material assistance). However, there are varying levels of access to these resources, which impact sexual minorities differently as they age. These social support systems are essential for LGBT people because many have ambivalent or estranged relationships with biological family members, thereby leaving a gap in a main source of support upon which others commonly rely (Barker et al. 2006). Hence the emergence of “chosen family” in support literature, which describes the phenomenon of LGBT individuals identifying non-biological relationships as familial ones (Riggle et al. 2008). As the focus of this study rests on a source of support drawn from feeling connected to an LGBT community, the following overview consists of significant contributions to health research regarding the role of LGBT community belonging,

followed by a synthesis and critical analysis of community connection in online environments and video games.

LGBT COMMUNITY CONNECTEDNESS AND BELONGING

Affiliation with a group identity allows individuals to access group-level coping resources, which may buffer against the negative effects of stigma and minority stress (Meyer 2003b). Quantitative and qualitative studies have associated LGBT community connectedness and belonging with numerous benefits, including positive identity development, emotional support, positive well-being, and better health (Austin and Goodman 2017; Bowling et al. 2020; Budge, Rossman, and Howard 2014; Fredriksen-Goldsen et al. 2014; Ghavami et al. 2011; Noyola et al. 2020; Petruzzella et al. 2019; Sattler, Wagner, and Christiansen 2016). In a review of open-ended survey responses, Riggle et al. (2008) found that sexual minorities feel a sense of belonging to the LGBT community resulting from a sense of shared experience, which coincides with positive identity development. Other scholars have found that community connectedness is associated with lower internalization of prejudice (Petruzzella et al. 2019) and better self-esteem (Austin and Goodman 2017). The evidence is clear that community plays an important role in the minority stress process, but the term “LGBT community” may differ depending on the context of the research. Thus, an overview of the term rooted in community literature is necessary for this study.

Community may refer to locality and territory such as one’s neighborhood, or to a psychological sense of community derived from shared interests. According to McMillan and Chavis (1986), four elements remain central to the creation of a psychological sense

of community: membership, influence, integration and fulfillment of needs, and shared emotional connection. Membership consists of boundaries that distinguish whether someone belongs to a group (Obst, Zinkiewicz, and Smith 2002) and one's sense of belonging. McMillan and Chavis (1986) argued that influence serves as another element to community by shaping how individuals impact (and are impacted by) other members. Integration and fulfillment of needs refers to the reinforcement of cohesion and shared values (Obst et al. 2002). Lastly, shared emotional connection stems from personal connection and contact with group members that helps solidify identification. Together, these elements contribute to community connectedness.

Scholars suggest that the term LGBT community in the United States developed largely from queer advocacy groups and grassroots organizers in the 1970s, resulting in what Woolwine (2000) called the “imagined” queer community—a macro-level, yet individually conceptualized, sense of community on the basis of shared difference found within (or organized in defiance against) heteronormative structures. Early studies on LGBT community connectedness focused on clinical outcomes related to the impact of HIV/AIDS support groups on sexual behavior and health (Woolwine 2000). Beyond smaller networks of shared clinical experiences, some studies focused on larger LGBT-inclusive organizations and queer-affirming institutions. For example, among gay athletes who participated in the Gay Games—a quadrennial sporting event featuring LGBT competitors—Waitt (2003) conceptualized the purpose of LGBT community in three ways: (1) to defy stereotypes; (2) to create supportive environments; and (3) to embrace

diversity of LGBT people. Thus, the Gay Games serve as a space for athletic participation to extend into political and social change efforts beyond pure competition.

Lastly, Woolwine (2000) discussed the importance of personal communities consisting of close relationships between LGBT individuals, which may create a more personalized sense of LGBT community. Consistent with Woolwine's (2000) conceptualizations, LeBeau and Jellison (2009) assessed what the gay community meant to 129 gay and bisexual men (mostly white, highly educated, and fairly religious), and found that some conceptualizations included close networks of friends, whereas others included formal groups, businesses, and sports teams. Accordingly, the definitions of LGBT community vary across studies, suggesting that social context may significantly impact individual conceptualizations and meaning of the term. These findings support the need for a holistic overview of LGBT community connectedness across all dimensions (e.g., macro, meso, and micro) for appropriate critical analysis of relevant community literature.

Local LGBT Communities and Groups

Scholars of LGBT community evidence a variety of social spaces from which communities develop, including bars, local community centers, public venues, and more (Grov et al. 2014; Kelly et al. 2014; Woolwine 2000). LGBT groups may provide sexual and gender minorities a liberating space away from heteronormative, homonegative, and anti-trans prejudices that facilitate the engagement of meaningful activities with similar individuals. It is unsurprising then that 40 percent of LGBT adults were members of an

LGBT group at one point in their lifetime, and 14 percent of participants indicated recent membership (Pew Research Center 2013).

Some studies indicate a general presence of LGBT community among members in geographically bound locations, such as gay enclaves (Kelly et al. 2014; LeBeau and Jellison 2009). However, research focusing on *specific* LGBT groups within the United States while citing parameters of membership and participant experiences remains somewhat limited. Ceatha et al. (2019) provide an overview of LGBT community development in Ireland, including formations of groups and events like the biannual choir festival, LGBT film festivals, the Gay Games, and many LGBT-inclusive organizations. Ceatha et al. (2019) argued that sharing an LGBT identity with others helps participants connect and discover other shared similarities that facilitate stronger community bonds. Barr, Budge, and Adelson (2016) also supported this notion, as their study demonstrated how transgender community belonging mediated the relationship between trans identity and well-being, which suggests that community connectedness plays a vital role in supporting positive social experiences for sexual and gender minorities. Moreover, Woolwine (2000) suggested that face-to-face interactions facilitate stronger connections and a sense of belonging. These assertions are consistent with micro-sociological theories, such as Interaction Ritual Chain (Collins 2005), which describes how collective effervescence, symbolic meaning of group membership, and influence among group members explain the development and sustenance of group cohesion.

Moreover, LGBT community connectedness may have a direct effect on general community connectedness (non-LGBT specific), which further supports better health

outcomes for sexual and gender minorities. Morris et al. (2015) tested a path model pertaining to community connectedness and mental health, which resulted in three significant conclusions: (1) personal gay friendships lead to a sense of belonging to a gay group; (2) sense of belonging to a gay group connects gay men to a larger general (non-LGBT specific) community; and (3) connection to a larger community supports better mental health. These findings stem from a presumably white Australian sample recruited via email and snowball sampling, which precludes generalizability. Yet, the idea that smaller groups bridge the gap between individuals and the larger notion of the LGBT community remains supported in other literature (Jackson 2017; Wilkinson et al. 2012; Woolwine 2000).

Other types of LGBT communities have formed within various institutions, including the medical and health professions (Pilling et al. 2017), professional workplaces (Bell et al. 2011) and schools (Morris et al. 2015). Demography may play an important role in community development as well. For instance, living or working in regions with a dense LGBT population may increase opportunities to enhance community connectedness among sexual and gender minorities, thus leading to better health outcomes. Kelly et al. (2014) found that LGBT people tend to migrate toward urban areas and concentrate around major cities. These migratory patterns have led to the development of gay neighborhoods and enclaves, which serve as a significant source of connectedness for some members of the LGBT community. However, Rosser, West, and Weinmeyer (2008) found that HIV prevention specialists and gay community leaders in New York, Miami, Minneapolis, and other major cities across the globe, have observed

structural changes in enclaves resulting in the decline of gay community visibility.

Participants in their study noted decreased attendance at public venues such as gay bars/clubs and emphasized concern over heterosexual gentrification in local gay enclaves and neighborhoods. Their findings highlight the importance of emerging virtual LGBT communities.

Virtual LGBT Communities

Although local and regional communities continue to provide opportunities to develop a sense of belonging among sexual and gender minorities, an emerging shift in community form and structure have emerged because of structural changes within LGBT enclaves (Grov et al. 2014; Kelly et al. 2014; Rosser et al. 2008) and the expansion of personal social networks via online interactions (Mehra, Merkel, and Bishop 2004). LeBeau and Jellison (2009) suggested that the main points of entry into the LGBT community include friends, bars, organizations, and the Internet. At the time of their study, however, the Internet was the least frequent response for entry. Current research suggests that Internet engagement with LGBT groups has increased significantly (Harper et al. 2016; Mehra et al. 2004; Strauss 2019; Ybarra et al. 2015).

Mehra et al. (2004) argued that computer-mediated communication may extend or supplement offline interactions for LGBT people. In their analysis of 240 email messages posted in 2000 by 57 members of an LGBT-related email listserv, the scholars found that sexual minorities use the internet for social surveillance (i.e., staying updated on news related to one's social group), political organization and activism, social support and sense of community, and personal and political empowerment. Their findings are

consistent with other scholars who conclude that online communities help facilitate in-person meetings for friendships or casual meet ups (Harper et al. 2016), coordinate political activities (Gorkemli 2012), open discussion on important topics like identity disclosure and expression (Hou and Lu 2013), and support the mental processing of extreme violence facing the LGBT community (Jackson 2017).

Moreover, the ability to cross geographic restrictions when building or joining a community holds significant value for LGBT people in rural areas who tend to report lower levels of LGBT connection. Swank, Frost, and Fahs (2012) found that rural LGBT residents may experience heightened stigma compared to urban residents, because living in larger cities insulates LGBT people from isolation. Thus, community belonging and participation in online LGBT groups may be more feasible and accessible now for those living far from areas with a higher population of LGBT people (Grov et al. 2014; Kelly et al. 2014).

Additional research supports the prevalence of online LGBT communities and their effectiveness in mitigating effects of minority stress. In their study using structural equation modeling, Chong et al. (2015) found that the intensity and use of LGB-related social media mediated participants' connection to the larger LGB-community, which directly related to reductions in sexual stigma (e.g., identity concealment, feeling like LGB identity is a burden, etc.) and better well-being. Furthermore, Jackson (2017) researched the utility of an online email thread for LGBTQ graduate students processing the aftermath of the violent Pulse night club massacre that occurred in June 2016. One of the themes that emerged from the study is participants' isolation from their hometown

LGBT community, evidencing the continued role that local and regional LGBT-affirming spaces play despite scholars suggesting an outgrown attachment to such spaces (Kelly et al. 2014). Jackson (2017) also noted how the forum facilitated new friendships and in-person gatherings, which further supports Mehra et al.'s (2004) position that LGBT people use technology to supplement—not replace—interactions with the LGBT community.

Taken together, online community connectedness complements other forms of belonging, thereby contributing to multiple sources of social support that may protect against the effects of minority stress. In fact, some scholars argue that one of the strongest buffers to suicide ideation and attempt among the trans and gender-diverse community is social support (dickey and Budge 2020). Cipolletta et al. (2017) found that transgender people use online communities for a variety of reasons: to access social support resources, to develop strong relationships with others who share their experience of trans identity, and to seek or offer advice regarding medical questions or personal insights. However, some scholars found that if individuals hold a low level of connection to their stigmatized group, then internalized prejudice or experiences of blatant discrimination may push them farther away from group identification (Major and O'Brien 2005), thereby stifling social support based on shared identity. For example, Austin and Goodman (2017) found that although social support is positively associated with higher self-esteem, it fails to mitigate the effects of stigma when internalized prejudices already exist.

Conversely, Puckett et al. (2019) used the Gender Minority Stress and Resilience Scale to assess transgender community connectedness among 695 gender diverse people, and found a negative, albeit weak, association between community connection and depressive symptoms, indicating that as trans community connectedness increased, depressive symptoms decreased. Their study is one of few to focus on gender minorities and multiple sources of social support (e.g., trans community support, family support, and friendships). However, Puckett et al. (2019) lacked a systematic approach to evaluate, or avoid altogether, any possible overlap in their measurements of social support. For example, an individual's friend may also be a part of that individual's conceptualization of the trans community. The study also lacked racial/ethnic diversity despite the large sample recruited from social media and trans community events.

Intersectionality and LGBT Connectedness

Regarding types of social support that LGBT people most often use, differences emerge for lesbian and bisexual women compared to gay and bisexual men (Frost, Meyer, and Schwartz 2016). For example, lesbian and bisexual women tend to rely on family support networks for major support, such as financial and economic assistance and caregiving, while gay and bisexual men tend to rely more heavily on other LGBT people, especially in their personal networks. Using confirmatory factor analysis, Frost and Meyer (2012) tested mean differences in LGBT community connected between lesbians, gays, and bisexuals, and found that bisexuals feel less connected to the LGBT community. However, the authors found no significant differences in LGBT connectedness based on race or gender, despite other research suggesting the existence of

some intragroup marginalization affecting LGBT racial-ethnic minorities (Han 2007; Noyola et al. 2020). Though LGB people of color tend to have smaller social support networks in general, Frost et al. (2016) argued that LGB people typically receive social support from LGB networks of similar racial/ethnic composition. Moreover, Balsam et al. (2015) surveyed 1,106 sexual minority women using the LGBT connectedness scale developed by Frost and Meyer (2012), and found no difference between white and non-white sexual minority women in terms of social connection and involvement with the LGBT community. Both studies remain problematic for two significant reasons: (1) they omitted transgender individuals (despite focusing on LGBT community connectedness); and (2) their operationalized measurements for connectedness may not grasp unique ways in which racial and ethnic minorities conceptualize LGBT community or feel connected to it.

In direct contrast to Frost and Meyer (2012), Petruzzella et al. (2019) conducted multiple regression analysis to determine the effect of identity centrality, self-identified masculinity and femininity on internalized symptoms of psychological distress, and found that community connectedness is negatively associated with gay men internalizing symptoms. Moreover, Petruzzella et al.'s (2019) conducted a regression analysis with interaction terms for race and gender and concluded that community connectedness held a stronger association with lower levels of internalized distress for non-white gay men compared to the strength of association for white gay men. Conversely, McConnell et al. (2018) conducted a multivariate analysis of variance and found that connectedness to the LGBT community mediated the relationship between stigma and stress more strongly for

white sexual minority men compared to sexual minority men of color. These mixed results lend credible support that underlying sexism, sexual stigma, and racial prejudice may impact minority stress as well as the buffering effects of social support sources. Yet, methodological gaps and limitations, as discussed more below, contribute to inconsistent and sometimes competing results. Some possible explanations for the differences in race and gender among LGBT connectedness and minority stress stem from resilience built from stressors related to one identity (such as race) protecting against stressors of another identity (sexual orientation); whereas, other explanations point to the fact that multiple minority statuses restrict individual and group access to stress mitigating resources (McConnell et al. 2018; Schwartz and Meyer 2010).

In addition to the physical and online communities organized around shared sexual or gender minority status, other communities have emerged as a result of shared leisure interests, such as those found in geek culture—a genre of interests commonly associated with science, technology, and media, with some content remaining stigmatized by mainstream media (Peeples, Yen, and Weigle 2018). Thus, the final virtual space examined by this review includes online video game communities, which serve as an emerging yet under-researched environment where sexual and gender minorities may explore and express identity, build community, and increase access to social support (Hernandez 2020; Longman, O’Connor, and Obst 2009; Williams et al. 2006).

ONLINE VIDEO GAME COMMUNITIES

Video games are cultural artifacts that combine elements of art and technology (Burger-Helmchen and Cohendet 2011). Moreover, the emergence a specific genre of

video games, known as massive multiplayer online roleplaying games (MMORPGs), has opened new ways of social connection between gamers in online environments. In MMORPGs, players venture through large virtual spaces with their character avatars and use social mechanics to explore vast digital worlds with others (Ahlstrom et al. 2012; Cărățărescu-Petrică 2015; Cole and Griffiths 2007; Shen 2014; Williams et al. 2006).

Ducheneaut, Moore, and Nickell (2007) asserted that MMORPGs are virtual third-spaces used as tools for sociability, which other researchers have confirmed (Shen 2014; Steinkuehler 2006; Zhong 2011). Accordingly, two primary forces within MMORPGs facilitate social interactions: (1) players and (2) the game's social architecture (Shen 2014; Williams et al. 2006). In terms of social architecture, MMORPGs not only provide virtual spaces that mimic social areas in real life (e.g., taverns, cities, houses, etc.), but also various communication tools to express one's avatar in the virtual environment, including text-based chat and expressive nonverbal cues like as smiling or laughing. These interactions are especially evident within player-focused groups called guilds.

MMORPG Guilds

Online gaming communities in MMORPGs, more commonly referred to as guilds, serve as a potential source for increased engagement and social interaction (Cărățărescu-Petrică 2015; Longman et al. 2009; Williams et al. 2006). Williams et al. (2006) provided a useful typology describing four guild types that emerged from their research: (1) social guilds; (2) roleplaying guilds; (3) payer versus player (PvP) guilds; and (4) raid guilds. Social guilds reflect real life social interactions that indicate clear

concern over guild members' welfare beyond game mechanics and goals. Role playing guilds allow players to act as if they are their character avatars. Player versus player groups may emerge from within larger guilds, focusing on scheduled and structured gameplay goals. Finally, raid guilds serve as a community to support the completion of large-scale structured game content. According to Williams et al. (2006), guilds may have traits from several of these typologies.

Multiple studies conclude that guilds offers unique benefits to members, such as: developing new friendships (Cole and Griffiths 2007; Fuster et al. 2013; Smyth 2007); experiencing high levels of social support (Longman et al. 2009); maintaining social relationships with friends and family (Williams et al. 2006; Zhang and Kaufman 2016); and decreasing intergroup bias between different in-game factions, such as the Alliance and Horde factions in World of Warcraft (Mancini et al. 2018). In an international survey that sampled MMORPG players from the United States, United Kingdom, and Canada, Cole and Griffiths (2007) found that about 76 percent of men and 75 percent of women developed an average of seven good friendships from playing MMORPGs, with some players stating that their online friends could be trusted more than their offline friends. In further support of community connectedness in online game environments, Longman et al. (2009) discovered that guild members who communicated with each other offline—such as in Voice over Internet Protocol (VoIP) software or email—reported significantly higher levels of social support which was negatively correlated with negative psychological symptoms. Limitations to these two studies include aged data, as games and their systems have advanced greatly with new innovations that may impact these

findings if the studies were replicated today, such as games with integrated VoIP software within its own social architecture.

Additionally, Cărățărescu-Petrică (2015) described how guilds and communities within MMORPGs, such as World of Warcraft, are often structured around elements of team work to defeat a difficult enemy. Yet, there remain additional topics of shared interests that contribute to strong cohesion among online gaming communities. For instance, developing online friendships that transcend digital boundaries and turn into offline friendships is not uncommon (Cărățărescu-Petrică 2015; Cole and Griffiths 2007). These bonds are created over game related and non-game related material, suggesting that social interactions within online environments reflect similar behaviors offline. Moreover, shared hobbies and even shared identities such as nationality may serve as points of social connection between players. These bonds may continue even after individuals stop playing the game from which the friendship originated. Together, these studies indicate how interaction between guild members is an important foundation of building a sense of belonging, and that these interactions may occur for a diverse group of players in a multitude of ways.

LGBT Gaming Communities and Guilds

Studies on guild connectedness have significant implications for LGBT-affirming groups that have emerged within online video game communities. In one of the first (and possibly only) scholarly studies that investigates black lesbians' experiences with sexism, racism, and sexual stigma within virtual gaming spaces, Gray (2018) conducted ethnographic research with informal interviews comprising 15 queer women of color who

play video games on Xbox Live. She found that identity development and community connectedness served as pillars for the virtual gaming communities to which these women belonged. Participants reported feeling free to be themselves in the virtual environment of Xbox Live compared to other online spaces, suggesting that virtual spaces centered around or within games offer sexual minorities opportunities to not only further explore and engage with their sexual and gender identities, but to establish support systems that recognize and validate their intersectional identities and experiences of oppression, too (Gray 2018).

What is important to note about these virtual climates is that like the physical realm, they may exist within patriarchal and heterosexist structures that perpetuate misogyny, heteronormativity, anti-queer prejudices, and racism (Brehm 2013; Salter and Blodgett 2012), as evidenced by the challenges that Gray's participants experienced with racialized and sexualized confrontations with men. While Gray's (2018) findings are limited to only one video game console and virtual environment (i.e., Xbox Live), it validates the integration of social science research methods in virtual spaces for future studies aimed at investigating how online games offer community and social support to sexual minorities and people with multiple marginalized identities. Though prior literature on virtual gaming communities indicate a substantial impact on well-being and development of personal relationship and community (Cole and Griffiths 2007; Longman et al. 2009), Gray's (2018) contributions highlight the importance of intersectionality, especially regarding race, gender, and sexual identity and their role in supporting (or restricting) access to inclusive communities that lead to positive health benefits.

Additional research suggests that online video games offer unique virtual environments from which LGBT groups and connectedness form. Using ethnographic methods informed by personal experience with three MMORPGs, Hernandez (2020) found that players formally organize LGBT-inclusive online communities within games, known as LGBT guilds, which facilitate queergaming—an approach to gaming where players navigate game mechanics, narratives, and community development through transgressive gameplay that helps gay gamers (i.e., gaymers) build LGBT representation within a game’s original architecture, whether or not it existed before. For example, gamers navigate existing game mechanics, engage with other players, and develop, challenge, and/or evolve their identities and communities through transgressive gameplay, such as roleplaying as a queer character despite the narrative story implying heteronormative expectations. Hernandez (2020) also conducted research on forums by searching for the terms “LGBT” and “gay,” and found that “LGBT” was associated most commonly with recruitment messages to LGBT guilds. This finding suggests that cultural influences, including terminology such as “LGBT community,” affect discourse and behavior used in virtual gaming environments, supporting the existence of a macro-level “imagined” LGBT community (Woolwine 2000) that transcends physical boundaries. Both Gray (2018) and Hernandez (2020) offered exceptional qualitative accounts for online LGBT video game environments, but a quantitative gap in current literature on this topic remains apparent, and thus forms the basis of this dissertation.

SUMMARY OF LITERATURE

Numerous studies as cited above support Meyer's (2003b) minority stress theory that suggests sexual and gender minorities face health disparities as a result of anti-LGBT prejudice and stigma. LGBT connectedness and community belonging may buffer against negative effects of minority stress and mitigate such disparities by supporting positive identity development, opportunities for identity disclosure, and group-level coping resources that lead to better health and well-being. This review of literature evaluated key studies that suggest online spaces are effective in providing coping strategies and resilience-based resources for sexual and gender minorities via connection to a larger LGBT community just as physical and in-person communities offer. One such community environment that remains underexplored for LGBT people includes online video game communities known as guilds, despite ample evidence of gamers benefiting from general guild membership.

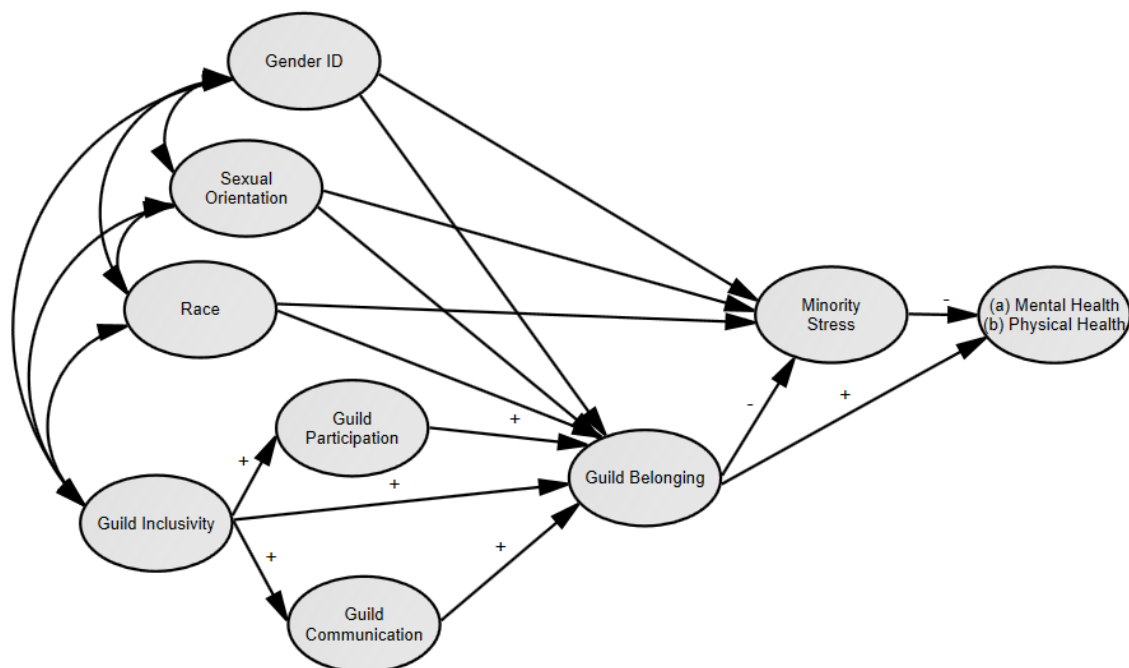
RESEARCH QUESTIONS AND HYPOTHESES

Based on the reviewed literature pertaining to minority stress, health disparities among sexual and gender minorities, LGBT community connectedness, and membership to virtual guilds in MMORPGs, many questions about LGBT gamers' online experiences and the effects on minority stressors and health remain unanswered. Studies have concluded that social connection to an LGBT group or community may reduce or buffer the negative outcomes of sexual and gender minority stress, but virtual gaming spaces are often omitted in research as a potential source of significant social connection. Additional questions that arise from the gaps of current LGBT health literature cited previously

include an investigation of the types of activities within LGBT virtual groups that support a sense of belonging, and characteristics of the composition and social climate of such groups.

Accordingly, this study aims to examine how aspects of LGBT guild participation, communication, and a sense of belonging impact self-reported levels of minority stress among LGBT adults in the video game Final Fantasy XIV. Insights from Meyer's (2003b) minority stress model as well as social identity theorists (Tajfel and Turner 1979) provide a theoretical framework for developing and testing two models (see Figure 1) comprising three observed variables (gender, sexual orientation, and race) as well as seven latent constructs: (1) LGBT guild inclusion; (2) level of LGBT guild participation; (3) level of LGBT guild communication; (4) sense of belonging to the LGBT guild; (5) level of minority stress; (6a) mental health; and (6b) physical health.

Figure 1. The Hypothesized Model



Researchers have posited and tested various models informed by minority stress literature, taking one of several approaches: (1) examining how group-based support (i.e., belonging) moderates the effects of minority stress on health; (2) investigating how group-based support mediates the relationship between minority stress and health; and finally, (3) testing direct and indirect effects of group-based support on minority stress and well-being.

The current study takes the third approach as depicted in Figure 1. The hypothesized model shows the effects of belonging on minority stress and on mental and physical health, while simultaneously testing the direct effects of minority stress on health. The model assumes that gender identity, sexual orientation, race, and guild inclusivity co-vary. Based on the previously cited literature, gender identity, sexual orientation, and race are expected to have significant associations with belonging and minority stress that LGBT people experience. Yet, the hypothesized effects of guild inclusivity are restricted only to the three game-related variables (guild participation, guild communication, and belonging) because little to no empirical research exists to hypothesize a relationship to minority stress or mental and physical health. Guild participation and guild communication are expected to positively relate to belonging, and may have significant effects on minority stress based on social identity theory. Finally, the model shows direct associations between belonging and mental and physical health, as well as indirect effects on health through minority stress.

CHAPTER IV

METHODOLOGY

This section details the methods used in the current study and expands on the data source, sample, recruitment procedures, measures, and analytic strategy. The study is in part exploratory because there is little research on LGBT MMORPG gamers. However, the study also serves as a confirmatory analysis by testing hypotheses and models as previously stated. Accordingly, an in-depth review of the study's population recruitment methods and data cleaning protocols follow.

DATA

This study used data from anonymous survey responses collected from participants between December 2020 and February 2021. The survey instrument consisted of 129 questions, some of which were adapted from previous studies while others were developed by the researcher for the unique population and digital environment pertinent to the study. The questionnaire collected the following types of data: demographic information (gender, sexual orientation, race); information about the respondents' affiliated LGBT guild, such as characteristics of inclusivity; frequency of respondents' engagement with their LGBT guild in terms of participation in game-related activities and with different communication mediums; respondents' attitudes and beliefs about their own sense of belonging in their LGBT guild; experiences with discrimination, anticipation of rejection, non-disclosure of LGBT identity, and internalized prejudice;

and respondents' self-reported status of their mental and physical health (e.g., depressive symptoms, physical health diagnoses, and illness).

Sample

A total of 949 people completed some portion of the online survey. Survey Monkey indicated that 54 percent of the participants completed the entire survey. The average time spent on the survey was 31 minutes. Nine participants were removed based on their open-ended responses to gender identity and sexual orientation, as their responses were inappropriate and indicated that the respondents failed to answer questions seriously. As an example, two respondents wrote in "attack helicopter" for the question asking for respondents to indicate their sexual orientation. The remaining 940 cases were then filtered out based on three criteria: (1) missing data related to response items pertinent to the current study (e.g., gender identity, sexual orientation, guild participation questions, guild communication questions, belongingness, minority stress indicators, and health indicators); (2) incorrect selection of three screening responses (e.g., selecting *Never* when the prompt specifically instructed the respondent to select the response *Always Agree*); and (3) respondents with a survey duration under 15 minutes, as it is unreasonable for an individual to read the entire survey and answer truthfully in less than that amount of time due to the number of questions. After completing the filtering process, the remaining sample size totaled 265 cases ($N = 265$).

Power Analysis

Results of a priori power analysis concluded that a sample size of 165 is adequate for achieving statistical power of 0.8 for the hypothesized model. However, methods of

power analyses vary for structural equation modeling and depend on the researcher's interest in analyzing statistical power at the individual parameter level or at the model level (Kline 2016; Newsome 2020). This study adopted MacCallum, Browne, and Sugawara's (1996) analytic method for achieving a power of 0.8 for testing the close fit of a structural model based on root mean square error of approximation (RMSEA) within an acceptable range (< 0.8). The researcher calculated the degrees of freedom based on the proposed structural equation model ($dfs = 231$) by subtracting the number of freely estimated parameters in the proposed model from the number of total elements ($300 - 69 = 231$), and used a free R-based sample size calculation macro with alpha set at .05, desired power set at .80, null RMSEA (H_0) set at .00, and alternative RMSEA (H_a) set at .08. The calculation indicated a sample size of 165 cases assures power at the .80 level for testing the close fit of the model (Preacher and Coffman 2006).

Scholars note that power analyses at the individual parameter level (i.e., target effects) are warranted to achieve a sample size large enough to detect significant individual effects with sufficient power; however, such a priori analyses remain difficult because numerous factors influence power levels in a structural model, such as the number of latent variables, number of factor loadings, measurement reliability, effect size, and other parameter values (Wang and Rhemtulla 2020). More advanced tests of power require good estimates of a population's parameters. Yet, this study is the first of its kind, which made it impractical to estimate such values with minimal knowledge provided by previous studies. As a substitute, the researcher conducted a priori power analysis using G*Power to calculate the sample size needed for estimating individual

effects of two tested predictor variables (out of a total of seven predictors in the model) on one outcome variable based on F-test statistic for linear multiple regression. A calculated sample size of 485 cases resulted from setting the desired power level at 0.8, with alpha set at .05, and effect size set at .02 (small effect). In summary, power at the 0.8 level for model fit testing requires a sample size of 165, and power at the same level for testing target effects of individual parameters requires an estimated sample size of 485. Post-hoc power analyses were conducted during after statistical analyses and indicated sufficient power as discussed in greater detail in the following chapter.

Research Procedures and LGBT Guild Identification

The population of this study consisted of LGBT adults (18 years of age or older) who can communicate in English without the need for a translator and are members of an LGBT-inclusive Free Company (i.e., an LGBT guild) in the video game Final Fantasy XIV (FFXIV). The research study was approved by the Institutional Review Board at Texas Woman's University (TWU), and all research protocols followed the procedures outlined in the IRB application. The principal investigator conducted an in-depth search for LGBT guilds in FFXIV listed on the official Final Fantasy XIV recruitment Lodestone webpage using the following keywords: LGBT, LGBTQIA+, Lesbian, Gay, Bisexual, Pansexual, Trans, Transgender, Queer, Gaymer, Rainbow, Bear, Cub, Furry, and Pride. Searches were also conducted on Google, Reddit, Facebook, Twitter, and Discord. Furthermore, previous members of the FFXIV community have compiled lists of self-identified LGBT or LGBT-friendly guilds and have shared those lists on popular forums and websites, such as Reddit, Facebook, and the official FFXIV forums. Two

such forums were used as a reference to supplement the researcher's list of guilds identified as LGBT or LGBT-friendly. Additionally, searches for LGBT and LGBT-friendly guilds were conducted in-game by visiting in-game locations and viewing players' character avatars which indicated an association to a guild above or below their character name.

All guilds found through the strategies described above were cross-referenced with the official FFXIV Free Company (guild) database maintained by the video game publisher, Square Enix, to ensure the guilds were currently in existence at the time of data collection. The official FFXIV database provides the following pertinent guild information: guild name, guild membership total, a full member roster, a location of the guild's in-game headquarters if they own one, and additional identifying information if the guild leaders filled out their guild profile in greater detail. Based on the information gathered, the researcher identified 122 Free Companies in FFXIV that self-identified as *LGBT Guilds*, comprising a total of 9,101 character-members at the time of documentation. Additionally, 209 guilds were identified as *LGBT-friendly* or *LGBT-inclusive*, totaling 14,843 character-members. It is important to note that character-membership count does not necessarily indicate each member is a different individual. A common occurrence in FFXIV and other MMORPGs is the creation and use of alternate characters (known as Alts or Toons).

Another consideration that highlights the challenges in identifying and targeting this specific population is that character-members may stay on guild rosters well past their actual active status, meaning that not all character-members in a guild are currently

active members or have access to play the subscription-based game. Thus, the exact number of the population of LGBT FFXIV gamers who are in LGBT-inclusive guilds remains elusive. A reasonable estimation based on the available data and the database created by the researcher for this study hovers over 20,000 LGBT guild members. Thus, an attempt to reach all current members of the population were made via the following participant recruitment strategies.

Participant Recruitment

Recruitment of participants occurred online over a 4-week period beginning in December 2020. The researcher used the following methods to recruit participants in this study: (1) posting information about the study and survey on relevant forums (Facebook, Reddit, FFXIV Official Forums); (2) sending information about the study to specific community hubs found through online web searches, including Discord servers for specific LGBT guilds, as well as social media platforms such as Instagram and Twitter using hashtags like #FFXIVLGBT, etc.; (3) sending personalized messages to community leaders, such as Discord server owners and Facebook moderators for LGBT-related FFXIV groups; and (4) reaching out to members and officers of LGBT guilds in-game. In FFXIV, a player can write messages that other players in a specific area within the game can see (called a “Shout”), and each player can send private messages to other players (a “Tell”). The researcher used both in-game messaging methods to promote the survey. Sending public in-game announcements about the study, in moderation, is similar to someone standing outside a busy storefront while promoting a survey. Sending a private message to a specific individual on the population list is akin to sending an email—the

individual may ignore the message, block the user, or respond. All correspondence and outreach efforts included IRB-required language as well as a link to the online questionnaire on Survey Monkey.

The online survey contained an information page with a description of the study's purpose, a description of the study's procedures, a list of potential risks and benefits, a list of mental health resources, two screening questions to ensure participants were eligible to continue with the study, and finally a question asking for the respondent's consent. The researcher received a grant from the TWU Center for Student Research in the amount of \$486.00, which supported the purchase of survey incentives. Upon completion of the survey, participants were provided an opportunity to include an email address (not tied to the survey submission) to enter a random drawing to receive a 60-Day FFXIV Time Code or an electronic gift card of equal value (\$29.99 USD). Up to 30 winners were selected, but only 15 responded back with an indication of wanting to receive the incentive. Odds of winning were 1 in 100. No personally identifying information was collected by the survey instrument itself, and only an email address was collected if participants chose to enter themselves voluntarily into the drawing. Only the primary investigator of the study had access to response data in Survey Monkey. Updates to the study were posted to <http://gamesforme.org/research/lgbt-guilds-in-ffxiv/> and were made available to participants.

The sampling and recruitment methods described above were appropriate for this population because LGBT players in LGBT guilds are difficult to identify for several reasons. Firstly, LGBT players in FFXIV may be members of multiple LGBT guilds,

making probability sampling impractical due to the uncertainty of chances for players being randomly selected to participate in a survey. Secondly, the identification of a guild being LGBT-inclusive relies heavily on player interpretations, and therefore requires greater scrutiny to determine if LGBT-inclusivity is apparent. Accounting for this variation in perceptions, the survey asked respondents to indicate if their guild meets at least one of eight criteria that likely indicate LGBT inclusivity (explained further below in the Measures section). Thirdly, while many guilds appear static and unchanging, there are circumstances wherein new guilds emerge or established guilds disband, merge with another group, or change altogether. As a result of this flux in population, the study focused on LGBT guilds that self-report as active. Thus, while the estimated number of LGBT players in LGBT-inclusive guilds in FFXIV is approximately 20,000 players, that number likely shifts due to uncontrollable circumstances (e.g., players' personal finances, loss of interest in the game, busy schedules, lack of new game content, etc.). FFXIV players are accustomed to online communications and interactions, therefore an internet-based questionnaire seemed most appropriate, especially considering that internet surveys may offer greater anonymity and confidentiality compared to a telephone or in-person interview (Dillman, Smyth, and Christian 2014), which is an important consideration for this population based on the cited literature related to identity concealment.

MEASURES

Endogenous Variables

Mental Health served as one of the outcome variables in Figure 1, and was a latent construct measured by six observed indicators: (1) a somatic index, comprising six

items that measure the frequency of somatic symptoms experienced within the past seven days based on a 5-point scale from *None at all* to *Extremely* (e.g., feeling faintness or dizziness, pains in chest, nausea or upset stomach, etc.); (2) a depression index, comprising six items that measure the frequency of depression symptoms experienced within the past seven days based on a 5-point scale from *None at all* to *Extremely* (e.g., feeling lonely, feeling blue, feeling hopeless, etc.); (3) an anxiety index, comprising six items that measure the frequency of anxiety symptoms experienced within the past seven days based on a 5-point scale from *None at all* to *Extremely* (e.g., feeling nervous or shakiness inside, scared for no reason, tense or keyed up, etc.); (4) an indication of overall general mental health, rated on a 5-point scale from *Poor* to *Excellent* based on the question, “Overall, how would you rate your mental health?”; (5) the number of days within the last 30 days that the respondent felt their mental health was *not good*; and (6) the number of days within the last 30 days that the respondent’s mental health interfered with their normal work or housework. The somatic, depression, and anxiety indexes were adapted from the 18-item BSI Scale which reliably measures a range of mental health symptoms (Meijer, de Vries, and van Bruggen 2011), and the remaining items were adapted from the CDC BRFSS Survey (Frost et al. 2015). The researcher recoded the item measuring mental health days that were not good, changing the range from *1–31* to *0–30*. The item measuring how often mental issues interfered with the respondent’s normal workday was recoded from *0 (None at all)* to *4 (A great deal)*, as well as the item measuring general mental health (*0 = Excellent* to *4 = Poor*). Higher scores on the mental health indicators suggested poorer mental health. The final score for the Mental

Health factor was multiplied by -1.0 so that higher scores (i.e., negative integers closer to zero) indicated better health.

Physical Health served as the second outcome variable in Figure 1, and was a latent construct measured by four indicators: (1) a 21-point index of physical health symptoms experienced in one's lifetime (e.g., high blood pressure, asthma, etc.); (2) the number of days within the last 30 days that the respondent felt their physical health was *not good*; (3) number of days within the last 30 days that the respondent's physical pain interfered with their normal work or housework; and (4) an indication of overall general physical health, rated on a 5-point scale from *Poor* to *Excellent*. The health conditions index was adapted from the CDC BRFSS and Frost et al. (2015). Items were recoded so that days of physical health interference ranged from 0 (*None at all*) to 4 (*A great deal*) and days where physical health was not good ranged from 0–30. Higher scores indicated poorer physical health for all measures. The final score for the Physical Health factor was multiplied by -1.0 so that higher scores (i.e., negative integers closer to zero) indicated better physical health.

Minority Stress was a latent construct measuring sexual and gender minority stress based on five indicators, including: (1) a sexual orientation discrimination index, consisting of nine items that measure experienced discrimination based on the respondent's orientation (e.g., "How often have you been treated less courteously than others based on your sexual orientation?"), with five response options ranging from *Never* to *Very Often*, so that the higher the score, the greater the frequency of prejudice experienced; (2) a gender discrimination index, consisting of nine items that measure

experienced discrimination based on the respondent's gender identity (e.g., "How often have you been treated less courteously than others based on your gender identity?") with five response options ranging from *Never* to *Very Often*, so that the higher the score, the greater the frequency of prejudice experienced; (3) an expectations of rejection index, consisting of 14 items (e.g., "I think my friends won't accept me," and "I feel at high risk of being abused,") with five response options ranging from *Strongly Disagree* to *Strongly Agree*, so that the higher the score, the greater the level of rejection is anticipated; (4) an identity non-disclosure index, originally consisting of nine items (e.g., "What percent of members in your immediate family know about your LGBTQIA+ identity?") with response options ranging from *0 percent* to *100 percent*, in 10 percent increments. These items were reverse coded so that higher numbers indicated greater non-disclosure. Moreover, five items from the index were skipped often in the dataset, likely due to not being applicable to the respondent (e.g., being "out" at school or work), so only four of the items were retained (e.g., disclosure to immediate family, extended family, LGBTQIA+ friends, and non-LGBTQIA+ friends); and finally (5) an internalized prejudice index, consisting of eight items (e.g., "You wished you weren't LGBTQIA+") with five response options ranging from *Never* to *Very Often*, so that the higher the score, the greater the frequency of internalized prejudice experienced. The two discrimination indexes and the internalized prejudice index were adapted from Frost et al. (2015) and Salfas, Rendina, and Parsons (2019). The expected rejection index was adapted from Norcini Pala et al. (2017). The identity non-disclosure index was adapted from

Meidlinger and Hope (2014). Higher scores on the minority stress indicators suggested higher levels of minority stress.

Guild Belonging was a latent construct comprising four indicators, each constructed as an index with response options ranging from *None* to *A Great Deal* on each item, including: (1) emotional connection, consisting of six items (e.g., “How much do you feel that you are a valued member of the LGBT Guild?”); (2) membership connection, consisting of five items (e.g., “In general, how well do LGBT Guild members get along with each other?”); (3) member influence, consisting of six items (e.g., “How much do you feel other LGBT Guild members influence your thoughts and actions?”); and (4) existence of community, consisting of six items (e.g., “How much do you feel that a community exists for lesbians within your LGBT Guild?”). These indicators were adapted from Lin and Israel (2012) who conducted exploratory factor analysis and found that their measurement instrument fit a broader LGBT community compared to the similar scale developed by Proescholdbell, Roosa, and Nemeroff (2006), which focused on gay men only. Higher scores on each of the four indicators suggested a greater sense of belonging. As detailed below in the Results section, the indicators for this measure were a poor fit for the model, and a supplemental scale was used to measure belonging based on the LGBTQ Belongingness Attainment Scale developed by Murray and Dailey (2020), which consists of three subscale items on a 6-point scale with no neutral option, ranging from *Strongly Disagree* to *Strongly Agree*, including: (1) an affiliation index, consisting of six items that measure the extent to which the respondent agrees or disagrees with statements such as “You feel a sense of acceptance when you are with

other LGBT individuals from the LGBT Guild,” and “You feel more at ease when you’re around other LGBT individuals from the LGBT Guild”; (2) a companionship index, consisting of six items that measure the extent to which the respondent agrees or disagrees with statements such as “You have a close friend or companion from the LGBT Guild who cares about you,” and “You have a close friend or companion from the LGBT Guild who understands you”; and (3) a connectedness index, consisting of six items that measure the extent to which the respondent agrees or disagrees with statements such as “You feel a sense of connectedness to the LGBT Guild,” and “Participating in the LGBT Guild events and activities is a positive experience for you,” among other questions. Higher scores on the BAS subscales indicated higher levels of belonging.

Guild Participation was a latent construct measured by four indicators, each constructed as an index with numerous items consisting of five response options ranging from *Never* to *Very Often*, including: (1) a duties index, consisting of 12 items that measure the frequency of participation in specific FFXIV duties based on the question “Overall, about how often do you engage in the following FFXIV duties with one or more members from your LGBT Guild” (e.g., Daily Roulettes, Dungeons, Trials, etc.); (2) a quest index, consisting of 13 items that measure the frequency of participation in quest-based activities with members of the LGBT guild (e.g., Main Scenario Quest, Side Story Quests, Chronicles of a New Era Quests, etc.); (3) an other content index, consisting of 17 items that measure the frequency of participation in other in-game content with members of the LGBT guild (e.g., Chocobo Races, Triple Triad, Fashion Report, etc.); and (4) a social index, consisting of 12 items that measure the frequency of

participation in social-based activities not necessarily related to in-game content (e.g., Hide and Seek, Role Playing, Trivia, etc.). Higher scores on each of the guild participation indicators suggested a higher frequency of participation in guild activities. Guild participation was conceptualized based on the researcher's personal experience playing FFXIV for over seven years, and the operationalization of the variable was informed by FFXIV wiki pages which outlined activities made available to FFXIV players (FFXIV Wiki 2020).

Guild Communication was a latent construct measured by two indicators, each an index with five response options ranging from *Never* to *Very Often*: (1) an in-game communication index, consisting of eight items that measure the frequency of in-game communication based on the use of Moogles Mail, FC chat, Party chat, whispers/tells, Fellowship messages, Linkshells, Cross-World Linkshells, and the FFXIV Companion App; and (2) an external communication index, consisting of five items that measure frequency of communication using mediums outside of the game, including text-based communication (e.g., Discord, Facebook), voice-based communication (e.g., Discord, phone), video-based communication, in-person communication, and other communication methods not listed. Conceptualization of guild communication stemmed from personal experience playing FFXIV and familiarity with common methods of communicating with guild members. Higher scores on the guild communication indicators indicated higher frequency of guild communication activities.

Exogenous Variables

Guild Inclusion served as an exogenous latent construct measured by four indicators, one of which was a simple summation index consisting of eight *Yes/No* items about whether or not the respondent's LGBT guild exhibits the following: (1) is made up primarily of LGBTQIA+ players; (2) serves as a safe space for LGBTQIA+ players; (3) primarily recruits LGBTQIA+ players; (4) expressly indicates acceptance or friendliness toward LGBTQIA+ players; (5) has a written policy that prohibits the discrimination or harassment of others based on sexual orientation; (6) has a written policy that prohibits the discrimination or harassment of others based on gender identity; (7) is described by members of the guild as being LGBT or LGBT-friendly; and (8) is described by non-members of the guild as being LGBT or LGBT-friendly. The remaining three indicators were measured on a 5-point scale from *Not at all* to *A great deal*, measuring the extent to which respondents believe their guild to be accepting of LGBTQIA+ players, supportive of LGBTQIA+ players, and welcoming of LGBTQIA+ players. All four indicators derived from personal knowledge of common LGBT inclusive practices and themes found within LGBT guilds in FFXIV and were further informed by preliminary research when recruiting for research participants. For example, many guilds explicitly stated being "LGBT inclusive" in their recruitment posts or websites, whereas other guilds listed clear policies in addition to general expressions of inclusion, such as nondiscrimination statements covering sexual orientation and gender identity. Moreover, some guilds expressly indicated that their community existed primarily for people in the LGBT community, while others indicated general LGBT inclusion without specifying

that the community was tailored toward LGBT-identified people. Higher scores on the guild inclusion indicators indicated higher perceived inclusion in one's LGBT guild.

Gender Identity, Sexual Orientation, and Race were additional exogenous variables; each measured with one indicator asking respondents to select from several response options or to self-describe. The survey instrument asked respondents to identify their gender identity from one of several options (*cisgender woman, cisgender man, transgender woman, transgender man, non-binary*, or an alternative option to *self-identify*). Several respondents chose to self-identify and wrote in "male" while also selecting *male* for the response to the following question about the respondent's biological sex. Based on similar self-described responses, the researcher reassigned respondents' gender as *cisgender man* in eight cases, *cisgender woman* in one case, *non-binary* in five cases, and *other* in five cases. Thereafter, the researcher created the dummy variable *Non-Cisgender* ($1 = \text{Non-Cisgender}$, $0 = \text{Cisgender}$), so that cisgender-identifying respondents served as the reference group for non-cisgender identifying respondents.

Additionally, respondents were asked to select the option that best described their sexual orientation from the following response options: *gay/lesbian/homosexual, bisexual, pansexual, asexual, queer, questioning, heterosexual*, or *I identify as* (self-specified). The researcher created the dummy variable *Gay/Lesbian* ($1 = \text{Gay/Lesbian}$, $0 = \text{Non-Gay/Lesbian}$) so that all other sexual orientations together served as the reference group for gay and lesbian identifying respondents.

Lastly, respondents were asked to select the option that best described their race, using U.S. Census options, including *White, Black or African American, Asian or Asian American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Some Other Race* with the option to specify. Due to the low number of responses in non-white racial categories, the researcher created the dummy variable *Non-White* ($1 = \text{Non-White}$, $0 = \text{White}$) so that all non-white respondents were grouped together with white respondents serving as the reference group.

DATA PROCEDURES

Data Collection

Attempts to collect survey responses from the entire population began in December 2020. The survey closed in February 2021. The researcher stored all response data on Survey Monkey's online secure website until the closing date of the survey.

Thereafter, the dataset was exported to SPSS for additional data cleaning and analysis and saved in an encrypted folder on the primary investigator's home computer.

Additional data were collected via Survey Monkey from participants who submitted their email to the incentive drawing. These emails were not tied to participants' responses in anyway. The researcher exported the emails to Excel and used a randomization formula to select 30 emails at random. These emails were put on a separate list and a Mail Merge email was sent to all 30 winners privately. The emails were stored in an encrypted folder until scheduled for deletion later in 2021. After exporting the data from Survey Monkey to SPSS, the researcher implemented standard data cleaning procedures including renaming variables, filtering out cases with incomplete data, and deleting cases. Once all

survey items were coded with appropriate and descriptive names and labels, the researcher reviewed the variables pertinent to the study in greater detail.

Data Restrictions

Data restrictions were implemented to ensure the dataset consisted only of the highest quality data with complete cases (i.e., no missing values). To reiterate, cases were filtered based on respondents answering three attention screening questions accurately (e.g., “*Please select Sometimes for this question.*”). Filtering based on these criteria removed 500 cases largely due to missing data as the questions were spread throughout the survey, and only 54 percent of respondents completed the survey in its entirety. Moreover, a range of 17–44 cases were removed based on incorrect responses to the attention screening questions. The researcher also created a Survey Duration variable by subtracting the end date and time of responses from the start date and time of responses, then filtered the dataset so that only cases with at least 15 minutes of duration remained. The final dataset consisted of 265 cases.

Analytic Strategies

All statistical analyses were conducted in *SPSS 25* and *SPSS Amos*. Preliminary analyses included descriptive statistics and frequency distributions for each exogenous and endogenous variable in the model. Testing of the hypothesized structural equation model occurred via a two-step identification approach (Anderson and Gerbing 1988; Kline 2016) consisting of two separate confirmatory factor analysis (CFA) measurement model specifications and two structural model specifications—one CFA and structural equation modeling (SEM) model for mental health and one CFA and SEM for physical

health. CFA and SEM models were specified, evaluated, respecified, and reevaluated using maximum likelihood estimation method, which rests on several assumptions, including: (1) a normal distributions of continuous endogenous variables; (2) linear relationships between continuous variables; (3) homoscedasticity or equal variance across categories among variables; (4) a positive definite data matrix, wherein a nonsingular matrix exists with an inverse; and (5) a preference for datasets with no missing values (Kline 2016).

The following thresholds guided model fit analyses: chi-square test of departure from exact model fit based on the model's chi-square value, degrees of freedom, and nonsignificant level ($p > .05$); a global goodness of fit measure based on Bentler Comparative Fit Index ($CFI > .90$ for acceptable fit, $>.95$ for excellent fit); a measure of departure from close fit based on Root Mean Square Error of Approximation ($RMSEA < .05$ is a close fit, and $RMSEA <.08$ is an acceptable fit); and Standardized Root Mean Square Residual (SRMR), which should be under 0.08 for close fitting models (Byrne 2016; Gaskin and Lim 2016; Hu and Bentler 1999; Kline 2016). Standardized regression weights in the CFA models (i.e., factors loadings) were assessed using a .50 threshold cutoff, meaning that factors above .50 were generally acceptable. Measures of composite reliability, construct validity, discriminant validity, and normality within each CFA measurement model were assessed before drawing conclusions on whether to accept or reject a model. Bivariate Pearson r correlations were conducted between all latent variables using two-tailed significance tests and were reviewed for problematic correlations and possible multicollinearity signified by correlations were greater than .70.

Unstandardized and standardized regression weights from the structural equation models were analyzed to determine parameter estimates for direct, indirect, and total effects on endogenous variables. And finally, an assessment of the coefficient of determination, R squared, was conducted to determine the proportion of variance in endogenous variables explained by predictors.

The use of SEM in this study was appropriate because it allowed for a number of analytic strategies, including: (1) estimating magnitudes and directions of relationships among multiple variables simultaneously; (2) testing relationships between variables that are both predictors and outcomes; (3) testing theories that involve latent and observed variables; (4) testing direct and indirect effects, especially those concerning mediation effects; and (5) accounting for measurement error and disturbances by estimating error variance, which supports a more realistic analysis (Hoyle and Smith 1994; Kline 2016).

SUMMARY OF METHODS AND DATA

In summary, LGBT gamers who play FFXIV were recruited to participate in an anonymous survey with up to 30 incentives being awarded at random. Although 949 individuals accessed the survey, the final sample size consisted only of 265 after data cleaning methods and dataset restrictions were implemented to avoid cases with missing data. Manifest and latent variables as described in the Measures section were recoded and computed for statistical analyses. Various statistical methods were implemented, including descriptive statistics, CFA, and SEM. Measures of reliability, validity, normality, and multicollinearity were considered before assessments of model fit statistics were accepted or rejected.

CHAPTER V

RESULTS AND ANALYSES

DESCRIPTIVE STATISTICS

Table 1 presents descriptive statistics for all exogenous variables. The sample consisted of 41 percent non-cisgender people, which comprised 15 trans women, 37 trans men, 56 non-binary people, and one respondent who identified as another gender. Moreover, 59 percent of the sample identified as cisgender, including 103 cisgender men and 54 cisgender women. Respondents predominantly identified as a sexual orientation other than gay or lesbian, with 60 percent identifying as bisexual ($n = 69$), pansexual ($n = 31$), asexual ($n = 24$), queer ($n = 10$), heterosexual ($n = 2$), and some other identity ($n = 1$). The remaining 107 respondents identified as gay or lesbian. Though most respondents were white ($n = 211$), some respondents identified as black or African American ($n = 2$), Asian or Asian American ($n = 23$), American Indian or Alaskan Natives ($n = 6$), and some other race ($n = 23$).

Table 1. Descriptive Statistics for Indicators of Exogenous Variables

	Variables	Frequency	M	Std. Err	Std. Dev
Gender	<i>Non Cisgender</i>	109	.41	.03	.49
	Trans Woman	15	.06	.01	.23
	Trans Man	37	.14	.02	.35
	Non-binary	56	.21	.03	.41
	Other	1	.00	.00	.00
	<i>Cisgender (Reference Group)</i>	156	.59	.03	.49

	Cisgender Man	103	.39	.03	.49
	Cisgender Woman	54	.20	.02	.40
Sexual Orientation	<i>Gay or Lesbian</i>	107	.40	.03	.50
	<i>Not Gay or Lesbian (Reference Group)</i>	158	.60	.03	.50
	Bisexual	69	.26	.03	.32
	Pansexual	31	.12	.02	.29
	Asexual	24	.09	.02	.20
	Queer	10	.04	.01	.19
	Heterosexual	2	.01	.01	.09
	Other	22	.08	.02	.28
Race	<i>Non-White</i>	54	.20	.02	.40
	Black or African American	2	.01	.01	.09
	Asian or Asian American	23	.09	.02	.28
	American Indian or Alaska Native	6	.02	.01	.15
	Other	23	.09	.02	.28
	<i>White (Reference Group)</i>	211	.80	.02	.40
Guild Inclusivity	<i>Guild is Accepting of LGBT</i>	265	3.81	.03	.50
	<i>Guild is Welcoming of LGBT</i>	265	3.78	.03	.55
	<i>Guild is Supportive of LGBT</i>	265	3.79	.03	.53

Note: $N = 265$. Model variables are bolded and consist of the italicized indicators, some of which comprise non-italicized dummy-coded names for additional context.

The mean values for the three indicators of guild inclusivity leaned heavily toward the maximum score (range 0–4) as indicated in Table 1, with respondents reporting a mean score of 3.81 for guilds being accepting of LGBT people, a mean score of 3.78 for guilds being welcoming of LGBT people, and a mean score of 3.79 for guilds being supportive of LGBT people.

As depicted in Table 2, descriptive statistics are presented for all endogenous (dependent) variable indicators. Among the sample, the mean values for participation indexes for the latent construct, guild participation, were in the low to middle range for other content ($M = 18.25$, $SD = 13.49$), quests ($M = 14.58$, $SD = 11.03$), and duties ($M = 22.39$, $SD = 9.63$), with response scores ranging from 0–54, 0–45, and 0–48 respectively. Similarly, the mean scores for the in-game communication index ($M = 12.45$, $SD = 5.36$) and external communication index ($M = 7.9$, $SD = 3.51$) were in the lower middle range.

Table 2. Descriptive Statistics and Assessment of Normality for Indicators of Endogenous Variables

Variables	M	Std. Err	SD	Min	Max	Skewness	Kurtosis
Guild Participation							
Index_Participate_Other	18.25	.83	13.49	0	54	.59	-.59
Index_Participate_Quests	14.58	.68	11.03	0	45	.56	-.66
Index_Participate_Duties	22.39	.59	9.63	0	48	-.14	-.35
Index_Comms_InGame8	12.45	.33	5.36	0	28	.26	-.51
Index_Comms_Ext5	7.90	.22	3.51	0	20	.71	1.12
Guild Belonging							
Index_Belonging_Influence6	14.93	.32	5.26	1	24	-.35	-.42
Index_Belonging_EmoCon6	19.77	.30	4.91	3	24	-1.41	1.63
Index_BAS_Companion	24.63	.46	7.56	0	30	-1.58	1.79
Index_BAS_Connected	23.73	.31	5.02	0	30	-1.33	2.39
Discrimination							
Index_Discrimination_GenderID09	9.25	.57	9.25	0	36	.93	.06
Index_Discrimination_SexOrient09	9.59	.49	7.93	0	36	1.00	.71
Index_Expected_Prejudice14	28.05	.71	11.50	0	55	-.10	-.55

NonDisclosure							
NonDisclosure_04rc	1.22	.08	1.35	0	4	.72	-.86
NonDisclosure_02rc	2.51	.10	1.60	0	4	-.58	-1.29
NonDisclosure_01rc	1.57	.10	1.59	0	4	.36	-1.51
Internal Prejudice							
Internal_Prejudice04	.55	.06	.97	0	4	1.83	2.69
Internal_Prejudice03	.33	.05	.85	0	4	2.92	8.25
Internal_Prejudice06	.36	.05	.82	0	4	2.71	7.55
Internal_Prejudice05	.76	.07	1.12	0	4	1.42	1.14
Mental Health							
Index_Mental_Depression6	10.04	.38	6.27	0	24	.31	-.76
Index_Mental_Anxiety6	7.06	.39	6.30	0	24	.86	-.14
Mental_GeneralHealth_rc	2.78	.07	1.09	0	4	-.64	-.38
Mental_InterferenceDays_rc	2.05	.08	1.26	0	4	.08	-1.12
Mental_DaysNotGood_rc	13.95	.60	9.73	0	30	.27	-1.28
Physical Health							
Physical_InterferenceDays_rev	1.09	.07	1.14	0	4	1.08	.45
Physical_GeneralHealth_rc	2.53	.06	.98	0	4	-.22	-.37
Physical_DaysNotGood_rc	8.99	.63	10.21	0	30	1.04	-.36
Index_Conditions	2.37	.11	1.82	0	9	1.02	1.09

a. $N = 265$

b. Bolded text indicates skewness or kurtosis outside of -1 to +1 threshold.

c. Non-severe normality thresholds were used: Skewness $< |3|$ and Kurtosis $< |10|$. All values were under thresholds for *severe non-normality* and were accepted without transformation. See Kline (2016).

Mean scores for the belonging indexes leaned closer to the middle-upper range of measures, with influence ($M = 14.93$, $SD = 5.26$) and emotional connection ($M = 19.77$, $SD = 4.91$) hovering near the middle point of the scales that ranged from 0–24, and

companionship ($M = 26.63$, $SD = 7.56$) and connectedness ($M = 23.73$, $SD = 5.02$) leaning toward the higher end of the belonging indexes ranging from scores of 0–30. These mean scores indicate that, on average, the sample reported a moderate-to-high level of belonging to their LGBT guilds.

Among the minority stress variables, self-reported frequency of discrimination was similar for gender discrimination ($M = 9.25$, $SD = 9.25$) and sexual orientation discrimination ($M = 9.59$, $SD = 7.93$). As for expectations of rejection, the mean score was slightly higher than the middle point, indicating moderate-to-high expectations of rejection for the sample ($M = 28.06$, $SD = 11.5$). Mean scores for non-disclosure of LGBT identity fell in the lower range for respondents reporting outness to immediate family ($M = 1.22$, $SD = 1.35$) and non-LGBT friends ($M = 1.57$, $SD = 1.59$). Mean scores were higher for non-disclosure toward non-immediate family members ($M = 2.51$, $SD = 1.6$), indicating that respondents disclosed their LGBT identity more to close family and friends, but not as much to extended family. On average, internalized prejudice was relatively low among the sample, with low mean scores for the following indicators: (1) choosing to be non-LGBT ($M = .55$, $SD = .97$); (2) wishing to not be LGBT ($M = .33$, $SD = .85$); (3) feeling alienated for being LGBT ($M = .76$, $SD = 1.12$); and (4) believing that being LGBT is a personal shortcoming ($M = .36$, $SD = .82$).

For mental health, respondents reported low-to-moderate mean scores on the depression index ($M = 10.04$, $SD = 6.27$), anxiety index ($M = 7.06$, $SD = 6.3$), days of not good mental health ($M = 13.95$, $SD = 9.73$), mental interference ($M = 2.05$, $SD = 1.26$), and general mental health ($M = 2.78$, $SD = 1.09$). Physical health scores also

indicated low-to-moderate reports for physical interference ($M = 1.09$, $SD = 1.14$), days of not good physical health ($M = 8.99$, $SD = 10.21$), physical conditions index ($M = 2.37$, $SD = 1.82$), and general physical health ($M = 8.99$, $SD = 10.21$).

Furthermore, an assessment of normality was conducted for the endogenous variables to determine the existence of severe kurtosis ($K > /10/$) and severe skewness ($S > /3/$). All endogenous variables were under the threshold as provided by Kline (2016), and are considered not severely kurtotic or skewed, despite some values surpassing the commonly used thresholds of the -1 to 1 range (see Table 2). Accordingly, the skewness and kurtosis values were accepted without implementation of log transformation methods.

MODEL SPECIFICATION

CFA were conducted for measurement models for each proposed structural model (mental health and physical health). Initial CFA testing resulted in a poor fit for both measurement models ($\chi^2 p < .001$, $CFI < 0.9$, $RMSEA > 0.1$). Therefore, respecifications were made to the hypothesized models based on theoretical and statistical justification as described below.

CFA Measurement Models and Respecifications

Preliminary CFA testing resulted in measurement models with poor fit for both the Mental Health and Physical Health models. The CFAs indicated inadequate standardized factor loadings among latent constructs to observed indicators (factor scores < 0.5), and poor closeness of fit measures ($CFI < .90$, $RMSEA > 0.1$, $SRMR > 0.8$).

Further testing and model respecification were guided by assessing the factor loadings on

latent constructs and evaluating the modification indices for possible solutions.

Moreover, standardized residual covariances were reviewed for values greater than 2.58, which may indicate problems in the model related to error or poor covariance (Byrne 2016; Kline 2016). Unique issues arose for each latent variable as described below.

The guild inclusivity index failed to load adequately on the guild inclusivity factor (unstandardized $\beta < 0.5$), while the three other indicators loaded well. This index had not been previously validated and was created for this project based on personal knowledge of the LGBT guild community in FFXIV. Attempts to respecify the model using the individual items from the index as separate indicators failed to reach adequate loadings onto the factor as well. Thus, the entire index consisting of eight items was dropped, leaving only the three previously proposed measures of guild attitudes toward LGBT players to serve as guild inclusivity indicators (LGBT guild welcoming, LGBT guild supportive, and LGBT guild accepting).

As for the guild participation factor, the social content index failed to load adequately on the factor compared to the indexes for duties, quests, and other content. The social content index comprised items relating heavily to role playing elements within the game, which may suggest that certain components of the game (i.e., roleplaying) do not serve as appropriate measures for general participation in guilds. As a result, the social content index was dropped in subsequent specifications. All three other indicators loaded well on the guild participation factor ($\beta > 0.5$). However, the correlation between guild participation and guild communication remained greater than .70, which indicated the possibility of severe multicollinearity. The researcher combined the indicators from

both factors, guild participation and guild communication, into one factor called guild participation. Theoretical knowledge and statistical necessity guided this decision. Statistically, the error terms from the guild participation indicators and the guild communication indicators experienced high covariation as indicated in the modification indices for both mental and physical health models. Theoretically, the two factors represent a form of behavioral involvement (Ashmore et al. 2004) and likely measure the same latent factor—overall guild participation. Thus, the researcher respecified the latent construct, guild participation, in the final CFA models to include three of the four original participation indexes (duties, quests, and other content), in addition to the in-game communication index and the external communication index. Factor loadings were adequate with this new construct for each indicator ($\beta > 0.5$).

The indicators for belonging using the Psychological Sense of Community scale showed weak factor loadings for two of the four indexes: membership and influence ($\beta > 0.5$). As a result, the researcher added three indexes derived from the Belongness Attainment Scale which measure affiliation, companionship, and connectedness and tested whether the new scale fit the data better. Two of the three indicators loaded well, but the affiliation index failed to load adequately ($\beta > 0.5$). Thus, the researcher merged the two separate belonging scales by combining all adequate loading factors and dropping the three inadequate loading from the affiliation index, community existence index, and membership index. The theoretical grounds for this decision are based on collective identity theory, which suggests that although self-categorization to a group may serve as a strong connector, one's sense of belonging and affective attachment to a group may be

independent of affiliation and more reliant on a perception of shared fate (Ashmore et al. 2004). In other words, the dropped indicators were not necessarily related to the measurement of community connectedness and belonging, but rather to the strength of affiliation and membership to the LGBT guild. Accordingly, the new belonging factor comprised four indicators: two indexes from the Psychological Sense of Community Scale (influence and emotional connection) and two indexes from the Belongingness Attainment Scale (connectedness and companionship).

The minority stress construct also resulted in low standardized factor loadings for indicators related to non-disclosure and internalized prejudice ($\beta < 0.5$). Dropping these indicators from the entire measurement model was not considered because their omission would have contributed to significant theoretical gaps in testing the minority stress model. Accordingly, rather than testing the model with minority stress as one latent construct, the researcher created four latent constructs (discrimination, expectations of rejection, non-disclosure, and internal prejudice), each measured by items of their originally proposed indexes as described in the Measures section above.

However, a standardized correlation greater than .70 indicated an issue of multicollinearity between discrimination and expectations of rejection, suggesting that the two factors were potentially measuring the same concept. As a result, the researcher merged the indicators of the two factors, discrimination and expectations of rejection, into one factor called discrimination. Moreover, five indicators for non-disclosure were dropped, retaining only items related to identity non-disclosure to immediate family, extended family, and non-LGBT friends. This was appropriate because the sample was

varied in terms of employment and student status, and other disclosure scenarios (disclosure with coworkers or at school) did not consistently apply to respondents. Similarly, low factor loadings were dropped for internalized prejudice, leaving only four of the original eight items from the internalized prejudice index, including: (1) believing that being LGBT is a personal shortcoming; (2) wishing away one's own LGBT identity; (3) willingness to change one's own LGBT identity; and (4) feeling alienated due to one's own LGBT identity.

As for the latent construct, mental health, the somatic index indicator was dropped due to poor factor loading ($\beta < 0.5$). A reason for the inadequate fit may stem from the fact that the items forming the somatic index measured physical symptoms that could result from other factors and not only mental health. No other indicators were dropped for mental health, and no indicators were dropped for the latent construct, physical health.

Table 3 reports standardized factor loadings for both CFA models.

Table 3. Standardized Factor Scores from CFA for Mental Health and Physical Health Models

Variable	CFA Mental Health Std. β	CFA Physical Health Std. β
Guild Inclusivity		
Guild is Accepting of LGBT	.96	.96
Guild is Supportive of LGBT	.91	.91
Guild is Welcoming of LGBT	.94	.94
Participation		
Index_Participate_Duties	.79	.79
Index_Participate_Quests	.86	.86
Index_Participate_Other	.88	.88
Index_Comms_Ext5	.64	.64
Index_Comms_InGame8	.73	.73

Belonging		
Index_Belonging_EmoCon6	.79	.79
Index_Belonging_Influence6	.79	.79
Index_BAS_Connected	.85	.85
Index_BAS_Companion	.61	.61
Discrimination		
Index_Discrimination_GenderID09	.79	.81
Index_Discrimination_SexOrient09	.73	.73
Index_Expected_Prejudice14	.72	.69
NonDisclosure		
NonDisclosure_01rc	.82	.83
NonDisclosure_02rc	.89	.88
NonDisclosure_04rc	.64	.64
Internal Prejudice		
Internal_Prejudice03	.77	.77
Internal_Prejudice04	.87	.88
Internal_Prejudice05	.73	.72
Internal_Prejudice06	.68	.68
Mental Health		
Index_Mental_Anxiety6	.70	-
Index_Mental_Depression6	.83	-
Mental_InterferenceDays_rc	.87	
Mental_DaysNotGood_rc	.75	-
Mental_GeneralHealth_rc	.83	-
Physical Health		
Physical_DaysNotGood_rc	-	.88
Physical_GeneralHealth_rc	-	.71
Physical_InterferenceDays_rev	-	.70
Index_Conditions	-	.57

Note: $N = 265$. Factor loadings are from final CFA for Mental Health and Physical Health models.

Figures 2 and 3 depict the measurement models for Mental Health and Physical Health, respectively. In the following analyses, the mental health and physical health factors were multiplied by -1 so that a higher latent factor score (e.g., a negative integer closer to zero) indicated better health.

Figure 2. Standardized Factor Loadings from CFA Mental Health Model

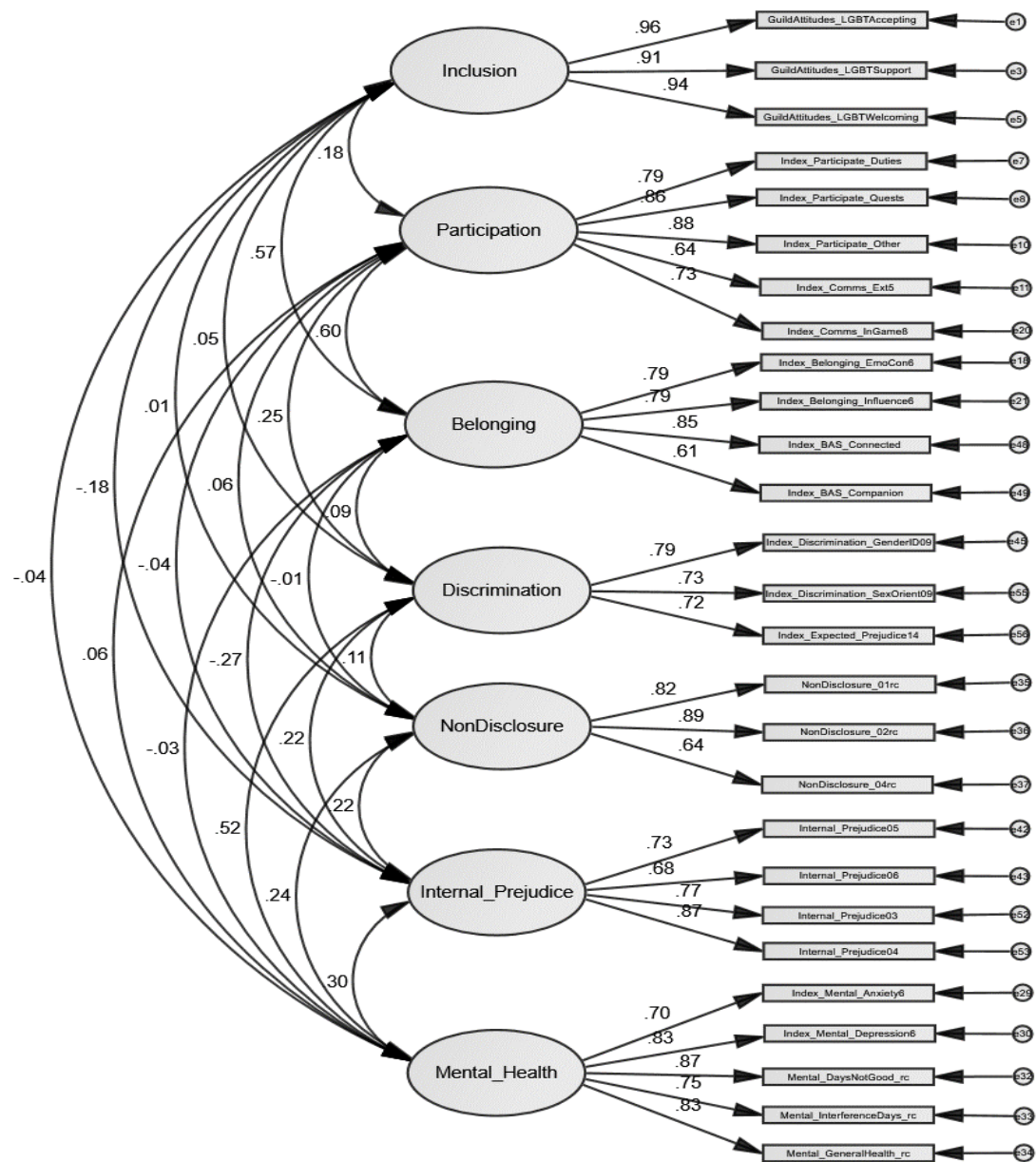
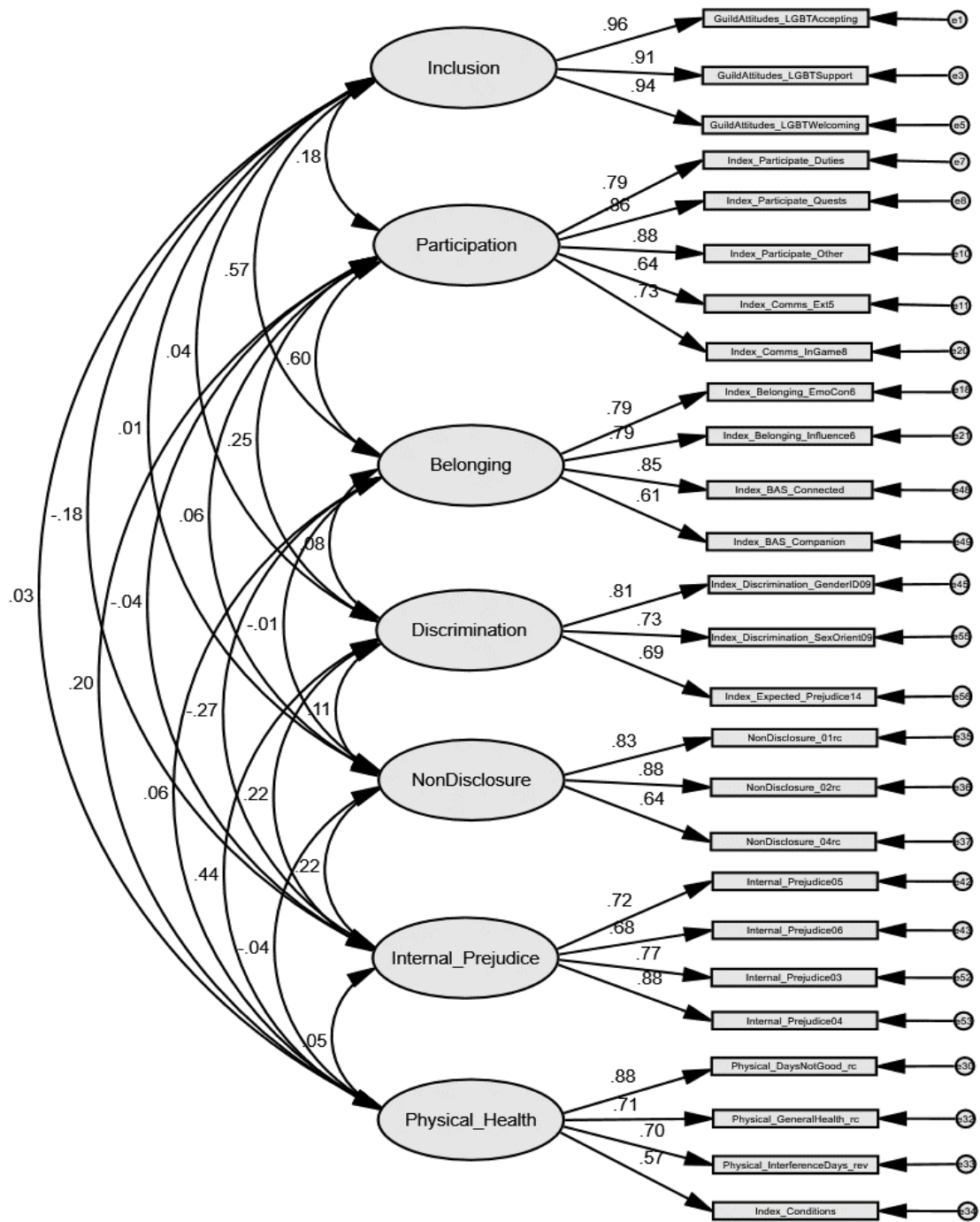


Figure 3. Standardized Factor Loadings from CFA Physical Health Model



Upon final respecification of the Mental Health measurement model, the CFA results indicated a tentative poor fit based on model chi-square statistic ($\chi_m^2 = 540.75$, $dfs = 303$, $p < .001$). However, model chi-square may be affected by sample size and large correlations among variables, thereby justifying the consideration of other fit statistics (Byrne 2016; Kline 2016). Accordingly, global fit measures were assessed and indicated a good fit based on Bentler Comparative Fit Index ($CFI = .944$), Root Mean Square Error of Approximation ($RMSEA = .055$, $CI [.047, .0062]$, $p\text{-close} = .157$), and Standardized Root Mean Residual ($SRMR = .06$).

As for the Physical Health model, similar results followed, with the model chi-square indicating a tentative rejection of model fit ($\chi_m^2 = 535.134$, $dfs = 275$, $p < .000$). In contrast, global fit statistics indicated a good model fit: $CFI = .933$ (greater than .90 is acceptable), $RMSEA = .059$ with $CI [.052, .067]$, $p\text{-close} = .024$, $SRMR = .062$. Tables 4 and 5 provide fit statistics for each model including model chi-square and global fit measures.

Table 4. Model Fit Estimates for CFA Mental Health Model

Measures	Model Estimates	Threshold	Interpretation
CMIN	519.308***	$p > .05$	Tentatively Reject
DF	303	-	-
CMIN/DF	1.714	1–3	Excellent
CFI	.949	$> .95$	Acceptable
SRMR	.059	$< .08$	Excellent
RMSEA	.052	$< .06$	Excellent
PClose	.325	$> .05$	Excellent

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

Table 5. Model Fit Estimates for CFA Physical Health Model

Measures	Model Estimates	Threshold	Interpretation
CMIN	535.134***	$p > .05$	Tentatively Reject
DF	278	-	-
CMIN/DF	1.925	1–3	Excellent
CFI	.933	$> .95$	Acceptable
SRMR	.062	$< .08$	Excellent
RMSEA	.059	$< .06$	Excellent
PClose	.024	$> .05$	Acceptable

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

Pearson r correlations were conducted and evaluated for all latent factors for CFA Model 1 (Mental Health) and CFA Model 2 (Physical Health). For both models, a statistically significant and strong positive correlations emerged between guild inclusion and belonging (r_{m1} and $r_{m2} = .617$, $p < .001$) and guild participation and belonging ($r_{m1} = .656$, $p < .001$; $r_{m2} = .655$, $p < .001$). A moderate to strong negative correlation existed between discrimination and mental health ($r_{m1} = -.585$, $p < .001$) and discrimination and physical health ($r_{m2} = -.511$, $p < .001$). Small to moderate correlations were observed between internalized prejudice and mental health ($r_{m1} = -.334$, $p < .001$), internalized prejudice and non-disclosure ($r_{m1} = .246$, $p < .001$), and participation and physical health ($r_{m2} = -.221$, $p < .001$). Tables 6 and 7 list additional, albeit weaker, correlations observed in the models.

Table 6. Correlations between Latent Variables in CFA Mental Health Model

Latent Variables	1	2	3	4	5	6
(1) Inclusion	-					
(2) Participation	.197**	-				
(3) Belonging	.617***	.656***	-			
(4) Discrimination	.055	.288***	.105	-		
(5) NonDisclosure	.011	.070	-.011	.136*	-	
(6) Internal_Prejudice	-.194**	-.047	-.297**	.261***	.246***	-
(7) Mental_Health_rev	.039	-.062	.038	-.587***	-.263***	-.334***

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

b. Two-tailed significance test.

Table 7. Correlations between Latent Variables in CFA Physical Health Model

Latent Variables	1	2	3	4	5	6
(1) Inclusion	-					
(2) Participation	.197**	-				
(3) Belonging	.617***	.655***	-			
(4) Discrimination	.049	.288***	.100	-		
(5) NonDisclosure	.011	.071	-.120	.124*	-	
(6) Internal_Prejudice	-.192**	-.046	-.296***	.252***	.243***	-
(7) Physical_Health_rev	-.030	-.221**	.072	-.511***	-.040	-.056

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

b. Two-tailed significance test.

Discriminant validity was evident as all square roots of Average Variance Extracted (AVEs) were larger than inter-factor correlations, and all AVEs were greater than Maximum Shared Variance (MSVs). Convergent validity was also confirmed as all

AVEs were greater than .5. Lastly, Composite Reliability was high for all factors (CRs > 0.7) per thresholds suggested by scholars (Gaskin and Lim 2016; Henseler, Ringle, and Sarstedt 2015; Hu and Bentler 1999). Tables 8 and 9 indicate measures of reliability and validity discussed.

Table 8. Validity Measures for Exogenous Variables in CFA Mental Health Model

Variables	CR	AVE	MSV	Max R(H)	1	2	3	4	5	6	7
(1) Inclusion	.957	.881	.33	.96	.939						
(2) Participation	.888	.615	.363	.907	.183 **	.784					
(3) Belonging	.846	.583	.363	.865	.574 ***	.602 ***	.763				
(4) Physical_Health	.896	.634	.266	.907	-.037	.056	-.033	.797			
(5) Internal_Prejudice	.85	.587	.091	.87	-.178 **	-.041	-.267 ***	.301 ***	.766		
(6) NonDisclosure	.831	.625	.056	.868	.011	.064	-.01	.237 **	.217 **	.79	
(7) Discrimination	.79	.557	.266	.794	.05	.253 ***	.087	.516 ***	.224 **	.113	.746

a. *p < .05. **p < .01. ***p < .001.

b. No validity concerns existed for CFA Mental Health Model as indicated by bolded value being larger than those below it.

Table 9. Validity Measures for Exogenous Variables in CFA Physical Health Model

Variables	CR	AVE	MSV	Max R(H)	1	2	3	4	5	6	7
(1) Inclusion	.957	.881	.329	.96	.939						
(2) Participation	.887	.615	.362	.908	.183 **	.784					
(3) Belonging	.846	.583	.362	.865	.574 ***	.602 ***	.763				
(4) Physical_Health	.81	.523	.195	.857	.028	.199 **	.061	.723			
(5) Internal_Prejudice	.849	.587	.071	.872	-.176*	-.04	-.266 ***	.048	.766		
(6) NonDisclosure	.831	.625	.046	.866	.01	.064	-.011	-.037	.215 **	.79	
(7) Discrimination	.79	.557	.195	.80	.044	.253 ***	.085	.441 ***	.219 **	.107	.747

a. *p < .05. **p < .01. ***p < .001.

b. No validity concerns existed for CFA Physical Health Model as indicated by bolded value being larger than those below it.

Accordingly, the researcher deemed both CFA measurement models as a good fit for the data based on global and local fit testing as described above. All latent constructs in both CFA models were saved in SPSS as new variables using the Amos Data Imputation function, which fits the model using maximum likelihood and establishes model parameters for maximum likelihood estimates. The researcher ensured no missing data before this process, so the imputation effectively saved the latent variables as a factor score for use in a structural model. The newly created factors were used in the structural specification and analysis portion of the study. Factor scores for mental health

and physical health were multiplied by -1 so that higher scores (negative integers closer to 0) represented better health.

STRUCTURAL EQUATION MODEL ESTIMATION

Using the factor scores imputed from the two CFAs, two structural models were respecified as close to the hypothesized model as possible—one model for mental health and one for physical health. The researcher could not replicate the hypothesized model entirely due to the merging of two a priori constructs in addition to the separation of the minority stress factor into three latent constructs (discrimination, non-disclosure, and internalized prejudice). A preliminary examination of fit statistics indicated a poor fit for both models (e.g., $\chi^2_m p < .001$, CFI < .9, RMSEA > .08). Thus, the researcher approached respecification based on modification indices and theoretical guidance. The following section outlines the respecification process.

Respecification for Mental Health and Physical Health Structural Models

Respecification of the structural model included the addition of direct paths from non-cisgender, non-white, and gay/lesbian variables to each of the minority stressors to mimic the originally hypothesized model as best as possible. However, the respecified model removed the direct paths from those three exogenous variables to belonging. The justification for the addition and removal of these paths were based on theoretical and statistical parsimony. From a theoretical perspective, multiple-minority individuals may have differing experiences with sexual and gender minority stress, so they serve as important variables to consider for the hypothesized variables (i.e., minority stressors) that effect mental and physical health (Cyrus 2017). The removal of the direct path to

belonging stems from the principle of parsimony and good-faith attempts to avoid developing a just-identified model wherein fewer and fewer parameters are freely estimated until $dfs = 0$. Such specification approaches may lead to a statistically good model fit but have unrealistic applications to the population (Byrne 2016; Kline 2016).

Three error-term covariances were added to the model between discrimination and non-disclosure, discrimination and internalized prejudice, and non-disclosure and internalized prejudice. Modification indices indicated that these errors highly covaried, and accounted for a significant change in the model chi-square once resolved. However, scholars urge caution when covarying error terms, arguing that theoretical or substantive justification should guide the process beyond what the modification indices indicate (Byrne 2016; Kline 2016). Covarying the error terms for this model was warranted theoretically, as the three factors were highly correlated, likely from measuring distinct but related aspects of minority stress.

Furthermore, guild participation and belonging resulted in a moderate-to-strong positive correlation in the CFAs. As such, four additional paths not originally specified in the a priori model were added to connect Participation directly to the three minority stressors as well as the latent constructs for health. Upon finalizing the respecifications in identical form to both models as depicted in Figures 4–9, the researcher analyzed goodness of fit measures to determine whether to accept or reject the final models.

Figure 4. Unstandardized Path Coefficients from SEM Mental Health Model

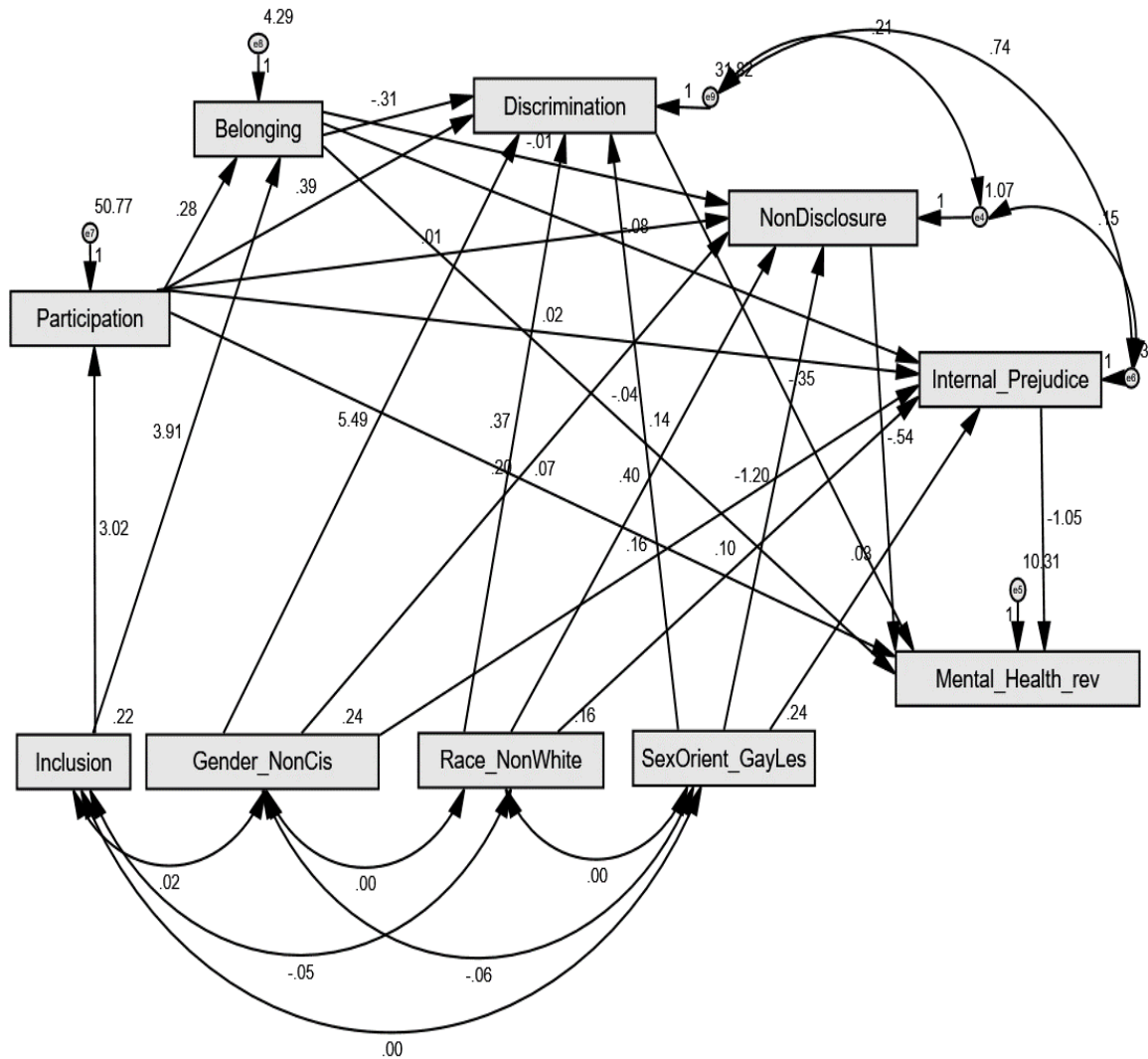


Figure 5. Standardized Path Coefficients from SEM Mental Health Model

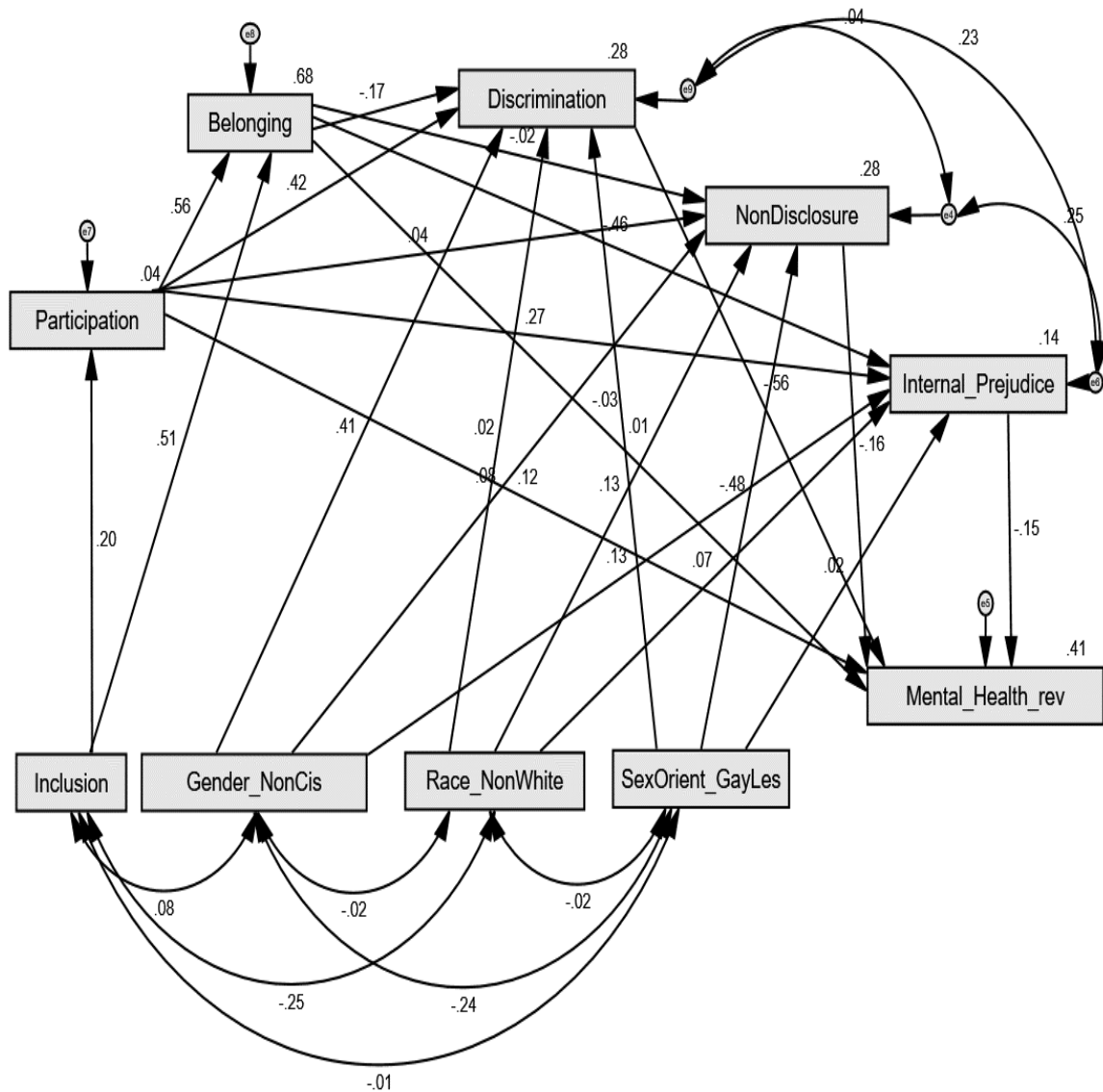
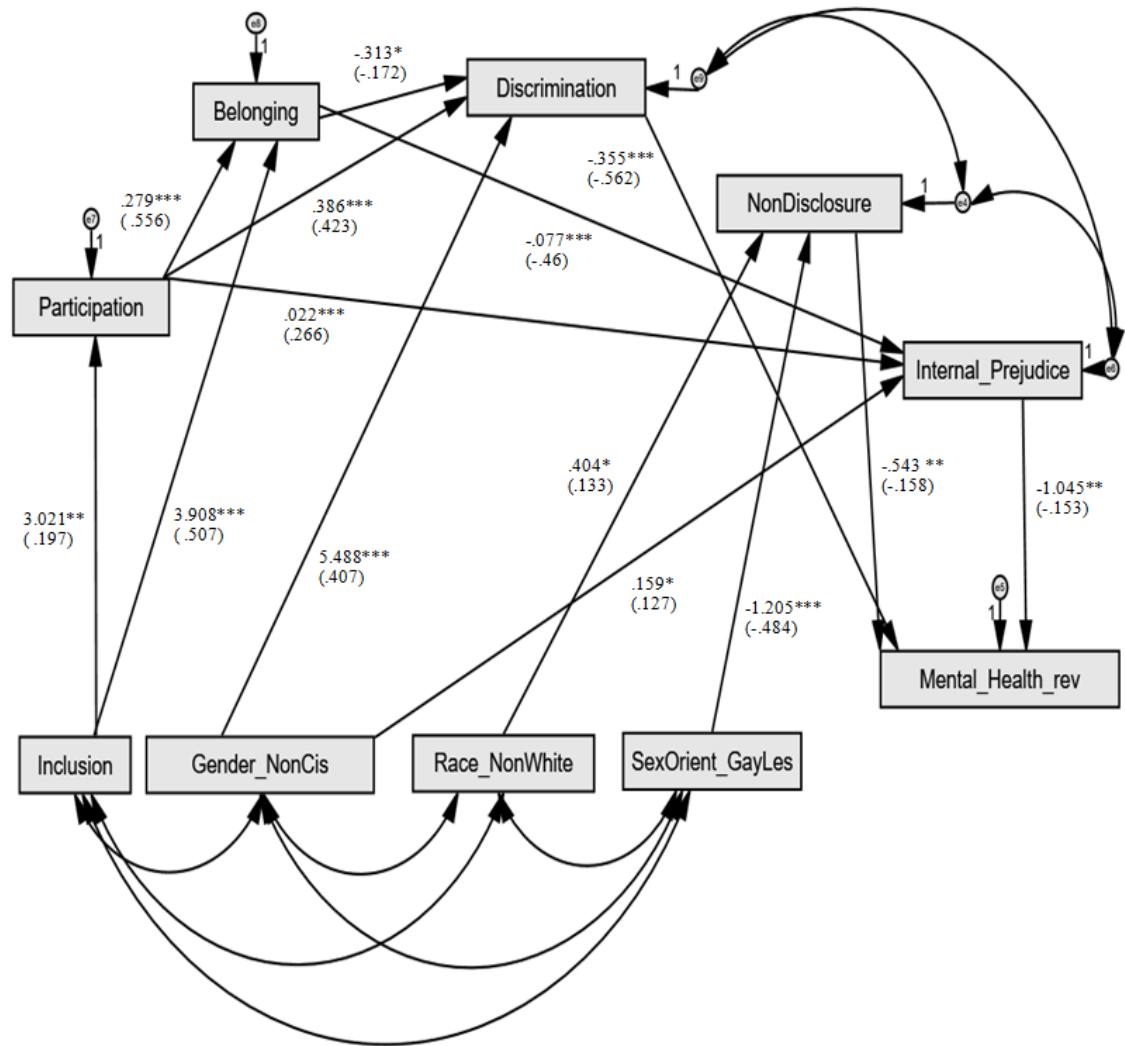


Figure 6. Significant Unstandardized and Standardized Path Coefficients from SEM Mental Health Model



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

b. Unstandardized significant paths are displayed first, followed by Standardized paths in parentheses.

Figure 7. Unstandardized Path Coefficients from SEM Physical Health Model

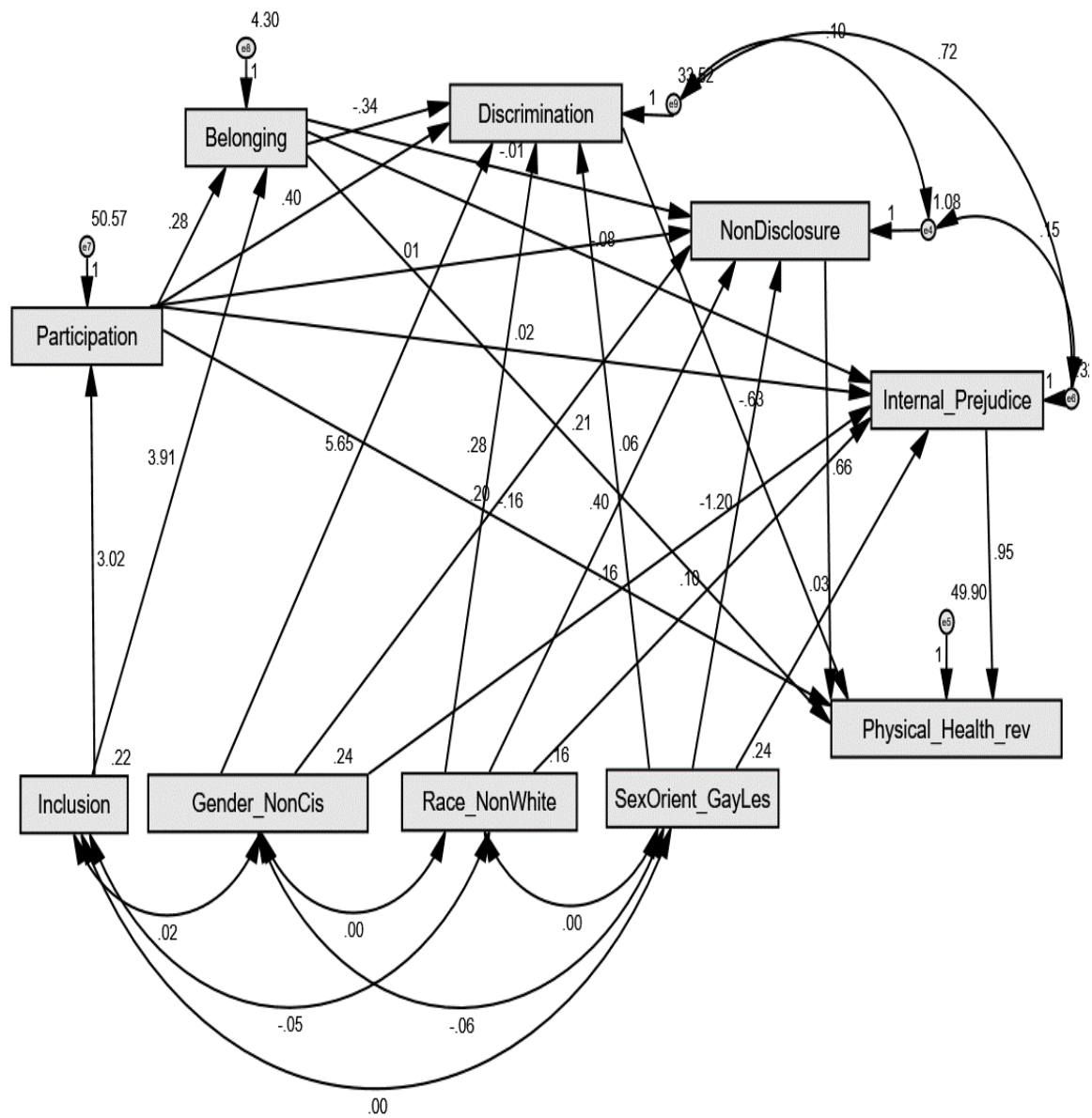


Figure 8. Standardized Path Coefficients from SEM Physical Health Model

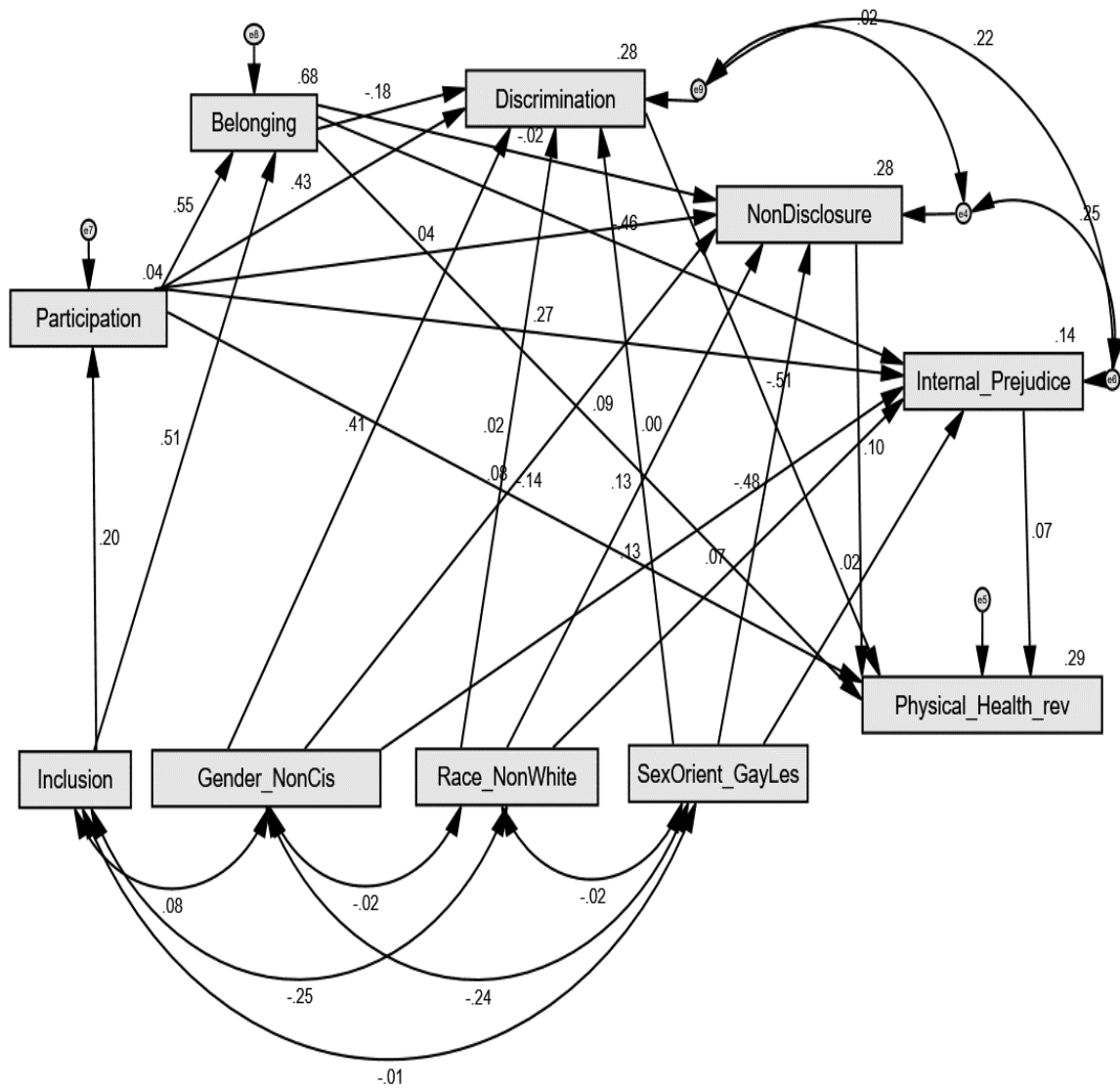
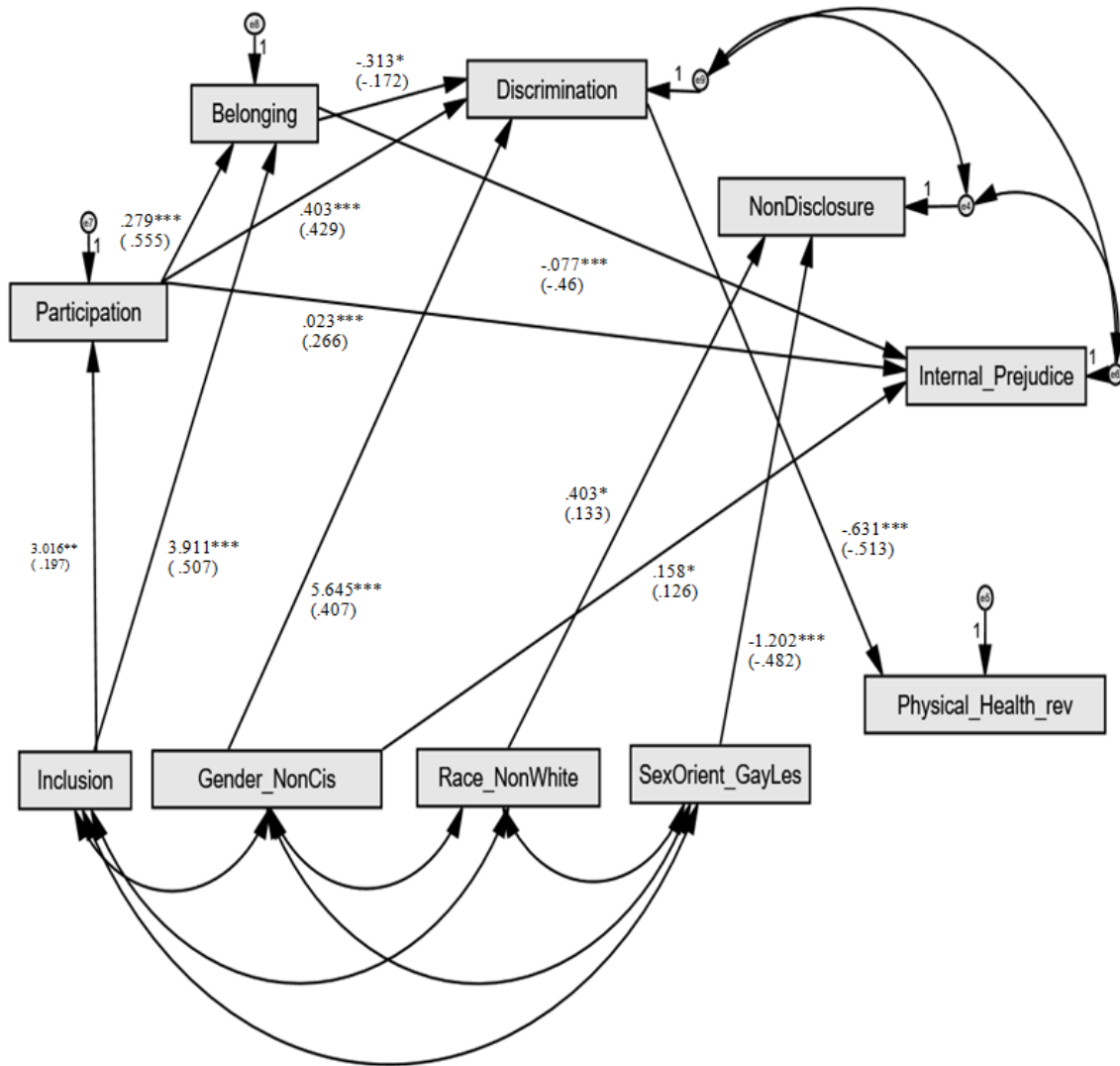


Figure 9. Significant Unstandardized and Standardized Path Coefficients from SEM Physical Health Model



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

b. Unstandardized significant paths are displayed first, followed by Standardized paths in parentheses.

SEM Model Fit

Tables 10 and 11 show fit statistics for both models, including model chi-square and global fit measures, along with their thresholds and interpretations. The final Mental Health SEM model depicted in Figure 4 (unstandardized paths), Figure 5 (standardized paths), and again on Figure 6 (significant paths only) indicated good model fit based on the model chi-square statistic ($\chi_m^2 = 15.845$, $dfs = 13$, $p > .05$). Additionally, global fit measures indicated an excellent fit: Bentler Comparative Fit Index (CFI) = .996 (greater than .90 is acceptable), Root Mean Square Error of Approximation (RMSEA) = .029, CI [.000, .071], $p\text{-close} = .756$, and Standardized Root Mean Residual (SRMR) = .029. As for the Physical Health model shown in Figure 7 (unstandardized paths) and Figure 8 (standardized paths), and Figure 9 (significant paths only), the model chi-square indicated good model fit ($\chi_m^2 = 16.422$, $dfs = 13$, $p > .05$). Global fit statistics indicated excellent model fit as well: CFI = .995, RMSEA = .032 with CI [.000, .072], $p\text{-close} = .727$, and SRMR = .033.

Moreover, the researcher assessed the standardized residual covariance matrices presented in Tables 12 and 13 for potential issues with poor local fit. No statistically significant issues emerged in the matrices, as all scores were under 2.58—the threshold for large values indicating possible issues of significant measurement error and poor covariance explained by the model (Byrne 2016; Kline 2016). Lastly, the researcher recalculated the power level for each model based on the new model specifications using R Statistical Software to run power level calculation macro based on the following criteria: H_0 RMSEA = .00, H_a RMSEA = .08, $\alpha = .05$, $dfs = 13$, and $N = 265$. The results

indicated a power level of .89, strengthening the researcher's statistical confidence in accepting the models as a close fit to the population covariance matrix.

Table 10. Model Fit Statistics for SEM Mental Health Model

Measures	Model Estimates	Threshold	Fit Interpretation
CMIN	15.845	$p > .05$	Tentatively Accept
DF	13	-	-
CMIN/DF	1.219	1–3	Excellent
CFI	.996	$> .95$	Excellent
SRMR	.029	$< .08$	Excellent
RMSEA	.029	$< .06$	Excellent
PClose	.756	$> .05$	Excellent

Note: $p = .258$ for CMIN and is not significant at .05 level, indicating preliminary support for the model.

Table 11. Model Fit Statistics for SEM Physical Health Model

Measures	Model Estimates	Threshold	Fit Interpretation
CMIN	16.422	$p > .05$	Tentatively Accept
DF	13	-	-
CMIN/DF	1.263	1–3	Excellent
CFI	.995	$> .95$	Excellent
SRMR	.033	$< .08$	Excellent
RMSEA	.032	$< .06$	Excellent
PClose	.727	$> .05$	Excellent

Note: $p = .227$ for CMIN and is not significant at .05 level, indicating preliminary support for the model.

Table 12. Standardized Residual Covariance Matrix for SEM Mental Health Model

Variables	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1) Inclusion	0									
(2) SexOrient_GayLes	0	0								
(3) Race_NonWhite	0	0	0							
(4) Gender_NonCis	0	0	0	0						
(5) Participation	0	1.686	.383	1.222	0					
(6) Belonging	0	-.057	.334	-.673	0	0				
(7) Discrimination	.852	-.701	.22	-.373	.482	-.28	.234			
(8) Internal_Prejudice	.71	-.422	.255	-.015	.164	.106	.053	.01		
(9) NonDisclosure	.627	-.059	.022	-.036	.769	.071	.321	.227	.046	
(10) Mental_Health_rev	-.083	.854	.501	.563	.187	.187	.078	.023	.127	.007

Note: No values were above 2.58, the threshold for problematic residual covariance values (Byrne 2016; Kline 2016).

Table 13. Standardized Residual Covariance Matrix for SEM Physical Health Model

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1) Inclusion	0									
(2) SexOrient_GayLes	0	0								
(3) Race_NonWhite	0	0	0							
(4) Gender_NonCis	0	0	0	0						
(5) Participation	0	-.1717	.385	-.1213	0					
(6) Belonging	0	-.04	-.334	-.674	0	0				
(7) Discrimination	.805	-.727	.226	-.37	-.471	-.278	-.228			
(8) Internal_Prejudice	.726	-.439	.256	-.013	-.169	-.104	-.054	.007		
(9) NonDisclosure	.61	-.061	.022	-.036	.781	-.08	.333	.234	.046	
(10) Physical_Health_rev	-.663	1.651	.106	.719	.309	.128	.21	.066	-.263	-.123

Note: No values were above 2.58, the threshold for problematic residual covariance values (Byrne 2016; Kline 2016).

Parameter Estimates for Direct and Indirect Effects

Tables 14–17 show decompositions of direct and indirect effects for parameter estimates in unstandardized betas (B) and standardized betas (β), standard error (SE), levels of significance (p), power level for nonsignificant effects, and effect sizes for significant direct effects based on individual contribution to the proportion of explained variance for each endogenous variable. Post-hoc power analyses were conducted for each nonsignificant path in both models to determine if enough power existed to avoid making a Type II error (failing to reject a false null hypothesis) with at least 80 percent confidence. In other words, high power for nonsignificant paths indicates that the statistical analyses would have found a statistically significant effect if one actually existed (Kline 2016). Power levels were calculated for nonsignificant paths using the Post-hoc Statistical Power Calculator for Multiple Regression calculator tool (Soper 2021), based on the number of predictors per endogenous variable, the observed proportion of variance explained for each endogenous variable, a sample size of 265, and the alpha level set at .05.

Table 14. Path Estimates and Total Effect Decomposition for SEM Mental Health Model

Predictor		Outcome	Unstd. B	Std. β	S.E.	P	Power	Effect Size (R ²)
Direct Effects								
Inclusion	→	Participation	3.021	.197	.927	.001**	-	.042
Inclusion	→	Belonging	3.908	.507	.275	***	-	.781
Participation	→	Belonging	.279	.556	.018	***	-	.938
Gender_NonCis	→	NonDisclosure	.2	.08	.134	.136	1.0	-
Race_NonWhite	→	NonDisclosure	.404	.133	.16	.012*	-	.028

Race_NonWhite	→	Internal_Prejudice	.104	.068	.088	.236	-	-
SexOrient_GayLes	→	NonDisclosure	-1.205	-.484	.134	***	-	.292
SexOrient_GayLes	→	Internal_Prejudice	.104	.020	.088	.236	1.0	-
Belonging	→	NonDisclosure	-.006	-.019	.023	.789	1.0	-
Belonging	→	Internal_Prejudice	-.077	-.46	.013	***	1.0	.128
Belonging	→	Discrimination	-.313	-.172	.128	.015*	-	.028
Gender_NonCis	→	Discrimination	5.488	.407	.73	***	-	.250
Race_NonWhite	→	Discrimination	.374	.023	.875	.669	-	-
SexOrient_GayLes	→	Discrimination	.138	.01	.73	.85	1.0	-
Participation	→	Discrimination	.386	.423	.063	***	1.0	.167
Participation	→	NonDisclosure	.007	.04	.012	.562	-	-
Participation	→	Internal_Prejudice	.022	.266	.006	***	1.0	.047
Gender_NonCis	→	Internal_Prejudice	.159	.127	.073	.03*	-	.012
NonDisclosure	→	Mental_Health_rev	-.543	-.158	.167	.001**	-	.034
Belonging	→	Mental_Health_rev	-.036	-.031	.077	.638	1.0	-
Participation	→	Mental_Health_rev	.07	.122	.038	.066	-	-
Internal_Prejudice	→	Mental_Health_rev	-1.045	-.153	.366	.004**	-	.034
Discrimination	→	Mental_Health_rev	-.355	-.562	.033	***	-	.441

Aggregated Indirect Effects (Bootstrapping method)

Inclusion	→	Belonging	.842	.109	-	.001**	-	-
Inclusion	→	Discrimination	-.318	-.023	-	.611	-	-
Inclusion	→	Internal_Prejudice	-.300	-.231	-	.001**	-	-
Inclusion	→	NonDisclosure	-.009	-.004	-	.981	-	-
Inclusion	→	Mental_Health_rev	.472	.053	-	.258	-	-
SexOrient_GayLes	→	Mental_Health_rev	.578	.068	-	.133	-	-
Race_NonWhite	→	Mental_Health_rev	-.461	-.044	-	.197	-	-
Gender_NonCis	→	Mental_Health_rev	-2.222	-.261	-	.001**	-	-
Participation	→	Discrimination	-.087	-.096	-	.057	-	-

Participation	→	Internal_Prejudice	-.022	-.255	-	.001**	-	-
Participation	→	NonDisclosure	-.002	-.010	-	.912	-	-
Participation	→	Mental_Health_rev	-.120	-.208	-	.001**	-	-
Belonging	→	Mental_Health_rev	.195	.170	-	.015*	-	-
Total Effects on Mental Health								
Inclusion	→	Mental_Health_rev	.472	.053	-	-	-	-
SexOrient_GayLes	→	Mental_Health_rev	.578	.068	-	-	-	-
Race_NonWhite	→	Mental_Health_rev	-.461	-.044	-	-	-	-
Gender_NonCis	→	Mental_Health_rev	-2.222	-.261	-	-	-	-
Participation	→	Mental_Health_rev	-.049	-.086	-	-	-	-
Belonging	→	Mental_Health_rev	.159	.139	-	-	-	-
Discrimination	→	Mental_Health_rev	-.355	-.562	-	-	-	-
Internal_Prejudice	→	Mental_Health_rev	-1.045	-.153	-	-	-	-
NonDisclosure	→	Mental_Health_rev	-.543	-.158	-	-	-	-

a. *p < .05. **p < .01. ***p < .001.

Table 15. Specific Indirect Path Estimates for SEM Mental Health Model

Specific Indirect Paths	Unstd. Estimate B	Lower	Upper	P- Value	Std. Estimate β
Inclusion → Participation → Belonging	.842	.495	1.317	.001	.109**
Inclusion → Participation → Belonging → NonDisclosure	-.005	-.055	.035	.886	.109
Inclusion → Participation → Belonging → NonDisclosure → Mental_Health_rev	.003	-.017	.034	.848	.109
Inclusion → Participation → Belonging → Internal_Prejudice	-.065	-.128	-.028	.001	.109***
Inclusion → Participation → Belonging → Internal_Prejudice → Mental_Health_rev	.068	.024	.169	.004	.109**
Inclusion → Participation → Belonging → Discrimination	-.263	-.654	-.043	.042	.109*

Inclusion → Participation → Belonging → Discrimination → Mental_Health_rev	.093	.015	.226	.043	.109*
Inclusion → Participation → Belonging → Mental_Health_rev	-.030	-.189	.066	.625	.109
Inclusion → Participation → Discrimination	1.167	.561	2.105	.001	.083**
Inclusion → Participation → Discrimination → Mental_Health_rev	-.414	-.738	-.200	.001	.083**
Inclusion → Participation → NonDisclosure	.020	-.040	.100	.621	.008
Inclusion → Participation → NonDisclosure → Mental_Health_rev	-.011	-.063	.019	.560	.008
Inclusion → Participation → Internal_Prejudice	.068	.025	.143	.001	.052**
Inclusion → Participation → Internal_Prejudice → Mental_Health_rev	-.071	-.189	-.022	.004	.052**
Inclusion → Participation → Mental_Health_rev	.213	.034	.507	.047	.024*
Inclusion → Belonging → NonDisclosure	-.025	-.214	.173	.916	-.010
Inclusion → Belonging → NonDisclosure → Mental_Health_rev	.013	-.088	.137	.854	-.010
Inclusion → Belonging → Internal_Prejudice	-.302	-.459	-.167	.001	-.233***
Inclusion → Belonging → Internal_Prejudice → Mental_Health_rev	.316	.126	.625	.005	-.233**
Inclusion → Belonging → Discrimination	-1.222	-2.313	-.197	.052	-.087
Inclusion → Belonging → Discrimination → Mental_Health_rev	.434	.077	.818	.047	-.087*
Inclusion → Belonging → Mental_Health_rev	-.141	-.684	.343	.672	-.016
Participation → Belonging → NonDisclosure	-.002	-.015	.013	.912	-.010
Participation → Belonging → NonDisclosure → Mental_Health_rev	.001	-.006	.009	.850	-.010
Participation → Belonging → Internal_Prejudice	-.022	-.033	-.012	.001	-.255***
Participation → Belonging → Internal_Prejudice → Mental_Health_rev	.023	.009	.044	.004	-.255**

Participation → Belonging → Discrimination	-.087	-.162	-.012	.057	-.096
Participation → Belonging → Discrimination → Mental_Health_rev	.031	.005	.058	.048	-.096*
Participation → Belonging → Mental_Health_rev	-.010	-.048	.024	.647	-.018
Participation → Discrimination → Mental_Health_rev	-.137	-.182	-.092	.001	-.238**
Participation → NonDisclosure → Mental_Health_rev	-.004	-.016	.007	.577	-.006
Participation → Internal_Prejudice → Mental_Health_rev	-.023	-.049	-.009	.004	-.041**
Gender_NonCis → NonDisclosure → Mental_Health_rev	-.108	-.271	-.001	.098	-.013
Gender_NonCis → Discrimination → Mental_Health_rev	-1.948	-2.436	-1.475	.001	-.229**
Gender_NonCis → Internal_Prejudice → Mental_Health_rev	-.166	-.351	-.052	.010	-.020*
Race_NonWhite → NonDisclosure → Mental_Health_rev	-.219	-.466	-.073	.007	-.021**
Race_NonWhite → Internal_Prejudice → Mental_Health_rev	-.109	-.357	.044	.245	-.010
Race_NonWhite → Discrimination → Mental_Health_rev	-.133	-.694	.330	.635	-.013
SexOrient_GayLes → NonDisclosure → Mental_Health_rev	.654	.334	1.051	.001	.077**
SexOrient_GayLes → Internal_Prejudice → Mental_Health_rev	-.027	-.171	.084	.618	-.003
SexOrient_GayLes → Discrimination → Mental_Health_rev	-.049	-.479	.408	.875	-.006
Belonging → NonDisclosure → Mental_Health_rev	.003	-.022	.034	.852	.003
Belonging → Internal_Prejudice → Mental_Health_rev	.081	.033	.157	.004	.070**
Belonging → Discrimination → Mental_Health_rev	.111	.018	.204	.050	.097

a. *p < .05. **p < .01. ***p < .001.

Table 16. Path Estimates and Total Effect Decomposition for SEM Physical Health Model

Predictor		Outcome	B	β	S.E.	p	Power	Effect Size (R ²)
Direct Effects								
Inclusion	→	Participation	3.016	.197	.925	.001**	-	.042
Inclusion	→	Belonging	3.911	.507	.275	***	-	.781
Participation	→	Belonging	.279	.555	.018	***	-	.938
Gender_NonCis	→	NonDisclosure	.20	.08	.135	.138	1.0	
Race_NonWhite	→	NonDisclosure	.403	.133	.161	.012*	-	.028
Race_NonWhite	→	Internal_Prejudice	.102	.067	.088	.246	1.0	
SexOrient_GayLes	→	NonDisclosure	-1.202	-.482	.135	***	-	.153
SexOrient_GayLes	→	Internal_Prejudice	.03	.024	.074	.679	1.0	
Belonging	→	NonDisclosure	-.006	-.019	.024	.791	1.0	
Belonging	→	Internal_Prejudice	-.077	-.459	.013	***	-	.128
Belonging	→	Discrimination	-.338	-.181	.131	.01*	-	.028
Gender_NonCis	→	Discrimination	5.645	.407	.749	***	-	.250
Race_NonWhite	→	Discrimination	.284	.017	.898	.752	1.0	
SexOrient_GayLes	→	Discrimination	.057	.004	.749	.939	1.0	
Participation	→	Discrimination	.403	.429	.065	***	-	.167
Participation	→	NonDisclosure	.007	.04	.012	.563	1.0	
Participation	→	Internal_Prejudice	.023	.266	.006	***	-	.047
Gender_NonCis	→	Internal_Prejudice	.158	.126	.074	.032*	-	.012
NonDisclosure	→	Physical_Health_rev	.665	.097	.366	.069	1.0	
Belonging	→	Physical_Health_rev	.211	.092	.169	.212	1.0	
Participation	→	Physical_Health_rev	-.159	-.138	.084	.059	1.0	
Discrimination	→	Physical_Health_rev	-.631	-.513	.07	***	-	.310

Internal_Prejudice	→	Physical_Health_rev	.951	.07	.8	.235	1.0	-
Aggregated Indirect Effects (Bootstrapping method)								
Inclusion	→	Belonging	.841	.109	-	.007**	-	-
Inclusion	→	Discrimination	-.391	-.027	-	.602	-	-
Inclusion	→	Internal_Prejudice	-.300	-.231	-	.014*	-	-
Inclusion	→	NonDisclosure	-.009	-.004	-	.929	-	-
Inclusion	→	Physical_Health_rev	.477	.027	-	.442	-	-
SexOrient_GayLes	→	Physical_Health_rev	-.806	-.047	-	.209	-	-
Race_NonWhite	→	Physical_Health_rev	.186	.009	-	.681	-	-
Gender_NonCis	→	Physical_Health_rev	-3.282	-.192	-	.013*	-	-
Participation	→	Discrimination	-.094	-.100	-	.082	-	-
Participation	→	Internal_Prejudice	-.022	-.255	-	.015*	-	-
Participation	→	NonDisclosure	-.002	-.010	-	.844	-	-
Participation	→	Physical_Health_rev	-.132	-.114	-	.036**	-	-
Belonging	→	Physical_Health_rev	.136	.059	-	.357	-	-
Total Effects on Mental Health								
Inclusion	→	Physical_Health_rev	.477	.027	-	-	-	-
SexOrient_GayLes	→	Physical_Health_rev	-.806	-.047	-	-	-	-
Race_NonWhite	→	Physical_Health_rev	.186	.009	-	-	-	-
Gender_NonCis	→	Physical_Health_rev	-3.282	-.192	-	-	-	-
Participation	→	Physical_Health_rev	-.291	-.252	-	-	-	-
Belonging	→	Physical_Health_rev	.347	.151	-	-	-	-
Discrimination	→	Physical_Health_rev	-.631	-.513	-	-	-	-
Internal_Prejudice	→	Physical_Health_rev	.951	.07	-	-	-	-
NonDisclosure	→	Physical_Health_rev	.665	.097	-	-	-	-

a. *p < .05. **p < .01. ***p < .001.

Table 17. Specific Indirect Path Estimates for SEM Physical Health Model

Specific Indirect Paths	Unstd. Estimate B	Lower	Upper	P- Value	Std. Estimate β
Inclusion → Participation → Belonging	.841	.499	1.315	.001	.109**
Inclusion → Participation → Belonging → NonDisclosure	-.005	-.056	.035	.880	.109
Inclusion → Participation → Belonging → NonDisclosure → Physical_Health_rev	-.003	-.052	.020	.709	.109
Inclusion → Participation → Belonging → Internal_Prejudice	-.065	-.127	-.029	.001	.109***
Inclusion → Participation → Belonging → Internal_Prejudice → Physical_Health_rev	-.062	-.205	-.001	.098	.109
Inclusion → Participation → Belonging → Discrimination	-.285	-.694	-.058	.031	.109*
Inclusion → Participation → Belonging → Discrimination → Physical_Health_rev	.180	.038	.451	.030	.109*
Inclusion → Participation → Belonging → Physical_Health_rev	.177	-.021	.570	.147	.109
Inclusion → Participation → Discrimination	1.217	.584	2.149	.001	.084**
Inclusion → Participation → Discrimination → Physical_Health_rev	-.768	-1.415	-.373	.001	.084**
Inclusion → Participation → NonDisclosure	.020	-.040	.100	.622	.008
Inclusion → Participation → NonDisclosure → Physical_Health_rev	.014	-.018	.105	.436	.008
Inclusion → Participation → Internal_Prejudice	.068	.026	.142	.001	.052**
Inclusion → Participation → Internal_Prejudice → Physical_Health_rev	.065	.001	.249	.094	.052
Inclusion → Participation → Physical_Health_rev	-.480	-1.192	-.060	.059	-.027
Inclusion → Belonging → NonDisclosure	-.024	-.220	.171	.896	-.009
Inclusion → Belonging → NonDisclosure → Physical_Health_rev	-.016	-.196	.099	.730	-.009
Inclusion → Belonging → Internal_Prejudice	-.303	-.461	-.167	.001	-.233***
Inclusion → Belonging → Internal_Prejudice → Physical_Health_rev	-.288	-.726	.002	.102	-.233
Inclusion → Belonging → Discrimination	-1.323	-2.425	-.303	.038	-.092*
Inclusion → Belonging → Discrimination → Physical_Health_rev	.835	.209	1.580	.034	-.092*
Inclusion → Belonging → Physical_Health_rev	.825	-.168	1.976	.176	.046

Participation → Belonging → NonDisclosure	-.002	-.016	.013	.904	-.010
Participation → Belonging → NonDisclosure → Physical_Health_rev	-.001	-.014	.007	.718	-.010
Participation → Belonging → Internal_Prejudice	-.022	-.033	-.012	.001	-.255***
Participation → Belonging → Internal_Prejudice → Physical_Health_rev	-.021	-.052	.000	.105	-.255
Participation → Belonging → Discrimination	-.094	-.172	-.021	.038	-.100*
Participation → Belonging → Discrimination → Physical_Health_rev	.060	.016	.114	.030	-.100*
Participation → Belonging → Physical_Health_rev	.059	-.010	.138	.158	.051
Participation → Discrimination → Physical_Health_rev	-.255	-.352	-.170	.001	-.220***
Participation → NonDisclosure → Physical_Health_rev	.005	-.007	.029	.433	.004
Participation → Internal_Prejudice → Physical_Health_rev	.021	.000	.064	.099	.019
Gender_NonCis → NonDisclosure → Physical_Health_rev	.133	-.002	.444	.111	.008
Gender_NonCis → Discrimination → Physical_Health_rev	-3.565	-4.694	-2.617	.001	-.209***
Gender_NonCis → Internal_Prejudice → Physical_Health_rev	.150	.002	.466	.092	.009
Race_NonWhite → NonDisclosure → Physical_Health_rev	.268	.034	.753	.040	.013*
Race_NonWhite → Internal_Prejudice → Physical_Health_rev	.097	-.025	.525	.243	.005
Race_NonWhite → Discrimination → Physical_Health_rev	-.179	-1.235	.663	.707	-.009
SexOrient_GayLes → NonDisclosure → Physical_Health_rev	-.799	-1.540	-.091	.064	-.047
SexOrient_GayLes → Internal_Prejudice → Physical_Health_rev	.029	-.047	.294	.458	.002
SexOrient_GayLes → Discrimination → Physical_Health_rev	-.036	-.841	.789	.960	-.002
Belonging → NonDisclosure → Physical_Health_rev	-.004	-.049	.026	.724	-.002
Belonging → Internal_Prejudice → Physical_Health_rev	-.074	-.187	.000	.099	-.032
Belonging → Discrimination → Physical_Health_rev	.214	.050	.397	.035	.093*

a. *p < .05. **p < .01. ***p < .001

Effect sizes were estimated for each significant direct effect using the following formula: $\frac{(R^2_i - R^2_e)}{(1 - R^2_i)}$, where R^2_i is the estimated proportion of variance of the dependent variable based on all independent variables effecting it, and R^2_e is the estimated proportion of variance of the dependent variable with one selected independent variable (regression path) excluded from the calculation. Measuring effect sizes for individual parameters in structural equation models is challenging due to the simultaneous analyses and lack of accepted formulas. Thus, Table 14 and 16 lists these effect sizes based on individual paths and their estimated effect on the proportion of explained variance on endogenous variables in both models.

Additionally, Tables 15 and 17 provide specific indirect effects for all paths in both models. SPSS Amos does not report statistical significance for indirect effects by default, and requires researchers to use advanced statistical estimation methods. Thus, the researcher ran bootstrap analyses in SPSS Amos based on 500 samples using the current dataset, with 95 percent confidence intervals and bias-corrected estimates. The results provided estimates for sampling distributions of standard errors for indirect effect parameters wherein statistically significant p-values were reported. Lastly, Table 18 provides the proportion of variance (R^2) accounted for each endogenous variable in both models.

Table 18. R^2 of Endogenous Variables in SEM Mental Health and Physical Health Models

Outcome Variable	Mental Health R^2	Physical Health R^2
Participation	.04**	.04**
Belonging	.68**	.68**
Discrimination	.28**	.28**

NonDisclosure	.28**	.28**
Internal_Prejudice	.14**	.14**
Mental_Health_rev	.41**	-
Physical_Health_rev	-	.29**

a. *p < .05. **p < .01. ***p < .001.

In partial support of the hypothesized model, Model 1 (Mental Health) and Model 2 (Physical Health) show that sexual orientation predicts one aspect of minority stress at a highly statistically significant level. More specifically, being gay/lesbian compared to being another sexual orientation has a moderately strong negative and direct effect on non-disclosure in both models ($B_{m1} = -1.205$, $\beta_{m1} = -.484$, $SE = .134$, $p < .001$; $B_{m2} = -1.202$, $\beta_{m2} = -.482$, $SE = .135$, $p < .001$). These results suggest that gays and lesbians are less closeted about their LGBTQIA+ identity to family members and non-LGBTQIA+ friends compared to all other sexual orientations (e.g., bisexual, pansexual, asexual, queer, questioning, and heterosexual), when controlling for all other variables. Moreover, direct paths were estimated for race and all three minority stress factors in both models, which indicate that being non-white has a positive but small direct effect on non-disclosure of one's LGBTQIA+ identity ($B_{m1} = .404$, $\beta_{m1} = .133$, $SE = .16$, $p < .01$; $B_{m2} = .403$, $\beta_{m2} = .133$, $SE = .161$, $p < .05$) compared to being white. In other words, non-white LGBTQIA+ gamers withhold their sexual and gender identity at greater levels compared to white LGBTQIA+ gamers when controlling for all other variables. No other direct or cumulative indirect paths stemming from race were statistically significant. These results partially support the a priori model, which hypothesized a significant path between race and minority stress. Gender identity served as the final demographic variable of interest in the two models, and was hypothesized to significantly predict minority stress. In

Models 1 and 2, being non-cisgender had a moderately strong and positive direct effect on discrimination at highly significant levels ($B_{m1} = 5.488$, $\beta_{m1} = .407$, $SE = .073$, $p < .001$; $B_{m2} = 5.645$, $\beta_{m2} = .407$, $SE = .749$, $p < .001$), and a small positive direct effect on Internalized Prejudice ($B_{m1} = .159$, $\beta_{m1} = .127$, $SE = .073$, $p < .05$; $B_{m2} = .158$, $\beta_{m2} = .126$, $SE = .074$, $p < .01$). Furthermore, non-cisgender identity had a negative cumulative indirect effect on mental health ($B_{m1} = -2.222$, $\beta_{m1} = -.261$, $p < .001$) and physical health ($B_{m2} = -3.282$, $\beta_{m2} = -.192$, $p < .05$). Thus, the parameter estimates for non-cisgender identity support, in part, the hypothesized model indicating that gender directly effects minority stress. Identifying as a non-cisgender gamer is associated with higher levels of discrimination and internalized prejudice, which thereby indirectly effects mental and physical health negatively.

Furthermore, parameter estimates from Model 1 and Model 2 indicate a small positive and statistically significant direct effect between guild inclusion and guild participation ($B_{m1} = 3.021$, $\beta_{m1} = .197$, $SE = .927$, $p < .01$; $B_{m2} = 3.016$, $\beta_{m2} = .197$, $SE = .925$, $p < .01$) as well as a highly significant, positive, and strong direct effect between guild inclusion and guild belonging ($B_{m1} = 3.908$, $\beta_{m1} = .507$, $SE = .275$, $p < .001$; $B_{m2} = 3.911$, $\beta_{m2} = .507$, $SE = .257$, $p < .001$). Guild inclusion also had a positive and statistically significant indirect effect on guild belonging through guild participation in both models ($B_{m1} = .842$, $\beta_{m1} = .109$, $p < .01$; $B_{m2} = .841$, $\beta_{m2} = .109$, $p < .01$) in addition to a combined negative indirect effect on Internalized Prejudice ($B_{m1} = -.3$, $\beta_{m1} = -.231$, $p < .01$; $B_{m2} = -.3$, $\beta_{m2} = -.231$, $p < .05$). These results indicate that higher inclusivity within

a guild predicts higher levels of participation in guild activities along with a greater sense of belonging, while indirectly decreasing internalized prejudice.

Models 1 and 2 also indicate a statistically significant, strong, and positive direct effect of guild participation on guild belonging ($B_{m1} = .279$, $\beta_{m1} = .556$, $SE = .018$, $p < .001$; $B_{m2} = .279$, $\beta_{m2} = .555$, $SE = .018$, $p < .001$) consistent with the hypothesized model, suggesting that as participation in guild activities and communication increases, belongingness increases. Although not hypothesized in the a priori model, direct effects of guild participation were estimated for discrimination, non-disclosure, internalized prejudice, mental health, and physical health as well. In Model 1, guild participation had a positive direct effect on discrimination of a moderate strength at a highly significant level ($B_{m1} = .386$, $\beta_{m1} = .423$, $SE = .063$, $p < .001$), as well as a small, positive, yet significant direct effect on internal prejudice ($B_{m1} = .022$, $\beta_{m1} = .266$, $SE = .006$, $p < .001$). Cumulative indirect effects of guild participation also emerged, effecting internalized prejudice ($B_{m1} = -.022$, $\beta_{m1} = -.255$, $p < .01$) and mental health ($B_{m1} = -.12$, $\beta_{m1} = -.208$, $p < .01$). These results suggest that higher levels of guild participation in the Mental Health model are directly and indirectly associated with experiencing more discrimination and more internalized prejudice, while indirectly leading to poorer mental health.

As for the Physical Health model, positive direct effects of guild participation on discrimination ($B_{m2} = .403$, $\beta_{m2} = .429$, $SE = .065$, $p < .001$) and internalized prejudice ($B_{m2} = .023$, $\beta_{m2} = .266$, $SE = .006$, $p < .01$) were not originally hypothesized but were observed at significant levels with moderate and weak strength, respectively. Moreover,

the model consisted of significant cumulative indirect effects of guild participation on internalized prejudice ($B_{m2} = -.022$, $\beta_{m2} = -.255$, $p < .05$) and physical health ($B_{m2} = -.032$, $\beta_{m2} = -.114$, $p < .05$). Results for guild participation within the physical health model indicate a paradoxical finding in that participation in guild activities is directly associated with higher internalized prejudice and poorer physical health, while simultaneously having an inverse and indirect effect on internalized prejudice through belonging.

The proposed model hypothesized that belonging leads to lower levels of minority stress and better health. Model 1 and 2 evidence partial support of these hypotheses. Both models indicated statistically significant and negative direct effects of belonging on internalized prejudice ($B_{m1} = -.077$, $\beta_{m1} = -.46$, $SE = .013$, $p < .001$; $B_{m2} = -.077$, $\beta_{m2} = -.459$, $SE = .013$, $p < .001$) as well as on discrimination ($B_{m1} = -.313$, $\beta_{m1} = -.172$, $SE = .128$, $p < .05$; $B_{m2} = -.338$, $\beta_{m2} = -.181$, $SE = .131$, $p < .05$), albeit weak in strength. Moreover, Model 1 shows that belonging also has a positive, cumulative, indirect effect on mental health ($B_{m1} = .195$, $\beta_{m1} = .17$, $p < .05$). These results suggest that belonging leads to decreased minority stress in terms of discrimination and internalized prejudice, thereby impacting mental health indirectly. Similarly, only significant indirect effects of belonging on physical health was observed through discrimination ($B_{m1} = .214$, $\beta_{m1} = .093$, $p < .05$). No direct effect of belonging on physical health emerged, therefore the hypothesized model was not supported in this regard.

Minority stressors were hypothesized to contribute negatively to mental and physical health, and the final structural equation models offer partial support of these

hypotheses. Model 1 shows weak negative direct effects on mental health from non-disclosure ($B_{m1} = -.543$, $\beta_{m1} = -.158$, $SE = .167$, $p < .01$) and internalized prejudice ($B_{m1} = -1.045$, $\beta_{m1} = -.153$, $SE = .366$, $p < .01$). Additionally, both Models 1 and 2 support the findings of strong, negative direct effects of discrimination on both mental health ($B_{m1} = -.355$, $\beta_{m1} = -.562$, $SE = .033$, $p < .001$) and physical health ($B_{m2} = -.631$, $\beta_{m2} = -.513$, $SE = .07$, $p < .001$) at highly significant levels. Although neither direct nor indirect effects from non-disclosure and internalized prejudice were observed at a significant level for physical health, they were significantly and negatively related to mental health. Moreover, discrimination also served a strong predictor for both mental health and physical health.

Lastly, power levels for all nonsignificant paths were evaluated and calculated at 1.0. Based on the model fit statistics and power levels at the model level and the individual parameter level, the researcher has strong evidence to conclude that the nonsignificant paths are not a result of Type II error, wherein a researcher fails to reject a false null hypothesis. In other words, the lack of significance among these paths are highly unlikely the result of chance.

An assessment of the proportion of explained variance among the endogenous variables was conducted for both models. Table 18 indicates that the models explain 4 percent of the variance for guild participation, 68 percent of the variance for guild belonging, 28 percent of the variance for discrimination, 28 percent of the variance for non-disclosure, and 14 percent of the variance for internalized prejudice. Moreover, Model 1 explains 41 percent of the variance for mental health and Model 2 explains 29

percent of the variance for physical health. Although the proportion of explained variance for guild participation is low, the remaining proportions of variance among the variables of interest offer strong explanation, especially for belonging, discrimination, non-disclosure, mental health, and physical health.

SUMMARY OF RESULTS

CFA and SEM were used to assess closeness of fit for mental health and physical health models testing the theory of minority stress for LGBTQIA+ gamers who play FFXIV and are members of LGBT-inclusive guilds. The hypothesized model was respecified based on theoretical and statistical justifications, and final CFA and SEM models were assessed for model fit based on global and local measures (CFI, RMSEA, SRMR, standardized residual covariance matrix, etc.). All models were found to be a close fit and were thus accepted. Individual parameter estimates were examined, and significant direct and indirect effects were noted as provided on Tables 14–17. Multiple observed effects were consistent with the hypothesized model (effects of participation on belonging, belonging on discrimination, and discrimination on health). The following section discusses these findings in greater depth and analyzes applications and implications of the results grounded in minority stress and social identity literature.

CHAPTER VI

DISCUSSION

The current study tested the fit and application of two minority stress models—one for mental health and one for physical health—to LGBT gamers who are members of LGBT guilds in the video game Final Fantasy XIV. The results from the models displayed on Figures 4–9 and their respective model fit statistics on Tables 10 and 11 indicate that both models fit the data well. Moreover, the findings show that one’s sense of belonging serves as a significant buffer against effects of discrimination and internalized prejudice as hypothesized from studies linking LGBT belongingness to numerous benefits, including: (1) the offsetting of discrimination’s effect on mental health (Craney et al. 2018); (2) decreased internalization of stress and stigma (Chong et al. 2015; Frost and Meyer 2012); (3) positive identity affirmation (Ghavami et al. 2011); (4) increased opportunities for greater identity disclosure (Ceatha et al. 2019); (5) better health outcomes (Fredriksen-Goldsen et al. 2014; Griffin et al. 2018; McLaren 2009); and more. In contrast to existing research, however, the results here challenge assumptions and expectations from current minority stress and social identity theory literature that purport direct effects of belonging on health and well-being (Puckett et al. 2015). Overall, the findings of this study support, in part, current theoretical explanations of the minority stress process for LGBT gamers while posing new questions that remain critical for future studies.

This chapter examines four key insights that emerged from the study, including: (1) the application of the minority stress model for examining effects of minority stress on mental and physical health among LGBT gamers; (2) the large and highly significant effect of discrimination on mental and physical health; (3) the direct effects of belonging on minority stress and its indirect effects on health; and (4) the novel findings regarding the effects of guild inclusion and participation on belonging, in addition to their effects on minority stress. After elaborating on these significant findings, the study's strengths and limitations are evaluated. The chapter concludes with a discussion of implications for future research.

MINORITY STRESS MODEL FOR LGBT GAMERS

Overview of the Mental Health Model

The purpose of the minority stress model is to theoretically frame and explain health disparities faced by sexual and gender minorities as a result of persistent exposure to unique stressors beyond those of everyday life (Meyer 2003b). The tested model for mental health indicates an excellent fit based on global and local fit assessments (see Table 4) and explains 41 percent of the variance in mental health. These significant findings lend creditability to the explanatory power of the adapted minority stress model as it pertains to the mental health of LGBT gamers. Furthermore, the direction of individual parameter estimates within the model are largely consistent with relationships found in existing research. The findings show that minority stress among LGBT gamers is negatively associated with mental health, wherein higher levels of minority stressors (discrimination, non-disclosure, and internalized prejudice) are associated with poorer

mental health (Meyer 2003b; Moody et al. 2018; Puckett et al. 2015; Scandurra et al. 2018).

In addition to model-level analyses, previous studies have cited individual effects—both direct and indirect—of minority stressors on mental health outcomes (Moody et al. 2018; Puckett et al. 2015; Scandurra et al. 2018), which informed the predicted path between the minority stress construct and mental health in the hypothesized model. However, unlike models from previous studies, the mental health model in this study includes elements related to the MMORPG context of LGBT gamers' communities, which allows for an examination of how participation and belonging predict minority stress and mental health. Effects of important demographic variables, such as race, gender identity, and sexual orientation are considered as well.

Results from the structural equation model for mental health indicate that being non-white directly predicts higher levels of non-disclosure compared to those who are white, whereas identifying as gay or lesbian predicts lower non-disclosure compared to those who identify as a different sexual orientation (e.g., bisexual, queer, pansexual). Identifying as non-cisgender, such as trans or nonbinary, directly predicts higher amounts of discrimination and internalized prejudice. Moreover, the level of inclusion in one's LGBT guild directly and positively predicts participation and belonging, meaning that greater inclusion in one's online gaming community is associated with higher levels of participation and belonging.

Increased participation in LGBT guild activities also predicts higher levels of belonging, as well as higher levels of discrimination and internalized prejudice. In

contrast to the contradicting effects of participation on two minority stressors, greater belonging predicts decreased discrimination and internalized prejudice, but has no significant effect on non-disclosure. All three minority stressors directly and negatively predict mental health, meaning that higher levels of a minority stressor corresponded with poorer mental health. The individual effects listed here are explained in greater detail in subsequent sections of this chapter.

Overview of the Physical Health Model

In addition to examining effects on mental health among LGBT gamers in FFXIV, this study tested the application of minority stress as it pertains to self-reported physical health. While the physical health model fits the data well based on global and local fit statistics, it explains only 29 percent of the variance in the physical health observed. Compared to the mental health model, the physical health model indicates similar path directions and estimates, with the exception of nonsignificant paths from non-disclosure and internalized prejudice to physical health. In other words, only one minority stressor—discrimination—significantly predicts physical health in the current model. Thus, the hypothesized model is only partially supported, as initial expectations were based on adaptations of the minority stress models in current literature which purport significant effects of all minority stressors on health.

Despite the nonsignificant effects of non-disclosure and internalized prejudice on physical health and the smaller proportion of explained variance compared to the mental health model (29 percent compared to 41 percent), these results provide some evidence for the connection between sexual and gender minority stress and physical health as well

as between this stress and health in general. Contradictions exist in current literature about the relationship between minority stress and health, indicating uncertainty as to whether and how minority stress effects physical health (Flentje et al. 2018). For instance, Frost et al. (2015) found no significant difference between self-appraised minority stressors and physical health problems among a sample of LGB people, whereas other scholars provide convincing data that health disparities among LGBT people exist as a result of greater exposure to minority stress (Flentje et al. 2018; Fredriksen-Goldsen et al. 2013; Hatzenbuehler and McLaughlin 2014; Institute of Medicine 2011; Lick et al. 2013; Parra et al. 2016; Wardecker et al. 2021). While the relationship between minority stressors and health are theoretically supported (e.g., more stress leads to poorer health), findings from empirical tests must be examined with a critical eye towards analytic methods used.

Taken together, the Mental Health and Physical Health models in this study offer strong evidence that an adapted minority stress model remains a robust theoretical framework upon which further empirical studies focusing on LGBT gamers are based. The following section examines the predictive power of minority stress on LGBT gamers' mental and physical health in greater detail. Specifically, a closer inspection of the individual direct effects of minority stressors on health indicate possible group differences and raise further questions that are addressed in the implications section.

MINORITY STRESSORS AS PREDICTORS OF HEALTH

Minority Stressors in the Mental Health Model

The good fit of the mental health model warrants a deeper examination of individual predictors, which provide additional insights into the minority stress process for LGBT gamers. The Mental Health model indicates that discrimination, non-disclosure, and internalized prejudice are directly and negatively associated with respondents' mental health. Among them, discrimination serves as the strongest predictor for mental health based on standardized Beta values and effect sizes as reported on Table 14. These findings are not surprising considering the wide range of discriminatory behaviors and prejudicial attitudes that LGBT people continue to encounter in offline and online environments (Ballard and Welch 2017; Hatzenbuehler 2014; Herek 2015; Lewis et al. 2017; Woodford et al. 2012). Research suggests that exposure to distal stressors (e.g., prejudice events, discrimination) and proximal stressors (e.g., anticipated rejection, non-disclosure, internalized prejudice) contributes to greater psychological distress, including anxiety, depression, and suicide ideations and attempts (Bowling et al. 2020; Clements-Nolle et al. 2006; Newcomb et al. 2020; Quinn and Chaudoir 2009; Timmins et al. 2017). The prevalence of these issues may be greater among gender diverse people (Clements-Nolle et al. 2006; Fredriksen-Goldsen et al. 2014; Hendricks and Testa 2012).

As expected, several significant individual paths emerged between the demographic variables and the minority stressors. The findings indicate that identifying as gay or lesbian predicts a decrease in non-disclosure (i.e., gays and lesbians are more "out") compared to all other sexual orientations (bisexual, pansexual, asexual, etc.).

These results support current literature that suggests certain sexual minorities, such as bisexuals, are less likely to disclose their sexual identity (Polihronakis et al. 2021). Moreover, racial identity significantly predicts non-disclosure in the current model, as being non-white is associated with increased non-disclosure. Scholars have noted that identity concealment and non-disclosure may serve as a strategy to avoid experiences of social rejection (Fabbre and Gaveras 2020; Friedman et al. 2019; Meyer 2003b). However, links between non-disclosure and poorer mental health are evidenced in much of the current literature (Lick et al. 2013; Pachankis 2007; Pachankis et al. 2020; Ullrich et al. 2003), with some scholars pointing to the multiplicative effects of facing these stressors as a racial and sexual minority (Bostwick et al. 2014; Gray 2012, 2018). Yet, Cyrus (2017) and McConnell et al. (2018) noted the contradictions existing in current literature about multiple minority statuses. The scholars suggest that some minority stress research emphasizes a risk-perspective, wherein a greater number of minority statuses increases risk of exposure to minority stress, in contrast to other perspectives that frame intersectional effects as a form of resilience-building and stress inoculation (Frost et al. 2016; McConnell et al. 2018; Schwartz and Meyer 2010). The present findings of individual and direct effects of race and sexual orientation on non-disclosure have important implications on the intersectional application of the current model. If differences in health disparities and levels of minority stress exist within different subgroups of the LGBT population as research suggests (Hearn, Brubaker, and La Guardia 2017; Hsieh 2019; Krueger and Upchurch 2019; Meyer 2003b), then the findings here provide additional support to the risk-perspective within the minority stress theory.

Additionally, internalized prejudice and discrimination were moderately and negatively associated with mental health. Yet, gender identity was the only significant exogenous predictor of these variables. The model shows that identifying as non-cisgender predicts greater levels of internalized prejudice and discrimination. These findings are consistent with current literature linking internalized stigma and discrimination to negative health outcomes for transgender people (Fredriksen-Goldsen et al. 2014). Studies show that transgender and gender nonconforming people face more negative societal attitudes and prejudices compared to cisgender sexual minorities (Lewis et al. 2017). Accordingly, these prejudices may become internalized and amplified by the higher rates of discrimination and violence that gender minorities experience compared to cisgender people (Button et al. 2012; Fredriksen-Goldsen et al. 2014; Hendricks and Testa 2012; Newcomb et al. 2020), which lead to deleterious effects on mental health and an increased risk of suicide. As such, these results partially support the hypothesized model that predicted a significant relationship between gender identity and minority stress. The findings in this study have critical implications for gender minorities in addition to racial and sexual minorities, in that minority stressors largely predict mental health, and that all three demographic variables significantly predict at least one of these stressors.

Minority Stressors in the Physical Health Model

In contrast to the Mental Health model, discrimination emerged as the only direct and significant predictor of physical health among all three minority stressors. Like the Mental Health model, however, non-cisgender identity significantly predicted increased

discrimination in the Physical Health model. The findings provide further evidence that higher levels of discrimination are associated with poorer physical health, which remains partially supported by the current literature. For example, Flentje et al. (2020) conducted a meta-analysis of 26 studies related to minority stress and physical health, and found that only about one-half of studies evidenced statistically significant relationships between minority stressors and biological/physiological outcomes. Contrary to some of their findings that linked internalized stigma and identity disclosure to physical health among LGB people, the current study found only nonsignificant effects of internalized prejudice and non-disclosure on physical health. In fact, the results of post-hoc power analyses indicate a power level of 1.0 for the nonsignificant findings, which suggest that these results are unlikely due to chance of a Type II error, wherein the researcher falsely fails to reject the null hypothesis and asserts no significant finding when one truly exists. It is important to note that the operationalization of physical health in the current study may explain the disconnect between the results here and the results in studies that evidence significant relationships between minority stress and physical health. Some scholars measure health indicators based on external or objective observations (e.g., samples of saliva) compared self-reported measures like those used in the current study (Flentje et al. 2020; Frost et al. 2015). Nonetheless, the significant effects of discrimination on physical health and the nonsignificant effects of internalized prejudice and non-disclosure indicate that further examination of LGBT gamers' physical health as a result of minority stress may require biological and physiological measures to grasp a fuller understanding (Mays et al. 2018). The next section outlines the effects of belonging on minority stress and

health, and emphasizes additional theoretical implications that tie into minority stress theory and social identity theory.

BELONGING, MINORITY STRESS, AND HEALTH

In the Mental Health and Physical Health models, higher levels of belonging directly predict lower levels of internalized prejudice and discrimination. However, no significant direct effects of belonging were observed for non-disclosure. These results partially support the hypothesized model, which posited that belonging is inversely related to minority stress (Austin and Goodman 2017; Barr et al. 2016; Budge et al. 2014; Petruzzella et al. 2019). Furthermore, no direct effects of belonging were observed for mental health or physical health, contrary to the expectations indicated in the hypothesized model. Instead, only positive indirect effects of belonging on mental and physical health were significant, suggesting that belonging may support better health by inversely effecting two minority stressors, internalized prejudice and discrimination. Moreover, Tables 14 and 16 indicate that the estimated effect size of belonging on discrimination is relatively small, whereas the effect size of belonging on internalized prejudice is small to moderate. These findings evidence that belonging has a stronger effect on internalized prejudice than discrimination.

As minority stress theory suggests, sexual and gender minorities may have access to group-level resources for coping with and remaining resilient against the negative effects of minority stress (Meyer 2003b). Research has focused on LGBT community connection and solidarity in this regard, which is commonly conceptualized in a subjective and abstract way as described by Woolwine's (2000) "imagined" queer

community. For example, some scholars have asked research participants about their connection to “the LGBT community” or the “trans community” in general terms (Barr et al. 2016; Chong et al. 2015), whereas others have asked about community connectedness in the context of a specific region, such as New York (Frost and Meyer 2012). The inconsistent findings between this study and others that evidence clear direct effects of belonging on minority stress and mental and physical health may result from restricting belongingness to the context of online LGBT guilds in FFXIV. While that group distinction remains a central point to the study’s purpose, it is important to keep in mind how and why these findings may differ compared to literature with a broader application of belonging and its role in minority stress.

Despite the differences listed above, several implications from the findings are considered alongside other research that evidences how community connectedness and belonging possibly mitigate the relationship between discrimination and mental health (Craney et al. 2018), lessen the effects of minority stress on physical health problems (Flenar et al. 2017), and account for some of the explained variance between internalized prejudice and psychological distress (Puckett et al. 2019). While possible that the specific context of belongingness in this study (i.e., LGBT guild belonging) restricts its potential magnitude of effect on minority stress, the findings still suggest that belonging may serve as a supportive mechanism in the minority stress process by positively, albeit indirectly effecting health. Similar to the study by Morris et al. (2015), wherein respondents’ sense of belonging to a specific gay group was inversely and indirectly related to depression, these results emphasize the importance of indirect effects and show how

conceptualization of group-level resources for minority stress coping and resilience (e.g., community belonging) are imperative in the interpretation process. This implication is further explained by the role of social identity theory.

As suggested by social identity theorists such as Tajfel and Turner (1979), among others, group affiliation may contribute significantly to one's self-concept. Yet, during the confirmatory factor analyses, the researcher dropped the indicators that measured group affiliation and membership because they failed to adequately load on the factor of belonging despite previous research validating those related subscales with strong reliability (Lin and Israel 2012; Proescholdbell et al. 2006). This may indicate that a sense of belonging for LGBT gamers in LGBT guilds stems from a more nuanced perspective of group affiliation that previously validated data collection instruments do not adequately capture.

Alternatively, perhaps the nature of LGBT guilds in FFXIV pose obstacles to the development of strong group affiliation and group identity salience due to members' ability to join multiple guilds at one time and leave guilds with ease and convenience (with literally the click of a button). This is partially explained in the social identity literature, as scholars have noted that groups with negative social perceptions and high permeability (e.g., stigmatized LGBT guilds with loose membership boundaries) may experience higher membership mobility and turnover (Haslam et al. 2012; Reicher et al. 2012), which can weaken group affiliation. Accordingly, LGBT guilds that experience constant roster changes may not provide a stable membership identity to which LGBT guild members can create meaningful attachments that remain salient in one's self-

concept. The researcher's personal knowledge of LGBT guild participation in FFXIV supports the plausibility of this explanation, as members leave guilds or stop playing FFXIV altogether for a variety of reasons.

Despite the absence of direct effects on mental and physical health as hypothesized, the findings from this study indicate that belonging plays a significant, albeit small to moderate role in minimizing stressors such as discrimination and internalized prejudice, which may indirectly mitigate the deleterious effects of minority stress on health. The last discussion point examines the novel investigation of guild inclusion and its observed effects on participation and belonging, as well as the direct effects of participation on belonging, minority stressors, and health.

GUILD INCLUSION AND PARTICIPATION

The findings of the study show that inclusion and participation had positive direct effects on belonging as predicted in the hypothesized model. Moreover, inclusion and participation account for 68 percent of the variance of belonging in the mental and physical health models. This is a significant proportion explained by only two factors and suggests that greater perceptions of guild inclusion significantly explain greater participation in the guild, which further predicts a greater sense of belonging. Current literature on belonging and community connectedness largely omits the perceptions of LGBT community members on the inclusivity of their affiliated community. As such, these findings offer unique insights into the importance of community-level traits perceived by their members and how greater perceived inclusion may amplify other important factors within the minority stress model like belongingness.

Social identity theory and self-categorization theory serve as useful lenses to explain how and why inclusion and participation in LGBT guilds predicts greater belonging. From this perspective, LGBT gamers may evaluate their LGBT guilds in a positive light (i.e., through enhanced perceptions of guild inclusion) because they share similarities with the guild's central identity (e.g., identifying as LGBT, having a strong interest in FFXIV, etc.), while simultaneously enjoying the social distinction that group affiliation provides (i.e., an emphasis on intergroup differences). This type of group-based self-appraisal may emerge for group members whose social status is perceived as negative or undesirable (Haslam et al. 2012; Huddy 2001; Reicher et al. 2012; Tajfel and Turner 1979).

Furthermore, the results of guild participation and belongingness in the current study are consistent with social psychological literature pertaining to fandoms and fanship, which theorize the development of group affiliation and community enhancement among people who share a similar and strong interest in something, such as sports (Chadborn, Edwards, and Reysen 2018; Obst et al. 2002). Accordingly, LGBT gamers who perceive greater inclusion and participate in LGBT guild activities with greater frequency may experience a stronger development of collective identity through fanship (e.g., a shared interest in FFXIV), where emotional needs are met by members of the group (Ashmore et al. 2004), and the development of social bonds leads to greater belongingness. In fact, it is common for gamers to develop strong connections with each other when playing video games like MMORPGs, and these relationships may extend beyond the digital realm and into the physical world (Cărățărescu-Petrică 2015; Cole and

Griffiths 2007; Gray 2018; Hernandez 2020; Longman et al. 2009; Williams et al. 2006). As such, the inclusion and participation experienced by LGBT gamers within their virtual communities play a pivotal role in predicting a sense of belonging.

Counterintuitively, the findings in both the mental health and physical health models show that participation significantly predicts discrimination and internalized prejudice in a positive direction. In other words, increases to guild participation predict increases in self-reported discrimination and internalized prejudice. However, the observed positive effects of participation on minority stress are not entirely surprising as scholars posit that a paradox exists for stigmatized and marginalized communities where participating in potentially stigmatizing activities (e.g., queergaming or expressing LGBT identity in gaming activities) may result in a network of social support from sympathetic others who share the stigmatized identity and its related experiences (Goffman 1963; Mock et al. 2013).

Current research on video games and their communities provides additional context and theoretical understanding that helps explain the relationship between participation and minority stress. Gray (2018) and Hernandez (2020) both highlighted to the challenges faced by LGBT gamers who wish to freely express themselves in their digital worlds. Sexual and gender prejudices are not uncommon in online video games, as many virtual spaces are rooted in heteronormativity and some in anti-LGBT prejudice (Ballard and Welch 2017; Brehm 2013; Salter and Blodgett 2012). Although the indicators for discrimination and internalized prejudice in the present study were not operationalized to measure minority stress specific to video games, it is possible that

respondents included virtual encounters of minority stress when they reported on the frequency of experienced discrimination and prejudice. Moreover, LGBT members who are active within FFXIV and their LGBT guild may have a greater risk of exposure to minority stressors, as online video games serve as a popular domain for online harassment (Ballard and Welch 2017; Tang and Fox 2016; Yang 2012), which could contribute to the internalization of prejudices.

The current study contributes to literature on leisure and community involvement for sexual and gender minorities with important implications for LGBT-group participation and its association with increased exposure to minority stress. Additionally, the standardized beta values and estimated effect sizes shown on Tables 14 and 16 indicate that participation may have a stronger effect on discrimination compared to belonging, whereas belonging may have a stronger effect on internalized prejudice compared to participation. These results further nuance the context of participation alongside belonging, and suggest that their effects deserve greater consideration and research.

Lastly, significant and negative indirect effects of participation on mental health (via discrimination and internalized prejudice) and physical health (via discrimination) emerged. Some scholars have pointed to negative health implications related to playing video games, such as having a sedentary lifestyle and a higher BMI due to extended periods of gaming (Rudolf et al. 2020). Other scholars have examined gaming addiction and its contribution to poorer mental health (Loton et al. 2016). Yet, despite the negative effects that derive from playing video games, emerging research shows numerous

benefits to gaming, including: (1) enhanced cognitive skills, increased motivation for tasks, and mood improvements (Granic, Lobel, and Engels 2014); (2) the development of social support and communities through online gaming (Granic et al. 2014; Gray 2018; Hernandez 2020; Longman et al. 2009; Strauss 2019); and (3) increased opportunities to freely express one's LGBT identity with like-minded people (Gray 2018; Hernandez 2020). The findings of the current study suggest that participation within LGBT communities, such as LGBT guilds, deserves stronger considerations for its impact on minority stress. Caution is warranted when interpreting the observed effects of LGBT guild participation on minority stress and health, because there remain positive benefits through inclusion and belonging that are significant as well.

SUMMARY OF KEY FINDINGS

The results of this study found that an adapted version of the minority stress model fit the data well. The minority stress process pertaining to the mental and physical health of LGBT gamers in LGBT guilds in the video game Final Fantasy XIV may be explained using the tested models, which emphasize several key findings. Firstly, discrimination, non-disclosure, and internalized prejudice negatively impact mental health, whereas discrimination negatively impacts physical health. Secondly, increased belonging may predict lower levels of discrimination and internalized prejudice, thereby indirectly supporting better mental and physical health. Lastly, guild inclusion and participation positively predict belonging, but participation relates positively to discrimination and internalized prejudice, and may indirectly impact mental and physical health negatively. Taken together, the Mental Health and Physical Health models are

good fits and explain 41 percent and 29 percent of the variance in health, respectively.

The following section discusses several strengths and limitations that emerged in the present study before introducing larger implications.

STRENGTHS OF THE STUDY

One notable strength of this study includes its novel contribution to current minority stress literature. By examining mental and physical health through the adaptation of a minority stress model, the results in the present study help explain the minority stress process for a subpopulation of the LGBT community (i.e., LGBT gamers) that remains overlooked in most studies. More specifically, the models for mental and physical health tested in this study fit the data well and suggest that LGBT gamers who play FFXIV may experience both benefits and drawbacks from LGBT guilds membership. Not only do the results here fill major gaps in the existing research on sexual and gender minorities, but they provide theoretical insights into the application of stigma and social identity theory, too.

The second strength of the study is its integrated theoretical approach to analyzing LGBT guild participation and belonging among LGBT gamers. Sexual and gender minorities may experience numerous challenges rooted in prejudice and discrimination, and these experiences may affect people within the LGBT community differently based on other social identities such as race, gender, and age (dickey and Budge 2020; McCabe and Kinney 2020; McConnell et al. 2018). Therefore, it remains imperative for research to incorporate intersectional approaches that integrate strong theoretical perspectives and methodological tools in addition to diversifying the demographic variables of interest that

may have significant effects on the outcome variables. This study demonstrates these approaches with varying degrees of success for each. Firstly, this study incorporated minority stress literature as the foundational causal model for understanding the role of belonging in supporting better health through mitigation of minority stress, while contextualizing the research findings within social identity theory, stigma, and social stratification. Together, these theoretical lenses supported the interpretation of the study's results with greater confidence and credibility. Moreover, this study engaged the concept of intersectionality at a basic level by applying an intersectional lens when searching for and analyzing relevant literature as it related to health disparities, additive and multiplicative effects of minority stressors, and differences in belongingness and community connectedness. However, due to the lack of racial/ethnic diversity in the sample, as well as the large number of different groups for sexual orientation (e.g., gay/lesbian, bisexual, pansexual, queer, etc.) and gender identity (cisgender man, cisgender woman, trans man, trans woman, nonbinary, etc.), the incorporation of an intersectional approach to data analysis and interpretation of findings focused primarily on group differences related to the effects of race, gender identity, and sexual orientation on minority stressors. Nevertheless, the addition of these exogenous demographic variables and the study's inclusion of diverse identities under the LGBT umbrella (e.g., pansexual, queer, asexual) strengthen the model's application to larger and more diverse populations of LGBT gamers.

Additionally, the results of this study extend the academic conversation on the role of belonging and participation, their implications on minority stress and health, and

the impact that operationalization has on this specific population. Many studies that examine community connectedness or belonging use broad definitions that allow for greater individual interpretation. Yet, this study examined the role of belongingness within a very specific context with calculable membership boundaries (i.e., either you are a member of a specific LGBT guild or not) and guild activities. As such, caution is warranted when comparing the magnitude of belonging's effects on minority stress and health to other studies examining LGBT connectedness in a general sense. However, the novel findings of this study support the notion of belonging as a coping resource used by LGBT gamers who play FFXIV which may dampen the negative effects of minority stress.

The final strength of this study discussed here lies in the study's methodology. Surveys are a useful data collection tools that support the operationalized measurement of abstract concepts such as belonging and stigma (Dillman et al. 2014). Items from previously validated instruments were included in this study's questionnaire with minor adaptations to align with the virtual context of FFXIV. Additionally, internet surveys are likely convenient for the target population, as it likely that most FFXIV players are accustomed to online activities due to their interest in an online video game. As for the strengths stemming from the analytic strategies, structural equation modeling supported the hypothesis testing and analysis of minority stress models consisting of latent constructs, and allowed for the examination of direct and indirect effects in greater depth (Byrne 2016; Kline 2016). Moreover, structural equation modeling estimated the magnitudes of individual paths while taking into consideration error and disturbances that

are not considered in other statistical methods like ANOVA or ordinary least squares regression models. These analytic strategies resulted in findings that met stringent criteria for construct validity, discriminant validity, statistical significance, and measures of close model fit. Strong statistical methods such as the ones listed above provide confidence in the interpretation and acceptance of results which provide significant implications as discussed immediately following an overview of the study's limitations.

LIMITATIONS

Although the study presented numerous strengths that support significant contributions to the literature on LGBT gamers and minority stress, there remain several limitations that warrant further discussion. First and foremost, the results derived are from cross-sectional data based on a research strategy that the researcher designed and implemented as the sole investigator. As such, the data precludes causal determinations when interpreting results. Although structural equation modeling supports causal assumptions and conclusions, even a well-fitted model does not necessarily indicate causality (Bollen and Pearl 2013). A researcher may only assert causality if the study consists of several design elements, such temporal order and sufficient logical reasoning between the variables of interest. Accordingly, no claims of causality from these findings are warranted. Nevertheless, the findings from this study provide compelling evidence of the plausibility of such causal relationships for consideration in future studies that utilize

longitudinal data and incorporate all necessary elements of causality in the study's design.

A second limitation is the use of non-random sampling when recruiting for participants, which precludes generalizability of the findings to the larger LGBT gamer population. Even if the researcher implemented a random sampling procedure using a full list of all FFXIV guilds and their members, it remains improbable to ensure that each individual person in the population has an equal opportunity of random selection because FFXIV players may have multiple characters in multiple guilds. Moreover, it is virtually impossible to identify a full list of members within this study's target population (e.g., LGBT gamers in LGBT guilds who play FFXIV) for numerous reasons as described in the Chapter IV.

A third limitation stems from the researcher's inability to define a complete population frame, which leaves the study vulnerable to coverage error. Dillman et al. (2014) define coverage error as the difference between the findings of a study that used an accurate list of the target population and one that did not. In this study, the researcher compiled a database of likely LGBT-inclusive guilds and their members. However, this processes significantly relied on researcher interpretation and whether guilds promoted their organization on a number of social-media related sites. Additionally, the recruitment of participants from only one game (FFXIV) and primarily from one region (North America) may emphasize Western cultural ideologies within the tested models. Thus, interpretations and applications of the findings may not account for cultural differences across other regions, such as Japan or Germany, where the population of LGBT gamers

may have unique characteristics. Despite the fact that the theoretical implications of minority stress discussed in this study are explored in various contexts in the literature, such as cultural stigma and levels of non-disclosure across the globe (Pachankis and Bränström 2019), the omission of certain LGBT gamers may limit the application of the findings to only LGBT gamers that share attributes with the sample.

The final limitation results from possible nonresponse error and bias. Despite LGBT gamers in FFXIV receiving requests to participate in the study and being accustomed to online engagement, they may fail to complete the survey due to technical error, fatigue, and length of survey, thereby increasing the odds of encountering nonresponse error (Dillman et al. 2014; Weisberg 2005). The survey had a 54 percent completion rate with an average completion time of 31 minutes, which may suggest a shorter survey is needed for increased responses. However, even with higher completion and response rates, the nonrespondents may differ significantly from participants who completed the study based on important characteristics to the research question, which may indicate the presence of nonresponse bias. The researcher attempted to mitigate nonresponse rates by providing an incentive of a 60-Day Time Code for FFXIV or an electronic gift card of equal value.

Despite the limitations listed above, the current study answered several critical questions related to the application of the minority stress model for LGBT gamers. The findings suggest the adapted minority stress model tested in this study was a good fit for the data and explained the minority stress process for LGBT gamers well. Moreover, significant direct and indirect effects emerged between exogenous and endogenous

variables in the structural model, with important social implications at macro, meso, and micro levels of society as detailed below.

IMPLICATIONS AND FUTURE RESEARCH

At the macro level, the findings from this study suggest that the application of the minority stress model fits the LGBT gamer population of FFXIV well, but future research is required expand the application to all LGBT gamers who play FFXIV and to LGBT gamers who play other MMORPGs that provide similar online community structures such as LGBT guilds. Moreover, this study has several implications on policy for consideration at both government and corporate levels. The findings suggest that discrimination and prejudice continue to negatively impact health for LGBT people, and that institutionalization of inclusive policies may support structural and organizational efforts to minimize anti-LGBT sentiments.

At the meso level, corporations who create and manage MMORPGs can use these findings to inform their community guidelines and strategies. Every MMORPG has creators who oversee the production of content, manage the social architecture of the game, and manage community relations with consumers. This study shows that connections within MMORPGs may serve as an important role for minimizing minority stress for LGBT gamers. However, community-building efforts would be fruitless without also adopting inclusive policies that not only ban discriminatory behavior in video games (which most online games do), but actively promote the inclusivity of LGBT people in stories, featured content, and as employees who contribute to the development of the games. From a micro-perspective, the findings here indicate that

belongingness significantly predicts minority stress in varying magnitudes, which have indirect effects on mental and physical health. As such, clinicians, social workers, and counselors may wish to consider LGBT guilds as a group-level coping resource for clients struggling with mental or physical health resulting from minority stress.

The current study may be the first of its kind to test and apply the theoretical model of minority stress to LGBT gamers' mental and physical health. Additionally, the findings from this study fill current gaps in the literature as evidenced by a lack of quantitative research on this specific population. Yet, many questions remain unanswered by this study, which justifies additional research on this topic. Firstly, future studies should attempt to use random sampling and collect longitudinal data to support causal claims from their findings that are applicable to the general population of LGBT gamers. If data collection is not feasible, then researchers should consider other datasets with multiple collection waves.

Secondly, future research should expand on the intersectionality framework that this study incorporated. Significant differences in direct effects on minority stressors emerged for race, gender identity, and sexual orientation, but these differences may have resulted from the methodological decision to dichotomize the variables. Structural equation modeling requires an adequate sample size in relation to the number of parameters estimated (Kline 2016), and introducing multiple group paths would increase the required size. Due to the diverse identities across sexual orientation and the large proportion of white respondents in the study's sample, multigroup analysis across all unique categories was not appropriate for this study. Therefore, future studies should

consist of larger and more diverse samples that allow for the effective use of multi-group analyses to test for invariance in the causal structures across all identities of interest, including: sexual orientation (gay, lesbian, bisexual, pansexual, etc.); gender identity (men, women, transgender, nonbinary, etc.); race/ethnicity (Black, Asian, Indigenous/Native American, Hispanic, etc.); and other demographics. These findings would support a stronger intersectional investigation into minority stress and its effects of health.

Additionally, future studies should include validated items for measuring belonging and community connectedness on a general level, as well as adapted measures of belonging and community connection based on the specific population of interest. The results in the present study indicate that some indicators of previously validated instruments may not adequately capture the latent construct of belonging when situated in a more specific group context compared to the general LGBT population. LeBeau and Jellison (2009) emphasize the measurement inconsistencies in the current literature, as some researchers have borrowed terminology and scales from scholars who have tested and validated community connection measurements (Balsam et al. 2015; Frost and Meyer 2012), while others have measured involvement in the gay community by assessing various types of engagement indicators, such as counting the number of LGBT friends one has and assessing collective self-esteem for LGBT groups.

A final opportunity for future research includes the examination of LGBT belonging, minority stress, and health within the context of other leisure activities, which may lend additional insights into the process of minority stress and the role of LGBT

group-specific belonging. Moreover, meta-analyses may be conducted to determine if some types of LGBT groups offer stronger mitigation of minority stress and better support of health compared to others. In these future studies, additional variables such as level of fanship and salience of group identity should be investigated as independent variables that may impact outcome variables such as participation and belonging. The next chapter concludes this study with a brief synthesis of key findings and critical implications interpreted from the results.

CHAPTER VII

CONCLUSION

As evidenced in this study, LGBT people face considerable amounts of stress from prejudice and discrimination, even as attitudes have become more accepting towards sexual and gender minorities over the last decade. Scholars have linked these stressors to negative mental and physical health outcomes (Ehlke et al. 2020; Flenar et al. 2017; Meyer 2003b), and studies have explored buffers against the negative effects of minority stress. Researchers have supported the idea that belonging to an LGBT community may partially minimize or ameliorate the impact of minority stress on health. Yet, no studies have tested this theory among a sample of LGBT gamers until now.

Accordingly, this study tested two minority stress models—a mental health model and a physical health model—adapted for LGBT gamers who are members of LGBT guilds in the online video game, Final Fantasy XIV. The results evidenced good model fit for both mental and physical health according to global and local fit statistics, and partially supported the hypothesized model except for several model respecifications that separated the hypothesized minority stress factor into three unique factors: discrimination, internalized prejudice, and non-disclosure.

Additionally, unique relationships between several of the endogenous variables emerged. Most notably, discrimination indicated the strongest association impacting both mental and physical health, whereas internalized prejudice and non-disclosure affected

only mental health. Findings related to belonging and its effects on discrimination and internalized prejudice indicated that feeling connected to one's LGBT guild may predict a decrease in minority stress, which may indirectly benefit mental and physical health. Finally, participation in LGBT guilds indicated significant direct effects on discrimination and internalized prejudice, which suggests that LGBT gamers who spend more time with their LGBT guilds may also experience higher levels of minority stress, which is negatively associated with health.

Numerous coping and resilience-based mechanisms may ameliorate the negative effects of minority stress (Budge et al. 2014; Detrie and Lease 2007; Frost et al. 2016; Meyer 2003b; Noyola et al. 2020), but for members in LGBT guilds, a sense of belonging may serve as significant, albeit small buffer. The findings from this study are novel in the sense that they apply to a specific subpopulation of LGBT gamers. Thus, caution is warranted if attempting to apply the findings to other LGBT communities.

Significant theoretical influences inform the understanding and investigation of minority stress, including social stratification, social identity theory, stigma, and intersectionality. The integration of these theoretical perspectives in this study offered a unique lens from which to examine and interpret these results. The insights and contributions provided by this study offer clear direction for future research on LGBT gamers. Scholars continuing this work may wish to expand upon the models here and incorporate larger samples, new variables, and multi-group analyses to determine if differences exist between the various subgroups within the LGBT umbrella.

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APPENDICES

APPENDIX A
IRB APPROVAL AND CLOSURE



Jakín Vela <jvela1@twu.edu>

IRB-FY2021-10 - Initial: Exempt Letter

irb@twu.edu <irb@twu.edu>

Mon, Nov 23, 2020 at 11:23 AM

To: jvela1@twu.edu, jwilliams2@twu.edu

**Texas Woman's University**
Institutional Review Board (IRB)irb@twu.edu<https://www.twu.edu/institutional-review-board-irb/>

November 23, 2020

Jakín Vela
Sociology

Re: Exempt - IRB-FY2021-10 Examining LGBT Guilds as Virtual Buffers to Sexual Minority Stress

Dear Jakín Vela,

The above referenced study has been reviewed by the TWU IRB - Denton operating under FWA00000178 and was determined to be exempt on November 21, 2020.

Note that any modifications to this study must be submitted for IRB review prior to their implementation, including the submission of any agency approval letters, changes in research personnel, and any changes in study procedures or instruments. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All modification requests, incident reports, and requests to close the file must be submitted through Cayuse.

On November 20, 2021, this approval will expire and the study must be renewed or closed. A reminder will be sent 45 days prior to this date.

If you have any questions or need additional information, please contact the IRB analyst indicated on your application in Cayuse or refer to the IRB website at <http://www.twu.edu/institutional-review-board-irb/>.

Sincerely,

TWU IRB - Denton



Jakin Vela <jvela1@twu.edu>

IRB-FY2021-10 - Study Closed

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: jvela1@twu.edu, jwilliams2@twu.edu

Mon, Apr 19, 2021 at 10:30 AM



Texas Woman's University
Institutional Review Board (IRB)

irb@twu.edu

<https://www.twu.edu/institutional-review-board-irb/>

April 19, 2021

Jakin Vela
Sociology

Re: Closure for IRB-FY2021-10 Examining LGBT Guilds as Virtual Buffers to Sexual Minority Stress

Dear Jakin Vela,

The TWU IRB - Denton has received all required documents necessary to close the protocol referenced above. As applicable, the final study report has been submitted. As of this date, the protocol file has been closed.

If you have any questions or need additional information, please email your IRB analyst at irb@twu.edu or refer to the [IRB website](#).

To download a copy of this letter, please login to Cayuse, click on "Studies" and locate the study under the "Archive" tab. After clicking on the above referenced study, the closure letter will be located under the "Letters" tab of the Closure Submission.

Sincerely,

TWU IRB - Denton

APPENDIX B
LIST OF VARIABLES

Measure	Questionnaire Item	Response Option
Guild Inclusivity	<i>Overall, how much do you feel that your LGBT Guild is....</i>	Not at all, A little, Some, A fair amount, A great deal
GuildAttitudes_LGBTAccepting	Accepting of LGBTQIA+ players	
GuildAttitudes_LGBTSupport	Supportive of LGBTQIA+ players	
GuildAttitudes_LGBTWelcoming	Welcoming of LGBTQIA+ players	
Guild Participation		
Participation Index - Duties	<i>About how often do you engage in the following FFXIV activities alongside one or more members from your LGBT Guild?</i>	Never, Seldom, Sometimes, Often, Very Often
Participate_Duties01	Guild participation in Daily Roulettes/Challenges (e.g., Expert, Main Scenario, Level 80, Frontline etc.)	
Participate_Duties02	Guild participation in Dungeons (general)	
Participate_Duties03	Guild participation in Guildhests (general)	
Participate_Duties04	Guild participation in Trials (non-Extreme)	
Participate_Duties05	Guild participation in Trials (Extreme)	
Participate_Duties06	Guild participation in Normal Raids (i.e., 8-person, non-Savage raids)	
Participate_Duties07	Guild participation in Savage Raids (i.e., 8-person, Savage raids).	
Participate_Duties08	Guild participation in Alliance Raids (i.e., 24-person raids)	
Participate_Duties09	Guild participation in PvP (e.g., Custom Matches, Team Match, Frontline, Rival Wings)	
Participate_Duties10	Guild participation in Deep Dungeons (Palace of the Dead, Heaven on High)	
Participate_Duties11	Guild participation in FATES	
Participate_Duties12	Guild participation in Treasure Hunts/Maps (Aquapolis, Uznair, Lyhe Ghiah)	
Participation Index - Other Content	<i>About how often do you engage in the following FFXIV activities alongside one or more members from your LGBT Guild?</i>	Never, Seldom, Sometimes, Often, Very Often
Participate_Other01	Guild participation in Chocobo Races	
Participate_Other02	Guild participation in Triple Triad	
Participate_Other03	Guild participation in Lord of Verminion	
Participate_Other04	Guild participation in Doman Mahjong	
Participate_Other05	Guild participation in Fashion Report	
Participate_Other06	Guild participation in Cactpot (daily/weekly)	
Participate_Other07	Guild participation in GATE events	
Participate_Other08	Guild participation in Other mini-games in the Manderville Gold Saucer	
Participate_Other09	Guild participation in Sightseeing Log	

Participate_Other10	Guild participation in Gardening	
Participate_Other11	Guild participation in Gathering (as Botanist, Miner, Fisher)	
Participate_Other12	Guild participation in Crafting (as Leatherworker, Weaver, etc.)	
Participate_Other13	Guild participation in FC Workshop Projects (progressing projects, collecting project materials and rewards)	
Participate_Other14	Guild participation in Housing remodeling/decoration	
Participate_Other15	Guild participation in Farming for mount(s)	
Participate_Other16	Guild participation in Farming for minion(s)	
Participate_Other17	Guild participation in Farming for rare material(s)	
Participation Index - Quests	<i>About how often do you engage in the following FFXIV activities alongside one or more members from your LGBT Guild?</i>	Never, Seldom, Sometimes, Often, Very Often
Participate_Quests01	Guild participation in Main Scenario Quests (e.g., main story progression)	
Participate_Quests02	Guild participation in Side Story Quests (Hildebrand, Scholasticate, Delivery Moogles, etc.)	
Participate_Quests03	Guild participation in Chronicles of a New Era Quests (quests that unlock most Trials, Normal Raids, and Alliance Raids)	
Participate_Quests04	Guild participation in Restoration Quests (Doman Restoration, Firmament Ishgard Restoration, Diadem)	
Participate_Quests05	Guild participation in Class/Job/Role Quests (e.g., battle job quests, crafting job quests, etc.)	
Participate_Quests06	Guild participation in Levequests	
Participate_Quests07	Guild participation in Hunts (hunt trains, regular/elite marks, clan marks, veteran clan marks, nutsy clan marks)	
Participate_Quests08	Guild participation in Beast Tribe Quests (Amalj'aa, Sylphs, Vanu Vanu, Kojin, Pixies, etc.)	
Participate_Quests09	Guild participation in Relic Weapon Quests or Regions (e.g., Resistance, Eureka, Anima, Zodiac)	
Participate_Quests10	Guild participation in Feature Quests (e.g., quests that unlock features, such as flying, Hunts, and certain instances)	
Participate_Quests11	Guild participation in Seasonal Event Quests (e.g., Starlight Celebration, The Rising, and other limited time only quests)	
Participate_Quests12	Guild participation in Grand Company Quests (quests to rank up your Grand Company)	

Participate_Quests13	Guild participation in Other Side Quests (e.g., side quests around main cities that may give XP but nothing of note)	
Comms Index - In-Game	<i>About how often do you engage in the following methods provided by FFXIV to communicate with one or more members from your LGBT Guild?</i>	Never, Seldom, Sometimes, Often, Very Often
Comms_InGame01	Guild communication using Moogles mail	
Comms_InGame02	Guild communication using Your LGBT Guild's FC chat channel	
Comms_InGame03	Guild communication using Linkshell chat channel	
Comms_InGame04	Guild communication using Cross-World Linkshell chat channel	
Comms_InGame05	Guild communication using Fellowship messages	
Comms_InGame06	Guild communication using Tells (private chat channel)	
Comms_InGame07	Guild communication using Party chat channel	
Comms_InGame08	Guild communication using FFXIV Companion App messaging	
Comms Index - External	<i>About how often do you engage in the following methods provided by FFXIV to communicate with one or more members from your LGBT Guild?</i>	Never, Seldom, Sometimes, Often, Very Often
Comms_ExternalOther	Guild communication using Other methods not listed	
Comms_ExternalPerson	Guild communication using In-person, face-to-face methods	
Comms_ExternalText	Guild communication using Text-based methods (Discord chat, text messaging, email)	
Comms_ExternalVideo	Guild communication using Video-based methods (Discord, Zoom, Skype, etc.)	
Comms_ExternalVoice	Guild communication using Voice-based methods (phone, Discord call)	
Belonging		
Emotional Connection Index	<i>How often do you feel...</i>	None, A little, Some, A fair amount, A great deal
Belonging_EmoConnect01	Like you belong in the LGBT Guild?	
Belonging_EmoConnect02	That you are a valued member of the LGBT Guild?	
Belonging_EmoConnect03	Like you are a part of the LGBT Guild?	
Belonging_EmoNeeds01	You can get help from the LGBT Guild if you need it?	
Belonging_EmoNeeds02	You help other LGBT Guild members when they need help?	

Belonging_EmoNeeds03	Your needs are met by the LGBT Guild?	None, A little, Some, A fair amount, A great deal
<i>Influence Index</i>	<i>How often do you feel...</i>	
Belonging_Influence01	You feel able to influence the actions, thoughts, and feelings of the LGBT Guild members?	
Belonging_Influence02	You feel your opinion matters to the LGBT Guild members?	
Belonging_Influence03	You care about what the LGBT Guild members think of your actions?	
Belonging_Influence04	You feel you can influence what the LGBT Guild community is like?	
Belonging_Influence05	Other LGBT Guild members influence your thoughts and actions?	
Belonging_Influence06	The opinions of other LGBT Guild members matter to you?	
<i>Companionship Index</i>	<i>Please indicate how much you Disagree or Agree with the following statements?</i>	Strongly Disagree, Moderately Disagree, Slightly Disagree, Slightly Agree, Moderately Agree, Strongly Agree
BAS_Companionship01	You feel emotionally supported by a close friend or companion in the LGBT Guild.	
BAS_Companionship02	You have a close friend or companion in the LGBT Guild who you interact with on a regular basis.	
BAS_Companionship03	You have a close friend or companion in the LGBT Guild who understands you.	
BAS_Companionship04	You have a close friend or companion in the LGBT Guild who you can discuss your problems with.	
BAS_Companionship05	You have a close friend or companion from the LGBT Guild who cares about you.	
BAS_Companionship06	You have a close friend or companion in the LGBT Guild who accepts you.	
<i>Connectedness Index</i>	<i>Please indicate how much you Disagree or Agree with the following statements?</i>	Strongly Disagree, Moderately Disagree, Slightly Disagree, Slightly Agree, Moderately Agree, Strongly Agree
BAS_Connected01	You feel the problems and challenges of the LGBT Guild have an impact on you.	

BAS_Connected02	It is important for you to feel that you support the LGBT Guild in some manner.	
BAS_Connected03	You are proud to be a part of the LGBT Guild.	
BAS_Connected04	Participating in the LGBT Guild events and activities is a positive experience for you.	
BAS_Connected05	You feel a sense of connectedness to the LGBT Guild.	
BAS_Connected06	It is important for you to participate in the LGBT Guild's events and activities.	
Discrimination		
<i>Discrimination Index - Gender</i>	In your day-to-day life...	<i>Never, Seldom, Sometimes, Often, Very Often</i>
Discrim_GenderID01_Courtesy	How often have you been treated with less courtesy than others based on your...	
Discrim_GenderID02_Respect	How often have you been treated with less respect than others based on your...	
Discrim_GenderID03_Stores	How often have you received poorer services than others in restaurants or stores based on your...	
Discrim_GenderID04_SmarterThan	How often have you experienced people treating you as if you're not smart based on your...	
Discrim_GenderID05_BetterThan	How often have you experienced people acting as if they are better than you, based on your...	
Discrim_GenderID06_Afraid	How often have you experienced people acting as if they are afraid of you based on your...	
Discrim_GenderID07_Dishonest	How often have you experienced people acting as if they think you are dishonest, based on your...	
Discrim_GenderID08_Insults	How often have you been called names or insulted based on your...	
Discrim_GenderID09_Threatened	How often have you been threatened or harassed, based on your...	
<i>Discrimination Index - Sexual Orientation</i>	In your day-to-day life...	<i>Never, Seldom, Sometimes, Often, Very Often</i>
Discrim_SexOrient01_Courtesy	How often have you been treated with less courtesy than others based on your...	
Discrim_SexOrient02_Respect	How often have you been treated with less respect than others based on your...	
Discrim_SexOrient03_Stores	How often have you received poorer services than others in restaurants or stores based on your...	

Discrim_SexOrient04_SmarterThan	How often have you experienced people treating you as if you're not smart based on your...	
Discrim_SexOrient05_BetterThan	How often have you experienced people acting as if they are better than you, based on your...	
Discrim_SexOrient06_Afraid	How often have you experienced people acting as if they are afraid of you based on your...	
Discrim_SexOrient07_Dishonest	How often have you experienced people acting as if they think you are dishonest, based on your...	
Discrim_SexOrient08_Insults	How often have you been called names or insulted based on your...	
Discrim_SexOrient09_Threatened	How often have you been threatened or harassed, based on your...	
Expectations of Rejection Index	How much do you Disagree or Agree with the following statements? Because of my LGBTQIA+ identity...	Strongly Disagree, Disagree, Neither Disagree/Agree, Agree, Strongly Agree
Expect_Prejudice01	I feel excluded from society.	<i>Reverse coded</i>
Expect_Prejudice02_rev	Society welcomes me.	
Expect_Prejudice03	I feel at a high risk of being abused.	
Expect_Prejudice04	I live with more disadvantages compared to non-LGBTQIA people.	
Expect_Prejudice05	I expect to be the target of insults.	
Expect_Prejudice06	I think my friends won't accept me.	
Expect_Prejudice07	I live a disadvantaged living condition compared to non-LGBTQIA people.	
Expect_Prejudice08	I should not disclose my LGBTQIA identity at my place of work because it may have negative consequences.	
Expect_Prejudice09	I may be discriminated against by hospital staff.	
Expect_Prejudice10	I may be discriminated against by my general practitioner.	
Expect_Prejudice11	I may be discriminated against at my workplace.	
Expect_Prejudice12	I may be discriminated against by my friends.	
Expect_Prejudice13	I think my family would not accept me.	
Expect_Prejudice14	I expect to be discriminated against by my family.	
NonDisclosure	Regarding your LGBTIA+ identity, how out are you to...	Not Applicable, Not out at all, Out to Some, Out to a fair amount, Out to most, Out to all

NonDisclosure_01rc	NonDisclosure to Immediate Family	<i>Reverse coded</i>
NonDisclosure_02rc	NonDisclosure to Extended Family	<i>Reverse coded</i>
NonDisclosure_04rc	NonDisclosure to Non-LGBTQIA+ Friends	<i>Reverse coded</i>
Internalized Prejudice		Never, Seldom, Sometimes, Often, Very Often
Internal_Prejudice03	If someone offered you the chance this year to be non-LGBTQIA+, you would have accepted the offer.	
Internal_Prejudice04	You wished you weren't LGBTQIA+.	
Internal_Prejudice05	You have felt alienated from yourself because of being LGBTQIA+	
Internal_Prejudice06	You have felt that being LGBTQIA is a personal shortcoming.	
Mental Health		
<i>Anxiety Index</i>	During the past 7 days, how often have the following problems distressed or bothered you?	Not at all, a little bit, Moderately, Quite a bit, Extremely
Mental_Anxiety01	Nervousness or shakiness inside	
Mental_Anxiety02	Suddenly scared for no reason	
Mental_Anxiety03	Feeling fearful	
Mental_Anxiety04	Feeling tense or keyed up	
Mental_Anxiety05	Spells of terror or panic	
Mental_Anxiety06	Feeling so restless you couldn't sit still	
<i>Depression Index</i>	During the past 7 days, how often have the following problems distressed or bothered you?	Not at all, a little bit, Moderately, Quite a bit, Extremely
Mental_Depression01	Thoughts of ending your life (suicide)	
Mental_Depression02	Feeling lonely	
Mental_Depression03	Feeling blue	
Mental_Depression04	Feeling no interest in things	
Mental_Depression05	Feeling hopeless about the future	
Mental_Depression06	Feelings of worthlessness	
Mental_GeneralHealth_rc	Overall mental health rating, high to low	Poor, Fair, Good, Very Good, Excellent
Mental_InterferenceDays	During the past 30 days, how much did emotional or mental distress interfere with your normal work (including work outside the home and housework)?	None at all, A little, A moderate amount, Quite a bit, A great deal.
Mental_InterferenceDays_rc	Days mental health interfered with life	0-30
Physical Health		
Physical_DaysNotGood_rc	Days physical health not good	0-30

Physical_GeneralHealth_rc	Overall general physical health	Poor, Fair, Good, Very Good, Excellent
Physical_InterferenceDays_rev	Days physical health interfered with life	None at all, A little, A moderate amount, Quite a bit, A great deal.
Conditions Index	Which of the following health conditions, if any, has a healthcare provider ever informed you that you have? (Select all that apply.)	Yes, No
Condition_AlcoholDrugs_rc	Alcohol or Drugs Condition	
Condition_AnxietyDepression_rc	Anxiety and Depression	
Condition_Arthritis_rc	Arthritis	
Condition_Asthma_rc	Asthma	
Condition_BP_rc	Blood Pressure	
Condition_Diabetes_rc	Diabetes	
Condition_Hayfever_rc	Hayfever	
Condition_HIVAIDS_rc	HIV_AIDS	
Condition_LungProbs_rc	Lung Problems	
Condition_LupusAutoImmune_rc	Lupus and AutoImmune	
Condition_Migraines_rc	Migraines	
Condition_MS_rc	MS	
Condition_Sciatica_rc	Sciatica	
Condition_Skin_rc	Skin	
Condition_Sleep_rc	Sleep	
Condition_Stomach_rc	Stomach	
Condition_Stroke_rc	Stroke	
Condition_Thyroid_rc	Thyroid	
Condition_Tuberculosis_rc	Tuberculosis	
Condition_Ulcer_rc	Ulcer	
Condition_Urinary_rc	Urinary	

APPENDIX C
LGBT GUILD SURVEY

LGBT Guild Participation

Information & Consent

Completion of this survey constitutes your consent to participate in this research study. Please review the following information carefully and feel free to reach out to the Principal Investigator if you have any questions.

Study Title:

Effects of LGBT Guild Participation on Sexual Minority Stress

Principal Investigator:

Jakin Vela, M.Ed.

Texas Woman's University

Email: jvela1@twu.edu

Phone: (972) 729-9374

Explanation and Purpose of the Research Study:

You are invited to participate in the above-referenced research study for Jakin Vela at Texas Woman's University in Denton, Texas. This study is being conducted for research, and the purpose of this study is to examine how participation in LGBT guilds impacts members' mental and physical well-being.

You qualify for this study if you: (1) are 18 years of age or older; (2) can communicate in English without the need for a translator; (3) identify as LGBTQIA+ or a similar sexual/gender minority identity; and (4) are a current member of an LGBT-inclusive Free Company (guild) in the video game Final Fantasy XIV. The study asks participants to complete one survey that will take a maximum of 1 hour. Therefore, the maximum time commitment asked of participants is 1 hour. The setting of this study varies: you may take this survey on a computer, a tablet device, or a mobile phone at your leisure. Some risks that are associated with this study include coercion, loss of anonymity, loss of confidentiality, psychological or emotional discomfort, and fatigue, all of which are explained in greater detail below. By completing this study, you may submit your email address for the chance to win a 60 Day Time Card [Digital Code] for Final Fantasy XIV, or an electronic gift card of equal value (\$29.99). Estimated odds for winning are 1 in 100. However, odds for winning vary depending on the number of responses and submissions for the random drawing. Up to 30 winners will be selected. There are no other direct benefits or remuneration for participating in this study. Participation in this study is completely voluntary, and participants may withdraw at any time without penalty.

Description of Procedures

You are invited to participate in this survey which asks you questions about you and your experiences as a member in an LGBT-inclusive Free Company (guild) in Final Fantasy XIV (FFXIV). These questions include demographics (age, race, ethnicity, income, sexual orientation, gender identity, political affiliation, state of residence); information about your affiliated FFXIV guilds and their composition and characteristics; attitudes and beliefs you hold about the social digital climate within the FFXIV game; attitudes and beliefs you hold about your sense of belonging in-game; questions about your in-game guild-related activities, such as types of activities you participate in, as well as the frequency and duration of your participation; types and frequencies of participation in activities that are external to the game (communication on Discord, text messaging, etc.); attitudes and beliefs about your experiences with sexual-minority-related stress and stigma; and attitudes and beliefs about your mental and physical health and well-being (depressive symptoms, self-esteem, physical health and illness).

To participate in this study, you must meet the following criteria:

1. You must be at least 18 years old or older;
2. You must be able to communicate in English without the need for a translator;
3. You must identify as LGBTQIA+ or as a similar sexual/gender minority identity; **AND**
4. You must be a current member of an LGBT-inclusive guild in the video game Final Fantasy XIV (FFXIV).

If you do not meet the above criteria, you are not eligible to participate in this study. If you are not eligible, you may close the browser to exit this survey now. However, feel free to let your friends know about this survey if you believe they meet the criteria.

The setting of this study varies: you may take this survey on a computer, a tablet device, or a mobile phone at your convenience. You may pause and return to the survey so long as you use the same device. It is the Principal Investigator's hope that you complete this survey in its entirety. However, you are under no obligation to answer any question and you may skip questions if you desire.

Participation in this research study is voluntary and may be withdrawn at any time without penalty.

Potential Risks

There are possible risks for participating in this study. Possible risks include feeling psychological or emotional discomfort and fatigue from answering questions in this survey, feeling coerced to participate in this study, loss of anonymity, and loss of confidentiality, as explained below.

Questions in this study may cause some psychological or emotional discomfort. You may also experience fatigue while completing the survey due to the number of questions asked. You may take breaks at any time to ease your fatigue or discomfort. You may also skip questions or stop answering questions altogether and end the survey at anytime. A list of resources is provided below for your convenience if you need to talk to a professional about any emotional or psychological discomfort you experience.

Another risk in this study is coercion or feeling pressured or coerced to participate. Your participation in this study is voluntary and you may withdraw from this study at any time without penalty. You can exit the survey at any time by clicking Exit or by closing out of your web browser or app.

Another risk in this study is loss of anonymity. Questions in this survey do not ask for personally identifiable information such as your name, email address, or phone number. However, if you provide personally identifiable information in your responses, the identifying information will be deleted.

An additional risk for participating in this study is loss of confidentiality. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. Confidentiality will be protected to the extent that is allow by law. The results of the study may be reported in scientific magazines or journals but all identifying information will be removed and deleted before publication. All information collected from your responses will be anonymous and de-identified. Your de-identified data will be kept on a password-protected computer within a secure data application. Please note that when data is transmitted over the Internet, privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers, etc.).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research

Participation & Benefits

By completing this study, you may submit your email address for the chance to win a 60 Day Time Card [Digital Code] for Final Fantasy XIV, or an electronic gift card of equal value (\$29.99 USD). After completion of the survey, you will see a link that takes you to a new page where you can provide an email address. Up to 30 emails will be randomly selected to receive a 60 Day Time Card Digital Code for Final Fantasy XIV, or electronic gift card of equal value (\$29.99 USD) sometime approximately in the middle of January 2021. Estimated odds for winning are 1 in 100. However, odds for winning vary depending on the number of submissions into the drawing. If your email address is selected, the Principal Investigator will send a follow-up email to ensure the email address you provided is valid and that you still wish to receive the incentive for participation in this study. Upon receiving your reply, the Principal Investigator will send the digital code or electronic gift card to you via email.

There are no other direct benefits or remuneration for participating in this study. Participation in this study is completely voluntary, and participants may withdraw at any time without penalty.

If you wish to keep updated on the progress and results of this study, you may visit <http://gamesforme.org/research/lgbt-guilds-in-ffxiv/> where results will be posted.

Questions Regarding the Study

You may Print to PDF this page for your records. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this information page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Resources

If the questions in this survey cause you psychological or emotional distress, feel free to reach out to the following resources:

The Trevor Project

Mental health resources and support for LGBTQ individuals.

<https://www.thetrevorproject.org/get-help-now/>

Mental Health & Psychology Resources Online

This site has multiple resources for various mental health categories.

<https://psychcentral.com/resources/>

The American Psychological Association

A psychologist locator that can help you find a local mental health specialist.

<http://locator.apa.org/>

MentalHelp

A list of local crisis hotlines that are available 24 hours a day.

<https://www.mentalhelp.net/articles/mental-health-hotline/>

National Suicide Prevention Lifeline

A 24/7 free and confidential support line that you may call

1-800-273-8255

<https://suicidepreventionlifeline.org>

* 1. As a reminder, to participate in this study, you must meet the following criteria:

- a. You must be at least 18 years old or older;
- b. You must be able to communicate in English without the need for a translator;
- c. You must identify as LGBTQIA+ or as a similar sexual/gender minority identity; **AND**
- d. You must be a current member of an LGBT-inclusive guild in the video game Final Fantasy XIV (FFXIV).

Do you meet **all** of these criteria?

☐ Yes

☐ No

* 2. Have you completed and submitted this survey before?

☐ Yes

☐ No

* 3. Continuation of this survey constitutes your consent to participate in this research study. As a reminder, participation is voluntary and you may withdraw from this study at any time without penalty.

Do you consent?

☐ YES. I consent and would like to continue with this survey.

☐ NO. I do not consent and would like to exit this survey.

LGBT Guild Participation

LGBT Definition

This survey may use the terms "LGBTQIA+," "LGBT," and "LGBT Guild" often. It is important to know what we mean when we say those terms.

In the context of this survey, the term LGBTQIA+ refers to the LGBTQIA+ umbrella that encompasses the following identities:

- lesbian
- gay
- bisexual
- pansexual
- transgender
- queer
- questioning
- intersex
- agender
- asexual
- ally
- and other sexual/gender identities that are often grouped in this umbrella term

4. Based on the definition provided above, do you identify as **LGBTQIA+**?

- ☐ Yes
- ☐ No
- ☐ Not sure

LGBT Guild Participation

Demographics

5. What is your gender?

- ☐ Cisgender woman
- ☐ Cisgender man
- ☐ Transgender woman
- ☐ Transgender man
- ☐ Non-binary
- ☐ I identify as: (please specify)

6. What is your sex?

- ☐ Female
- ☐ Male
- ☐ My sex is: (please specify)

7. Were you born with (or developed naturally in puberty) genitals, reproductive organs, and/or chromosomal patterns that do not fit the standard binary definitions of male or female?

- ☐ No
- ☐ Yes
- ☐ Not sure

8. Have you ever been diagnosed by a medical doctor with an intersex condition or a 'Difference of Sex Development'?

- ☐ No
- ☐ Yes
- ☐ Not sure

9. Which best describes your sexual identity/orientation?

- ☐ Gay/Lesbian/Homosexual
- ☐ Bisexual
- ☐ Pansexual
- ☐ Asexual
- ☐ Queer
- ☐ Questioning
- ☐ Heterosexual
- ☐ I identify as: (please specify)

10. Do you identify as a furry? (i.e., a fan of anthropomorphism and/or zoomorphism)

- ☐ Yes
- ☐ No
- ☐ Not sure

11. What is your age in years?

LGBT Guild Participation

LGBT Guild Definition

This survey also uses the term "LGBT Guild" often.

When we say "LGBT Guild" we are referring to a Free Company (FC) in the video game Final Fantasy XIV (FFXIV) that meets at least ONE of the following criteria:

1. A majority of the members within the FC identify as LGBTQIA+;
2. The FC primarily serves as a safe-space for LGBTQIA+ players;
3. The FC primarily recruits LGBTQIA+ players;
4. The FC expressly indicates its acceptance or friendliness toward LGBTQIA+ players through written communication, such as a description of the FC found within the game, a website, or other public medium;
5. The FC has a written policy that prohibits the discrimination or harassment of others based on sexual orientation;
6. The FC has a written policy that prohibits the discrimination or harassment of others based on gender identity/expression;
7. Members of the FC commonly describe the FC as being "LGBT" or "LGBT-Friendly" or "LGBT-Inclusive" or some similar term that specifically promotes the inclusion of LGBTQIA+ players.
8. Members of the general FFXIV community commonly describe the FC as being "LGBT" or "LGBT-Friendly" or "LGBT-Inclusive" or some similar term that specifically promotes the inclusion of LGBTQIA+ players.

If you're a member of an Free Company that meets at least ONE of the above referenced criteria, then the term "LGBT Guild" will apply to your FC.

12. Based on the criteria above...about **how many LGBT Guilds** are you **currently** a member of in FFXIV, across all of your characters?

- ☐ 0 LGBT Guilds
- ☐ 1 LGBT Guild
- ☐ 2 LGBT Guilds
- ☐ 3 LGBT Guilds
- ☐ 4 LGBT Guilds
- ☐ 5 or more LGBT Guilds

LGBT Guild Participation

PLEASE READ CAREFULLY

You indicated that you may be a member of more than one LGBT Guild in FFXIV. Please think of only one LGBT Guild, and keep that one guild in mind when you answer the remaining questions that reference "your LGBT Guild."

If you're having trouble selecting an LGBT Guild, think about which Guild you spend the most time with.

13. Do you have your *one* LGBT Guild in mind?

☐ Yes

☐ No

LGBT Guild Participation

LGBT Guild Info

Keeping your LGBT Guild in mind, please answer the following questions.

14. Would you say that **your LGBT Guild...**

	Yes	No	Not sure
Consists primarily of LGBTQIA+ players?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exists primarily as a safe-space for LGBTQIA+ players?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruits primarily LGBTQIA+ players?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbalizes inclusivity of LGBTQIA+ players in writing (recruitment messages, websites, forums, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a written policy that prohibits discrimination or harassment on the basis of sexual orientation ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a written policy that prohibits discrimination or harassment on the basis of gender identity/expression ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is described by members of the guild as being LGBT-Friendly or LGBT-Inclusive ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is described by NON-members as being LGBT-Friendly or LGBT-Inclusive ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. When did you last log into FFXIV?

(Note: **February 2021** is at the **bottom** of the list.)

16. How long have you been a member of **your LGBT Guild**?

17. What server is your LGBT Guild on?

Note: If your guild exists across multiple servers, please pick the server on which you play most when participating in this guild.

18. About how many members total are in your LGBT Guild?

19. How often would you say your LGBT Guild, **as a whole**, focuses its activities on the following?

	Never	Seldom	Sometimes	Often	Very Often
Role-playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leveling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casual (i.e., casual game play, story-focused, daily roulettes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hardcore (i.e., savage raids, ultimate raids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dungeons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guildhests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raids (e.g., 8-player raids, 24-player raids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PvP (player versus player, Wolves' Den, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social events not tied to structured gameplay mechanics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Does your LGBT Guild have its own...

	Yes	No	Not Sure
Discord server?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lodestone community recruitment page?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other social platform?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please specify "some other social platform."

21. On average, about how active is your LGBT Guild?

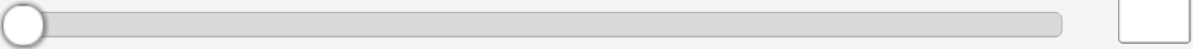
- ☐ Not at all active
- ☐ Slightly active
- ☐ Somewhat active
- ☐ Moderately active
- ☐ Very active

22. Prior to joining your LGBT Guild, about how many current members of the guild did you know outside of FFXIV? (e.g., a friend, family member, etc.)

- ☐ 0 members
- ☐ 1 member
- ☐ 2 members
- ☐ 3 members
- ☐ 4 members
- ☐ 5 or more members

23. Please place the slider in the position that best represents your current rank in your LGBT Guild.

Lowest Rank Middle Rank Highest Rank



24. Please indicate the current in-game race of the **FFXIV character you play most often** when engaging with your LGBT Guild.

25. Please indicate the current **in-game sex** of the **FFXIV character you play most often** when engaging with your LGBT Guild.

- ☐ Female
- ☐ Male

LGBT Guild Participation

LGBT Guild Involvement

Keeping your LGBT Guild in mind...

26. Overall, about how often do you engage in the following **FFXIV duties** with one or more members from your **LGBT Guild**?

	Never	Seldom	Sometimes	Often	Very Often
Daily Roulettes/Challenges (e.g., Expert, Main Scenario, Level 80, Frontline etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dungeons (general)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guildhests (general)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trials (non-Extreme)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trials (Extreme)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal Raids (i.e., 8-person, non-Savage raids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savage Raids (i.e., 8-person, Savage raids).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alliance Raids (i.e., 24-person raids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PvP (e.g., Custom Matches, Team Match, Frontline, Rival Wings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deep Dungeons (Palace of the Dead, Heaven on High)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FATES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treasure Hunts/Maps (Aquapolis, Uznair, Lyhe Ghiah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. About how often do you engage in the following **FFXIV quest activities** alongside one or more members from **your LGBT Guild**?

	Never	Seldom	Sometimes	Often	Very Often
Main Scenario Quests (e.g., main story progression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side Story Quests (Hildebrand, Scholasticate, Delivery Moogles, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronicles of a New Era Quests (quests that unlock most Trials, Normal Raids, and Alliance Raids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restoration Quests (Doman Restoration, Firmament Ishgard Restoration, Diadem)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class/Job/Role Quests (e.g., battle job quests, crafting job quests, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Levequests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunts (hunt trains, regular/elite marks, clan marks, veteran clan marks, nutsy clan marks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beast Tribe Quests (Amalj'aa, Sylphs, Vanu Vanu, Kojin, Pixies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relic Weapon Quests or Regions (e.g., Resistance, Eureka, Anima, Zodiac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feature Quests (e.g., quests that unlock features, such as flying, Hunts, and certain instances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Event Quests (e.g., Starlight Celebration, The Rising, and other limited time only quests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grand Company Quests (quests to rank up your Grand Company)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Side Quests (e.g., side quests around main cities that may give XP but nothing of note)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. About how often do you engage in the following **FFXIV content-related activities** alongside one or more members from **your LGBT Guild**?

	Never	Seldom	Sometimes	Often	Very Often
Chocobo Races	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triple Triad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lord of Verminion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doman Mahjong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fashion Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cactpot (daily/weekly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GATE events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mini-games in the Manderville Gold Saucer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sightseeing Log	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathering (as Botanist, Miner, Fisher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crafting (as Leatherworker, Weaver, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FC Workshop Projects (progressing projects, collecting project materials and rewards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing remodeling/decoration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farming for mount(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farming for minion(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farming for rare material(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. About how often do you engage in the following **FFXIV-related social activities or settings** with one or more members from **your LGBT Guild**?

	Never	Seldom	Sometimes	Often	Very Often
RP (role playing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERP (erotic role playing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting an RP establishment (RP pubs, speakeasies, dance clubs, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting an ERP establishment (erotic dance clubs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working or coordinating an RP establishment (dancer, bouncer, dj, host, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working or coordinating an ERP establishment (erotic dancer, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select the option "Sometimes" for this response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costume/Glamour events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hide & Seek events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trivia-based events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cliff Darts (jumping off cliffs to land on a target)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other social-based events not related to structured in-game content like quests, achievements, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. About how often do you engage in the following FFXIV-related **communication methods** with one or more members from **your LGBT Guild**?

	Never	Seldom	Sometimes	Often	Very Often
Moogles mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your LGBT Guild's FC chat channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linkshell chat channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-World Linkshell chat channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellowship messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells (private chat channel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Party chat channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FFXIV Companion App messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. About how often do you engage in the following communication methods **outside** of FFXIV to communicate with one or more members from your LGBT Guild?

	Never	Seldom	Sometimes	Often	Very Often
Text-based methods (Discord chat, text messaging, email)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice-based methods (phone, Discord call)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video-based methods (Discord, Zoom, Skype, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person, face-to-face methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other methods not listed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

LGBT Guild - Attitudes & Beliefs

The following questions ask about your feelings regarding your LGBT Guild. Please read the following carefully and respond with your initial feeling.

32. How much do...

	None	A little	Some	A fair amount	A great deal
You feel able to influence the actions, thoughts, and feelings of the LGBT Guild members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel your opinion matters to the LGBT Guild members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You care about what the LGBT Guild members think of your actions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel you can influence what the LGBT Guild community is like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other LGBT Guild members influence your thoughts and actions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The opinions of other LGBT Guild members matter to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. In general...

	None	A little	Some	A fair amount	A great deal
How well do LGBT Guild members get along with each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How warm do LGBT Guild members feel toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How friendly do LGBT Guild members feel toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How thoughtful are LGBT Guild members toward each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of a sense of camaraderie do LGBT Guild members feel with each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How often do you feel...

	None	A little	Some	A fair amount	A great deal
Like you belong in the LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That you are a valued member of the LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like you are a part of the LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. How much do you feel that...

	None	A little	Some	A fair amount	A great deal
You can get help from the LGBT Guild if you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You help other LGBT Guild members when they need help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your needs are met by the LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How much do you feel that...

	None	A little	Some	A fair amount	A great deal
An LGBT community exists within your LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community exists for lesbians within your LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community exists for gay men within your LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community exists for bisexual/pansexual people within your LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community exists for transgender/gender-nonconforming people within your LGBT Guild?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. How much do you **Disagree** or **Agree** with the following statements about **your LGBT Guild**?

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
Being a part of the LGBT Guild is one of the most enjoyable things I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a part of the LGBT Guild is very important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a part of the LGBT Guild is one of the most satisfying things I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find a lot of my life is organized around being a part of the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being part of the LGBT Guild occupies a central role in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To change my preference from the LGBT Guild would require a major rethinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being a part of the LGBT Guild with friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of my friends are in some way connected with the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. How much do you **Disagree** or **Agree** with the following statements?

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
Participating in the LGBT Guild provides me with opportunity to be with friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm part of the LGBT Guild, I can really be myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify with people and images associated with the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm a part of the LGBT Guild, I don't have to be concerned with the way I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can tell a lot about a person by seeing them in the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in the LGBT Guild says a lot about who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I participate in the LGBT Guild, others see me the way I want them to see me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Overall, much do you feel that **your LGBT Guild** is...

	Not at all	A little	Somewhat	A fair amount	A great deal
Supportive of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic toward most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile toward most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcoming of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. What about for LGBTQIA+ players? How much do you feel that **your LGBT Guild** is...

	Not at all	A little	Somewhat	A fair amount	A great deal
Supportive of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic toward LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile toward LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcoming of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. When playing FFXIV, how often do you experience members of **your LGBT Guild** using derogatory language or slurs about a player's perceived or actual...

	Never	Seldom	Sometimes	Often	Very Often
Gaming skills/abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity/expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other identity or characteristic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please specify "Some other identity or characteristic."

42. When playing FFXIV, how often do you experience members of **your LGBT Guild** discriminating against players based perceived or actual....

	Never	Seldom	Sometimes	Often	Very Often
Gaming skills/abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity/expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other identity or characteristic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please specify "Some other identity or characteristic."

43. In general, how much support do you **receive** from **your LGBT Guild** in terms of...

	None	A little	Some	A fair amount	A great deal
Career support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FFXIV-related game support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic/school support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/mental support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. In general, how much support do you **provide** to members of **your LGBT Guild** in terms of...

	None	A little	Some	A fair amount	A great deal
Career support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FFXIV-related game support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic/school support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/mental support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

LGBT Guild - Attitudes & Beliefs (Continued)

The following questions ask about your attitudes and beliefs regarding your LGBT Guild. Please read the following statements and select the extent to which you agree or disagree.

45. Please indicate how much you **Disagree** or **Agree** with the following statements.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
You feel the problems and challenges of the LGBT Guild have an impact on you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You enjoy socializing with other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel emotionally supported by a close friend or companion in the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for you to feel that you support the LGBT Guild in some manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for you to develop a social network with other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a close friend or companion in the LGBT Guild who you interact with on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Please indicate how much you **Disagree** or **Agree** with the following statements.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
You are proud to be a part of the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel a sense of togetherness when you are with other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a close friend or companion in the LGBT Guild who understands you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in the LGBT Guild events and activities is a positive experience for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel a common bond with other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a close friend or companion in the LGBT Guild who you can discuss your problems with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Please indicate how much you **Disagree** or **Agree** with the following statements.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
You feel a sense of connectedness to the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel more at ease when you are around other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a close friend or companion from the LGBT Guild who cares about you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for you to participate in the LGBT Guild's events and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel a sense of acceptance when you are with other lesbian, gay, bisexual, and/or transgender individuals from the LGBT Guild.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a close friend or companion in the LGBT Guild who accepts you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. What makes you feel particularly included in **your LGBT Guild's community**?

LGBT Guild Participation

LGBT Community Attitudes & Beliefs

The next set of questions ask about your attitudes and beliefs regarding the general LGBT Community in general.

49. What does the term "**the LGBT community**" mean to you? Please feel free to expand with as much or as little detail as you desire.

50. Please indicate how much you **Disagree** or **Agree** with the following statements.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
I feel I'm a part of the LGBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in the LGBT community is a positive thing for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a bond with the LGBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of the LGBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for me to be politically active in the LGBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If we work together, LGBT people can solve the problems in the LGBT community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really feel that any problems faced by the LGBT community are also my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a bond with people in the LGBT community who share my gender identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a bond with people in the LGBT community who share my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

About Your Life Experiences

These next questions ask about your life experiences. Please indicate the extent to which you disagree or agree with the statements presented.

51. These next statements refer to a person like you, meaning a person with the same gender, sexual orientation, race, nationality, ethnicity, and/or socioeconomic class as you. Please respond with how you feel people in general regard you in terms of such groups.

How much do you **Disagree** or **Agree** with the following statements?

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
Most employers will not hire a person like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people believe that a person like you cannot be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think that a person like you is dangerous and unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think less of a person like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people look down on people like you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think people like you are not as intelligent as the average person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. How much do you **Disagree** or **Agree** with the following statements?

Due to my LGBTQIA+ identity...

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
My country does not recognize all of my civil rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My right to marry may be in legal jeopardy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may run into challenges adopting children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with a significant other may not be legally recognized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

About Your Experiences (Continued)

The following questions are about your day-to day life. Please read each one carefully and indicate your response for your gender identity/expression, sexual orientation, and race/ethnicity.

In your day-to-day life....

53. How often have you been treated with less courtesy than others based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. How often have you been treated with less respect than others based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. How often have you received poorer services than others in restaurants or stores based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your day-to-day life....

56. How often have you experienced people treating you as if you're not smart based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How often have you experienced people acting as if they are better than you, based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. How often have you experienced people acting as if they are afraid of you based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your day-to-day life....

59. How often have you experienced people acting as if they think you are dishonest, based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. How often have you been called names or insulted based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. How often have you been threatened or harassed, based on your...?

	Never	Seldom	Sometimes	Often	Very Often
Gender Identity/Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

About Your Experiences (Continued)

62. How much do you **Disagree** or **Agree** with the following statements?

Because of my LGBTQIA+ identity...

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
I feel excluded from society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Society welcomes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel at a high risk of being abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live with more disadvantages compared to non-LGBTQIA people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to be the target of insults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my friends won't accept me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live a disadvantaged living condition compared to non-LGBTQIA people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. How much do you **Disagree** or **Agree** with the following statements?

Because of my LGBTQIA+ identity...

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
I should not disclose my LGBTQIA identity at my place of work because it may have negative consequences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may be discriminated against by hospital staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may be discriminated against by my general practitioner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may be discriminated against at my workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may be discriminated against by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my family would not accept me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to be discriminated against by my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

About Your LGBTQIA+ Identity

These questions will ask you a bit about your sexual orientation and gender identity/expression. Please read each question carefully before responding.

64. For each of the following questions, please indicate how you really feel about your LGBTQIA+ identity.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My LGBTQIA+ identity is an insignificant part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My LGBTQIA+ identity is a central part of my identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To understand who I am as a person, you have to know that I'm LGBTQIA+.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select the option "Strongly Agree" for this response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being an LGBTQIA+ person is a very important aspect of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe being LGBTQIA+ is an important part of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Regarding your LGBTQIA+ identity, how **out** are you to...?

	Not Applicable	Not out at all	Out to some	Out to a fair amount	Out to most	Out to all
Immediate Family (parents, siblings, children, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Family (cousins, aunts, uncles, grandparents, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQIA+ friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-LGBTQIA+ friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of your LGBT Guild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What **percent of time** do you **avoid** talking about topics that relate to or indicate your LGBTQIA+ identity when interacting with...

66. Members of your **immediate family** (e.g., parents and siblings)

0% of the time 50% of the time 100% of the time

67. Members of your **extended family** (e.g., aunts, uncles, grandparents,

0% of the time 50% of the time 100% of the time

68. People you **socialize with offline** (e.g., friends and acquaintances)

0% of the time 50% of the time 100% of the time

69. People you **socialize with online** (e.g., online friends and acquaintances)

0% of the time 50% of the time 100% of the time

70. **Members** of your LGBT Guild

0% of the time 50% of the time 100% of the time

☐

71. People at your **work** (e.g., coworkers, supervisors)

0% of the time 50% of the time 100% of the time

☐

72. People at your **school** (e.g., instructors, students)

0% of the time 50% of the time 100% of the time

☐

73. **Medical or healthcare providers** (e.g., doctors, nurses, therapists)

0% of the time 50% of the time 100% of the time

☐

74. **Strangers** (e.g., someone you just met)

0% of the time 50% of the time 100% of the time

☐

75. How often have you felt the following things within the past year?

Within the past year...

	Never	Seldom	Sometimes	Often	Very Often
You felt it best to avoid personal or social involvement with other people who are LGBTQIA+.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have tried to stop being LGBTQIA+.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone offered you the chance this year to be non-LGBTQIA+, you would have accepted the offer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You wished you weren't LGBTQIA+.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have felt alienated from yourself because of being LGBTQIA+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have felt that being LGBTQIA is a personal shortcoming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would have liked to get professional help in order to change your LGBTQIA+ identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have felt that being LGBTQIA+ has allowed you to express a natural part of your identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

Your Mental Health

The following questions ask you about your current mental health.

76. During the past 7 days, how often have the following problems distressed or bothered you?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Faintness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pains in chest or heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea or upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble getting breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling weak in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. During the past 7 days, how often have the following problems distressed or bothered you?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Thoughts of ending your life (suicide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. During the past 7 days, how often have the following problems distressed or bothered you?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling so restless you couldn't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. Thinking about your **mental health** (which includes stress, depression, and problems with emotions), for how many days during the past 30 days was your mental health **not good**?

80. During the past 30 days, how much did emotional or mental distress interfere with your normal work (including work outside the home and housework)?

- ☐ A great deal
- ☐ Quite a bit
- ☐ A moderate amount
- ☐ A little
- ☐ None at all

81. Overall, how would you rate your current **mental health**?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

LGBT Guild Participation

Your Physical Health

The following questions ask about your current physical health.

82. What is your **height** in **feet** and **inches**?

If you need a converter, [click here](#).

Feet:

Inches:

83. What is your current **weight in pounds (lbs)**?

If you need a converter, [click here](#).

84. Which of the following **health conditions**, if any, has a healthcare provider ever informed you that you have? (Select all that apply.)

- ☐ Asthma, bronchitis, or emphysema?
- ☐ Tuberculosis?
- ☐ Other lung problems?
- ☐ Arthritis, rheumatism, or other bone or joint diseases?
- ☐ Sciatica, lumbago, or recurring backache?
- ☐ Persistent skin trouble (e.g. eczema)?
- ☐ Thyroid disease?
- ☐ Hay fever
- ☐ Recurring stomach trouble, indigestion, or diarrhea
- ☐ Urinary or bladder problems
- ☐ Ulcer?
- ☐ AIDS/HIV?
- ☐ Lupus or some other autoimmune disorder?
- ☐ High blood pressure or hypertension?
- ☐ Anxiety, depression, or some other emotional disorder?
- ☐ Alcohol or drug problems?
- ☐ Migraines?
- ☐ Chronic sleeping problems?
- ☐ Diabetes or high blood sugar?
- ☐ Multiple sclerosis, epilepsy, or other neurological disorders?
- ☐ Stroke?
- ☐ Some other condition(s): (please specify)

85. Overall, how would you rate your current **physical health**?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

86. **During the past 30 days**, how much did pain interfere with your normal work (including work outside the home and housework)?

- ☐ A great deal
- ☐ Quite a bit
- ☐ A moderate amount
- ☐ A little
- ☐ None at all

87. Thinking about your **physical health** (which includes health conditions listed in the previous question), for how many days **during the past 30 days** was your physical health **not good**?

LGBT Guild Participation

General Gameplay

The following questions ask about your general gameplay activities.

88. When did you first begin playing Final Fantasy XIV (FFXIV)?

89. About how many characters do you have in FFXIV?

90. In a typical week, on how many days of the week do you play FFXIV?

- ☐ 0 days per week
- ☐ 1 day per week
- ☐ 2 days per week
- ☐ 3 days per week
- ☐ 4 days per week
- ☐ 5 days per week
- ☐ 6 days per week
- ☐ 7 days per week

91. In a typical week, about how many **hours total** do you spend playing FFXIV?

92. In a typical week, about how many **hours total** do you spend playing **other games** (not including FFXIV)?

93. About how often do you engage in the following types of gameplay in FFXIV?

	Never	Seldom	Sometimes	Often	Very Often
Role-playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leveling (disciples of war, magic, land, hand, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casual (story-focused, daily roulettes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hardcore (i.e., savage raids, ultimate raids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dungeons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guildhests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raids (e.g., 8-player raids, 24-player raids, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PvP (player versus player, Wolves' Den, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social events not tied to structured gameplay mechanics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. About how often do you play the following job/class roles in FFXIV?

	Never	Seldom	Sometimes	Often	Very Often
Tank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DPS (damage dealer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crafter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gatherer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. About how often do you play the following battle jobs/classes in FFXIV?

	Never	Seldom	Sometimes	Often	Very Often
Warrior / Marauder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paladin / Gladiator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark Knight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gunbreaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White Mage / Conjurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Astrologian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summoner / Arcanist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Redmage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blackmage / Thaumaturge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Machinist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bard / Archer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samurai	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ninja / Rogue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dragoon / Lancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monk / Pugilist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blue Mage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. About how often do you play the following crafting and gathering jobs in FFXIV?

	Never	Seldom	Sometimes	Often	Very Often
Leatherworker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weaver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goldsmith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Armorer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blacksmith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alchemist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select the option "Never" for this response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpenter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Botanist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Miner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

97. What system do you most regularly play FFXIV on?

- ☐ PC/Mac
- ☐ PlayStation

98. How would you rate your current skill level in FFXIV on a scale from 0 to 10 (0 being the lowest skill level, and 10 being highest skill level)?

Lowest Skill Level Somewhere in the middle Highest Skill Level

99. How much do you **Disagree** or **Agree** with the following statements?

	Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
I have rescheduled my work to accommodate my FFXIV interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am emotionally connected to FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a considerable amount of money on FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not devote much energy to FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want everyone to know I'm connected to FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would devote all my time to FFXIV if I could.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be devastated if I were told I could not play FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I strongly identify with being a FFXIV player.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When FFXIV is popular, I feel great.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a FFXIV player is a part of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to be friends with people who like FFXIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

FFXIV Experiences

Please answer the following questions about your experiences with the general FFXIV community.

100. Overall, much do you feel that the **general FFXIV community** is...

	Not at all	A little	Somewhat	A fair amount	A great deal
Supportive of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic toward most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile toward most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcoming of most players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. What about for LGBTQIA+ players? How much do you feel that the **general FFXIV community** is...

	Not at all	A little	Somewhat	A fair amount	A great deal
Supportive of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic toward LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepting of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile toward LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcoming of LGBTQIA+ players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. When playing FFXIV, how often do you experience members of the **general FFXIV community** (not in your guild) using derogatory language or slurs about a player's perceived or actual....

	Never	Seldom	Sometimes	Often	Very Often
Gaming skills/abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity/expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other identity or characteristic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please specify "Some other identity or characteristic."

103. When playing FFXIV, how often do you experience members of the **general FFXIV community** (not in your guild) discriminating against players based on perceived or actual....

	Never	Seldom	Sometimes	Often	Very Often
Gaming skills/abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity/expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other identity or characteristic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, please specify "Some other identity or characteristic."

104. In general, how much support do you **receive** from members of the **general FFXIV community** in terms of...

	None	A little	Some	A fair amount	A great deal
Career support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FFXIV-related game support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic/school support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/mental support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

105. In general, how much support do you **provide** to members of the **general FFXIV community** in terms of...

	None	A little	Some	A fair amount	A great deal
Career support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FFXIV-related game support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic/school support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/mental support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBT Guild Participation

Demographics (Continued)

This section asks you questions about your general demographics. Please read carefully and respond to the following.

106. If you had to indicate your sexual orientation based on a spectrum, where 1 is **exclusively heterosexual**, and 7 is **exclusively homosexual**, where would you place yourself?

- ☐ 1. Exclusively heterosexual
- ☐ 2. Predominantly heterosexual – only incidentally homosexual
- ☐ 3. Predominantly heterosexual – more than incidentally homosexual
- ☐ 4. Equally heterosexual and homosexual
- ☐ 5. Predominantly homosexual – more than incidentally heterosexual
- ☐ 6. Predominantly homosexual – only incidentally heterosexual
- ☐ 7. Exclusively homosexual
- ☐ Other (please specify)

107. How much are you sexually attracted to people who are....

	Not at all	A little	Somewhat	Quite a bit	Extremely
the same gender as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a different gender as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

108. In the past year, how often have you engaged in sexual activity with someone who is...?

	Not at all	Seldom	Sometimes	Often	Very often
the same gender as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a different gender as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109. Which of the following best describes your race?

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian or Asian American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Some other race: (please specify)

110. What is your ethnicity?

111. Do you identify as Hispanic, Latino/a, or Latinx?

- ☐ Yes
- ☐ No

112. Do you have a physical disability?

- ☐ Yes
- ☐ No
- ☐ Not sure

113. Do you have a mental or neurological disability?

- ☐ Yes
- ☐ No
- ☐ Not sure

114. What is your country of birth?

- ☐ United States
- ☐ Canada
- ☐ Australia
- ☐ Brazil
- ☐ United Kingdom
- ☐ Germany
- ☐ Japan
- ☐ Mexico
- ☐ Japan
- ☐ Italy
- ☐ New Zealand
- ☐ Russia
- ☐ Spain
- ☐ France
- ☐ China
- ☐ Other (please specify)

115. In what **country** do you currently reside?

116. In what **state** or **province** do you currently reside?

117. Which of the following best describes your residential area?

- ☐ Urban area
- ☐ Suburban area
- ☐ Rural area
- ☐ Other (please specify)

118. Please indicate the highest level of education you have completed.

119. Which of the following categories best describes your employment status?

- ☐ Employed, working full-time
- ☐ Employed, working part-time
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Retired
- ☐ Disabled, not able to work
- ☐ Other (please specify)

120. What is your approximate average **household income in US Dollars**?

- ☐ \$0-\$24,999
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$124,999
- ☐ \$125,000-\$149,999
- ☐ \$150,000-\$174,999
- ☐ \$175,000-\$199,999
- ☐ \$200,000 and up

121. Which of the following best describes your religious or spiritual identity?

- ☐ Jewish
- ☐ Muslim
- ☐ Christian
- ☐ Protestant
- ☐ Methodist
- ☐ Lutheran
- ☐ Baptist
- ☐ Catholic
- ☐ Buddhist
- ☐ Hindu
- ☐ Pagan/Wiccan
- ☐ Satanist
- ☐ Inter/Non-denominational
- ☐ Spiritual, not religious
- ☐ Atheist
- ☐ Agnostic
- ☐ Something else: (please specify)

122. How religious/spiritual do you consider yourself?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Extremely

123. Which of the following options best represents your political orientation on **social issues** (such as abortion, same-sex marriage, immigration, etc.)?

- ☐ Extremely Conservative
- ☐ Conservative
- ☐ Slightly Conservative
- ☐ Moderate
- ☐ Slightly Liberal
- ☐ Liberal
- ☐ Extremely Liberal

124. Which of the following options best represents your political orientation on **economic issues** (such as taxes, military funding, minimum wage)?

- ☐ Extremely Conservative
- ☐ Conservative
- ☐ Slightly Conservative
- ☐ Moderate
- ☐ Slightly Liberal
- ☐ Liberal
- ☐ Extremely Liberal

125. Have you ever had a romantic relationship with someone you met from your LGBT Guild?

- ☐ Yes
- ☐ No

126. Are you **currently** in a romantic relationship with someone from your LGBT Guild?

- ☐ Yes
- ☐ No

127. What is your current romantic relationship status?

- ☐ Single
- ☐ In a monogamous relationship (one partner)
- ☐ In a polyamorous relationship (more than one partner)
- ☐ Some other relationship status: (please specify)

128. What is your current marital status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

129. Please indicate which best describes your current school/student status.

- ☐ I am not a student.
- ☐ I am a high school student.
- ☐ I am an undergraduate student, part-time
- ☐ I am an undergraduate student, full-time.
- ☐ I am a graduate student, part-time.
- ☐ I am a graduate student, full-time.