WALDEN UNIVERSITY
A higher degree. A higher purpose.

Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2-8-2024

# Relational Health, Minority Stress, and Psychological Well-Being Among Sexual Orientation and Gender Minority Counseling Students

Jinnelle V. Powell
*Walden University*

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Education Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Jinnelle Veronique Powell

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Nicole Bradley, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Ithuriel Gale, Committee Member, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Relational Health, Minority Stress, and Psychological Well-Being Among Sexual Orientation and Gender Minority Counseling Students

by

Jinnelle Veronique Powell

MS, Texas A&M University–Corpus Christi, 2011

BA, Texas A&M University-Kingsville, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2024

Abstract

Sexual orientation and gender minority (SGM) counseling students in the United States are exposed to minority stress, which has been linked to psychological distress, during counselor training. There is an expectation that counseling students are well so that it does not interfere with their helping role. Scholarship in other disciplines shows that a sense of belonging and community can serve as protective factors against minority stress for SGM individuals. The purpose of this quantitative, correlational study was to investigate the influence of minority stress and relational health (in counselor education and broader communities) on SGM counseling students' psychological well-being, a topic that has received little attention. A survey was administered to 84 SGM counseling students. Data analysis involved descriptive statistics, a one-way analysis of variance, and a hierarchical multiple regression. Findings revealed that male, female, and nonbinary participants experienced low levels of minority stress whereas those who identified as transgender experienced elevated levels of minority stress in counselor education communities. All participants reported elevated levels of minority stress in broader communities, elevated levels of relational health in counselor education communities, and low levels of relational health in broader communities. Future researchers should take care not to generalize findings for specific identities that fall under the SGM umbrella. The study may foster positive social change by providing evidence that counselor educators need to foster more equitable and inclusive environments for all SGM counseling students with a specific focus on those who identify as transgender.

# Relational Health, Minority Stress, and Psychological Well-Being Among Sexual Orientation and Gender Minority Counseling Students

by

Jinnelle Veronique Powell

MS, Texas A&M University–Corpus Christi, 2011

BA, Texas A&M University-Kingsville, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2024

Dedication

*Para mi Abuelita, eres todos nosotros a la vez.*

Tus palabras resonaron conmingo a lo largo de los momentos mas dificiles de mi vida y me dieron la fuerza para continuar. “No hay mal que por bien no venga.” Fuiste le inspiracion de mi madre. Fuiste emprendedora.

Gracias para todo abuela. Aqui esta la primera de tu sangre en obtener un doctorado en filosofia. Se que estas orgulloso.

**English Translation:**

*To my grandmother, you are all of us all at once.*

Your words resonated with me throughout the most difficult moments of my life and gave me the strength to continue. “Every cloud has a silver lining.” You were my mother’s inspiration. You were an entrepreneur.

Thanks for everything, Grandma. Here is the first of your blood to obtain a doctorate in philosophy. I know you’re proud.

Acknowledgments

Dr. Nicole Bradley, you were instrumental in my doctoral journey. Thank you infinitely for facilitating my growth and always extending grace and patience. You have been an impeccable role model, and I am forever grateful.

Dr. Arden Gale, thank you immeasurably for helping me fall in love with statistics and reconnecting me to it through Chapters 4 and 5. Your knowledge and expertise were essential to my dissertation.

To my mother, my first mentor in life, Guadalupe "Lupita" Almaraz: There are really no words that can describe my unending gratitude for you. Thank you for inspiring me as a young girl to work hard, for showing me how, and for supporting me in my career and academic journey. Thank you for teaching me to type on your typewriter. Look what I did!

To my adoptive father, Royel Aguilar: Thank you for showing me love when I needed it most, supporting me in my doctoral journey, and for teaching me to let go.

Thank you to my children, Jacqueline, John Alex, Joseph Jr., and Jazzy. I appreciate you all giving me the space to work over the past 4 years.

Gratitude to all the team members at Distinctive Counseling & Consulting, PLLC, especially to those who have been with me from the start: Samantha, Paul, and Heather.

Finally, to my partner in life, Joseph L. Powell, for supporting me in countless ways, most memorably by cooking the most delicious meals and teaching our children to do chores. Thank you for giving me all the room in the world to grow. It is done!

Table of Contents

List of Tables .......... v

Chapter 1: Introduction to the Study .......... 1

Background .......... 4

Problem Statement .......... 9

Purpose of the Study .......... 11

Research Questions and Hypotheses .......... 11

Theoretical and/or Conceptual Framework for the Study .......... 14

Nature of the Study .......... 16

Definitions .......... 17

Assumptions .......... 19

Scope and Delimitations .......... 19

Limitations .......... 20

Significance .......... 20

Summary .......... 22

Chapter 2: Literature Review .......... 24

Introduction .......... 24

Literature Search Strategy .......... 26

Theoretical Foundation .......... 28

Application of Relational Cultural Theory in Counselor Education .......... 31

Constructs of Relational Health .......... 33

Literature Review Related to Key Variables and/or Concepts .......... 36

Sexual Orientation and Gender Minorities ........ 36
Minority Stress ........ 37
Relational Health ........ 47
Psychological Well-Being ........ 52
Relationship of the Variables to the Research Questions and Hypotheses ........ 54
Summary and Conclusions ........ 56
Chapter 3: Research Methods ........ 58
Introduction ........ 58
Research Design and Rationale ........ 59
Methodology ........ 59
Population ........ 59
Sampling and Sampling Procedures ........ 60
Procedures for Recruitment, Participation, and Data Collection ........ 60
Instrumentation and Operationalization of Constructs ........ 61
Data Analysis Plan ........ 65
Threats to Validity ........ 69
Ethical Procedures ........ 69
Summary ........ 70
Chapter 4: Results ........ 72
Data Collection ........ 75
Results ........ 76
Sample ........ 76

Descriptive Statistics of Measures ........ 78
Research Question 1 ........ 80
Research Question 2 ........ 81
Research Question 3 ........ 82
Research Question 4 ........ 83
Other Interesting Findings ........ 85
Summary ........ 90
Chapter 5: Discussion, Conclusions, and Recommendations ........ 92
Introduction ........ 92
Interpretation of the Findings ........ 93
Minority Stress Among Sexual Orientation and Gender Minority
Counseling Students ........ 93
Psychological Well-Being, Relational Health, and Minority Stress ........ 94
Relational Cultural Theory and Minority Stress Theory ........ 95
Limitations of the Study ........ 97
Recommendations ........ 98
Implications ........ 101
Conclusion ........ 105
References ........ 107
Appendix A: Demographic Questionnaire ........ 122
Appendix B: Relational Health Indices-Community Scale ........ 126
Appendix C: Daily Heterosexist Experiences Questionnaire ........ 127

Appendix D: Permission to Use Daily Heterosexist Experiences Scale..........................130

Appendix E: Scales of Psychological Well-Being..........................................................131

Appendix F: Permission to Use Scales of Psychological Well-Being.............................156

List of Tables

Table 1. Status of LGBTQ Equality in the United States at the State Level, 2020 .......... 42

Table 2. Demographic Characteristics of Participants .................................................... 77

Table 3. Descriptive Statistics ......................................................................................... 80

Table 4. Hierarchical Multiple Regression Predicting Psychological Well-Being from Minority Stress and Relational Health in Counselor Education ............................... 84

Table 5. Correlations for Study Variables ....................................................................... 85

Table 6. Post Hoc Comparisons for Gender Identity on Minority Stress in Counselor Education ............................................................................................................... 88

Table 7. Post Hoc Comparisons for Gender Identity on Minority Stress in Broader Community ............................................................................................................. 88

Table 8. Crosstabulation of Gender Identity and Delivery Mode of Program ................. 89

# Chapter 1: Introduction to the Study

Psychological well-being is identified as essential for counselors in the counseling profession. In 1989, Ryff identified a model of psychological well-being rooted in the ideas of optimal human development from theorists Erik Erikson, Bernice Neugarten, Abraham Maslow, Gordon Allport, Carl Rogers, and Carl Jung. Over 32 years later, the Executive Council of Chi Sigma Iota (CSI, n.d.), an international honor society of professional counseling, endorsed the first wellness competencies on November 6, 2020, and published them in a peer-reviewed publication in 2021 (Gibson et al., 2021). CSI emphasized wellness as an important competency in professional counseling with this publication. Psychological well-being, as defined within the context of this study, is comprised of Ryff's six distinctive dimensions of wellness: (a) autonomy, (b) environmental mastery, (c) personal growth, (d) positive relations with others, (e) purpose in life, and (g) self-acceptance (Ryff & Keyes, 1995). The American Counseling Association (ACA, 2014) explicitly identified components of psychological well-being as an essential part of counselor educators', supervisors', and practitioners' growth.

The population of interest in this study was sexual orientation and gender minority (SGM) counseling students. In accordance with terminology used by the Centers for Disease Control and Prevention (2022), the abbreviation "SGM" is used throughout this study. SGM comprises individuals who identify as lesbian, gay, bisexual, transgender, queer, nonbinary or gender nonconforming, and intersex (American Psychological Association [APA], 2020; Noble et al., 2021). SGM counseling students are a part of the general population in the United States and may experience the effects of

minority stressors (Meyer, 2013; Ramchand et al., 2022; Resource Center for Minority Data [RCMD], 2022) yet are unique in that their psychological well-being is identified as a measure of fitness for entering the counseling profession (ACA, 2014; Christenson et al., 2018; Gibson et al., 2021). Counselor education programs are required to retain and maintain environments for all students (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016; 2024). This attention to psychological well-being within counselor education programs compelled this exploration of the factors that can affect the psychological well-being of SGM counseling students.

Although there has been a push in recent years for SGM competency and allyship in counselor education and supervision (Gayowsky et al., 2021), there is some evidence to suggest that counseling students in counselor education programs who identify as SGM are still vulnerable to the effects of microaggressions (Bryan, 2018; Pollock & Meek, 2016), tokenism, and stereotypes (Speciale et al., 2015). These studies are more than 5 years old. Recent research conducted by Ramchand et al. (2022) reflected concerns for the well-being of this population. Counselor education programs are expected to create and maintain inclusive and safe communities for all counseling students. CACREP (2016) standards reflect that counselor education programs recruit, retain, and produce diverse counseling students (Section 1.K., 2024, 1.H) and facilitate a learning environment that is inclusive (Section 1.Q, 2024, 1.I). However, there is a scarcity of recent research on whether counselor education programs provide environments where SGM counseling students can combat the adverse psychological effects of minority stress.

Budge et al. (2020) examined the relationship between minority stress, a sense of belonging, and community climate for nonbinary college students in higher education settings and found that a sense of belonging and community were potential antidotes to the effects of minority stress. Although the Budge et al. study is not specific to counselor education master's and doctoral education programs and included only nonbinary identifying minorities, it provided a rationale support for this study. In this study, I used the Relational Health Indices-Community Subscale (RHI-C; Liang et al., 2002) to investigate the community relational health of SGM counseling students. Relational health, within the context of relational cultural theory (RCT), is defined as an individual's cumulative experiences of connections, disconnections, authenticity, relational images, mutual engagement, and mutual empowerment within growth-fostering relationships (Jordan, 2018; Liang et al., 2002). RCT was established as a way of explaining human development to facilitate the healing of mental health issues (Miller & Stiver, 1997) and has evolved into a theory of counselor development with over 70 conceptual articles in counselor education and supervision published between 2000 and 2022 (Powell & Bradley, 2022). I further discuss the relevance of this theory to this study in the Theoretical Framework section of this chapter.

While coping with the consequences of minority stress, SGM counseling students are expected to be psychologically well because psychological well-being is acknowledged as an important professional disposition for counseling students (ACA, 2014; Christensen et al., 2018; Gibson et al., 2021). Counselor education programs are also required to maintain environments that are inclusive and attend to the needs of

diverse counseling students (CACREP, 2016, 1.K., 1.Q, 2024, 1.H; 1.I). In this study, I investigated the potential relationship between the community relational health, psychological well-being, and minority stress of SGM counseling students. In this chapter, I provide an overview of the study, beginning with background information about relational health, minority stress, and psychological well-being specific to SGM counseling students. I introduce the theoretical framework and state the problem and purpose of the study before presenting the research questions (RQs) and hypotheses and discussing the theoretical framework and the nature of the study. In addition, I define key terms and address the assumptions, scope and delimitations, limitations, and significance of the research. Last, I summarize the main points of this chapter.

## Background

Counseling students are expected to attend to their psychological well-being and maintain congruency in their work with prospective clients (ACA, 2014; Christensen et al., 2018; Gibson et al., 2021). CACREP (2016) requires counselor education programs to create and maintain inclusive learning environments for all students (Standard 1.K. and 1.Q.). Christensen et al. (2018) conducted a content analysis across 224 CACREP-accredited counseling programs and identified the following seven professional dispositions as consistently expected of and monitored for counseling students: (a) openness to growth, (b) awareness of self and others, (c) emotional stability, (d) integrity, (e) flexibility, (f) compassion, and (g) personal style. An initiative of CSI resulted in the development of wellness-specific competencies for counselors in training and professional counselors, noting (a) self-care and (b) personal relationships as the first two

competencies (Gibson et al., 2021). The professional dispositions (a) openness to growth and (b) awareness of self and others (Christensen et al., 2018) and the wellness competencies (a) self-care and (b) personal relationships (Gibson et al., 2021) closely aligned with two of Ryff's six dimensions of wellness: (a) personal growth and (b) positive relations with others (Ryff & Keyes, 1995). Although the terms *wellness* and *psychological well-being* are not used interchangeably in this study, the term *well-being* encompasses the six dimensions of wellness as defined by Ryff (Ryff & Keyes, 1995).

Governing and accrediting bodies mandate counselor education programs, counselor educators, and counselor supervisors to address the diverse needs of all counselors in training (ACA, 2014; CACREP, 2016, 2024). Specifically, the ACA (2014) called upon counselor educators to create inclusive environments by facilitating the enrollment and retention of a diverse group of prospective counselors (Section F.11.b). CACREP (2016, 2024) accreditation standards include that counselor educators maintain inclusive and equitable environments for all (Section 1.Q, 1.H).

Counselors' ethical standards and counselor education accrediting bodies have identified counselor self-care as an essential component of counselor development (ACA; 2014; CACREP, 2016, 2024). CACREP (2016) included self-care as a standard, requiring counseling programs to include self-care strategies in the core curriculum (Section 2.f.1.l; 3.a.11). The 2024 CACREP standards are scheduled to be implemented July 1, 2024, and to further refine the expectation of diverse, equitable, and inclusive learning environments (Section 1.H. and Section 1.S). Likewise, Section C in the ACA Code of Ethics (ACA, 2014) explicitly identify counselor self-care, impairment, and

burnout prevention as crucial factors in counselor development, which are aligned with Ryff's definition of environmental mastery. Environmental mastery is one of the six dimensions of wellness that comprise psychological well-being and is measured by an individual's ability to navigate and manage their environment and maintain a sense of control (Ryff, 1989; Ryff et al., 2021).

Amidst the need for maintaining psychological well-being, SGM counseling students face unique stressors related to their marginalized identity. SGMs experience widespread discrimination and inequalities throughout the United States (RCMD, 2022). This contributes to minority stress, which impacts the psychological well-being of SGMs (Meyer, 2013; Ramchand et al., 2022). Although Ramchand et al. (2022) did not identify the cause of suicidality, their examination of data from the National Institute of Mental Health's 2015–2019 National Surveys on Drug Use and Health ($N$ = 191,954) revealed that the risk of suicide is 3 times higher for sexual orientation minorities when compared to individuals who identify as heterosexual. This study did not include respondents' differences based on gender identity or expression. Ramchand et al. suggested that readers should view their findings through the lens of Meyer's (2013) minority stress theory, noting that "stigma, prejudice, and discrimination experienced by lesbian, gay, and bisexual (LGB) individuals may exacerbate the risk for mental health problems, which increase suicide risk" (p. 198). Although some efforts have been made to achieve equality, psychological stress related because of minority stress continues to adversely affect the psychological well-being of SGMs in the United States.

Higher education environments are not exempt from the larger macroenvironments in which they are housed. Evidence suggests that SGMs in these settings experience unique stressors related to their gender and sexual orientation identities. Goldberg et al. (2019) and Knutson et al. (2022) asserted that the psychological distress experienced by SGMs is compounded when they engage in the academic rigor of graduate programs. According to my research, only two studies, Bryan (2018) and Pollock and Meek (2016), directly addressed counselor education programs shortfalls in fostering inclusive and safe environments for SGM counseling students. Bryan's (2018) qualitative study revealed 15 types of microaggressions experienced by SGM counseling students from their peers, faculty, and supervisors. Pollock and Meek's (2016) quantitative study revealed that counselor education programs failed to provide safe spaces for lesbian and gay students, who experienced heterosexist statements, microaggressions, and blatant discrimination. The datedness of these studies supported the need for my research because there was no current information regarding the experiences of SGM counseling students in their respective counselor education communities.

Not only has there been a lack of recent research identifying the psychological well-being of SGM counseling students, but there has also been no research, according to my review of the literature, on what factors alleviate psychological distress associated with minority stress for counseling students. Budge et al. (2020) identified a positive link between a sense of belonging and lower levels of minority stress within the broader population of college campus environments for nonbinary college students. The

community domain in the current study focused on two different communities: (a) the student's counselor education community and (b) the broader community in which the student resides and engages outside of their counselor education program. The student's counselor education community was identified as the graduate-level counselor education program in online and face-to-face or hybrid settings comprised of their experiences in the classroom, with faculty, peers, and extra-curricular activities housed within the counselor education program. Murthy (2023) identified *community* as a broad term that "refers to a group of people with a characteristic in common" (p. 37). The SGM counseling students who participated in the current study reported experiencing a sense of belonging within their counselor education communities. The findings further revealed that SGM counseling students' psychological well-being is positively linked to their relational health. Based on the findings of this study, it appears that counselor education programs are fostering a sense of belonging and community for SGM counseling students and it is positively linked to their psychological well-being.

In conclusion, psychological well-being is identified as a key component of the professional development of counseling students. SGM counseling students experience psychological distress due to minority stress placing their overall psychological well-being at risk. There remains a dearth of quantitative research on the psychological well-being of SGM counseling students who experience minority stress. Counselor educators have a responsibility to maintain an educational environment that is inclusive for SGM counseling students (CACREP, 2016, 2024). The counselor education environment should not compound the rigor of academia by failing to address the needs of SGM

counseling students (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015). Counselor education programs should support the psychological well-being of SGM counseling students by offering opportunities to make meaningful relationships with other counseling students and faculty as teachers and mentors. Previous research revealed that SGM counseling students experienced stressors related to their gender and sexual orientation identities (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015). The findings of this study provide updated information about counselor education programs for SGM counseling students. Specifically, this study provides more information regarding the presence of minority stress for SGM counseling students and the relationship between relational health, psychological well-being, and minority stress for SGM counseling students. The findings may bring the psychological well-being of SGM counseling students to the forefront of the conversation and encourage counselor educators to create spaces where SGM counseling students can begin to safely report their experiences for the program to address. Furthermore, the findings revealed that SGM counseling students who identify as transgender experience higher levels of minority stress and lower levels of relational health and psychological well-being when compared to their SGM peers.

## Problem Statement

Counselor education accrediting bodies and professional counseling organizations uphold psychological well-being as a central professional disposition (ACA, 2014; CACREP, 2016, 2024; Gibson et al., 2021). Although the literature is scant, there is some evidence that issues contributing to minority stress, specific to gender and sexual

orientation of minorities, may exist at multiple levels of the counseling student's environment including their local, state, and national governments; their familial and social circles; and within their counselor education training programs (Bryan, 2018; Pollock & Meek, 2016; RCMD, 2022; Speciale et al., 2015). Meyer (2013) conducted a meta-analysis of research studies and found that lesbians, gay men, and bisexuals were diagnosed with mental disorders more frequently than their heterosexual counterparts. He proposed a minority stress model to account for these differences in mental health. It is reasonable to assume that counseling students who identify as SGMs would likewise experience minority stress in their broader communities and possibly in their counselor education communities (Bryan, 2018; Pollock & Meek, 2016; RCMD, 2022; Speciale et al., 2015). If future counselors are expected to meet the needs of prospective clients, then counselor educators are responsible for ensuring that they are in an educational environment that can support their psychological well-being in the face of minority stress.

Although the psychological well-being of SGM counseling students is a significant issue for their professional development and fitness to practice (ACA, 2014; CACREP, 2016, 2024), there is limited research on this topic among the SGM counseling student population who are at risk of experiencing minority stress (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015. Meyer (2013) proposed the possibility that SGM experience minority stress. In this study, I investigated experiences of minority stress among SGM counseling students within their counselor education and broader communities.

## Purpose of the Study

The purpose of this quantitative, correlational study was to investigate the influence of minority stress (in counselor education and broader communities) on SGM counseling students' psychological well-being. Minority stress was measured using the Daily Heterosexist Experiences Questionnaire ([DHEQ], Balsam et al., 2013). Relational health was measured using the RHI-C (Frey et al., 2005; Liang et al., 2002). The Scales of Psychological Well-Being (PWB, Ryff & Keyes, 1995) was used to measure psychological well-being.

## Research Questions and Hypotheses

I developed the RQs in this study to investigate the influence of SGM counseling students' (a) minority stress and (b) relational health in their counselor education and broader communities on their psychological well-being. A one-way analysis of variance (ANOVA) was conducted to analyze the demographic data collected from the participants to determine whether there were any differences between the variables. Variables in this study included psychological well-being, minority stress, and community relational health. To measure psychological well-being, I used the six domains within the Scales of PWB (Ryff & Keyes, 1995). I measured minority stress and community relational health both in the counselor education community and within the broader community by administering the DHEQ (Balsam et al., 2013) and the RHI-C (Frey et al., 2005; Liang et al., 2002) twice. I asked participants to first answer based on their experiences in the broader community and for the second round to answer based on

their experiences in the counselor education community. The RQs and hypotheses were as follows:

RQ1: What level of minority stress do SGM counseling students experience in their counselor education community as evidenced by the global scale results of the DHEQ?

RQ2: Do counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB?

> $H_0 2$: Counselor education program characteristics do not indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.
>
> $H_1 2$: Counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.

RQ3: Does minority stress experienced in the broader community as evidenced by the global scale results of the DHEQ and relational health experienced in the broader community as evidenced by the results of the RHI-C predict gender and sexual orientation counseling students' psychological well-being as evidenced by the results of the Scales of PWB?

$H_0$3: Neither minority stress experienced in the broader community as evidenced by the results of the DHEQ nor higher relational health experienced in the broader community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$3: Lower minority stress experienced in the broader community as evidenced by the results of the DHEQ and higher relational health experienced in the broader community as evidenced by the results of the RHI-C predict higher psychological well-being as evidenced by the results of the Scales of PWB.

RQ4: Does minority stress experienced in the counselor education community as evidenced by the global scale results of the DHEQ and relational health experienced in the counselor education community as evidenced by the results of the RHI-C predict gender and sexual orientation counseling students' psychological well-being as evidenced by the results of the Scales of PWB?

$H_0$4: Neither minority stress in the counselor education community as evidenced by the results of the DHEQ nor higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$4: Lower minority stress in the counselor education community as evidenced by the results of the DHEQ and higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor

education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

## Theoretical and/or Conceptual Framework for the Study

The theoretical lens for this study consisted of Miller's (1987) theory of human development, which laid the foundation for the emergence of the RCT, and Meyer's (2013) minority stress model. The logical associations between the frameworks presented and this study include (a) the concept that people grow in environments in which they experience a sense of belonging (Jordan, 2018; Jordan et al., 2004; Liang et al., 2002), and (b) marginalized individuals are subjected to unique stressors as a result of prejudice, discrimination, and stereotypes which negatively impact their psychological well-being (Jordan, 2018; Meyer, 2013). RCT theorists posit that the consequence of isolation (explained as disconnections) from one's community is a painful experience (Jordan, 2018). The minority stress model identifies social experiences of rejection and exclusion as affecting one's psychological well-being (Meyer, 2013). The foundational constructs for this study were in alignment with the theory that community relationships can facilitate stress reduction associated with social rejection (Jordan, 2018; Meyer, 2013).

Disconnections within an RCT framework can be used to explain discriminatory encounters with individuals in the community. These disconnections explain the negative experiences of SGMs that contribute to a sense of disempowerment, lowered self-worth, and isolation (Jordan, 2018; Miller & Stiver, 1997). RCT theorists provide specific solutions to traversing disconnections due to social rejection noting that human beings have an intrinsic ability to grow with others through disconnections and experience

enhanced connection, which leads to a sense of empowerment and clarity over oneself. Meyer (2013) discussed the need for a closer examination of how social relationships can lessen the effects of the stressors associated with marginalization. He noted that a large body of research points to intrinsic traits and individual resilience as factors that reduced the effects of minority stress and called for attention to the social factors that decrease the effects of minority stress.

RCT scholars Jordan (2018) and Schwartz (2019) identified relationships as an integral component of human development and growth suggesting that relationships between educators and students, mentors and their mentees, and students and their peers can enhance student development. Lértora et al. (2021) researched these relationships and applied RCT in a counselor education setting. They concluded that the relationships forged between counselor educators and students, mentors and their mentees, and counseling student peers were essential to counselor development.

In contrast to RCT, psychological well-being has traditionally been seen as centered within the individual. Ryff (1989) identified psychological well-being within a eudaemonic perspective built upon theories of development rooted in individuation and the self as primarily responsible for psychological well-being with only one of the domains of well-being including relationships with others. The terms “self-acceptance,” “self-care,” and “self-compassion” all include the word “self” and indicate an assumption of internal responsibility for well-being (Gibson et al., 2021; Ryff, 1989; Ryff et al., 2021). RCT theorists contend that when an individual is relationally healthy, they gain the ability to move through the inevitability of disconnections (Jordan, 2018). Using the

foundational constructs developed by RCT theorists and expanding on Meyer's (2013) minority stress model, I sought to investigate the potential relationship between community relational health and psychological well-being diverging from the current narrative of well-being as an individual trait (Jordan, 2018; Ryff et al., 2021).

Conceptualized within an RCT framework, marginalized individuals made to cope with the effects of minority stress (Meyer, 2013) within their community have an opportunity to move through the disconnections experienced because of minority stress (Jordan, 2018) if they feel a sense of belonging and inclusivity within their community (Budge et al., 2020; Lértora et al., 2021). Scholars who have applied RCT in educational settings (Byers et al., 2020; Lértora et al., 2021; Schwartz, 2019) have suggested that educators and students can experience growth-fostering relationships, subsequently positively influencing their relational health. Thus, I investigated the potential relationship between community relational health, minority stress, and the psychological well-being of SGM counseling students enrolled in counselor education programs.

## Nature of the Study

To address the RQs in this quantitative study, I used a survey research design. I administered a demographic questionnaire (see Appendix A) to obtain information pertaining to participants' (a) sexual orientation identity, (b) sex assigned at birth and gender identity, (c) intersex identity, (d) age, (e) ethnicity, and (f) master's or doctoral-level student status. Additional demographic information was related to the characteristics of the graduate program in which the participant was enrolled: (a) CACREP-accredited counselor education program or (b) non-CACREP counselor

education program. I also collected data on the delivery method of instruction to include (a) digital delivery, (b) hybrid, or (c) face-to-face/in person only. I used a correlational design with a hierarchal linear regression with two interval-ratio predictor variables, community relational health and minority stress, and one interval-ratio dependent variable, psychological well-being (see Franfort-Nachmias & Nachmias, 2008; Warner, 2013). Participants were recruited using a CACREP-accredited online institution's participant pool website, social media sites and professional association membership listservs including Counselor Education and Supervision Network Listserv (CESNET-L), which is utilized by doctoral-level counseling students (Jenicus, 2023), and the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE) listserv. I also recruited from counselor education program-specific social media sites in the United States that permitted research participant recruitment.

## Definitions

Within this section, I outline key terms discussed within this study. In congruence with the diversity of the intended population, the terms outlined within this section provide context for key variables in this study. Furthermore, in accordance with the APA *Publication Manual*, seventh edition (APA, 2020), I aligned terminology for SGMs with the language used in the current literature and by advocacy organizations (see Noble et al., 2021).

*Counseling students:* Master's or doctoral counseling students enrolled in a counselor education program (CACREP, 2016, 2024).

*Gender minorities:* Individuals who are nonbinary and/or non-gender-conforming including individuals who identify as transgender and intersex. The term *minorities* refer to a group of individuals whose identity is not aligned with the dominant gender. Individuals belonging to this group are at risk of experiencing injustices, prejudices, and other discriminatory practices (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; APA, 2020).

*Minority*: A group of individuals whose identity is not aligned with that of the dominant sexual orientation group, and they experience injustices, prejudices, and other discriminatory practices (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; APA, 2020).

*Minority stress*: A unique type of social stress experienced by individuals who belong to marginalized groups due to their identity and experiences of discrimination, prejudice, and microaggressions (Balsam et al., 2013; Meyer, 2013).

*Psychological well-being*: In this study, a construct defined within a eudaemonic approach as comprised of six unique dimensions of wellness: (a) autonomy, (b) environmental mastery, (c) personal growth, (d) positive relations with others, (e) purpose in life, and (f) self-acceptance (Ryff, 1989; Ryff et al., 2021).

*Relational health*: A term that refers to an individual's cumulative qualities identified as authenticity, mutual engagement, and mutual empowerment occurring in growth-fostering relationships (Jordan, 2018; Liang et al., 2002; Miller & Stiver, 1997).

*Sexual orientation*: A term, also identified as affectional orientation, that refers to the feelings of emotional, romantic, and sexual attraction towards another individual

(ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Centers for Disease Control and Prevention, 2022).

## Assumptions

A key assumption was necessary to support the research study. I assumed that participants were able to understand and isolate their experiences of community relational health and of minority stress within their counseling training program versus that of their broader community. This assumption was necessary within the context of this study because I was seeking to isolate participants' experiences within the counselor education community from their experiences of the broader community. When taking the survey, participants were instructed to answer the RHI-C (Liang et al., 2002) and DHEQ (Balsam et al. 2013) questions twice—first, to answer the questions specific to their broader community and, second, to answer the questions specific to their counselor education community.

## Scope and Delimitations

The primary purpose of this research study was to investigate the influence of relational health and minority stress on the psychological well-being of SGM counseling students enrolled in counselor education and supervision programs between Fall 2020 and Summer 2023. Participants were limited to master's and doctoral counseling students, specifically excluding other disciplines such as social work or psychology. This is because this study was designed to depict the experiences of pre-entry-level professional counselors. The findings of this study provide insights for counselor educators regarding the positive relationship between SGM counseling students' sense of

belonging and community in the counselor education community to their psychological well-being. Findings from this sample can be generalized to the population of counseling students at the master's and doctoral-level and can be used by counselor educators to create spaces where SGM counseling students can bring their concerns to counselor educators or administration to be addressed. Regarding the study's delimitations, I did not identify the relationship between psychological well-being and counseling skills. Furthermore, I did not identify specific actions counselor educators should take to address low psychological well-being among gender and sexual orientation counseling students.

## Limitations

The limitations of this research study included that it was restricted to master's and doctoral-level counseling students enrolled in either CACREP, non-CACREP, virtual, face-to-face, and hybrid counseling education programs in the United States. Also, the study involved a voluntary online survey. There were challenges in recruiting SGM counseling students, which could be related to real or perceived discrimination (see Pollock & Meek, 2016). I believe that this factor hindered my ability to obtain the needed sample size. Fear may also have interfered with participants' willingness to honestly answer questions.

## Significance

This study was significant in that it provided added information about whether counselor education communities provided spaces where SGM counseling students feel a sense of belonging and community. Counselor educators are responsible for

understanding what contributes to the psychological well-being of SGM counseling students (ACA, 2014; CACREP, 2016, 2024). The findings bring the psychological well-being of SGM counseling students to the attention of counselor educators.

The results also inform counselor educators and administration about the positive relationship between community relational health and psychological well-being within this population. Only two studies within the past 5 years have addressed the unique needs of SGM counseling students. This study may spur future research to explore the intricacies of what relational health means for SGM counseling students and specifically if it has a causal relationship with their psychological well-being.

Minority stress is a burden that SGM counseling students carry into counselor education programs (Bryan, 2018; Meyers, 2013; Pollock & Meek, 2016; RCMD, 2022; Speciale et al., 2015). This study contributed to a scant body of research for this specific population. With the ongoing need for awareness and inclusion of SGM counseling students, this study provided counselor educators more information about the sense of belonging experienced by SGM counseling students within their counselor education community. This study impacts positive social change by providing updated information that SGM counseling students who identify as transgender are experiencing higher levels of minority stress than their SGM peers. This facilitates more attention to the needs of SGM counseling students who identify as transgender in counselor education programs. It further provides future researchers with evidence that the individuals whose identities fall under the SGM umbrella cannot be combined as sharing the same experiences.

The study findings also provide updated data and increasing awareness of how the community environment in counselor education is sustaining environments that foster good relational health for male, female, and nonbinary SGM counseling students. Because relational health is found to have a positive relationship with psychological well-being for SGM counseling students, this may prompt counselor educators and administration in counselor education programs to focus on enhancing existing programs that continue to foster a sense of community specifically for SGM counseling students.

## Summary

The aim of this quantitative, correlational study was to investigate the potential relationship of community relational health within the counselor education community, psychological well-being, and minority stress for SGM counseling students. During educational training, counseling students' ability to maintain their psychological well-being is evaluated as one of the professional dispositions for their fitness to practice (ACA, 2014; Christenson et al., 2018; Gibson et al., 2021). Discriminatory experiences including microaggression, overt discriminatory laws, lack of protective laws, and prejudice, are distressing experiences for all people across settings and negatively impact psychological well-being (Meyer, 2013). There is dated evidence that discrimination, oppression, and prejudice specific to SGMs are present within CES settings where psychological well-being is a significant component of development for counseling students (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015).

Even with nurturing environments in counselor education, the larger community where they reside may be unsafe and marginalizing for SGMs (RCMD, 2022). Evidence

suggests that a sense of belonging and inclusivity within the community (Budge et al., 2020) has been positively linked to psychological well-being and serves as protective factors against minority stress within the general population. A sense of belonging is addressed explicitly in the Community Subscale of the Relational Health Indices (RHI) tool (Liang et al., 2002). In the literature I reviewed, this has not been specifically examined in counselor education settings within the past 5 years. Thus, within this study, I examined the potential relationship between relational health, psychological well-being, and minority stress for SGM counseling students. In the next chapter, I discuss the literature research strategy, the theoretical framework, and key variables and concepts pertaining to this research study.

# Chapter 2: Literature Review

## Introduction

Psychological well-being was first illuminated in the late 1980s (Meyer, 1992; Ryff, 1989; Ryff et al., 2021) and remains an established and critical component of counselor development (ACA, 2014; CACREP, 2016, 2024; Callender & Lenz, 2018; Gibson et al., 2021). Yet, SGM counseling students are exposed to discriminatory public policy and legislation (RCMD, 2022) that can contribute to the experience minority stress (Brooks, 1981 as cited in Meyer, 2013) within the broader community. These stressors may also be present in counselor education programs. There has been minimal research published within the past 5 years on this issue within counselor education programs. A review of the literature revealed that SGM counseling students were exposed to microaggressions (Bryan, 2018; Pollock & Meek, 2016), tokenism, and stereotypes (Speciale et al., 2015) within counselor education programs. Minority stress is linked to psychological distress and can affect the psychological well-being of SGMs (Meyer, 2013), and counseling students are not immune from the impacts in their broader community and within their counselor education programs (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015).

Recent data presented by the RCMD (2022) indicated that some areas of the United States are still considered unsafe and lack legal protections and safeguards for SGMs. The RCMD (2022) revealed that less than half of the states within the United States have laws that promote equality for SGMs. SGM counseling students then become burdened with navigating the broader community and their counselor education

community while simultaneously monitoring their professional growth as congruent, well, and effective counselors (ACA, 2014; CACREP, 2016, 2024). This situation can lead SGM counseling students to feel isolated from the same community charged with their overall development. The effects of discrimination, microaggressions, stereotypes, and tokenism are linked to psychological distress, affecting an individual's overall psychological well-being (Meyer, 2013).

The experience of minority stress by SGMs can be conceptualized through the lens of RCT using what Miller (1987) defined as chronic disconnections. Chronic disconnections can lead to an individual being stuck in what is known as the central relational paradox, a condition in which an individual feels unsafe in establishing connections with others yet yearns for connection (Jordan, 2018; Jordan et al., 2004; Miller & Stiver, 1997). Conversely, good relational health, as defined within the context of RCT, can facilitate minoritized individuals' movement through disconnections, releasing them from the central relational paradox, thereby setting themselves and others free from condemned isolation (Jordan, 2018; Jordan et al., 2004; Miller & Stiver, 1997).

Budge et al. (2020) discovered a positive association between a sense of belonging and psychological well-being for nonbinary college students in the general college community. However, as I discuss in this chapter, there is a paucity of research on the relationship between relational health, minority stress, and psychological well-being among SGM counseling students. In this chapter, I review literature related to the key variables and concepts in this study. Before reviewing the literature, I address the

literature search strategy, theoretical foundation, and conceptual framework. The chapter ends with a summary of key points and a transition to Chapter 3.

## Literature Search Strategy

I used the Walden University Library to search for relevant literature pertaining to the experiences of counseling students who identified as SGMs. I searched the following databases: APA PsycArticles (formerly PsycArticles), Dissertations and Theses at Walden University, ERIC, Education Source, LGBTQ+ Source, MedLine, OpenDissertations, ProQuest Central, ProQuest Dissertations and Theses Global, SAGE Journals, SOCIndex, Taylor & Frances Online, and Tests and Measurements Combined Search. I also searched the *Journal of LGBTQ Issues in Counseling*, a publication of Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), an affiliate of the ACA. I reviewed relevant codes of ethics and accreditation standards for counselors and counselor educators specific to the intended population, which were available online through ACA and CACREP. Additional public data were retrieved from the National Institute of Mental Health and the Centers for Disease Control and Prevention and provided recent and credible data pertaining to the inequalities faced by SGMs.

Initially, the search entailed the keywords *gender minorities*; *sexual orientation minorities*; *transgender*; *counselor education*; *counselor education and supervision*; *counselor in training*; *counselors*; *psychotherapists*; *LGBTQ+*; and *lesbian, gay, bisexual, affectional, and queer*. Following this search, additional keywords along with Boolean phrases were utilized to explore the topic further such as *discrimination;*

*microaggressions*; and *oppression.* Additional keywords *relational*; *relational theory*; *relational cultural theory*; *related*; *relationship*; and *connection* were added. Following this search, additional keywords along with Boolean phrases were utilized to explore the topic further such as *psychological well-being or wellbeing or well-being* with the Boolean phrase AND *counseling students or counselors-in-training*. In another search regarding the topic of wellness and well-being the following keywords: *wellness or wellbeing or well-being or well-being* with the Boolean phrases AND *counselors in training or counseling interns or counselor trainees* AND *efficacy or effectiveness or impact or benefits or outcomes or success*. This yielded additional literature pertaining to the relevancy of psychological wellness in counseling students. To explore terminology appropriate for use within this study, I also searched the databases using keywords *LGBTQ+, lesbian, gay, bisexual, affectional, queer,* with the Boolean phrase AND *safe space*, AND *counselors in training* or *counseling interns* or *counselor trainees*.

Initially, I restricted each database search to peer-reviewed articles published within 5 years of the search date. Then once that literature was exhausted, the 5-year restriction was extended to access additional relevant literature related to SGM counseling students' experiences in counselor education, including seminal works. Prior to expanding beyond the 5-year search, I located articles pertaining to the challenges SGM faculty experience; however, only two articles were related to SGM counseling students' experiences. Extending the 5-year restriction facilitated additional literature related to SGM counseling students' experiences. The search began in February 2022 and continued through April 2023. The articles were reviewed for relevancy to the intended

population and theoretical framework. I also read several seminal works related to the theoretical framework of RCT (Gilligan, 1982; Jordan et al., 2004; Miller, 1987; Miller & Stiver, 1997).

## Theoretical Foundation

RCT was originally cultivated from *Works in Progress* that began in the late 1970s at the Stone Center Jean Baker Miller Training Institute (JBMTI) at Wellesley College in Wellesley, Massachusetts. *Works in Progress* was a series of publications developed out of the work engaged in at JBMTI with a commitment to "fostering psychological well-being, preventing emotional problems, and providing appropriate services to persons who suffer from psychological distress" (Miller, 1982, p. 2). These works led to the formulation of Miller's initial theories about the development of women, first published in *Toward a New Psychology of Women* (Miller, 1978). Miller and her colleagues questioned the notions of individuation and separation, which have historically dominated the discourse on human development (Jordan, 2018; Jordan et al., 2004; Miller, 1987). The principles of RCT challenge traditional Western values of individualistic societal constructs by illuminating the relational characteristics as a model for human development and growth (Miller, 1987; Miller & Stiver, 1997). A basic assumption of RCT is that human beings rely on one another to grow, thrive, and maintain psychological wellness (Jordan, 2018).

Miller's theories were substantiated in the work of researcher Carol Gilligan (1982), who documented the relational development of adolescent girls in her book *In a Different Voice*. Decades later, Joyce Fletcher's (2001) research published in

*Disappearing Acts* shed light on the necessity of naming the concepts that emerge from RCT's formulation, noting the invisibility of relational contributions in the workplace. These theorists identified empathy, empowerment, mutuality, and cooperation as organically occurring within mutual growth-fostering relationships (see also Jordan, 2018). They further identified that these growth-fostering relationships produced relationally healthy people providing the foundation for RCT.

Between 2000 and 2010, the influence of RCT in counseling began to emerge in scholarly works within counseling and counselor education. In 2016, Lenz conducted a systematic review of the literature provided empirical support for the utilization of RCT in counseling and indicated that RCT could be applied to explain clients' experiences. The meta-analysis determined that psychometric instruments measuring RCT constructs were developed and validated as useful tools for assessment in counseling (Lenz, 2016). Prior to this, Dr. Amy Banks, psychiatrist, and member of the Stone Center's JBMTI, began to discuss the application of RCT to some of the brain's functions, specifically the neurobiology of Post-Traumatic Stress Disorder ([PTSD]; Banks, 2006). Affirming the initial theories of the founding RCT scholars, Miller et al. (2012) wrote, "Our connections with others support a vibrant and plastic brain" (pp. 8-9). RCT theorists previously explained this phenomenon as relational health (Frey et al., 2005; Jordan, 2018; Liang et al., 2002; Miller & Stiver, 1997). Findings from the recent wave of neuroscience further support the theories of RCT (Banks, 2016; Banks & Hirschman, 2016; Siegel, 2012).

Neuroscience has confirmed many of the early theories set forth by Miller (1987). Siegel (2012) wrote, “The context of culture directly shapes our mind as culture is a form of relational process fundamental to how the mind functions and how the brain develops” (p. 2-4). This phenomenon was first explained in 1997 by Miller and Stiver as the cultural element within RCT, which addresses human growth within relationships and how those relationships shape their development (Jordan, 2018; Miller & Stiver, 1997). Scholars who have studied neurobiology have discovered that the area in the brain that responds to physical pain is the same place activated when an individual experiences emotional pain because of either real or perceived othering (Banks, 2016; Banks & Hirschman, 2016; Siegel, 2012). RCT theorists explained this phenomenon using the term *disconnection* to describe a painful experience in which an individual experiences the opposite of the five good things: (a) less energy, (b) disempowerment, (c) confusion, (d) less self-worth, and (e) movement away from relationships (Jordan, 2019; Miller, 1987; Miller & Stiver, 1997). This is expanded upon in the Relational Health section of this chapter.

As scientific research grew in neurobiology (Banks, 2016; Banks & Hirschman, 2016; Seigel, 2012), so did the interest in RCT to understand human development and relationships within the workforce (Fletcher, 2001) and education (Schwartz, 2011; Schwartz, 2019; Schwartz & Holloway, 2012; Schwartz & Holloway, 2014). The founding organization JBMTI has evolved into the International Center for Growth and Connection expanding the work of RCT theorists in a variety of disciplines (International Center for Growth and Connection, 2023). As of 2022, the APA has ranked RCT in the

top 10 pertinent theories in the field of human development (International Center for Growth and Connection, 2023).

**Application of Relational Cultural Theory in Counselor Education**

Initially applied in therapeutic settings, RCT has been recognized for its pertinence in education (Schwartz, 2019), specifically within the counselor education setting (Bruneau & Reilly, 2021; Dietz et al., 2017; Dorn-Medeiros et al., 2020; Duffey, 2006; Lértora & Croffie, 2019; Lértora et al., 2021). In 2019, Dr. Harriet Schwartz published the book *Connected Teaching* outlining how educators can apply RCT to enhance student learning experiences. In 2022, a review of the literature from 2009 through 2022 revealed over 70 conceptual articles delineating the practice of RCT as a pedagogy in CES and 6 research articles providing evidence of the inherent value of RCT as a pedagogy in CES (Powell & Bradley, 2022).

RCT scholars have used and discussed key concepts of RCT in the educator-learner that exist in the counselor education setting. Specifically, Dietz et al. (2017) utilized RCT to interpret the experiences of counseling students engaged in a study abroad program in Honduras with findings revealing that participants experienced mutual empathy facilitating relational connections with members belonging to the Honduran culture. Hall et al. (2018) implemented a group counseling course infused with RCT constructs and discovered that students experienced feelings of empowerment and mutual growth and change with their instructors. Lértora et al. (2020) and Li et al. (2020) applied RCT as a pedagogical model in a counselor education classroom setting to facilitate authentic connections, professional growth, and skill development among counseling

students. Although not in counselor education, Byers et al. (2020) identified that a human diversity course in social work specifically framed within RCT increased scores on the Diversity and Oppression Scale (DOS) scores for the students. The DOS assesses a student's overall awareness and readiness in addressing issues of diversity with clients (Byers et al., 2020). Social work is a helping profession identified as a closely related field to the counseling profession. The aforementioned authors identified that by integrating RCT into the education setting, educators can promote mutual empathy, empowerment, change, and self-awareness fostering growth in developing helpers.

RCT scholars have also authored conceptual articles for the application of RCT within the supervisor-supervisory relationship to promote counselor growth and development. Lasinsky (2020) discussed how RCT can reduce supervisee angst about competence while Villarreal-Davis et al. (2021) addressed how RCT can enhance supervisee self-awareness. Lasinsky (2020) and Villarreal-Davis et al. (2021) also included recommendations for infusing creativity and RCT principles in the supervisory relationship highlighting how RCT can facilitate creativity. Integrating RCT in the supervisory relationship can promote vulnerability in relationships which was identified by Stargell et al. (2020) as enhancing the supervisory relationship with the goal of fostering counselor development. Stargell et al. (2020) identified social connectedness, authenticity, mutual empathy and empowerment as "essential processes" which foster counselor growth and development (pp. 192 – 194). These recent publications outline the utilization of RCT as an approach to counselor development in the supervisory relationship. Supervision is an integral component of development in future counselors

since supervisors oversee the field work of student counselors during internship and supervision is part of the counselor education curriculum for doctoral-level students.

In conclusion, the basic constructs of this relational model of psychological development facilitate space for marginalized individuals to grow in counselor education settings (Dietz et al., 2017; Hall et al., 2018). RCT theorists explain relationships as a mutual process in which both people influence one another's growth and development. This is specifically identified in RCT as mutual empathy and mutual empowerment (Jordan, 2018).

## Constructs of Relational Health

### *The Five Good Things*

RCT theorists posit that mutual growth-fostering relationships facilitate the experience of the five good things, which are identified as (a) zest, (b) clarity, (c) empowerment, (d) desire for more connection, and (e) an increase in one's self-worth (Miller, 1987). Zest is recognized as a sense of energy. Clarity refers to an understanding of oneself and others, which can be likened to the notion of self-awareness. Empowerment implies a desire to act. A desire for more connection is described as a person seeking out more relationships. An increase in self-worth can also be identified as an increase in self-esteem. Scholars have posited that these five outcomes facilitate the potential for relationally healthy people within educator-learner relationships (Duffey, 2006; Lértora & Croffie, 2019; Lértora et al., 2021; Schwartz, 2011; Schwartz, 2019). Liang et al. (2002) drew from the constructs identified in the five good things (Miller, 1987) and quantitatively measured them by combining empowerment and zest into one

category: zest; combining clarity and an increase in self-worth into one category: authenticity; and replacing the term “desire” for more connection with the term “engagement.” In doing this, Liang et al. (2002) was able to create the RHI so that researchers could measure the experience of the five good things and further provide evidence supporting the theory of RCT. RCT theorists posit that these five good things are the result of growth-fostering relationships and that conversely, individuals in relationships experience disconnections, or relationship ruptures (Jordan, 2018).

***Disconnections***

Relational disconnections are characterized as painful experiences in which individuals are subjected to isolation and power over, further minimizing their ability to share their voices (Jordan, 2018; Miller & Stiver, 1997). Power-over, within the context of RCT, is explained in relationships in which there is a power dynamic, with the individual who has power misusing their position of power (Jordan, 2018). Disconnections occur when an individual experiences a lack of mutual empathy and mutual empowerment because they experienced a sense of being disregarded. An acute disconnection can take place when an individual feels that they face a threat putting themselves in danger (Jordan, 2018). Actions, or lack thereof, by an individual that prevent them from experiencing emotional pain and vulnerability in relationships are “strategies of disconnection” (Jordan, 2018, p. 33).

One consequence of disconnections is negative relational images. Relational images are informed by an individual’s past relationships and impact their view of themselves and others and can lead to additional disconnections (Jordan, 2018). Members

belonging to minority groups who have experienced negative interpersonal engagements with previous authority figures or in their communities (i.e., parents, teachers, caregivers, government representatives) where they were exposed to discrimination, prejudice, or microaggressions become at risk for developing negative relational images (Jordan, 2018). These negative relational images can be brought into their relationships and can contribute further to chronic disconnections. However, when newer positive relational images are established and disconnections are navigated successfully, there is an opportunity for substantial growth between people (Jordan, 2018; Miller & Stiver, 1997). The constructs of the five good things and disconnections as explained within RCT are unique in that both parties involved in the relationship experience them. This is referred to within RCT as mutuality and is a crucial construct of the framework.

***Mutuality in Relational Cultural Theory***

A core concept of RCT is that individuals who have power are aligned with that of the dominant group, while individuals who belong to minority groups are those who do not hold power. The acknowledgment of this role of power requires mutuality in the relationship so that, theoretically, there is space for marginalized people to be relationally healthy people (Jordan, 2018; Liang et al., 2002). Mutual empathy entails seeing the humanity of those with power by those not in power and for those with power to acknowledge and honor the power they hold in relationships (Jordan, 2018). The term *mutual empowerment* occurs through the facilitation of power-with so that in the relationship, there is an increase in potential and capabilities for both those with power

and those without (Jordan, 2018, p. 136). Mutuality, when experienced, creates the possibility of Miller's (1987) five good things.

## Literature Review Related to Key Variables and/or Concepts

### Sexual Orientation and Gender Minorities

As recommended by the APA (2020), the terminology for SGMs within this study is aligned with the current literature and advocacy organizations (Noble et al., 2021). The term *minority* refers to a group of individuals whose identity is not aligned with that of the dominant group (APA, 2020). This identification within a minority group places them at risk of experiencing injustices, prejudices, and other discriminatory practices. The identities of SGMs are layered with diversity and complexity. Intersectionality across race, ethnicity, socioeconomic background, religion, and culture further diversifies the identities of SGMs (Noble et al., 2021).

The term *gender minority* refers to individuals who do not self-identify as male or female but identify as nonbinary and/or gender-nonconforming, or identify as transgender or intersex (APA, 2020). Transgender is identified as "an adjective to refer to persons whose gender identity, expression, and/or role does not conform to what is culturally associated with their sex assigned at birth" (APA, 2020, pp. 138–139). Gender identity is delineated from sexual orientation because it only refers to the person's gender and does not imply any specific sexual orientation identity. Intersex describes an individual who has been diagnosed with an intersex condition, born, or developed naturally in puberty genitals, reproductive organs, or chromosomal patterns that do not align with the standard definitions of male or female (APA, 2020; Noble et al., 2021).

Sexual orientation, also identified as affectional orientation, refers to the feelings of emotional, romantic, and sexual attraction toward another individual (Noble et al., 2021). Sexual orientation minorities are also referred to as "LGB." The term *lesbian* is used to describe the attraction of a female to another female, the term *gay* is used to describe the attraction of a male to other males, and the term *bisexual* is used to identify the attraction of either a female or male to both dominant genders (Noble et al., 2021). The term "sexual orientation minority" is also inclusive of the terms "queer," "polysexual," "asexual," and "pansexual." Queer is described as an identity that is not aligned with culturally established constructs of sexuality or gender. Polysexuality is described as an affectional disposition to more than one partner. The term *asexual* is used to describe individuals who do not have the desire to engage in a sexual or romantic relationship or do not feel sexually attracted to any person (Noble et al., 2021). The term *SGMs* is used as a broad umbrella term encompassing a wide range of identities that are not aligned with the dominant group (Centers for Disease Control and Prevention, 2022).

**Minority Stress**

Minority stress as a framework for conceptualizing the psychological effects of prejudice and discriminatory experiences was introduced in 2013 by Meyer. Citing theorists Allport (1954, as cited in Meyer, 2013) and Clark et al. (1999, as cited in Meyer, 2013), Meyer presented the minority stress theory which describes distress an individual experiences due to marginalization because of prejudice and discriminatory experiences. In 2013, Meyer conducted a meta-analysis of the existence of mental illnesses for lesbian, gay, and bisexual individuals discovering that they had a higher rate of mental illness

than their heterosexual counterparts. Intertwining sociological and psychological theories, Meyer (2013) offered the minority stress theory to describe the social stressors experienced by LGB individuals because of their sexual orientation identity. At that time, however, transgender and nonbinary individuals were not included in the minority stress theory (Meyer, 2013).

In 2013, Balsam et al. created a measurement tool to assess minority stress for gender and sexual minorities who identified as lesbian, gay, bisexual, and transgender (LGBT) establishing a means of measurement for minority stress among the LGBT community. In the past 5 years, research has focused on minority stress among the LGBTQ+ population revealing bisexual individuals experienced internalized binegativity (Pollitt & Roberts, 2021, p. 365), bisexual men coped with minority stress through relationships (Cooke & Melchert, 2019), and LGBTQ+ minority youth experiences reflected themes aligned within minority stress theory (Roberts et al., 2022). Minority stressors are still prevalent, as exhibited by the lack of progress in public policy within the past 5 years for SGMs.

***Stress Among Sexual Orientation and Gender Minorities in the United States***

In the United States, laws, beliefs, and practices that marginalize and stigmatize the SGM population endure (RCMD, 2022). This contributes to distressing experiences impacting the psychological well-being of SGMs (Balsam et al., 2013; Greene-Rooks et al., 2021; Horne et al., 2022; Meyer, 2013; RMCD, 2022). In the United States, between 2010 and 2020, legal victories and setbacks in public policy have occurred as advocates have worked to implement, protect, and secure the legal rights of SGMs (RCMD, 2022).

In October 2020, in Texas, there was a decision that was made which briefly allowed social workers to refuse treatment to clients based on the client's gender or sexual orientation identity (Walters, 2020). Although the arena of social work is not the counseling profession, it is a closely related field to the counseling profession. When LGBTQ+ advocates raised concerns over this abrupt change, Governor Greg Abbott's appointee, Gloria Canseco, a board member of the Texas Behavioral Health Executive Council, which oversees the social work board, stated that gender would be addressed but did not include the term "sexual orientation" (Walters, 2020). Governor Abbott has a history for opposing the expansion of LGBTQ+ protections in Texas (Walters, 2020). Shortly after the decision was made, the issue was reversed and the social work board in Texas reinstated protections for SGM clients seeking services (Walters, 2020).

In early 2022, Florida enacted House Bill 1557, widely referred to as the "Don't Say Gay" policy (Izaguirre, 2022: The Florida Senate, n.d.). This policy prevents elementary-aged children's exposure to SGM information in the school setting from school personnel (The Florida Senate, n.d.). According to National Public Radio ([NPR], Izaguirre, 2022), the Florida Governor Ron DeSantis who signed this bill into law on March 28, 2022, stated 'teaching kindergarten-aged kids that "they can be whatever they want to be" was "inappropriate" for children.' He was further quoted "It's not something that's appropriate for any place, but especially not in Florida" (Izaguirre, 2022, para. 4).

Additional examples of legislation and public policy that stigmatize the SGM community have occurred between 2021 and 2023 in Arkansas, Tennessee, and Texas where bans were imposed on providing gender affirming care to transgender youth

(DeMillo, 2021a; DeMillo, 2021b; DeMillo & Crary, 2021; Kruesi, 2021; Weber, 2022). Arkansas lawmakers were the first state to enact legislation, House Bill 1570, prohibiting gender confirming treatments for youth in April 2021 (Arkansas State Leg., 2021a; DeMillo, 2021b; DeMillo & Crary, 2021). Prior to this, Arkansas lawmakers signed legislation, SB289, The Medical Ethics and Diversity Act (Arkansas State Leg., 2021b; Polus, 2021), which permits health care workers and institutions to refuse treatment based upon religious or moral beliefs which gave “providers broad powers to turn away LGBTQ patients and others” (DeMillo, 2021a, para. 1). Shortly after these laws were signed into legislation, Tennessee approved legislation, Bill SB0001 (Tennessee General Assembly, n.d.) banning gender-confirming treatment for minors (Kruesi, 2021). In February 2022, Texas Governor Greg Abbott directed the Texas Department of Family and Protective Services (DFPS) to investigate reports of gender-confirming care of children as a form of abuse (Weber, 2022). This came after the Texas Attorney General Ken Paxton issued a legal opinion that gender-conforming care treatments were child-abuse (Weber, 2022). These instances are just a few of the injustices that are supported through law and legislation directly impacting the human rights of SGMs.

In 2020, advocates for SGMs examined the landscape of policy across the United States, unveiling ongoing personal and legal barriers for SGMs in the following key domains: (a) relationship and parental recognition, (b) nondiscrimination, (c) religious exemptions, (d) SGM youth-related laws, (e) health care, (f) criminal justice, and (g) identity documents (RCMD, 2022). According to RMCD (2022), discriminatory laws or lack of equal rights specific to SGMs protections exist in more than half of the states and

four U.S. territories. Fourteen states and Washington DC have developed laws that promote equality for SGMs. Ten states and Puerto Rico have policies that reflect moderate progress toward equality (RCMD, 2022). Despite this progress over a 10-year span, more than half of the states and four U.S. territories had minimal laws that were supportive of SGMs (RCMD, 2022). Minimal laws were identified as public policy officials taking some partial steps toward policy areas or steps to improve the process, yet still lacking nondiscrimination protections for SGMs. Fourteen states and four territories lack nondiscrimination laws specific to employment, housing, and public accommodations. Twelve states were identified as having negative ratings, which means that there was an overall absence of laws that protect the rights of SGMs or had laws or policies “such as religious exemptions, HIV criminalization law, or policies targeting transgender people and restricting their access to medical care or the ability to update identity documents” (RCMD, 2022, p. 3). Table 1 reflects this information including the specific states and their public policy tally rating according to the RCMD (2022). Over the span of a decade, the strides toward equality are evident, yet the fact remains that discrimination persists against SGMs in the United States (RMCD, 2022). SGM and other minority counseling students in training are navigating these challenging terrains while actively being asked to address their psychological well-being (ACA, 2014; CACREP, 2016, 2024).

**Table 1**

*Status of LGBTQ Equality in the United States at the State Level, 2020*

| Status of states | Definition of LGBTQ policy tally |
|---|---|
| States with high overall LGBTQ policy tally<br>California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Maine, Massachusetts, Minnesota, Nevada, New York, Oregon, Rhode Island, Vermont, Washington | Great progress in LGBTQ equality. |
| States with medium overall LGBTQ policy tally<br>Delaware, Maryland, New Hampshire, New Jersey, New Mexico | Progress has been made, although not all areas where there is progress are relevant to all LGBTQ rights. |
| States with fair overall LGBTQ policy tally<br>Iowa, Michigan, Pennsylvania, Utah, Wisconsin | There is a start to establishing LGBTQ rights, however, there is substantial work to be done. |
| States with low overall LGBTQ policy tally<br>Alaska, Arizona, Florida, Idaho, Indiana, Kansas, Kentucky, Missouri, Montana, North Carolina, Ohio, Virginia, West Virginia, Wyoming | There is a lack of protections but “partial steps” have been taken or at least an attempt to improve conditions for LGBTQ individuals (RCMD, 2022, p. 5). |
| States with negative overall LGBTQ policy tally<br>Alabama, Arkansas, Georgia, Louisiana, Mississippi, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas | There is a “severe absence” of laws that protect the LGBTQ population and there are “harmful laws or policies” which impose limitations on the rights of LGBTQ individuals (RCMD, 2022, p. 5). |

*Note*. LGBTQ = lesbian, gay, bisexual, transgender, and queer/questioning; RCMD = Resource Center for Minority Data. The LGBTQ policy tally encompasses laws and public policies specific to the LGBTQ population in the following key domains: (a) relationship and parental recognition, (b) nondiscrimination, (c) religious exemptions, (d) SGM youth-related laws, (e) health care, (f) criminal justice, and (g) identity documents (RCMD, 2022).

***Stress Among Sexual Orientation and Gender Minorities in Counselor Education***

A review of the literature revealed a scarcity of recent research identifying that SGM counseling students experience discrimination in counselor education programs. This may be related to the silencing and invisible nature of the challenges faced by SGMs (Bryan, 2018; Matsuno et al., 2022; Pollock & Meek, 2016; Speciale et al., 2015). Historically, the counseling profession is burdened with being part of pathologizing SGMs. It was not until the 1970s that the diagnosis of a mental disorder related to sexual orientation was called into question following the pivotal Stonewall Riot which spurred the gay rights movement (McHenry, 2022).

In the sixth printing of the second edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II), a change in the language used shifted from disorder to disturbance still carrying a stigma for sexual minorities (Davison, 2021; Drescher, 2015; Margolin, 2023; McHenry, 2022). In 2013, the publication of the DSM-5 officially removed same-gender attraction as a psychiatric disorder completely (McHenry, 2022). McHenry (2022) noted that the most recent DSM-5-TR has shifted from pathologizing gender identity to identifying the stressors associated with one's gender identity. McHenry (2022) noted that this is a step forward and postulates that as society increases acceptance of individuals who are transgender the removal of gender identity from the DSM will 1 day occur.

While progress is being made in the way that mental health professionals view the mental health needs of SGM individuals (McHenry, 2022), sexual orientation change efforts continue to exist despite being well-documented as harmful and ineffective

(Dehlin et al., 2015). Such efforts were defined by the APA (2021) as "a range of techniques used by a variety of mental health professionals and nonprofessionals with the goal of changing sexual orientation" (p. 1). They constitute a violation of the ACA Code of Ethics (ACA, 2017). There have been additional efforts to support the needs of SGM within the mental health profession.

SAIGE, first established in 1975 as an affiliate of the ACA, has over 19 branches across the United States, 12 committees (SAIGE, n.d.), and 1,600 members (T. Bell, personal communication, March 20, 2023). According to T. Bell (personal communication, March 26, 2023), over 50% of the membership is comprised of students; however, it is not a requirement for membership to identify as an SGM so some of the members may be allies. In 2006, the organization established a peer-reviewed journal, the *Journal of LGBTQ Issues in Counseling.* This journal includes articles specific to issues related to LGBTQ communities. SAIGE's efforts during civil rights battles and focus on expanding scholarship specific to this marginalized group reflect an interest in issues that SGMs face within counseling and counselor education programs (SAIGE, n.d.). Since the establishment of SAIGE, the organization's name has shifted to be more inclusive of all who identify as LGBTQ+.

Although strides have been made, SGMs continue to experience barriers related to their human rights because of long-held prejudices pertaining to SGM identity (Green-Rooks et al., 2021). This is compounded by a history within the mental health profession in which SGMs have been pathologized, stigmatized, and underrepresented in the medical community (Noble et al., 2021). Of concern is that these prejudices may continue

to permeate the confines of counselor education programs (Bryan, 2018; Pollock & Meek, 2016; RCMD, 2022; Speciale et al., 2015).

The literature surrounding the discrimination and oppression of SGMs in counselor education is limited. There is some evidence that oppression and discrimination also occur in counselor education training environments (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015), which negatively impacts SGM counseling students' psychological well-being, according to Meyer's minority stress theory (2013). In 2015, Speciale et al. wrote a co-autoethnography documenting their experiences of microaggressions, being othered, isolation, tokenism, and stereotyping in their counselor education journeys specifically because of their sexual orientation identity. Echoing these experiences, Pollock and Meek (2016) found that lesbian and gay counseling students experienced microaggressions and did not feel safe in their counselor education programs. Pollock and Meek explored the experiences of 43 graduate-level counseling students who identified as lesbian or gay by administering a survey designed to assess outness, safety, discrimination, microaggressions, and abuse. The results revealed that just under 90% ($n$ = 39) of the participants were out in the community, and only 60% ($n$ = 26) of participants were out in their counselor education program; 20% ($n$ = 9) of all participants reported not feeling safe in their counseling education program, and half of the participants reported experiencing heterosexist statements from peers and faculty. Over 46% ($n$ = 20) of participants reported experiencing microaggressions in their counselor education program. Less than half of the participants reported feeling affirmed and accepted based on their sexual orientation in their counseling program. The small

number of participants, which might be due to concerns about fear and a lack of safety, hampered the study's potential generalizability, according to the authors.

Two years later, Bryan (2018) conducted a qualitative study with findings supporting the assertion that SGM counseling students in counselor education programs experience microaggressions, overt discrimination, and perceived discrimination. These findings parallel the experiences documented by Special et al. (2015) and Pollock and Meek (2016). Bryan (2018) notably included gender minorities while other literature found focused primarily on sexual orientation minorities. Bryan (2018) explored several types of microaggressions among twelve SGM counseling students currently or recently enrolled in a counselor education program. The findings revealed fifteen different types of microaggressions in counselor education, invalidation of experience, assumption of heteronormativity, an assumption that LGBT people are sick/sinful, anti-LGBT slurs and hate speech, environmental microaggressions, misgendering, reluctance by peers to counsel LGBT clients, an expectation to educate others, objectification, faculty failure to challenge microaggressions, LGBT people being viewed as "all the same," social shunning, being outed, bisexuality as an unstable identity, and intersectional microaggressions (Bryan, 2018, p. 129).

The results of this next study, although not conducted in a counselor education and supervision program, it was conducted in a similar field, counseling psychology, revealed findings similar to previous researchers (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015) reporting that gender minorities face unique stressors related to their identity (Matsuno et al., 2022). Matsuno's et al. (2022) qualitative study revealed

the pernicious nature of oppressive experiences for gender minority counseling psychology students. Notably, Matsuno et al. (2022) identified themes of systemic and structural, interpersonal, and intrapersonal challenges to include a lack of community, harmful and noninclusive policies, cisnormativity and cissexism, misgendering and outing, burdening, resisting change, anticipatory minority stress and forced concealment or compartmentalization in a counseling psychology graduate training program.

The research conducted within the past 8 years reflect some evidence of SGM stress in the counselor education environment (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015) with evidence as recent as 2022 in a similar field for gender identity minorities (Matsuno et al., 2022). The small number of studies focusing on the experiences and needs of SGM counseling students within counselor education may reflect that SGM discrimination permeates even the confines of research. Relational health plays a role in psychological well-being and can serve as a protective factor for minority stress.

## Relational Health

Relational health refers to the overall quality of an individual's relationships with others and their relationship to their overall community. Connections, as conceptualized within an RCT framework, occur in growth-fostering relationships in which two people have the capacity to experience zest, engagement, and authenticity (Jordan, 2018; Miller & Stiver, 1997). When individuals experience disconnections, they experience the opposite of the five good things: (a) less energy, (b) disempowerment, (c) confusion, (d) less self-worth, and (e) movement away from relationships (Jordan, 2018; Miller &

Stiver, 1997). RCT theorists further identified that while disconnections are inevitable, the ability to grow through disconnections results in enhanced connection (Jordan, 2018). The cultural component of RCT pertains to the effects of the dominant culture and those in power on the relational health of marginalized individuals without power, which can include oppression and discrimination negatively impacting the quality of relationships for those who are marginalized (Jordan, 2018). Good relational health can be measured by three conceptual dimensions of growth-fostering relationships: a sense of empowerment, authenticity, and engagement (Liang et al., 2002).

### *Empowerment*

Through an RCT lens, empowerment is experienced through a growth-fostering relationship. It is described as a feeling of being able to act and create because of the relationship (Jordan, 2018). This empowerment is experienced by all parties involved in the relationship (Jordan, 2018; Liang et al., 2002). Miller (1987) identified this as zest and as one of the experiences with the five good things.

### *Engagement*

The term *engagement* refers to the experience of feeling connected within a relationship. Through engagement, RCT theorists posit that individuals in growth-fostering relationships experience a sense of commitment and attunement within the relationship (Jordan, 2018; Liang et al., 2002). This is identified as one of Miller's (1987) the five good things: an increase in connections with others.

***Authenticity***

The ability to be oneself without barriers, fear of judgement, and acceptance of one's own experiences are aspects of authenticity, as defined by RCT scholars (Jordan, 2018; Liang et al., 2002). An individual's ability to be authentic is facilitated through growth-fostering relationships. Authenticity facilitates depth in self-awareness and our impact on others (Jordan 2018). In Miller's (1987) five good things, this is described as clarity.

***Relational Health as a Protective Factor for Sexual Orientation and Gender Minorities***

In 2023, the U.S. Surgeon General published a report entitled *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community* outlining recommendations for fostering social connections in multiple settings including educational environments, researchers, and research institutions (Murthy, 2023). Murthy (2023) stated,

> Our relationships and interactions with family, friends, colleagues, and neighbors are just some of what create social connection. Our connection with others and our community is also informed by our neighborhoods, digital environments, schools, and workplaces. Social connection— the structure, function, and quality of our relationships with others—is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity. However, far too many Americans lack social connection in one or more ways, compromising these benefits and leading to poor health and other negative outcomes (p. 8).

Murthy identified prioritizing social connection as a research priority and integrating it across workplaces and educational environments. LGBTQ+ individuals were identified as being at risk for social disconnection. The researcher specifically called for more research "to fully understand the disproportionate impacts of social disconnection" (p. 19).

Because SGM counseling students have been subject to a wide range of stereotyping and over-sexualization, relational images not only impact the way they view others, but they also impact their view of themselves in the eyes of others (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015). This phenomenon, identified as internalized homophobia and perceived discrimination, can produce strategies of disconnection. Lértora et al. (2021) used an RCT framework to conceptualize the experiences of SGM international students. The phenomenological study of participants' experiences of internalized homophobia and perceived discrimination exposed themes of growth-fostering relationships, disconnection, authenticity, power and control, and controlling images (Lértora et al., 2021). Controlling images are defined within an RCT framework as stereotypes assigned by the dominant culture and used in a way that wields power over the minority culture (Jordan, 2018). Although the participants in Lértora et al. (2021) were not counselor education students, they were minority college students. The authors did not indicate whether this study can be generalized.

Lértora et al. (2021) conducted this qualitative study using RCT as a framework and discovered that good relational health serves as a protective factor against discrimination and oppression faced by SGM international students. Further supporting the notion that relationships can buffer against minority stress was discovered in the

intersectional critical qualitative inquiry of Pérez and Carney (2018). Their work revealed that the oppressive experiences of minority counselor educators were alleviated by peer mentorship and advocacy efforts (Pérez & Carney, 2018). Pérez and Carney's (2018) research findings not only affirmed the existence of discrimination and oppression towards minorities within counselor education programs, but it also identified peer mentorship as a protective factor against institutional oppression. Although this was not conducted with counseling students, the findings indicate peer mentorship as a protective factor in the counselor education environment and warrants further exploration amongst counseling students (Pérez & Carney, 2018).

Cooke and Melchert (2019) conducted a study that revealed that social support had the largest effect on psychological well-being among bi-sexual men. Budge et al. (2020) noted the role of belonging, inclusivity, and a welcoming campus environment as crucial factors for SGM students. These two studies positively link community support or collective action to psychological well-being among SGMs. Specifically, Cooke and Melchert (2019) found that positive views of self were not a predictor of well-being. This echoes one of the core constructs of RCT, that relationships influence growth and health in individuals challenging the idea of individuation and separation as markers of psychological wellness (Jordan, 2018).

Although these publications are not specific to counseling students, they identify the role of relationships and connection in psychological well-being as a protective factor. Psychological well-being is a unique construct for SGM counseling students.

**Psychological Well-Being**

Psychological well-being has been identified as important for professional counselors to engage in the work of counseling (Myers et al., 2016; Witmer & Sweeney, 1992; Witmer & Young, 1996). The ACA (2014) called for congruent and psychologically well counselors. The construction of psychological well-being is an age-old discussion with roots in Greek philosophy and theoretical orientations of optimal human development. A hedonic perspective of well-being is one in which happiness is the indicator of well-being, while the eudemonic view of well-being is tied to personal satisfaction (Ryff et al., 2021). Scholars who ascribe to the hedonic perspective define happiness as the absence of negative experiences and a sense of life satisfaction (Ryff et al., 2021). However, the work of human development theorists led to Ryff's (1989) development of psychological well-being, which is rooted in a eudemonic perspective.

This perspective of well-being can be understood as "the feelings accompanying behavior in the direction of, and consistent with, one's true potential" (Waterman, 1984 as cited in Ryff, 1989, p. 2). Consequently, Ryff's (1989) key dimensions of well-being were identified as (a) self-acceptance, (b) positive relations with others, (c) environmental mastery, (d) autonomy, (e) purpose in life, and (f) personal growth, all of which are rooted in theories of human development (Ryff & Keyes, 1995; Ryff et al., 2021). These constructs were developed through a lens of understanding optimal human development as defined by life-span theorists (Ryff, 1989).

### *Dimensions of Psychological Well-Being*

Self-acceptance is defined as a dimension of wellness identifying that an individual's ability to accept oneself contributes to psychological well-being (Ryff, 1989). The dimension of positive relations with others is defined as the ability to engage in relationships that are characterized by empathy, warmth, and trust and is identified as a dimension of wellness that contributes to psychological well-being (Ryff, 1989). Healthy interpersonal relationships are identified as a measure of functioning within this construct. Environmental mastery was identified by Ryff (1989) as an individual's capacity for control over their environment as a dimension of wellness contributing to psychological well-being. Mastery over one's environment further indicates one's ability to choose spaces that contribute to their psychological well-being (Ryff, 1989). Autonomy, purpose in life, and personal growth are defined as unique dimensions of wellness that contribute to one's psychological well-being (Ryff, 1989). Autonomy is noted as having control over oneself, the ability to self-regulate in the face of outside stressors, and having a sense of self-determination. Purpose in life is identified as a sense of meaning, direction, and intention are identified as factors that comprise one's purpose in life. Personal growth is defined as the ability to self-actualize and develop toward one's respective goals (Ryff, 1989).

### *Psychological Well-Being and Counseling Students*

The ACA Code of Ethics noted self-care as an important strategy to prevent impairment and burnout prevention for developing counselors, including counseling students, so that counselors maintain their "emotional, physical, mental, and spiritual

well-being to best meet their professional responsibilities" (ACA, 2014, Section C, p. 8). Standard 1.K of the CACREP standards (2016) requires counselor education programs to maintain environments that attract and retain diverse counseling students. Gibson et al. (2021) established a set of competencies outlining wellness as an important and critical component for counselor professional development. Christensen et al. (2018) conducted a review of counselor professional dispositions within 224-CACREP-accredited counselor education programs and found seven consistent dispositions which contain at least two that align with elements of psychological well-being. Two of the seven professional dispositions identified by Christensen et al. (2018) (a) openness to growth and (b) awareness of self and others and two of the wellness competencies identified by Gibson et al. (a) self-care and (b) personal relationships closely align with two of Ryff's six dimensions of wellness (a) personal growth and (b) positive relations with others (Ryff & Keyes, 1995). The psychological well-being of counseling students is identified as important for counselor development by organizations and counselor education programs (ACA, 2014; Christensen et al., 2018; Gibson et al., 2021).

## Relationship of the Variables to the Research Questions and Hypotheses

Counselor educators are charged with safeguarding a diverse, equitable, and inclusive educational environment (CACREP, 2016, 1.Q, 2024, 1.H) and counseling students are expected to address their psychological well-being (ACA, 2014; Gibson et al., 2021). Yet, the experiences of minority stress related to one's gender and sexual orientation have been documented in both the broader community (Ramchand et al., 2022; RCMD, 2022) and what should be innocuous spaces within counselor education

programs (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015). Counseling students belonging to minority groups may experience minority stress related to their marginalized identities (Ramchand et al., 2022; RCMD, 2022). Minority stress has been positively linked to psychological distress for SGMs (Meyer, 2013). Minority stress is used in the literature to primarily describe the experiences of prospective counseling clients who identify as SGMs (Cooke & Melchert, 2019; Pollitt & Roberts, 2021; Roberts et al., 2022), yet the experiences of counseling students who experience minority stress related to their gender and sexual orientation identity has not been explored within the past 5 years.

Still, counseling students are charged with maintaining their own wellness (ACA, 2014; Gibson et al., 2021) in environments where they may not feel accepted if their gender identity and sexual orientation are not aligned with that of the dominant group. However, recent examination of the psychological well-being of SGM counseling students is lacking (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015), even though there is evidence that discriminatory experiences faced by SGMs are linked to psychological distress (Ramchand et al., 2022; RCMD, 2022; Meyer, 2013).

A thorough review of the literature revealed a scarce amount of literature pertaining to the experiences of SGM counseling students and their experiences of growth-fostering relationships in their counselor education communities (Bruneau & Reilly, 2021; Dietz et al., 2017; Dorn-Medeiros et al., 2020; Dietz et al., 2017; Duffey, 2006; Hall et al., 2018; Lértora & Croffie, 2019; Lértora et al., 2021) and how these relationships impact their relational health (Liang et al., 2002). Particularly, there is a

lack of information regarding the relationship between relational health, minority stress, and the psychological well-being of SGM counseling students.

## Summary and Conclusions

Miller (1987) established a framework of psychological development grounded in relational characteristics and mutual connection, departing from the traditional focus on independence in the field of mental health. This began to pave the way for the theory of psychological development and growth, now known as RCT (Jordan, 2018; Miller, 1987; Miller & Stiver, 1997). The experiences of minority stress can be conceptualized in RCT as disconnections, controlling images, and the central relational paradox, all of which are phenomena that occur between marginalized groups of people and those that represent the dominant groups (Jordan, 2018; Miller & Stiver, 1997). While there is a small amount of literature that supports the assertion that SGM counseling students face a myriad of unique challenges (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015), there is sufficient data that indicates that SGMs are experiencing issues of oppression within the United States that can lead to minority stress affecting their psychological well-being (Meyers, 2013; RCMD, 2022).

Psychological well-being is identified as an important disposition for bourgeoning professional counselors (ACA, 2014; Christensen et al., 2018; Gibson et al., 2021). This leaves counselor educators in a juxtaposed position within counselor education programs. There is a call for well-being and diverse, equitable, and inclusive (DEI) spaces (CACREP, 2016, 1.Q, 2024, 1.H), yet it is unknown if counselor education programs are providing spaces in which SGM counseling students can combat the consequences of

minority stress. Therefore, finding solutions to support the psychological well-being of SGM counseling students requires the attention of counselor educators. In Chapter 3, I will discuss the methodology and research design I used to investigate the relationship between relational health, minority stress, and psychological well-being among SGM counseling students.

# Chapter 3: Research Methods

## Introduction

Psychological well-being has been identified as an important professional disposition for counselors in training (ACA, 2014; Gibson et al., 2021). CACREP (2016) expects counselor education programs to create and maintain diverse and inclusive learning environments (1.K, 1.Q, 2024, 1.I). There is evidence to support that SGM counseling students face unique stressors related to minority stress (Meyer, 2013) potentially threatening their psychological well-being (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015). Meyer (2013) hypothesized a negative relationship between minority stress and psychological well-being. Conceptualized through an RCT lens, minority stress can be equated to acute and chronic disconnections, which can lead to the opposite of the five good things: (a) less energy, (b) disempowered, (c) confused, (d) less self-worth, and (e) turn away from relationships (Jordan, 2018; Miller & Stiver, 1997).

Despite this, there is evidence that good relational health has the potential to contribute to psychological well-being in the face of minority stress for nonbinary graduate students (Budge et al., 2020). Counselor education programs are uniquely positioned to provide safe, inclusive, and diverse environments for SGM counseling students; however, there is a lack of recent research on this topic. Thus, the purpose of this quantitative study was to examine the influence of relational health and minority stress in the counselor education community and broader community on the psychological well-being of SGM counseling students. I begin this chapter by outlining my research design and rationale. I then discuss the methodology and the data analysis

plan in detail. Finally, I identify threats to validity before closing the chapter with a summary.

## Research Design and Rationale

I employed a correlational research design in this quantitative study. I investigated three key variables. For two variables—minority stress and relational health—I investigated participants' experience in the counselor education community and in the broader community. Minority stress was measured using the DHEQ (Balsam et al., 2013) and relational health using the RHI-C (Frey et al., 2005; Liang et al., 2002). The third variable, psychological well-being, was measured using Ryff's PWB (Ryff & Keyes, 1995). Although a research design with a control and experimental group would have provided more conclusive evidence of a causal relationship between the variables, I used a survey research design because it would be unethical to assign individuals to conditions in which they would be exposed to discriminatory practices (Frankfort-Nachmias & Nachmias, 2008; Warner, 2013).

## Methodology

### Population

The population for this study consisted of SGM counseling students enrolled for at least one semester or quarter between Fall 2020 and Summer 2023 in a hybrid, virtual/online, brick and mortar counseling program with either CACREP- or non-CACREP-accredited status in the United States. Using data from 2020-2021, researchers indicate there are more than 13.9 million people who identify as SGM and live in the

United States (Flores & Conron, 2023). The specific number of counseling students who identified as SGM was unknown.

**Sampling and Sampling Procedures**

I used purposeful sampling and snowball sampling. Inclusion criteria included the participant's identity as a gender or sexual orientation minority and that they were enrolled in a counselor education and supervision program between Fall 2020 and Summer 2023. Individuals who were not SGM counseling students were excluded. Although SGM participants are not routinely considered a vulnerable population, participation was anonymous so that I would not be able to recognize the identity of participants. The G*Power results, which were calculated with two predictor variables and a .05 significance, indicated a sample size of 107. I accounted for potential incomplete or outlier responses by seeking 10% to 20% over the identified sample size (i.e., 118–129) participants; however, only 84 responses were analyzed for this study.

**Procedures for Recruitment, Participation, and Data Collection**

Recruitment efforts included recruiting participants through a CACREP-accredited online institution's participant pool website; professional listservs (Counselor Education and Supervision Network Listserv [CESNET-L] and Society for Sexual, Affectional, Intersex, and Gender Expansive Identities [SAIGE]; and social media platforms such as LinkedIn, Facebook, Instagram, Snapchat, YouTube, WhatsApp, TikTok, Reddit, and Twitter. On the social media platforms, I focused my efforts on groups or channels specific to counselor education and supervision of student counselors in training. The recruitment flyer was posted as many times as allowed by the social

media platform. Prospective participants were recruited through online social media sites with a request to forward the survey to any potential participants within their network. During the recruitment process, I specified the purpose of the study, disclosed inclusion criteria, and provided a link to the survey where informed consent was the first step in participating. The responses to the informed consent included either "yes"; "I consent"; or "no, I do not consent." Only responses that contained "yes" were analyzed for the purposes of this study. I used Qualtrics, a web-based platform that facilitates the administration of an online survey. For security purposes, the Qualtrics account was protected through a password. Access to the data was limited to me and my dissertation committee. Participants were provided with the option to exit the study at any point. There were no debriefing procedures or follow-up after participation in the survey. For ongoing support, participants were provided a link to resources aimed at supporting gender and sexual minority students in the United States, along with a notice to access their campus or community support if the survey triggered an emotional response.

## Instrumentation and Operationalization of Constructs

### *Demographic Data*

Demographic data included participants' (a) sexual orientation identity, (b) sex assigned at birth and gender identity, (c) intersex identity, (d) age, (e) ethnicity, and (f) student status (master's or doctoral-level). Additional demographic information was related to the characteristics of the graduate program in which the participant was enrolled. The options included (a) CACREP-accredited counselor education program or (b) non-CACREP counselor education program as well as (a) secular or (b) faith-based

and (a) urban, (b) suburban, or (c) rural. I also asked about the delivery method of instruction; the response options included (a) digital delivery, (b) hybrid, or (c) face-to-face/in person only. Demographic data pertaining to the participants' SGM status was based on recommendations by the National Academies of Sciences, Engineering, and Medicine (2022) for obtaining information specific to an individual's gender identity and sexual orientation identity. This information also confirmed whether the respondent they met the criteria for participating in the study. See Appendix A for the demographic questionnaire.

### *Community Subscale of the Relational Health Indices*

The Community Subscale of the RHI (Frey et al., 2005; Liang et al., 2002; see Appendix B) measured participants' relational health within their counselor education community and their broader communities. The RHI tool was developed from the framework of RCT to provide empirical support for the core constructs of the RCT model, identified as zest, engagement, and authenticity. It was designed to quantitatively measure relational health, specifically measuring three elements: zest, engagement, and authenticity in the three subcategories: peer, mentor, and community relationships (Liang et al., 2002). For the purposes of this study, I used only the Community Subscale. The survey consisted of 14 questions. For each question, respondents chose the response that best applied to their relationship or involvement with their counselor education community: 1 (*never*), 2 (*seldom*), 3 (*sometimes*), 4 (*often*), and 5 (*always*). Questions 4, 7, 9, and 10 were identified as reverse scored.

In 2005, Frey et al. reexamined the viability, validity, and reliability of the RHI tool among men and women, revealing that the RHI tool is a robust assessment of relational health for both men and women. The tool was specifically normed in the college campus community among men and women. Frey et al. noted Cronbach's alpha as 0.86 for the Community Subscale. The researchers examined a randomized sample of 411 college students consisting of 247 females, 135 males, and 29 individuals who did not identify their gender. The 29 participants were not included in the separate-sex analysis. The mean ages for participants were similar for women (22.69 years) and men (22.94 years). Frey et al. identified in their study that the RHI tool is appropriate for measuring relational health in men and women in the college setting. Furthermore, Frey et al. identified that the community composite has two dimensions: alienation from the community and belonging within the community. In this study, I administered the RHI-C twice, first asking participants to answer the questions while thinking of their counselor education community and the second time thinking of their broader community, outside of their counselor education community. The RHI-C tool was most appropriate for this study because it quantitatively measures relational health in the context of RCT. Permission from the authors is not needed to administer this scale for this study according to the original publication in *Psychology of Women Quarterly* (Liang et al., 2002).

### *Daily Heterosexist Experiences Scale*

I measured minority stress using the DHEQ (Balsam et al., 2013; see Appendix C). The DHEQ contains 50 items and has an alpha score of .92. This scale provides internal reliability as well as construct and concurrent validity. It can be used across

populations. It measures minority stress experiences specific to gender expression, vigilance, parenting, discrimination or harassment, vicarious trauma, family of origin, HIV/AIDS, victimization, and isolation. While these nine subscales can be individually measured, for the purposes of this study I used a global score. Of the 50 questions, respondents are asked to identify how much the problem distressed them first within their counselor education community and then again but with their broader community. The scoring was as follows: 0 (*Did not happen/not applicable to me*), 1 (*It happened, and it bothered me not at all*), 2 (*It happened, and it bothered me a little bit*), 3 (*It happened, and it bothered me moderately*), 4 (*It happened, and it bothered me quite a bit*), and 5 (*It happened, and it bothered me extremely*). In this study I administered the DHEQ scale twice, first asking participants to answer the questions while thinking of their counselor education community and the second thinking of their broader community, outside of their counselor education community. The authors granted permission to administer this scale for this study (K. Balsam, personal communication, June 14, 2023; see Appendix D).

***Scale of Psychological Well-Being***

I used Ryff's PWB (Ryff & Keyes, 1995; see Appendix E) to measure psychological well-being for participants in the following domains: (a) autonomy, (b) environmental mastery, (c) personal growth, (d) positive relations with others, (e) purpose in life, and (f) self-acceptance. The PWB measurement has an internal consistency coefficient alpha of .83 for autonomy, a coefficient alpha of .86 for environmental mastery, a coefficient alpha of .85 for personal growth, a coefficient alpha

of .88 for positive relations with others, a coefficient alpha of .88 for purpose in life, and a coefficient alpha of .91 for self-acceptance (Ryff & Keyes, 1995).

It can be administered across populations and was originally normed with adults between ages 25 and older (Ryff & Keyes, 1995). Of the 54 questions, respondents were asked to identify how the individual feels about themselves and their life and to remember that there were no right or wrong answers with 1 (*strongly disagree*), 2 (*disagree*), 3 (*disagree slightly*), 4 (*agree slightly*), 5 (*agree*), and 6 (*strongly agree*). Questions 5, 6, 8, 10, 11, 12, 14, 15, 16, 18, 19, 23, 24, 26, 27, 28, 30, 32, 35, 37, 39, 43, 44, 45, 46, 47, 53, and 54 were reverse scored. For this study, the results from each domain were total scored as a measure of overall psychological well-being of the participant and only administered once. The author granted permission to administer this scale for this study (T. Berrie, personal communication, November 17, 2022; see Appendix F).

## Data Analysis Plan

I developed the RQs and hypotheses in this study to investigate the influence of relational health and minority stress in the counselor education community and broader community on the psychological well-being of SGM counseling students. The RQs and hypotheses in this study were as follows:

RQ1: What level of minority stress do SGM counseling students experience in their counselor education community as evidenced by the global scale results of the DHEQ?

RQ2: Do counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB?

$H_0$2: Counselor education program characteristics do not indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.

$H_1$2: Counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.

RQ3: Does minority stress experienced in the broader community as evidenced by the global scale results of the DHEQ and relational health experienced in the broader community as evidenced by the results of the RHI-C predict gender and sexual orientation counseling students' psychological well-being as evidenced by the results of the Scales of PWB?

$H_0$3: Neither minority stress experienced in the broader community as evidenced by the results of the DHEQ nor higher relational health experienced in the broader community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$3: Lower minority stress experienced in the broader community as evidenced by the results of the DHEQ and higher relational health experienced in the broader community as evidenced by the results of the RHI-C predict higher psychological well-being as evidenced by the results of the Scales of PWB.

RQ4: Does minority stress experienced in the counselor education community as evidenced by the global scale results of the DHEQ and relational health experienced in the counselor education community as evidenced by the results of the RHI-C predict gender and sexual orientation counseling students' psychological well-being as evidenced by the results of the Scales of PWB?

$H_0$4: Neither minority stress in the counselor education community as evidenced by the results of the DHEQ nor higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$4: Lower minority stress in the counselor education community as evidenced by the results of the DHEQ and higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

Variables in this study included psychological well-being, minority stress, and community relational health. I measured psychological well-being using the six domains within the Scales of PWB (Ryff & Keyes, 1995). Minority stress and community

relational health were measured in the broader community and in the counselor education community by asking participants to first answer questions based on their experiences in the broader community and to then to answer based on their experiences in the counselor education community. The questions in both rounds came from the DHEQ (Balsam et al., 2013), which was used to measure minority stress, and from the RHI-C (Frey et al., 2005; Liang et al., 2002), which was used to measure community relational health.

To assess the data, the results from Qualtrics were compiled into a spreadsheet to facilitate the identification of any missing or incomplete data so that information can be discarded. The remaining data were found to be clean and complete. These data were uploaded into SPSS for analysis. I used descriptive statistics to describe the sample and assess the level of minority stress participants are experiencing in their counselor education community. A one-way analysis of variance (ANOVA) was conducted to analyze the demographic data to analyze differences between any of the variables based on demographic data. To answer RQs 3 and 4, I conducted a hierarchal linear regression analysis. I used this statistical test because there were multiple predictors, and I could control confounding variables. Additionally, this did not require statistical correction and allowed for one test. There were no covariate variables in this design. Possible confounding variables included in this design were demographic data and were accounted for in the hierarchal regression analysis. The confidence interval was 95% and the alpha level was 0.05%. The data were preliminarily screened through an examination of histograms of scores on all variables and an examination of scatter plots for all pairs of variables.

## Threats to Validity

This study was not experimental, which means that I cannot be sure that there was a causal relationship between the predictor variables and the outcome variable.

## Ethical Procedures

This study was administered through an online survey with the intended participants who self-identified as SGM counseling students engaged in counselor education programs between the Fall 2020 and Summer 2023 semesters or quarters. Each participant was given the option to participate or not participate in the survey. Each of the voluntary participants were provided consent online prior to continuing and completing the online survey. There was no expectation of harm to participants' engaging in the completion of the survey. This was because the study was nonexperimental, and the content of the survey consisted of questions about their experiences in their counselor education community and broader community. This study was approved by Walden's Institutional Review Board (no. 07-28-23-1019184) prior to the beginning of recruitment. Ethical considerations pertinent to this study were addressed in the advertisement posted on identified social media sites. The informed consent explained the voluntary nature of the survey, that there was no obligation to participate, and that their participation was completely voluntary and anonymous. Although I did not obtain any data with identifiable information about the participants, I stored the data I collected on a password-protected computer in a password-protected folder accessible only by me as the primary researcher and my methodologist. Data were summarized and disseminated for the final publication of the study. In accordance with the Walden protocols, the data were

securely stored in two separate locations, one on a password-protected computer in a password-protected folder and the other on a USB password protected device, for 5 years before being destroyed.

## Summary

In closing, this study was designed to investigate the influence of relational health and minority stress within the counselor education community and the broader community on the psychological well-being of gender and sexual orientation counseling students. Prospective participants were recruited through online social media sites with a request to forward the survey to any potential participants within their network. The participants were asked to consent to the study, provide responses to pertinent demographic questions, and answer questions from the DHEQ (Balsam et al., 2013), the RHI-C (Frey et al., 2005; Liang et al., 2002), and the PWB (Ryff & Keyes, 1995).

The results were used to understand if, and to what degree, SGM counseling students were experiencing minority stress in their counselor education community as measured by the DHEQ and what relationship this has with their psychological well-being. The results also provided information about the relationship between community relational health, within the counselor education community and the broader community, and the psychological well-being of SGM students. This study can affect positive social change by providing updated data and increasing awareness of how the community environment in counselor education is contributing to experiences of minority stress for SGM counseling students who identify as transgender when compared to their SGM counseling student peers. It specifically provides information for future researchers to

consider that there is a broad range of identities that fall under the SGM umbrella and that the experiences of individuals with the identities cannot be viewed as a collective of similar experiences. Additionally, the study findings reflect how counselor education programs are sustaining environments which foster good relational health for SGM counseling students.

# Chapter 4: Results

SGM counseling students are navigating a society where discrimination and legal barriers (RCMD, 2022), microaggressions (Bryan, 2018; Pollock & Meek, 2016), and stereotypes (Speciale et al., 2015) persist. Minority stress theory (Meyers, 2013) addresses how these experiences lead to psychological distress. Although the psychological well-being of SGM counseling students is a significant issue for their professional development and fitness to practice (ACA, 2014; CACREP, 2016, 2024), there is limited research on this topic among the SGM counseling student population including factors that may alleviate the psychological distress associated with minority stress (Meyers, 2013). Researchers have identified a positive relationship between belonging and lower minority stress in higher education environments for nonbinary college students (Budge et al., 2020). However, it is unknown whether SGM counseling students experience this minority stress within their counselor education communities; what effects minority stress within the broader community have on SGM counseling students' psychological well-being; and the relationship between relational health, minority stress, and psychological well-being.

The purpose of this quantitative study, which featured a correlational research design, was to investigate the influence of SGM counseling students' (a) minority stress and (b) relational health in their counselor education and broader communities on their psychological well-being. The RQs and hypotheses were as follows:

RQ1: What level of minority stress do SGM counseling students experience in their counselor education community as evidenced by the global scale results of the DHEQ?

RQ2: Do counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students?

$H_0$2: Counselor education program characteristics do not indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.

$H_1$2: Counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students as evidenced by the demographic results, the global scale results of the DHEQ, and the Scales PWB.

RQ3: Does minority stress experienced in the broader community and relational health experienced in the broader community predict gender and sexual orientation minority counseling students' psychological well-being?

$H_0$3: Neither minority stress experienced in the broader community as evidenced by the results of the DHEQ nor higher relational health experienced in the broader community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$3: Lower minority stress experienced in the broader community as evidenced by the results of the DHEQ and higher relational health experienced in the broader community as evidenced by the results of the RHI-C predict higher psychological well-being as evidenced by the results of the Scales of PWB.

RQ4: Does minority stress experienced in the counselor education community and relational health experienced in the counselor education community predict gender and sexual orientation minority counseling students' psychological well-being?

$H_0$4: Neither minority stress in the counselor education community as evidenced by the results of the DHEQ nor higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

$H_1$4: Lower minority stress in the counselor education community as evidenced by the results of the DHEQ and higher relational health in the counselor education community as evidenced by the results of the RHI-C experienced in the counselor education community predict higher psychological well-being as evidenced by the results of the Scales of PWB.

In this chapter, I describe the data collection process and the sample's demographic characteristics. I discuss whether the study was conducted as planned, noting any deviation from the original research proposal. I report the descriptive statistics, evaluate assumptions for the statistical tests used to respond to the RQs, and

report the findings. I conclude this chapter with a summary of the findings, which I will discuss in Chapter 5.

## Data Collection

I received Institutional Review Board approval on July 28, 2023 (no. 07-28-23-1019184), with an expiration date of July 27, 2024. The eligibility criteria for participants of this study were SGM counseling students, 18 years and older, who were enrolled between Fall 2020 and Fall 2023 for at least one semester or quarter in either hybrid, virtual/online, brick-and-mortar counseling programs that had either CACREP- or non-CACREP-accredited status within the United States. I recruited through a CACREP-accredited online institution's participant pool website; professional listservs (Counselor Education and Supervision Network Listserv [CESNET-L] and Society for Sexual, Affectional, Intersex, and Gender Expansive Identities [SAIGE]); and social media platforms, such as LinkedIn, Facebook, Instagram, Snapchat, YouTube, WhatsApp, TikTok, Reddit, and Twitter. On the social media sites, I focused on pages and groups specific to counselor education and supervision of counselors in training.

On July 31, 2023, the study survey link was posted to a participant pool website at an online CACREP-accredited university. After several attempts to recruit SGM counseling students through the methods authorized, I submitted an addendum to the Institutional Review Board. The addendum was approved on September 11, 2023, which allowed me to create a unique social media site on Facebook to recruit SGM counseling students through targeted advertising. I created a Facebook post with the flyer information and selected the targeted audience option to include individuals over the age

of 18 with counseling degrees and licensed professional counselors to capture any individuals who may have attended school during the identified timeframe for this study. I did this twice throughout recruitment. This action generated more participation.

Participant recruitment ran for 3 months (July to October 2023). I halted recruitment after I had received a total of 131 responses. I cleaned the data, removing incomplete responses that could not be scored. This left 84 usable responses, which was under the 107 responses recommended by the power analysis. Pollock and Meek (2016) surveyed counseling students who identified as either lesbian or gay and collected data from only 43 students over 12 months. The demographic profile of the respondents for this study was like their study in terms of age, racial/ethnic identification, and program accreditation. Upon consultation with my dissertation methodologist and chair on October 25, 2023, I determined that sufficient steps had been taken to recruit counseling students for this study during a period of 3 months and closed the data collection.

## Results

### Sample

Table 2 shows the (a) sexual orientation, (b) sex assigned at birth, (c) differences in sexual development, (d) gender identity, (e) race/ethnicity, (f) age, and (g) counselor trainee level, (h) accreditation of the program attended, and (i) the type of program attended of the sample. See Appendix A for the demographic questionnaire.

**Table 2**

*Demographic Characteristics of Participants*

| Characteristic | *N* | % |
|---|---|---|
| Sexual orientation | | |
| Bisexual | 21 | 25 |
| Gay | 27 | 32.1 |
| Lesbian | 10 | 11.9 |
| Queer | 21 | 25 |
| Straight | 2 | 2.4 |
| Pansexual | 1 | 1.2 |
| Other | 2 | 2.4 |
| Total | 84 | 100 |
| Assigned sex | | |
| Male | 36 | 42.9 |
| Female | 46 | 54.8 |
| Prefer not to answer | 2 | 2.4 |
| Total | 84 | 100 |
| Differences in sex development | | |
| Yes | 2 | 2.4 |
| No | 77 | 91.7 |
| Don't know | 5 | 6 |
| Total | 84 | 100 |
| Gender | | |
| Male | 34 | 40.5 |
| Female | 26 | 31 |
| Nonbinary/third gender | 20 | 23.8 |
| Transgender | 3 | 3.6 |
| If applicable, two-spirit | 1 | 1.2 |
| Total | 84 | 100 |
| Race/ethnicity | | |
| Arab, Middle Eastern, or North African | 4 | 4.8 |
| Asian or Asian American | 10 | 11.9 |
| Black or African American | 14 | 16.7 |
| Hispanic or Latino | 15 | 17.9 |
| Native American or Alaskan Native | 3 | 3.6 |
| White or European American | 35 | 41.7 |
| Self-identify | 1 | 1.2 |
| I prefer not to answer | 2 | 2.4 |
| Total | 84 | 100 |
| Age range (years) | | |
| 21–29 | 31 | 36.9 |
| 30–39 | 30 | 35.7 |

| Characteristic | *N* | % |
|---|---|---|
| 40–49 | 17 | 20.2 |
| 50–59 | 6 | 7.1 |
| Total | 84 | 100 |
| Counselor trainee level | | |
| Master's student | 56 | 66.7 |
| Doctoral student | 28 | 33.3 |
| Total | 84 | 100 |
| Accreditation of program | | |
| CACREP | 80 | 95.2 |
| Non-CACREP | 4 | 4.8 |
| Total | 84 | 100 |
| Delivery mode of the program | | |
| Digital delivery | 20 | 23.8 |
| Hybrid (online and in-person) | 28 | 33.3 |
| Face-to-face/in-person | 36 | 42.9 |
| Total | 84 | 100 |

*Note*. CACREP = Council for Accreditation of Counseling and Related Educational Programs.

Descriptive statistics such as measures of central tendency and measures of dispersion or variance were used to determine the counseling students' scores on the measures for (a) psychological well-being, (b) minority stress in both the counselor education community and the broader community, and (c) relational health in both the counselor education community and the broader community. An alpha level of .05 was used for all inferential analysis. A one-way analysis of variance (ANOVA) was used to respond to RQ2. Linear multiple regressions were used to respond to RQ3 and RQ4.

## Descriptive Statistics of Measures

### *Minority Stress*

The DHEQ was administered twice to counseling students to measure their level of minority stress in the counselor education community (CE-DHEQ) and their broader

community (BC-DHEQ). The survey consisted of 50 questions and can be viewed in Appendix C. The highest score possible for minority stress is 250 and the lowest score is 50. For this study, I considered scores below 76 low and those above 76 high. I arrived at this by subtracting the lowest score of 50 from the highest score of 202 and dividing it by 2.

### *Relational Health*

The RHI-C was administered twice to counseling students to measure their relational health in the counselor education community (CE-RHI-C) and their broader community (BC-RHI-C). The highest relational health score possible is 70, and the lowest is 14. For this study, I considered scores below 25.5 low and those above 25.5 high. I arrived at this by subtracting the lowest score of 14 from the highest score of 65 and dividing it by two.

### *Psychological Well-Being*

I administered Ryff's PWB once to participating counseling students to measure their overall psychological well-being. The survey consisted of 54 questions and can be viewed in Appendix D. According to the developer of the instrument, there are no specific scores or cut points to determine high or low well-being. The highest possible score is 324, and the lowest possible score is 54. Table 3 shows the measures of central tendency and of variance for each instrument.

**Table 3**

*Descriptive Statistics*

| Scale | *M* | *SD* | *Mdn* | Mode | Range |
|---|---|---|---|---|---|
| CE-RHI-C | 51 | 8.4 | 52.5 | 54 | 28–65 |
| BC-RHI-C | 36.9 | 10.5 | 34 | 32 | 14–65 |
| CE-DHEQ | 79 | 27.6 | 67 | 65 | 49–157 |
| BC-DHEQ | 119.6 | 36.8 | 119.5 | 152 | 50–202 |
| PWB | 240.5 | 34.4 | 248.5 | 268 | 120–309 |

*Note*. CE-RHI-C = Relational Health Indices–Community Subscale (Counselor Education Community); BC-RHI-C = Relational Health Indices–Community Subscale (Broader Community); CE-DHEQ = Daily Heterosexist Experiences Questionnaire (Counselor Education Community); BC-DHEQ =Daily Heterosexist Experiences Questionnaire (Broader Community); PWB = Scales of Psychological Well-Being.

**Research Question 1**

RQ1: What level of minority stress do SGM counseling students experience in their counselor education community as evidenced by the global scale results of the CE-DHEQ?

The measures of central tendency show a positively skewed distribution, with the highest mode being 65. The mean of 79 is well below the cutoff score of 100 used for this study, with half the students scoring 67 or less, as reflected by the median. These results indicate that most counseling students experience low levels of minority stress in their counseling programs.

**Research Question 2**

RQ2: Do counselor education program characteristics indicate statistically significant differences in minority stress levels or levels of psychological well-being as experienced by students?

My original intention was to examine the counselor education program characteristics of (a) geographic setting (suburban or urban), (b) affiliation (secular or nonsecular), (c) accreditation status (CACREP or non-CACREP), and (d) delivery mode (digital delivery, hybrid, or face-to-face only). Due to error in the development of the questionnaire, items regarding program settings and affiliations were omitted. Only 4 counseling students indicated attending a non-CACREP-accredited program, precluding further analysis on accreditation status.

***Minority Stress in Counselor Education and Psychological Well-Being by Counselor Education Delivery Mode***

As the assumption of homogeneity of variance was met, to determine if there were significant differences in students' experiences of minority stress in their counselor education communities based on program delivery mode, I ran a Fisher's one-way ANOVA. There were no statistically significant differences in the minority stress levels based on the type of program, $F$ (2, 81) = 1.504, p = .288. As the assumption of homogeneity of variance was not met, to determine if there were significant differences in counseling students' psychological well-being based on their program delivery mode, I ran a Welch's ANOVA. There were no statistically significant differences in the PWB score between the distinct types of delivery mode, Welch's $F$ (2, 44.084) = 2.672, p =

.080. The program mode of delivery did not make a significant difference in either (a) students' experiences of minority stress in their counselor education or (b) in their levels of psychological well-being, so the null hypothesis was retained for RQ2.

**Research Question 3**

RQ3: Does minority stress experienced in the broader community and relational health experienced in the broader community predict gender and sexual orientation minority counseling students' psychological well-being?

To answer this question, I conducted a hierarchal linear regression in SPSS. Preliminary analyses were conducted to assess the assumptions of multicollinearity, outliers, normality, linearity, homoscedasticity, and independence of residuals; no violations were noted. A multiple regression analysis was conducted to examine the relationship between minority stress experienced in the broader community, relational health experienced in the broader community, and counseling students' psychological well-being while controlling for relational health and minority stress in the counselor education community. Minority stress and relational health in the counselor education community were entered in step 1 of the regression as predictors explaining 27% of the variance, $R^2 = .27$, $F$ (2, 81) = 15.13, p = .001. In step two, minority stress and relational health in the broader community were entered as predictor variables. The variance explained by the model was 30% with $R^2 = .30$, $F$ (2,79) =1.832, p = .168. Overall, the results showed that the regression model was not statistically significant, indicating that only relational health in the counselor education community was a significant predictor of students' psychological well-being, while relational health and minority stress in the

broader community did not account for a significant amount of variance in the students' psychological well-being. The null hypothesis was retained.

**Research Question 4**

RQ4: Does minority stress experienced in the counselor education community and relational health experienced in the counselor education community predict gender and sexual orientation minority counseling students' psychological well-being?

To answer this question, I conducted a hierarchal linear regression in SPSS. Preliminary analyses were conducted to assess the assumptions of multicollinearity, outliers, normality, linearity, homoscedasticity, and independence of residuals; no violations were noted. A multiple regression analysis was conducted to examine the relationship between minority stress experienced in the counselor education community, relational health experienced in the counselor education community, and counseling students' psychological well-being. Minority stress and relational health in the broader community were entered in step 1 of the regression as predictors explaining 1% of the variance, $R^2 = .01$, $F\ (2, 81) = .512$, $p = .601$. In step two, minority stress and relational health in the counselor education community were entered as predictor variables. The variance explained by the model was 30% with $R^2 = .30$, $F\ (2,79) = 16.56$, $p = .001$. The regression model was statistically significant, indicating that the predictor, relational health in the counselor education community, accounted for a significant variance in the students' psychological well-being while minority stress in the counselor education community did not account for a significant variance in the students' psychological well-

being. The null hypothesis was rejected. Table 4 contains information pertaining to the multiple regression. Table 5 is the correlations table.

**Table 4**

*Hierarchical Multiple Regression Predicting Psychological Well-Being from Minority Stress and Relational Health in Counselor Education*

| | Psychological Well-Being | | | |
|---|---|---|---|---|
| | Model 1 | | Model 2 | |
| Variable | B | β | B | β |
| Constant | 258.34* | | 140.12* | |
| BC-DHEQ | -.03 | -.03 | .17 | .18 |
| BC-RHI-C | .40 | -.12 | -.04 | -.01 |
| CE-RHI-C | | | 1.9* | .48* |
| CE-DHEQ | | | -.23 | -.18 |
| $R^2$ | .012 | | .30* | |
| $F$ | .512 | | 8.632* | |
| $\Delta R^2$ | .012 | | .292* | |
| $\Delta F$ | .512 | | 16.556* | |

*Note*. $N$ = 84. BC-DHEQ =Daily Heterosexist Experiences Questionnaire (Broader Community); BC-RHI-C = Relational Health Indices–Community Subscale (Broader Community); CE-RHI-C = Relational Health Indices–Community Subscale (Counselor Education Community); CE-DHEQ = Daily Heterosexist Experiences Questionnaire (Counselor Education Community).

*$p < .05$.

**Table 5**

*Correlations for Study Variables*

| Variable | *N* | *M* | *SD* | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|
| 1. CE-RHI-C | 84 | 51 | 8.4 | - | | | | |
| 2. BC-RHI-C | 84 | 36.9 | 10.5 | .060** | - | | | |
| 3. CE-DHEQ | 84 | 79 | 27.6 | -.385** | .196* | - | | |
| 4. BC-DHEQ | 84 | 119.6 | 36.8 | -.196* | -.497** | .345** | - | |
| 5. PWB | 84 | 240.5 | 34.4 | .508** | -.109 | -<br>.303** | .034 | - |

*Note*. CE-RHI-C = Relational Health Indices–Community Subscale (Counselor Education Community); BC-RHI-C = Relational Health Indices–Community Subscale (Broader Community); CE-DHEQ = Daily Heterosexist Experiences Questionnaire (Counselor Education Community); BC-DHEQ =Daily Heterosexist Experiences Questionnaire (Broader Community); PWB = Scales of Psychological Well-Being.

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

## Other Interesting Findings

### *Sexual Orientation, Relational Health, Minority Stress, and Psychological Well-Being*

I wanted to determine whether, based on their sexual orientation identities, there were significant differences in the counseling students' experiences in their counseling program of (a) relational health and (b) minority stress. The independent variable originally represented seven different types of identities: (a) Bisexual, (b) Gay, (c) Lesbian, (d) Queer, (e) Straight, (f) Pansexual, and (g) Other. Given the few who identified as straight, pansexual, or other, these categories were collapsed.

For relational health in their counseling programs, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' relational health in their counselor education communities based on their sexual orientation identities, $F$ (4, 79) = .685, p = .605. For relational health in their broader communities, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' relational health in their broader communities based on their sexual orientation identities, $F$ (4, 79) = 1.398, p =.242.

For minority stress in their counselor education communities, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' experiences of minority stress in their counselor education communities based on their sexual orientation identities, $F$ (4, 79) = .289, p = .884. For minority stress in their broader communities, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' experiences of minority stress in their broader communities based on their sexual orientation identities, $F$ (4, 79) = 2.430, p = .054.

For psychological well-being, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' experiences of psychological well-being based on their sexual orientation identities, F (4, 79) = .132, p = .970. Based on these results, there were no statistically significant differences based on sexual orientation for relational health and minority stress in their

counselor education communities and broader communities nor their overall psychological well-being.

***Gender Identity, Relational Health, Minority Stress, and Psychological Well-Being***

I wanted to determine if, based on their gender identities, there were significant differences in the counseling students' experiences in their counselor education communities and broader communities of (a) relational health, (b) minority stress, and their overall (c) psychological well-being. The independent variable originally represented five different types of identities: (a) male, (b) female, (c) nonbinary/third gender, (d) transgender, and (e) two-spirit. Given the few who identified as two-spirit, this category was collapsed into the nonbinary/third gender category.

For relational health in their counseling programs, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' relational health in their counselor education communities based on their gender identities, $F$ (3, 80) = .759, p = .521. For relational health in their broader communities, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no significant differences in students' relational health in their broader communities based on their gender identities, $F$ (3, 80) = 1.931, p = .131.

For minority stress in their counseling programs, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were statistically significant differences in students' experiences of minority stress in their counselor education communities based on their gender identities, $F$ (3, 80) = 8.465, p <

.001. The effect size, eta squared ($\eta^2$), was .241, indicating a large effect size. For minority stress in their broader communities, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were statistically significant differences in students' experiences of minority stress in their counselor education communities based on their gender identities, $F$ (3, 80) = 5.315, $p < .005$. The effect size, eta squared ($\eta^2$), was .166, indicating a large effect size. For psychological well-being, as the assumption of homogeneity of variance was met, I ran a Fisher's one-way ANOVA. There were no statistically significant differences in students' psychological well-being based on their gender identities, F (3, 80) = 2.348, p = .079. Tables 6 and 7 include post hoc comparisons for gender identity on minority stress in the counselor education and broader communities, respectively.

**Table 6**

*Post Hoc Comparisons for Gender Identity on Minority Stress in Counselor Education*

| Comparison | *M* difference | *SE* | *p* | CI |
|---|---|---|---|---|
| Transgender vs. male | -70.4 | 14.762 | .001 | -109.1, -31.7 |
| Transgender vs. female | -58.1 | 14.945 | .001 | -97.3, -18.9 |
| Transgender vs. nonbinary | -54.3 | 15.128 | .003 | -94, -14.6 |

**Table 7**

*Post Hoc Comparisons for Gender Identity on Minority Stress in Broader Community*

| Comparison | *M* difference | *SE* | *p* | CI |
|---|---|---|---|---|
| Nonbinary vs. female | -36.6 | 10 | .003 | -63, -10.1 |

Based on these results, counseling students who identified as transgender reported experiencing higher levels of minority stress in counselor education communities compared to the other group of counseling students; however, there were no statistically significant differences between SGM counseling students who identify as transgender and their peers in minority stress in their broader communities. Nonbinary counseling students reported experiencing higher levels of minority stress in their broader communities than female SGM counseling students. There is no significant difference in SGM counseling students' relational health in their counselor education communities and their psychological well-being.

### *Gender Identity and Delivery Mode of the Program*

I wanted to determine if there was any association between gender identity and delivery mode of the program. A chi-square test of independence was conducted between the counseling student participants' gender identity and the delivery mode of the program. Three cells had an expected count less than five. There was not a statistically significant association between gender identity and delivery mode of the program, $X^2(6) = 13.22$, $p = .040$. The association was moderate, Cramer's V = .281. Table 8 is the crosstabulation table.

**Table 8**

*Crosstabulation of Gender Identity and Delivery Mode of Program*

| Gender identity | Delivery mode of program | | |
|---|---|---|---|
| | Digital delivery | Hybrid | Face-to-face/in-person only |
| Male | 5 | 10 | 19 |

| | | | |
|---|---|---|---|
| Female | 12 | 8 | 6 |
| Nonbinary/queer/other | 2 | 9 | 10 |
| Transgender | 1 | 1 | 1 |

*Note*. The data in the table represent observed frequencies.

## Summary

In this chapter, I provided statistical analysis for all four RQs and interpreted the findings of this analysis. For RQ1, most counseling students indicated experiencing low levels of minority stress in their counselor education communities. Therefore, the null hypothesis is retained. The one-way ANOVAs conducted to answer RQ2 indicated that the type of program delivery mode did not result in statistically significant differences in either students' experiences of (a) minority stress or (b) psychological in their counseling programs. The null hypothesis was retained. For RQ3, the multiple regression analysis indicated that neither minority stress nor relational health in the broader community predicted counseling students' psychological well-being. The null hypothesis was retained.

For RQ4, the results of the hierarchal linear regression analysis revealed that relational health in the counselor education community positively predicts psychological well-being, while minority stress in the counselor education community does not predict psychological well-being. Therefore, I rejected the null hypothesis. It is important to note that the sample size ($N$ = 84) analyzed in this study did not preclude making a Type II error and missing possible significant results.

Additional findings revealed there were statistically significant differences in the minority stress levels in the counselor education community based on gender identity

with SGM counseling students who identify as transgender experiencing more minority stress than each group of the counseling students who participated in this study. Nonbinary SGM counseling students reported experiencing higher levels of minority stress in their broader communities than their female counterparts. In Chapter 5, I interpret the findings from the study and discuss the limitations. I make recommendations for future research and discuss the implications for positive social change. I end Chapter 5 by discussing my recommendations for counselor education and supervision programs based on the research findings regarding the relationship between relational health, minority stress, and psychological well-being of SGM master's and doctoral-level student counselors.

# Chapter 5: Discussion, Conclusions, and Recommendations

## Introduction

The purpose of this correlational study was to investigate the influence of minority stress and relational health (in counselor education and broader communities) on the psychological well-being of SGM counseling students. I researched what level of minority stress SGM counseling students experience in their counselor education and broader communities using the DHEQ (Balsam et al., 2013). I used the Community Subscale of the RHI (Liang et al., 2002), which measures an individual's sense of belonging, to investigate SGM counseling students' relational health in their counselor education and broader communities. To investigate their overall psychological well-being, I used Ryff's PWB (Ryff & Keyes, 1995).

Overall, the findings suggest that male, female, and nonbinary SGM counseling students experience less minority stress in their counselor education communities than in their broader communities. SGM counseling student participants who identified as transgender reported experiencing high levels of minority stress in both their counselor education and broader communities. There were no statistically significant differences in the psychological well-being scores based on gender identity or sexual orientation; however, an examination of mean differences revealed that participants who identified as transgender had lower levels of psychological well-being than their peers. Counseling students' psychological well-being and experiences of minority stress within their counselor education community were not affected by the delivery mode (i.e., face-to-face only, digital delivery, hybrid) of their program. Relational health in the counselor

education community positively influenced SGM counseling students' psychological well-being. In this chapter, I will interpret the findings in greater detail, discuss the limitations, offer recommendations, and address the implications of the findings. I end the chapter by providing a conclusion to the study.

## Interpretation of the Findings

### Minority Stress Among Sexual Orientation and Gender Minority Counseling Students

Research on the experiences of minority stress for SGM counseling students in counselor education programs (Bryan, 2018; Pollock & Meek, 2016; Speciale et al., 2015), though somewhat dated, indicates that SGM counseling students experience microaggressions and prejudice in their counselor education communities that could lead to minority stress. A more recent study by Matsuno et al. (2022) found that gender minorities face unique stressors including noninclusive policies, cisnormativity and cissexism, misgendering, outing, and forced concealment or compartmentalization in their academic setting. The male, female, and nonbinary SGM counseling students in this study reported lower levels of minority stress in their counselor education communities than in their broader communities. Examining the levels of minority stress across gender identity, counseling students who identified as transgender reported significantly higher minority stress in their counselor education program than their SGM peers. I discuss concerns related to the higher minority stress scores for SGM counseling student participants who identified as transgender later in this chapter.

**Psychological Well-Being, Relational Health, and Minority Stress**

The psychological well-being of counseling students is an important factor in their professional development affecting their ability to effectively engage in the work of counseling (ACA, 2014; CACREP, 2016, 2024). Yet, SGM counseling students in the United States are exposed to discrimination and legal barriers (RCMD, 2022). Minority stress theory posits that these experiences can cause psychological distress for LGBT individuals (Meyers, 2013). Researchers have posited that good relational health can serve as a protective factor specifically for SGM individuals (Cooke & Melchert, 2019; Lertora et al., 2021; Pérez & Carney, 2018). Budge et al. (2020) found a positive link between nonbinary college students' sense of belonging and lower minority stress in the higher education environment. The findings of my study revealed that relational health in the counselor education community resulted in a statistically significant increase in psychological well-being when controlling for (a) relational health in the broader community and (b) minority stress in the broader community. Minority stress in the counselor education community did not serve as a predictor of psychological well-being, which is consistent with the literature since minority stress has previously been linked to psychological distress.

Although not statistically significant, it is important to note that SGM counseling students who identified as transgender reported lower levels of psychological well-being than their peers. These participants did have statistically significant higher levels of minority stress in their counselor education communities than their peers. Although there were no significant differences in relational health in their counselor education

communities, the mean differences reflected that SGM counseling students whose sexual orientation identity is bisexual or queer reported lower levels of relational health than their peers while SGM counseling students who identify as lesbian have the highest RHI-C scores.

The findings of this study reflect that relational health for SGM counseling students is an important key to their psychological well-being while they traverse the uncertain political landscape in the United States (RCMD, 2022). Murthy (2023) issued a directive to educational institutions to address social connection and community specifically within the SGM population, who Murthy identified as being at risk of isolation due to their marginalized status. The findings of this study validate this call to action supporting that relational health in the counselor education community predicts psychological well-being for SGM counseling students who experience minority stress in their broader communities. The current study further validates Murthy's identification of individuals who fall within the SGM umbrella as being at greater risk of facing isolation and loneliness. Although not statistically significant, mean differences reflect counseling students who identified as transgender, queer, or bisexual experienced lower levels of relational health than their peers.

**Relational Cultural Theory and Minority Stress Theory**

RCT (Jordan et al., 2004; Miller, 1987) and minority stress theory (Meyers, 2013) are the theories that underpinned this study. RCT scholars posit that relationships are an important part of relational health and psychological well-being and that experiences of marginalization can contribute to disconnections (Jordan, 2018; Miller, 1982; Murthy,

2023). In minority stress theory, Meyers (2013) discovered that SGM individuals who experience marginalization are at risk for psychological distress.

In this study, SGM counseling students who identified as male, female, and nonbinary reported having good relational health and low minority stress in their counselor education communities. This finding reflects possible progress in the counselor education community settings for male, female, and nonbinary SGM counseling students which is added information to the findings of Bryan, (2018), Pollock & Meek (2016), and Speciale et al. (2015) who found evidence of marginalization in counselor education communities for SGM counseling students (see Chapter 2 for specific information).

It is important to note, however, that the findings of this study indicate minority stress still exists in counselor education communities. Of significant concern is that SGM counseling students who identify as transgender are reporting higher levels of minority stress than their peers. While there was not a statistically significant difference in their psychological well-being scores compared to their peers, the mean differences revealed they report lower levels of psychological well-being and relational health in their counselor education communities when compared to their peers. These findings affirm the work of Matsuno et al. (2023) whose research conducted in counseling psychology programs revealed that students who identified as transgender experienced significant challenges unique from their SGM counterparts.

Most of SGM counseling students reported high levels of psychological well-being. Relational health in the counselor education community predicted psychological well-being for SGM counseling students. This finding is aligned with the literature

pertaining to sense of belonging serving as a protective factor against minority stress experiences (Budge et al., 2020; Cooke & Melchert, 2019; Lértora et al., 2021; Meyers, 2013; Pollock & Meek, 2019). The results of this study further support the theory that good relational health contributes to psychological well-being (Miller, 1982) and support the U.S. Surgeon General's report on the healing effects of social connection and community (Murthy, 2023).

The findings of this study revealed that counselor education communities may be meeting this need for connection with male, female, and nonbinary SGM counseling students in their programs. Still, however, there are experiences of minority stress occurring for SGM counseling students that will require further inquiry within counselor education communities beyond the scope of this study. Additionally, SGM counseling student participants who identify as transgender reported higher levels of minority stress in their counselor education and broader communities than their peers.

## Limitations of the Study

One limitation of this study was only 84 responses were usable, while the power analysis recommended a sample of over 100. This could contribute to a Type II error and increase the likelihood of missing significant findings. Another limitation of this study was the small number of participants who identified as transgender. The evidence reflects that the needs of SGM counseling students who identify as transgender are going unmet in counselor education programs; however, there were only 3 participants who identified as transgender and participated in this study.

**Recommendations**

The safeguarding of diverse, equitable, and inclusive environments is an expectation of counselor educators, yet there has been a lack of recent research specific to SGM counseling students' experiences in their counselor education programs. The literature review provided scant research pertaining to SGM counseling students within the past 5 years. The findings of this study suggest that SGM counseling students should not be considered as one group. The experiences of people who identify with the various identities that fall under the SGM umbrella are complex and unique.

The unique experiences pertaining to the individual identities of those who fall under the SGM umbrella should be acknowledged and incorporated into future research for this population with more research focusing on SGM counseling students who identify as transgender. The findings of this study reflect that counselor educators are not meeting the needs of SGM counseling students who identify as transgender because they are reporting lower scores in psychological well-being and relational health in their counselor education communities along with higher scores in minority stress in their counselor education communities. More research with more transgender participants is indicated.

Although the findings of this study revealed lower levels of minority stress for male, female, and nonbinary counseling students there is still cause concern that they are experiencing any minority stress in their counselor education communities (see Appendix C for the questions associated with the measurement of minority stress). These findings echo the conclusions of Bryan (2018), Cooke & Melchert (2019), Pollock & Meek

(2016), and Speciale et al. (2015) who uncovered evidence of SGM counseling students experiencing minority stress in their counselor education programs. Counselor educators should consider initiating future research evaluating the experiences of minority stress for SGM counseling students to ensure equitable environments.

Further research examining what specifically contributes to a sense of belonging and community among SGM counseling students and other individuals with marginalized identities may provide roadmaps for counselor education programs to follow. Future research may also consider a focus on qualitative studies exploring how SGM counseling students' programs address their social connection and community. This could provide more insight on how counselor educators and administration in counselor education programs can develop a sense of connection and community for all SGM counseling students, with specific attention to the unique needs of those who identify as transgender whose relational health scores (although not statistically significant) were lower than their peers based on their mean differences. Future qualitative inquiry may reveal the intricacies and unique experiences of SGM counseling students' experiences based on their unique identities so that they are not amassed as one singular group. Future researchers might also engage in qualitative studies with a focus on the specific experiences of minority stress for SGM counseling students so that there is up to date information pertaining to their unique experiences and needs in a nation where there are continued legal challenges against individuals whose identities fall under the SGM umbrella (RCMD, 2022).

Finally, although the findings were not statistically significant there were mean differences reflecting that SGM counseling students based on gender identity and sexual orientation that are worth noting for future research. For psychological well-being, SGM counseling students whose gender identity was transgender or whose sexual orientation identity was queer reported the lowest scores when compared to the rest of the gender and sexual orientation identities. For relational health in the counselor education community, SGM counseling students whose gender identity was transgender and whose sexual orientation was bisexual reported the lowest scores when compared to the rest of the gender and sexual orientation identities. For relational health in the broader community, SGM counseling students whose gender identity was male or nonbinary and whose sexual orientation identity was queer reported the lowest scores when compared to the rest of the gender and sexual orientation identities. For minority stress in the counselor education community, SGM counseling students whose sexual orientation identity was bisexual, queer, or lesbian reported the highest scores when compared to the rest of the sexual orientation identities. For minority stress in the broader community, SGM counseling students whose gender identity was transgender or nonbinary and whose sexual orientation was queer or gay reported the highest scores when compared to the rest of the gender and sexual orientation identities. These findings reflect further research is needed with specific attention to the unique experiences of SGM counseling students based on their identities to avoid generalizations regarding their unique experiences.

## Implications

In this study, male, female, and nonbinary SGM counseling students indicated low levels of minority stress in their counseling programs. Counseling students who identified as transgender reported significantly higher levels of minority stress in their counselor education program than their peers. Although not statistically significant, the mean differences reflect SGM counseling students who identified as transgender reported lower levels of psychological well-being and relational health in their counselor education communities. Counselor educators should work to ensure safe and affirming environments with respect to the individual needs and experiences of SGM counseling students who identify as transgender at a time when their human rights are under attack within the United States legal system (see Chapter 2).

Matsuno et al. (2023) provided recommendations for trans affirming resources and policies, mentorship, community along with recommendations for supporting trans and nonbinary competence and expertise through trainings on gender diversity, inclusive curriculum, and trans- and nonbinary-focused research. Additional recommendations included counselor educators and administration serving as a trans and nonbinary accomplice and engagement in advocacy as opposed to allyship (Matsuno et al., 2022). The term *accomplice* was originally proposed within the context of race and was suggested by Jackson et al. (2022) as applicable to all marginalized groups:

> While allyship involves being in solidarity with marginalized groups, being an accomplice refers to individuals asserting their own power by putting themselves

> on the line, operationalizing their privilege to challenge oppressive power structures—all at the risk of giving up the safety of their own privilege. (p. 2)

Although these recommendations were for counseling psychology programs they are applicable to counselor education programs and can be useful in facilitating safe and affirming spaces for SGM counseling students who identify as transgender and experience minority stress.

SGM counseling students are also experiencing minority stress in their broader communities at a higher rate when compared to their counselor education programs. Counselor educators and administration in counselor education programs should be aware of how SGM counseling students are affected by their experiences of minority stress so that they can take steps to address how the program may be contributing to or exacerbating these experiences. This may look like creating a system for SGM counseling students to report experiences of microaggressions, discrimination, stereotypes, exclusion, heterosexism, and any additional experiences of minority stress creating opportunities for additional support and repair.

Counselor educators and administrators should consider what steps need to be taken within their programs to advocate for SGM counseling students both within the programs and their respective communities. In 2016, Pollock & Meek recommended CACREP consider a higher level of scrutiny to ensure safe and affirmative learning environments for students who are more at risk of being marginalized. The CACREP 2024 standards, which are scheduled to be accepted on July 1, 2024, identify counselor education programs are to "have a process for identifying underrepresented populations

and makes continuous and systematic efforts to recruit, enroll, and retain students that enhance and support the diversity of the program" (Section 1.H, p.4) and "intentionally create and effectively maintain an inclusive and equitable learning community that respects individual differences" (Section 1.I, p. 4). The new standards also reflect that program handbooks and syllabi include diversity, equity, inclusion, and accessibility policies and accommodation statements (Section 1.M.8 and 1.N.6).

The findings of this study further affirm a need for this increase in scrutiny by CACREP and adherence to these standards by counselor education programs. Ninety five percent of the SGM counseling students who participated in this study reported attending CACREP-accredited institutions. The findings of this research indicate the existence of minority stress, thus a need to examine if these programs are in fact adhering to the expectation to facilitate diverse, equitable, and inclusive spaces (CACREP, 2016, 1.Q, 2024, 1.H; 1.I).

The findings revealed SGM counseling students' sense of belonging and community in their counselor education programs can influence their psychological well-being. Professional counselors are expected to maintain congruence and take care of their well-being so that they can serve the public as helpers (ACA, 2014; Myers et al., 2016; Witmer & Sweeney, 1992; Witmer & Young, 1996). Based on my findings, and previous research, relational health serves as a predictor for psychological well-being (Budge et al., 2020; Cook & Melchert, 2018; Lértora et al., 2021). The literature in the field, along with my research findings, indicate counselor educators and administration in counselor education programs should work toward establishing and continuing growth-fostering

relationships rooted in authenticity, vulnerability, and empowerment. These relationships can facilitate spaces for people with marginalized identities to experience a sense of belonging, which can help improve their relational health and possibly their psychological well-being.

This would look like counselor educators and supervisors integrating a relational approach to their role with counseling students (see specific recommendations in: Bradley et al., 2019; Dougherty et al., 2020; Duffey et al., 2016; Hall et al., 2018; Lasinsky, 2020; Lenz, 2014; Liu et al., 2021; Lonn et al., 2014; Purgason et al., 2016; Stargell et al., 2020; Villarreal et al., 2021). Counselor educators and administration in counselor education programs can foster relational communities by hosting networking events both in person and online such as book clubs, meet and greets, and professional organizations such as local chapters of CSI. These opportunities could facilitate relationships amongst counseling students furthering a sense of community.

The study findings affect positive social change by raising awareness that SGM counseling students are not just one unified group of people and that instead, they are unique in their experiences specifically when it pertains to their gender identity. Additionally, the findings reveal that all SGM counseling students who participated are experiencing minority stress, with those who identify as transgender experiencing higher levels of minority stress. The findings further provide evidence that relational health can influence psychological well-being, despite the experience of minority stress. These findings will be disseminated by the publication of this dissertation, my plan to submit a poster presentation at professional conferences for counselor educators, and to publish in

relevant counselor education peer-reviewed journals. Through the dissemination of these findings, counselor educators may take action to create safe spaces for all SGM counseling students where they can disclose their experiences of minority stress. These disclosures can spur action by counselor educators and administration to become accomplices and advocates (Jackson et al., 2020; Matsuno et al., 2022) for equity and inclusion. Counselor educators and administration in counselor education programs can also use the findings of this research to support the facilitation of training of staff on the unique needs of SGM counseling students to include inclusive practices, competency, and gender diversity training.

## Conclusion

In closing, counseling students whose identity falls within the umbrella of SGM are a marginalized group of people whose legal rights are challenged or nonexistent and they face the complexities of judgement and bias in their communities. This is especially true for individuals who identify as transgender. Amidst these stressors, SGM counseling students are challenged by academic rigor, the maintenance of their self-care, and the attainment of set professional dispositions evaluating their congruence. The literature pertaining to the experiences of minority stress for SGM counseling students was scant between 2019 and 2023 and what was available revealed a stark outlook for their well-being. The findings of this study provide evidence of possible improvements within the counselor education community for male, female, and nonbinary SGM counseling students. Still, the findings reflect the necessity for advancement in meeting the needs of

SGM counseling students, especially those who identify as transgender who are experiencing statistically significant higher minority stress than their peers.

The findings further support the positive link between relational health and psychological well-being by providing evidence of this among SGM counseling students within their counselor education community. This supports the growing literature identifying RCT as a framework for promoting growth-fostering relationships, especially amongst individuals with marginalized identities. The social change implication is to create academic training grounds where all SGM counseling students can thrive during a time where they face unique challenges from their hetero and cis-gendered peers so that they can successfully enter the field of counseling better equipped to meet the needs of their respective clients.

References

ALGBTIC LGBQQIA Competencies Taskforce, Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., & Hammer, T. R. (2013). Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. *Journal of LGBT Issues in Counseling*, *7*(1), 2–43. https://doi.org/10.1080/15538605.2013.755444

American Counseling Association. (2014). *ACA Code of Ethics.* http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4

American Counseling Association. (2017). *Governing Council Motion: Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics*. https://www.counseling.org/docs/default-source/default-document-library/reparative-therapy-resoltution-letter-head_edited.pdf?sfvrsn=8ed562c_4

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). https://doi.org/10.1037/0000165-000

American Psychological Association. (2021). *APA resolution on sexual orientation change efforts.* https://www.apa.org/about/policy/social-issues

Arkansas State Leg. HB1570. 93rd Gen. Assemb. (2021a). https://www.arkleg.state.ar.us/Bills/Detail?id=hb1570&ddBienniumSession=2021%2F2021R&Search=

Arkansas State Leg. SB289. 93rd Gen. Assemb. (2021b). https://www.arkleg.state.ar.us/Bills/Detail?id=SB289&ddBienniumSession=2021%2F2021R&Search=#

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement & Evaluation in Counseling & Development*, *46*(1), 3–25. https://doi.org/10.1177/0748175612449743

Banks, A. (2006). Relational therapy for trauma. *Journal of Trauma Practice*, *5*(1), 25–47. https://doi.org/10.1300/J189v05n01_03

Banks, A., & Hirschman, L. A. (2016). *Wired to connect: The surprising link between brain science and strong, healthy relationships*. Jeremy P. Tarcher/Penguin.

Byers, L. G., Bragg, J., & Munoz, R. (2020). Increasing Diversity and Oppression Scale scores through relational cultural theory. *Journal of Teaching in Social Work*, *40*(1), 18–30. https://doi.org/10.1080/08841233.2019.1685625

Bradley, N., Stargell, N., Craigen, L., Whisenhunt, J., Campbell, E., & Kress, V. (2019). Creative approaches for promoting vulnerability in supervision: A relational-cultural approach. *Journal of Creativity in Mental Health*, *14*(3), 391–404. https://doi.org/10.1080/15401383.2018.1562395

Bruneau, L., & Reilly, B. (2021). Fostering connection and authenticity in online counselor education through relational pedagogy. *Journal of Technology in Counselor Education and Supervision*, *1*(1), 42–44. https://digital.sandiego.edu/cgi/viewcontent.cgi?article=1008&context=tces

Bryan, S. E. (2018). Types of LGBT microaggressions in counselor education programs. *Journal of LGBT Issues in Counseling*, *12*(2), 119–135. https://doi.org/10.1080/15538605.2018.1455556

Budge, S. L., Domínguez, S., Jr., & Goldberg, A. E. (2020). Minority stress in nonbinary students in higher education: The role of campus climate and belongingness. *Psychology of Sexual Orientation and Gender Diversity*, *7*(2), 222–229. https://doi.org/10.1037/sgd0000360

Callender, K. A., & Lenz, A. S. (2018). Implications for wellness-based supervision and professional quality of life. *Journal of Counseling & Development*, *96*(4), 436–448. https://doi.org/10.1002/jcad.12225

Centers for Disease Control and Prevention. (2022, December 23). *Health considerations for LGBTQ youth.* U.S. Department of Health and Human Services. https://www.cdc.gov/healthyyouth/terminology/sexual-and-gender-identity-terms.htm

Chi Sigma Iota (n.d.). *Chi Sigma Iota International Honor Society*. Chi Sigma Iota Counseling Academic & Professional Honor Society International. https://www.csi-net.org/

Christensen, J. K., Dickerman, C. A., & Dorn Medeiros, C. (2018). Building a consensus of the professional dispositions of counseling students. *Journal of Counselor Preparation & Supervision*, *11*(1), Article 2. https://digitalcommons.sacredheart.edu/jcps/vol11/iss1/2

Cooke, P. J., & Melchert, T. P. (2019). Bisexual well-being: Assessing a model of

predictors of psychosocial well-being for bisexual men. *Psychology of Sexual Orientation and Gender Diversity*, *6*(2), 242–255. https://doi.org/10.1037/sgd0000324

Council for Accreditation of Counseling and Related Educational Programs. (2016). *Council for accreditation of counseling and related educational programs standards.* https://www.cacrep.org/forprograms/2016-cacrep-standards/

Council for Accreditation of Counseling and Related Educational Programs. (2024). *Council for accreditation of counseling and related educational programs standards.* https://www.cacrep.org/news/2024-cacrep-standards/

Davison, K. (2021). Cold War Pavlov: Homosexual aversion therapy in the 1960s. *History of the Human Sciences*, *34*(1), 89–119. https://doi.org/10.1177/0952695120911593

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, *62*(2), 95–105. https://doi.org/10.1037/cou0000011

DeMillo, A. (2021a, March 26). Arkansas governor signs medical conscience objections law. *Associated Press.* https://apnews.com/article/arkansas-asa-hutchison-medical-conscience-objections-law-0029a0e454624d7f0ce00fd6f74bb5c2

DeMillo, A. (2021b, April 6). Arkansas lawmakers enact transgender youth treatment ban**.** *Associated Press.* https://apnews.com/article/arkansas-lawmakers-enact-transgender-youth-treatment-ban-dce1d5ca9450b255caabc18f547f7b9b

DeMillo, A. & Crary, D. (2021, April 17). Treatment ban creates uncertainty for trans youth, families. *Associated Press.* https://apnews.com/article/us-news-arkansas-0a59b635628c91419b537f393bc51077

Dietz, S. S., Dotson-Blake, K. P., Enselman, D., Jones, L., Sexton Jr., E. H., Waller, M. S., & Richardson, M. E. (2017). An international learning experience: Looking at multicultural competence development through the lens of relational-cultural theory. *Journal of Counselor Practice*, 8(1), 22–44. https://doi.org/10.22229/thg802643

Dorn-Medeiros, C.M., Christensen, J.K., Lértora, I.M., Croffie, A.L. (2020). Relational strategies for teaching multicultural courses in counselor education. *Journal of Multicultural Counseling and Development, 48*(3), 149-160. https://doi.org/10.1002/jmcd.12174

Dougherty, A. E., Haddock, L., & Patton, J. (2020). Exploring the use of mindful andragogy to create inclusive classrooms. *Journal of Creativity in Mental Health*, 15(1), 43–54. https://doi.org/10.1080/15401383.2019.1639092

Drescher J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences,* 5(4):565-575. https://doi.org/10.3390/bs5040565

Duffey, T. (2006). Promoting relational competencies in counselor education through creativity and relational-cultural theory. *Journal of Creativity in Mental Health*, *2*(1), 47–59. https://doi.org/10.1300/J456v02n01_05

Duffey, T., Haberstroh, S., Ciepcielinski, E., & Gonzales, C. (2016). Relational-cultural theory and supervision: Evaluating developmental relational counseling. Journal

of Counseling & Development, 94(4), 405–414. https://doi.org/10.1002/jcad.12099

Fletcher, J. (2001). *Disappearing acts: Gender, power, and relational practice at work.* The MIT Press.

Flores, A.R., & Conron, K.J. (2023). *Adult LGBT population in the United States.* The Williams Institute, UCLA School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf

Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences*. Vol 15. (7th ed.). Worth Pub.

Frey, L. L., Beesley, D., & Newman, J. L. (2005). The relational health indices: Reanalysis of a measure of relational quality. *Measurement & Evaluation in Counseling & Development*, *38*(3), 153–163. https://doi.org/10.1080/07481756.2005.11909776

Gayowsky, J., Choi, J., & Erford, B.T. (2021). Meta-study of journal of LGBT issues in counseling publication patterns from 2006-2019, *Journal of LGBTQ Issues in Counseling*, 15:1, 2-15, https://doi.org/10.1080/15538605.2021.1868379

Gibson, D.M., Pence, C., Kennedy, S.D., Gerlach, J., Degges-White, S., & Watson., J. (2021). Development of the counselor wellness competencies, *Journal of Counselor Leadership and Advocacy*, *8*(2), 130-145, https://doi.org/10.1080/2326716X.2021.1925997

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Greene-Rooks, J. H., Schuermann, H., Pearce, J., Khan, S., & Dunlap, C. (2021). LGBTQ clients and adverse laws: Mental health concerns and advocacy suggestions. *Journal of LGBT Issues in Counseling*, *15*(3), 329–349. https://doi.org/10.1080/15538605.2021.1914276

Goldberg, A. E., Kuvalanka, K., & dickey, lore. (2019). Transgender graduate students' experiences in higher education: A mixed-methods exploratory study. *Journal of Diversity in Higher Education*, *12*(1), 38–51. https://doi.org/10.1037/dhe0000074

Hall, B. S., Harper, I., & Korcuska, J. (2018). Exploring a relational cultural group trainee model for master's level counseling students. *Journal for Specialists in Group Work*, 43(1), 81–104. https://doi.org/10.1080/01933922.2017.1411410

Horne, S. G., McGinley, M., Yel, N., & Maroney, M. R. (2022). The stench of bathroom bills and anti-transgender legislation: Anxiety and depression among transgender, nonbinary, and cisgender LGBQ people during a state referendum. *Journal of Counseling Psychology*, *69*(1), 1–13. https://doi.org/10.1037/cou0000558

International Center for Growth in Connection. (2023, April 3). https://growthinconnection.org/

Izaguirre, A. (2022, March 28). 'Don't Say Gay' bill signed by Florida Gov. Ron DeSantis. *Associated Press.* https://www.npr.org/2022/03/28/1089221657/dont-say-gay-florida-desantis

Jackson, R. G., Huskins, K., Skelton, S. M., & Thorius, K. A. K. (2020). Allyship & accomplice: Two sides of the same coin. *Equity Dispatch.* Midwest & Plains Equity Assistance Center.

https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=eric&AN=ED623053&site=eds-live&scope=site

Jenicus, M. (2023). *Research*. CESNET-L. http://www.cesnet-l.net/Research/.

Jordan, J.V. (2018). *Relational-cultural therapy. 2nd Edition.* American Psychological Association.

Jordan, J. V., Walker, M., & Hartling, L.M. (2004). *The complexity of connection: Writings from the stone center's jean baker miller training institute.* New York: Guilford Press. https://doi.org/10.1177/13634615070440041004

Knutson, D., Matsuno et al., E., Goldbach, C., Hashtpari, H., & Smith, N. G. (2022). Advocating for transgender and nonbinary affirmative spaces in graduate education. *Higher Education*, *83*(2), 461. https://doi.org/10.1007/s10734-020-00673-5

Kruesi, K. (2021, May 19). Tennessee governor OKs transgender youth treatment ban. *Associated Press.* https://apnews.com/article/tn-state-wire-tennessee-business-health-1994b9a126d2fd7d95573fdf7a396baf

Lasinsky, E. E. (2020). Integrating relational-cultural theory concepts and mask-making in group supervision. *Journal of Creativity in Mental Health*, *15*(1), 117–127. https://doi.org/10.1080/15401383.2019.1640153

Lenz, A. S. (2014). Integrating relational-cultural theory concepts into supervision. *Journal of Creativity in Mental Health*, 9(1), 3–18. https://doi.org/10.1080/15401383.2013.864960

Lenz, A. S. (2016). Relational-cultural theory: Fostering the growth of a paradigm

through empirical research. *Journal of Counseling & Development*, *94*(4), 415–428. https://doi.org/10.1002/jcad.12100

Lértora, I.M. & Croffie, A. (2019). Using relational-cultural theory to conceptualize international student transitions. *Journal of Creativity and Mental Health, 15*(1), 30-42. https://doi.org/10.1080/15401383.2019.1638862

Lértora, I. M., Croffie, A., Dorn-Medeiros, C., & Christensen, J. (2020). Using relational cultural theory as a pedagogical approach for counselor education. *Journal of Creativity in Mental Health*, *15*(2), 265–276. https://doi.org/10.1080/15401383.2019.1687059

Lértora, I. M., Herridge, A. S., Smith, N. L., & Croffie, A. L. (2021). Lesbian, gay, and bisexual international students' transitions conceptualized using relational-cultural theory: A phenomenological study. *Journal of Creativity in Mental Health*. https://doi.org/10.1080/15401383.2021.1924095

Li, C.-S., Lértora, I., Dowda, R., & Lin, Y.-F. (2020). The training technique: An experiential process fostering growth of counselors in training. *Journal of Creativity in Mental Health*. https://doi.org/10.1080/15401383.2020.1842277

Liang, B., Tracy, A., Taylor, C. A., Williams, L. M., Jordan, J. V., & Miller, J. B. (2002). The Relational Health Indices: A study of women's relationships. *Psychology of Women Quarterly*, *26*(1), 25. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=hpi&AN=HaPI-408433&site=eds-live&scope=site

Liu, Y., Zhu, P., & Li, D. (2021). Development of mutual empathy through experiential

growth groups: A mixed methods case study. *Journal for Specialists in Group Work*. https://doi.org/10.1080/01933922.2021.1950880

Lonn, M. R., Tello, A. M., Duffey, T., & Haberstroh, S. (2014). Relational-cultural theory as pedagogy: Preparing doctoral student leaders for the counselor education workforce. *Journal of Counselor Leadership and Advocacy*, 1(2), 140–151. https://doi.org/10.1080/2326716X.2014.954164

Margolin, L. (2023). The third backdoor: How the DSM casebooks pathologized homosexuality. *Journal of Homosexuality*, *70*(2), 291–306. https://doi.org/10.1080/00918369.2021.1945340

Matsuno, E., Hashtpari, H., Domínguez, S., Jr., Maroney, M. R., Gonzalez, K. A., & Knutson, D. (2023). 'There's no real roadmap that I know of': Experiences of transgender and nonbinary graduate students in counseling psychology programs. *Journal of Counseling Psychology*, *70*(1), 16–29. https://doi.org/10.1037/cou0000647

McHenry, S. E. (2022). "Gay is good": History of homosexuality in the *DSM* and modern psychiatry. *American Journal of Psychiatry Residents' Journal*, *18*(1), 4–5. https://doi.org/10.1176/appi.ajp-rj.2022.180103

Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Myers, J. E., Trepal, H., Ivers, N., & Wester, K. L. (2016). Wellness of counselor educators: Do we practice what we preach? *Journal of Counselor Leadership and*

*Advocacy*, *3*(1), 22–30. https://doi.org/10.1080/2326716X.2016.1139479

Miller, J.B. (1982). *Women and power: Some psychological dimensions.* Jean Baker Miller Training Institute at the Wellesley Centers for Women, Work in Progress. https://wcwonline.org/vmfiles/1sc.pdf

Miller, J.B. (1987). *Toward a new psychology of women*. Boston: Beacon Press.

Miller, J.B. & Stiver, I. (1997). *The healing connection: How women form relationships in therapy and in life.* Boston: Beacon Press.

Murthy, V. (2023). Our *epidemic of loneliness and isolation: The U.S. surgeon general's advisory on the healing effects of social connection and community.* U.S. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

National Academies of Sciences, Engineering, and Medicine. (2022). *Measuring Sex, Gender Identity, and Sexual Orientation*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26424

Noble, N., Bradley, L., & Hendricks, B. (2021). Bias-free language: LGBTQ + clients and the new APA manual. *Journal of LGBT Issues in Counseling*, *15*(1), 128–139. https://doi.org/10.1080/15538605.2021.1868377

Pérez, J. F. C., & Carney, J. V. (2018). Telling of institutional oppression: Voices of minoritized counselor educators. *Counselor Education & Supervision*, *57*(3), 162–177. https://doi.org/10.1002/ceas.12108

Pollitt, A. M., & Roberts, T. S. (2021). Internalized binegativity, LGBQ+ community

involvement, and definitions of bisexuality. *Journal of Bisexuality*, *21*(3), 357–379. https://doi.org/10.1080/15299716.2021.1984363

Pollock, S. L., & Meek, G. S. (2016). What about our lesbian/gay students? Results of a survey exploring the experiences of counseling students who are lesbian and gay. *Journal of LGBT Issues in Counseling*, *10*(4), 227–241. https://doi.org/10.1080/15538605.2016.1233841

Polus, S. (2021, March 26). Arkansas governor signs law that lets doctors refuse service based on religious beliefs. *The Hill.* https://thehill.com/homenews/state-watch/545161-arkansas-governor-signs-law-that-lets-doctors-refuse-service-based-on/

Powell, J.V., & Bradley, N.L., (2022). *Relational cultural theory as a pedagogy in CES.* [Manuscript in preparation]. School of Counseling, Walden University.

Purgason, L. L., Avent, J. R., Cashwell, C. S., Jordan, M. E., & Reese, R. F. (2016). Culturally relevant advising: Applying relational-cultural theory in counselor education. *Journal of Counseling and Development*, 94(4), 429–436. https://doi.org/10.1002/jcad.12101

Ramchand, R., Schuler, M. S., Schoenbaum, M., Colpe, L., & Ayer, L. (2022). Suicidality among sexual minority adults: Gender, age, and race/ethnicity differences. *American Journal of Preventive Medicine*, *62*(2), 193–202. https://doi.org/10.1016/j.amepre.2021.07.012

Resource Center for Minority Data. (2022). *Movement advancement project. Mapping LGBTQ equality: 2010 to 2020, United States.* Inter-university Consortium for

Political and Social Research. https://doi.org/10.3886/ICPSR37877.v2

Roberts, T., Roberts, L., Carpenter, Z., Haueisen, S., Jones, A., Schutte, K., & Smith, T. (2022). Existing in the void: an interpretative phenomenological analysis of rural LGBTQ+ students. *Journal of LGBT Youth*, 1–29. https://doi.org/10.1080/19361653.2022.2104774

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Ryff, C. D. & Keyes, C. L. M. (1995). The structure of psychological well-being revisited*. Journal of Personality and Social Psychology*, *69*, 719–727. https://doi.org/10.1037/0022-3514.69.4.719

Ryff, C.D., Boylan, J.M., and Kirsch, J.A., (2021) *Eudaimonic and Hedonic Well- Being In: Measuring Well- Being*. Edited by: Matthew T. Lee, Laura D. Kubzansky, and Tyler J. VanderWeele, Oxford University Press. https://doi.org/10.1093/oso/9780197512531.003.0005

Schwartz, H. L. (2011). From the classroom to the coffee shop: Graduate students and professors effectively navigate interpersonal boundaries. *International Journal of Teaching and Learning in Higher Education*, *23*(3), 363–372. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=edo&AN=67214904&site=eds-live&scope=site

Schwartz, H. L., & Holloway, E. L. (2012). Partners in learning: A grounded theory study of relational practice between master's students and professors. *Mentoring &*

*Tutoring: Partnership in Learning*, 20(1), 115–135. https://doi.org/10.1080/13611267.2012.655454

Schwartz, H. L. & Holloway, E. L. (2014). “I become a part of the learning process”: Mentoring episodes and individualized attention in graduate education. *Mentoring & Tutoring: Partnership in Learning*, 22(1), 38–55. https://doi.org/10.1080/13611267.2014.882604

Schwartz, H.L. (2019). *Connected Teaching: Relationship, power, and mattering in higher education.* Stylus Publishing, LLC.

Siegel, D. J. (2012). *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind*. W W Norton & Company.

Society for Sexual, Affectional, Intersex, and Gender Expansive Identities Counselors and Related Professionals Serving Sexual, Affectional, Intersex, and Gender Expansive Communities (n.d.). *Our Story*. SAIGE Counseling. https://saigecounseling.org/

Speciale, M., Gess, J., & Speedlin, S. (2015). You don’t look like a lesbian: A coautoethnography of intersectional identities in counselor education. *Journal of LGBT Issues in Counseling*, *9*(4), 256–272. https://doi.org/10.1080/15538605.2015.1103678

Stargell, N., Craigen, L., Bradley, N., Whisenhunt, J., Campbell, E., & Kress, V. E. (2020). Relational-cultural supervision: A humanistic approach to promoting vulnerability and counselor development. *Journal of Humanistic Counseling*, *59*(3), 188–200. https://doi.org/10.1002/johc.12144

Tennessee State Leg. SB0001. 113th Gen. Assemb. (2023). https://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB0001.

The Florida State Leg. CS/CS/HB 1557. (2022). https://www.flsenate.gov/session/bill/2022/1557

Villarreal-Davis, C., Sartor, T. A., & McLean, L. (2021). Utilizing creativity to foster connection in online counseling supervision. *Journal of Creativity in Mental Health*, *16*(2), 244–257. https://doi.org/10.1080/15401383.2020.1754989

Walters, E. (2020, October 7). Texas social workers will no longer be allowed to discriminate against LGBTQ Texans and people with disabilities. *The Texas Tribune*. https://www.texastribune.org/2020/10/14/texas-social-workers-rule-discrimination-lgbt-disabilities/

Warner, R. M. (2013). *Applied statistics: From bivariate through multivariate techniques.* (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Weber, P.J. (2022, February 23). Texas governor's order treats gender-confirming care as abuse. *Associated Press.* https://apnews.com/article/texas-child-abuse-child-welfare-greg-abbott-ken-paxton-65c054b6ccd9040e81ad1a4be11403b9

Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling & Development, 71,* 140-148. https://doi.org/10.1002/j.1556-6676.1992.tb02189.x

Witmer, J. M., & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *Journal of Humanistic Education and Development, 34,* 141-155. https://doi.org/10.1002/j.2164-4683.1996.tb00338.x

# Appendix A: Demographic Questionnaire

2.1 Please select the response which represents your Sexual Orientation Identity

- ○ Bisexual
- ○ Gay
- ○ Lesbian
- ○ Queer
- ○ Straight
- ○ Other ____________________________________________

2.2 What sex were you assigned at birth, on your original birth certificate?

- ○ Male
- ○ Female
- ○ Do Not Know
- ○ Prefer Not to Answer

2.3 Have you ever been diagnosed by a medical doctor or other health professional with an intersex condition or a difference of sex development (DSD) or were you born with (or developed naturally in puberty) genitals, reproductive organs, or chromosomal patterns that do not fit standard definitions of male or female?

- ○ Yes
- ○ No

- ◯ Don't Know
- ◯ Prefer not to say

2.4 What is your current gender? Select all that apply.

- ◯ Male
- ◯ Female
- ◯ Non-binary / third gender
- ◯ Prefer not to say
- ◯ Transgender
- ◯ If applicable, Two-Spirit
- ◯ I use a different term ______________________
- ◯ Don't Know
- ◯ Prefer not to answer

2.5 Which category below indicates your age?

- ◯ 18-20
- ◯ 21-29
- ◯ 30-39
- ◯ 40-49

○ 50-59

○ 60-69

○ 70-79

○ 80 or older

2.6 When you consider your personal, familial, and cultural customs, practices, and traditions, which of the following best describe your ethnicity? Select all that apply.

○ Arab, Middle Eastern, or North African

○ Asian or Asian American

○ Black or African American

○ Hispanic or Latino

○ Native American or Alaskan Native

○ Native Hawaiian or Pacific Islander

○ White or European American

○ Self-Identify (Please specify):

○ I prefer not to answer

2.7 What level of counseling student are you?

- ○ Master's Level Counseling Student
- ○ Doctoral Level Counseling Student

2.8 Which answer best describes the accreditation status of your counseling graduate program?

- ○ CACREP-accredited counselor education program
- ○ non-CACREP counselor education program

2.9 Which characteristic best describes your counseling graduate program?

- ○ Digital delivery (online only)
- ○ Hybrid (Online and In-Person)
- ○ Face to Face/In-Person Only

## Appendix B: Relational Health Indices-Community Scale

### COMMUNITY (RHI-C)

Next to each statement below, please indicate the number that best applies to your relationship with or involvement in this community. 1=Never; 2=Seldom; 3=Sometimes; 4=Often; 5=Always

1. I feel a sense of belonging to this community.
2. I feel better about myself after my interactions with this community.
3. If members of this community know something is bothering me, they ask me about it.
4. Members of this community are not free to just be themselves. (R)
5. I feel understood by members of this community.
6. I feel mobilized to personal action after meetings within this community.
7. There are parts of myself I feel I must hide from this community. (R)
8. It seems as if people in this community really like me as a person.
9. There is a lot of backbiting and gossiping in this community. (R)
10. Members of this community are very competitive with each other. (R)
11. I have a greater sense of self-worth through my connection with this community.
12. My connections with this community are so inspiring that they motivate me to pursue relationships with other people outside this community.
13. This community has shaped my identity in many ways.
14. This community provides me with emotional support.

## Appendix C: Daily Heterosexist Experiences Questionnaire

The following is a list of experiences that LGBT people sometimes have. Please read each one carefully, and then respond to the following question:

*How much has this problem distressed or bothered you* ***during the past 12 months?***

0 = Did not happen/not applicable to me

1 = It happened, and it bothered me NOT AT ALL

2 = It happened, and it bothered me A LITTLE BIT

3 = It happened, and it bothered me MODERATELY

4 = It happened, and it bothered me QUITE A BIT

5 = It happened, and it bothered me EXTREMELY

1. Difficulty finding a partner because you are LGBT
2. Difficulty finding LGBT friends
3. Having very few people you can talk to about being LGBT
4. Watching what you say and do around heterosexual people
5. Hearing about LGBT people you know being treated unfairly
6. Hearing about LGBT people you don't know being treated unfairly
7. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don't know
8. Being called names such as "fag" or "dyke"
9. Hearing other people being called names such as "fag" or "dyke"

10. Hearing someone make jokes about LGBT people

11. Family members not accepting your partner as a part of the family

12. Your family avoiding talking about your LGBT identity

13. Your children being rejected by other children because you are LGBT

14. Your children being verbally harassed because you are LGBT

15. Feeling like you don't fit in with other LGBT people

16. Pretending that you have an opposite-sex partner

17. Pretending that you are heterosexual

18. Hiding your relationship from other people

19. People staring at you when you are out in public because you are LGBT

20. Worry about getting HIV/AIDS

21. Constantly having to think about "safe sex"

22. Feeling invisible in the LGBT community because of your gender expression

23. Being harassed in public because of your gender expression

24. Being harassed in bathrooms because of your gender expression

25. Being rejected by your mother for being LGBT

26. Being rejected by your father for being LGBT

27. Being rejected by a sibling or siblings because you are LGBT

28. Being rejected by other relatives because you are LGBT

29. Being verbally harassed by strangers because you are LGBT

30. Being verbally harassed by people you know because you are LGBT

31. Being treated unfairly in stores or restaurants because you are LGBT

32. People laughing at you or making jokes at your expense because you are LGBT
33. Hearing politicians say negative things about LGBT people
34. Avoiding talking about your current or past relationships when you are at work
35. Hiding part of your life from other people
36. Feeling like you don't fit into the LGBT community because of your gender expression
37. Difficulty finding clothes that you are comfortable wearing because of your gender expression
38. Being misunderstood by people because of your gender expression
39. Being treated unfairly by teachers or administrators at your children's school because you are LGBT
40. People assuming you are heterosexual because you have children
41. Being treated unfairly by parents of other children because you are LGBT
42. Difficulty finding other LGBT families for you and your children to socialize with
43. Being punched, hit, kicked, or beaten because you are LGBT
44. Being assaulted with a weapon because you are LGBT
45. Being raped or sexually assaulted because you are LGBT
46. Having objects thrown at you because you are LGBT
47. Worrying about infecting others with HIV
48. Other people assuming that you are HIV positive because you are LGBT
49. Discussing HIV status with potential partners
50. Worrying about your friends who have HIV

Appendix D: Permission to Use Daily Heterosexist Experiences Scale

**Re: Request for Use of the Daily Heterosexist Experiences Scale - Dissertation**
Kimberly Balsam <email address redacted>
Wed 6/14/2023 1:30 PM
To: Jinnelle Powell <Walden University email address redacted>
Cc: [researcher's personal email address redacted]

Sure, you are welcome to use it, it's free for all researchers and you can find it in the RISE lab website in my signature line under research-measures. Just cite appropriately and let me know what your results are!

---Kimberly F. Balsam, Ph.D.
Professor, Department of Psychology
Director, LGBTQ Area of Emphasis
Director, Center for LGBTQ Evidence-Based Applied Research
Palo Alto University
1791 Arastradero Rd.
Palo Alto, CA 94304
[telephone number redacted]
[email address redacted]
https://www.paloaltou.edu/faculty/Kimberly-Balsam
Pronouns: She/her/hers or they/them/theirs
RISE (Research on Intersectional Sexual and Gender Identity Experiences) Lab
https://www.riselab.paloaltou.edu/
CLEAR (Center for LGBTQ Evidence-Based Applied Research)
https://www.clear-research.paloaltou.edu/

Appendix E: Scales of Psychological Well-Being

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. In general, I feel I am in charge of the situation in which I live. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 3. I am not interested in activities that will expand my horizons. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Most people see me as loving and affectionate. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I live life one day at a time and don't really think about the future. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 6. When I look at the story of my life, I am pleased with how things have turned out. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. My decisions are not usually influenced by what everyone else is doing. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 8. The demands of everyday life often get me down. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I think it is important to have new experiences that challenge how you think about yourself and the world. | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 10. Maintaining close relationships has been difficult and frustrating for me. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. In general, I feel confident and positive about myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. I tend to worry about what other people think of me. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 13. I do not fit very well with the people and the community around me. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. When I think about it, I haven't really improved much as a person over the years. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 15. I often feel lonely because I have few close friends with whom to share my concerns. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. My daily activities often seem trivial and unimportant to me. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 17. I feel like many of the people I know have gotten more out of life than I have. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. I tend to be influenced by people with strong opinions. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 19. I am quite good at managing the many responsibilities of my daily life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. I have a sense that I have developed a lot as a person over time. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 21. I enjoy personal and mutual conversations with family members or friends. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. I don't have a good sense of what it is I'm trying to accomplish in life. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. I like most aspects of my personality. | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 24. I have confidence in my opinions, even if they are contrary to the general consensus. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. I often feel overwhelmed by my responsibilities. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 26. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. People would describe me as a giving person, willing to share my time with others. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 28. I enjoy making plans for the future and working to make them a reality. | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. In many ways, I feel disappointed about my achievements in life. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. It's difficult for me to voice my own opinions on controversial matters. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 31. I have difficulty arranging my life in a way that is satisfying to me. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 32. For me, life has been a continuous process of learning, changing, and growth. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 33. I have not experienced many warm and trusting relationships with others. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. Some people wander aimlessly through life, but I am not one of them. | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 35. My attitude about myself is probably not as positive as most people feel about themselves. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. I judge myself by what I think is important, not by the values of what others think is important. | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 37. I have been able to build a home and a lifestyle for myself that is much to my liking. | 1 | 2 | 3 | 4 | 5 | 6 |
| 38. I gave up trying to make big improvements or changes in my life a long time ago. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 39. I know that I can trust my friends, and they know they can trust me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 40. I sometimes feel as if I've done all there is to do in life. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 41. When I compare myself to friends and acquaintances, it makes me feel good about who I am. | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. There is truth to the saying that you can't teach an old dog new tricks. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 43. The past has its ups and downs, but in general, I wouldn't want to change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. I often change my mind about decisions if my friends or family disagree. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 45. I am an active person in carrying out the plans I set for myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 46. I tend to focus on the present because the future nearly always brings me problems. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 47. I am good at juggling my time so that I can fit everything in that needs to be done. | 1 | 2 | 3 | 4 | 5 | 6 |
| 48. I generally do a good job of taking care of my personal finances and affairs. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 49. It seems to me that most other people have more friends than I do. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 50. I made some mistakes in the past, but I feel that all in all everything has worked out for the best. | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 51. I used to set goals for myself, but that now seems a waste of time. (R) | 1 | 2 | 3 | 4 | 5 | 6 |
| 52. I don't have many people who want to listen when I need to talk. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

| **Circle the number that best describes your present agreement or disagreement with each statement.** | **Strongly Disagree** | **Disagree Somewhat** | **Disagree Slightly** | **Agree Slightly** | **Agree Somewhat** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| 53. Being happy with myself is more important to me than having others approve of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 54. I don't want to try new ways of doing things—my life is fine the way it is. (R) | 1 | 2 | 3 | 4 | 5 | 6 |

R indicates the item is reverse scored.

Appendix F: Permission to Use Scales of Psychological Well-Being

## RE: Request for Use of the Scales of Psychological Well-Being Scale - Dissertation

THERESA M BERRIE <email address redacted>
Thu 11/17/2022 9:49 AM
To: Jinnelle Powell <email address redacted>
2 attachments (283 KB) Ryff PWB Scales.docx; 2- Ryff PWB Reference Lists.docx;

Greetings,
Thanks for your interest in the well-being scales.
I am responding to your request on behalf of Carol Ryff.
She has asked me to send you the following:
You have her permission to use the scales for research or other non-commercial purposes.
They are attached in the following files:
"Ryff PWB Scales" includes:
- psychometric properties
- scoring instructions
- how to use different lengths of the scales
(see note about the 18-item scale, which is not recommended)
“Ryff PWB Reference Lists” includes:
- a list of the main publications about the scales
- a list of published studies using the scales
There is no charge to use the scales and no need to send us the results of your study.
We do ask that you please send us copies
of any journal articles you may publish using the scales to:
[email address redacted] and [email address redacted].
Best wishes for your research,
--
Theresa Berrie
UW-Madison Institute on Aging
[email address redacted]
Hours: Tues-Thurs, 7:30am-4:30pm