

LGBTQ Rumination, Anxiety, Depression, and Community Connection During Trump's
Presidency

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Abstract

Historically, feelings of community connection have been linked to decreases in negative mental health outcomes for lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals. However, scholarship has consistently focused this research on lesbian women and gay men, without acknowledging the potential nuances within the LGBTQ community. The present study assessed 250 sexual and gender minority individuals' perceptions of their own feelings of rumination and connection to the LGBTQ community as well as the mental health outcomes of anxiety and depression during the Trump administration. A moderation analysis using the PROCESS macro assessed the impact that connection to community has on the relationship between sexual orientation rumination and anxiety and depression during the Trump administration. Results indicate that within the overall sample, having a stronger connection to community was associated with more negative mental health outcomes. However, results also indicate that the closer an individual felt to the LGBTQ community, the more they acknowledged rumination. Discussion focuses on how mental health providers can work to help LGBTQ clients build community, interrupt ruminative processes, and facilitate lower psychological distress in order to enhance psychological health and wellness.

Keywords: LGBTQ identity, connection to community, rumination, anxiety, depression

Public Significance Statement: Feelings of community connectedness may be as nuanced for LGBTQ individuals as they are for others who belong to minority communities. This article emphasizes the role of rumination in connection to the LGBTQ community, and encourages understanding of rumination and reflection within marginalized spaces.

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Community Connection and the LGBTQ Community

Feelings of community connection have been named as difficult to conceptualize, but are thought to be the affective and cognitive components of community affiliation (Frost & Meyer, 2012). Scholarship suggests that connection to a minority community can serve to protect against anxiety and depressive symptoms, and is linked to decreased experiences of perceived burdensomeness, suicidal ideation, and negative mental health outcomes, increased self-esteem, feelings of self-worth, and experiences of resilience (Austin & Goodman, 2017; Bariola et al., 2015; Barr et al., 2016; Singh et al., 2011; Singh & McKelroy, 2011). Connection to community is vitally important for lesbian, gay, bisexual, trans¹, and queer (LGBTQ) individuals and their psychological well-being.

During political and social events that marginalize LGBTQ individuals, including anti-LGBTQ political administrations like the Trump administration (see Simonoff et al., 2020) a connection to community can be an important buffer in order to protect against the negative effects of the anti-LGBTQ climate on negative mental health outcomes for gender and sexual minority individuals (Dashow, 2017; Moreau, 2020; Strangio, 2017). As part of existing in a heterosexist and cissexist society, LGBTQ individuals are exposed to stressful events that are the result of social prejudice and stigma (Conron et al., 2010). Stigma, or the co-occurrence of labeling, stereotyping, discrimination, and status loss (Link & Phelan, 2001) can lead to feelings

¹ We use the word trans as a term inclusive of all individuals who do not identify with the sex/gender they were assigned at birth, and to also represent individuals who do not identify as transgender but describe their transgender experience as a status or medical history.

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of *minority stress*, or experiences of social stressors and internalized homophobia based on having an LGBTQ identity (Frost et al., 2013; Meyer, 2003; Lefevor et al., 2019a). This stress may occur through two main factors: *proximal* (self-stigma based on negative societal attitudes; Meyer, 2003) and *distal* (outside stressors that are stressful due to the external impact on the individual; Riggle et al., 2005b). Experiences of minority stress may lead to chronic, negative mental health outcomes for individuals experiencing this stress, such as depression, anxiety, and suicidal ideation (Baams et al., 2015; Meyer, 2003; Parra et al., 2016; Ramirez & Galupo, 2018).

In general, social support can help assuage these negative mental health outcomes (Beals et al., 2009; Lefevor et al., 2019b). Having and maintaining a connection to the LGBTQ community may also allow LGBTQ individuals to provide material support for each other (i.e., access to food and clothing; Irazábal & Huerta, 2016; McInroy & Craig, 2015), and can contribute to feelings of safety and support (Bry et al., 2018; Porta et al., 2017). Presently, it is theorized that connection to the LGBTQ community is an important factor in mitigating the impact of anti-LGBTQ climates on negative mental health outcomes for LGBTQ people.

Community Connection: Not One-Size-Fits-All. Although connection to the LGBTQ community may buffer stress for many individuals who hold sexual and gender minority identities, it may not operate in the same way for all sexual and gender minorities (Flanders et al., 2015). Specifically, many studies that focus on measures of connection to the LGBTQ community primarily focus on community connection for White cisgender lesbian women and gay men (e.g., Frost & Meyer, 2012; Johns et al., 2013; Lin & Israel, 2012), making it difficult to tell whether connection to the community is equally important for all members of the LGBTQ community, or just for those who were primarily represented in the sample.

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Different subgroups within the LGBTQ community may feel different levels of connection to LGBTQ communities. Research indicates that plurisexual individuals (i.e., those who identify as being romantically or sexually attracted to more than one gender; Galupo et al., 2017) may not feel as strong of a connection to the LGBTQ community as lesbian women and gay men (Dodge et al., 2012; Herek et al., 2010). Further, LGBTQ People of Color and religious LGBTQ individuals may also have a difficult time connecting to the LGBTQ community, due in part to the unique forms of prejudice and stigma that they receive from both their racial and ethnic minority groups and White LGBTQ individuals, including overt racism in majority-white LGBTQ spaces (Ghabrial, 2017; Jackson et al., 2020; Lefevor et al., 2020). The act of accessing and identifying with the LGBTQ community may feel like a conflict in allegiance for some LGBTQ People of Color (Morales, 1989), which may reduce in-person connection to the LGBTQ community and potentially the efficacy of such connection (Sarno et al., 2015). For religious LGBTQ individuals, experiencing religious microaggressions from either atheist-identified or Christian LGBTQ individuals may lead them to feel disconnected from the wider community (Lomash et al., 2018).

Trans individuals may face similar barriers to connecting to the LGBTQ community. Trans individuals often experience stigma and discrimination within the LGBTQ community at large (Stone, 2009), or may “pass” as cisgender in a heterosexual relationship and may thus be excluded from the LGBTQ community (Sumerau et al., 2018). Communities that are composed solely of trans individuals may help to facilitate better mental health outcomes for those who engage with them, including lower levels of suicidal ideation, depression, and anxiety (Cannon et al., 2017). Some studies have suggested that accessing in-person connections to community may feel disproportionately risky for trans individuals (e.g., Pitofsky, 2018). As such, trans

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individuals may turn to online resources in order to offset the structural and interpersonal violence that they are at risk for, as online resources may feel safer and less risky to access than in-person resources (Cannon et al., 2017; Pitofsky, 2018). Online communities may provide safe spaces for trans individuals to explore new identities or labels, or search for resources (e.g., information about medical providers or obtaining medical transition steps; Cipolletta et al., 2017).

LGBTQ Politics, Mental Health, Rumination, and Community Connection

Previous studies have explored the relationship between politics, mental health, and community connection. Some of this exploration was done through utilizing a structural stigma framework – defined as intentional actions which lead to a negative impact on marginalized communities (Hatzenbuehler, 2017). Public policy at the state and federal levels are examples of the ways in which structural stigma can negatively impact the mental and physical health of LGBTQ individuals (Doyle & Molix, 2015). Structural stigma is connected to increased rumination and mental health problems for LGBTQ people.

LGBTQ rumination. Rumination is a response to stress that manifests as a persistent thought pattern that centers on a particular theme and frequently exacerbates depressive symptoms (Galupo & Bauerband, 2016; Joormann et al., 2011). Many LGBTQ individuals **experience more frequent rumination** as a form of coping in response to anti-LGBTQ politics and experiences (Nolen-Hoeksema et al., 1999) and, **in general**, do so more frequently than their cisgender and heterosexual counterparts (Hatzenbuehler et al., 2009). Stigma is related to rumination in both gender and sexual minorities (Bauerband & Galupo, 2014; Galupo & Bauerband, 2016), which may be particularly insidious given that sexual and gender minorities experience more stigma than their heterosexual and cisgender counterparts (Meyer, 2003).

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Presently, rumination is thought to act as a mediating process in all people, and not only LGBTQ individuals (Hatzenbuehler, 2009). Further, it has been found that for marginalized individuals, internalized stigma has a conceptual overlap with experiences of rumination (Timmins et al., 2020), and there may not be enough information in the present body of literature to assert that there is much difference between these two variables conceptually. It is important to note that the majority of studies that focus on rumination measure it through thoughts and emotions regarding negative experiences. In contrast, the present study focuses directly on rumination that is derived from an individual's sexual or gender minority identity (see Bauerband & Galupo, 2014; Galupo & Bauerband, 2016) as opposed to general rumination. The two scales used in the present study established convergent validity using two previously-established measures (see Bauerband & Galupo, 2014; Galupo & Bauerband, 2016 for more information).

LGBTQ mental health. Sexual and gender minorities who live in states with fewer legal protections surrounding their sexuality and/or gender are at a higher risk for negative mental health outcomes such as post-traumatic stress disorder, generalized anxiety disorder, and substance use (Hatzenbuehler et al., 2008; Hatzenbuehler et al., 2010). In places where community-level attitudes do not affirm sexual and gender minority rights, sexual and gender minority individuals are more likely to die by suicide than those who live in less prejudiced communities (Muenning et al., 2010). Experiencing a connection to the LGBTQ community may help in offsetting the impact of anti-LGBTQ climates on negative mental health outcomes.

Connection to the LGBTQ community during Trump's presidency. The effects of connection to the LGBTQ community and its intersection with mental health is of particular interest during the presidential administration of Donald Trump (Brown & Keller, 2018;

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Gonzalez et al., 2018a; Gonzalez et al., 2018b; Puckett et al., 2020; Riggle et al., 2020; Veldhuis et al., 2018). Since Trump's election in 2016, the LGBTQ community has been at the center of proposed state and federal legislation meant to restrict the rights of sexual and gender minority individuals (Brown & Keller, 2018; Puckett et al., 2020; Veldhuis et al., 2018). As targets of the current anti-LGBTQ political administration, LGBTQ individuals may feel less safe, and experience heightened negative mental health outcomes such as anxiety and depression (Gonzalez et al., 2018b; Hirsch et al., 2017; Riggle et al., 2018). These outcomes may be offset by experiencing a stronger sense of connection to the LGBTQ community (Austin & Goodman 2017; Singh et al., 2011).

In a previous qualitative study, a sample of 335 LGBTQ individuals were asked how they found strength or coped during the first 18 months of Trump's presidency. In their responses, participants named feelings of isolation and experiences with removal from society at large, while also describing that a connection to community was an important way they coped and took care of themselves in response to the feelings of fear and uncertainty surrounding the presidency (Authors, in press; blinded for review). While this was salient for many LGBTQ individuals, not all participants in Authors, Blinded for Review's study acknowledged that Trump's election had hurt them in any way. Experiencing a connection to the LGBTQ community can be deeply important for some LGBTQ individuals in order to mitigate negative mental health outcomes (Frost & Meyer, 2012; Lin & Israel, 2012), and may act as a buffer for some members of the community and protect against depressive symptoms and rumination (Borders et al., 2014; Kaufman et al., 2017). Further, being able to experience connection with the LGBTQ community may decrease feelings of rumination through feelings of shared experiences and interpersonal support (Borders et al., 2014).

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Trump's administration has affected many LGBTQ Americans – not just at a policy or structural level – but at an interpersonal level. Specifically, the current presidency has affected the family relationships of sexual and gender minorities through conflicts based on differences in political views (Gonzalez et al., 2018a). Further, living in a country in which LGBTQ rights are rescinded may have long-term mental health ramifications for LGBTQ individuals such as increased amounts of internalized heterosexism, anxiety, and depression (Russell et al., 2011). Many LGBTQ Americans reported more hypervigilance and increased feelings of depression and anxiety in the months following Trump's election when compared to their mental health before the election (Gonzalez et al., 2018b). These feelings may be due in part to the juxtaposition of the Trump administration with the Obama administration, where LGBTQ individuals were extended more legal protections than had been seen in over a generation (see Valelly, 2012).

Transgender individuals have been especially marginalized during the Trump administration due to the rescinding of protections around gender identity. The Department of Justice recently stated that transgender workers are not considered a protected class under the Civil Rights Act (Moreau, 2020) and that medical providers may refuse to treat LGBTQ identified patients (Burns, 2020), two decisions that rescind Obama-era guidances. These legal decisions may be connected to negative health outcomes for transgender individuals, as previous studies indicate that more protection is linked to better health for transgender individuals (Winter et al., 2016). While there have been studies focusing on the broader LGBTQ community's relationship between community connectedness and mental health during Trump's presidential administration, there is presently a dearth of literature for how this relationship might specifically function for trans individuals. Presently, there are few legal protections for transgender

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individuals (Nadal et al., 2012), and when fewer legal protections are available, more discrimination may occur (Blosnich et al., 2018). Broadly rescinding legal protections for LGBTQ people may negatively impact their mental health (Hirsch et al., 2017).

Statement of the Problem

The present study is among the first to consider how connection to the LGBTQ community may buffer the negative impact of stigma and discrimination on the mental health of LGBTQ individuals during the presidential administration of Donald Trump. Previous studies have shown that having a sense of connection to the broader LGBTQ community is important for many LGBTQ people (e.g., Frost & Meyer, 2012; Lev, 2007; McConnell et al., 2018). Further, a connection between rumination and negative mental health symptoms such as depression and anxiety has been previously found in the literature (Kaufman et al., 2017). In the context of anti-LGBTQ political administrations, the mental health of LGBTQ individuals may be at risk due to an increase in experienced and perceived discrimination (Russell et al., 2011). These administrations and policies they enact are associated with increased rumination, anxiety, and depressive symptoms for sexual and gender minority individuals (Kaufman et al., 2017; Russell & Richards, 2003). These effects can be long-lasting (Russell et al., 2011), which may cause individuals to turn to the broader LGBTQ community in order to seek social support and safety during these periods (Bry et al., 2018).

The present study aimed to address two gaps in the literature. First, the present research explored the ways in which connection to the LGBTQ community moderated the relationship between rumination and negative mental health symptoms during the presidential administration of Donald Trump. Second, the study examined how trans individuals' connection to the LGBTQ community moderated the relationship between rumination and negative mental health

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symptoms in order to see if these functioned similarly to or different than the broader LGBTQ population. The present study sought to explore the following a priori hypotheses:

1. We hypothesized that for LGBTQ individuals, connection to community would moderate the relationship between sexual orientation rumination and anxiety and depression.

For those with stronger connection to community, we hypothesize a weaker association of rumination with negative mental health outcomes, such as anxious and depressive symptoms (McConnell et al., 2018 & Porta et al., 2017).

2. We hypothesized that for transgender individuals, connection to community would moderate the relationship between gender identity rumination and mental health outcomes. For those with stronger connection to community, we hypothesize a weaker association of rumination with negative mental health outcomes, such as anxious and depressive symptoms (Bariola et al., 2015 & Barr et al., 2016).

Method

Participants

We recruited a sample of 250 sexual or gender minority adults who lived in the United States, 246 of which appeared to complete the survey in a thoroughgoing way (4 responses were removed for having scores that fell more than two standard deviations from the mean of the scales; Leys et al., 2013). Participants ranged in age from 18 to 61 ($M = 24.73$, $SD = 6.96$). The sample had limited racial and ethnic diversity, with 81.4% of the sample identifying as White. Nearly half of the sample identified as transgender or genderqueer (44.2%). The sample was comprised of women (42.44%), men (25.63%), and gender non-conforming people (16.81%), with 15.12% of the sample identifying as a gender other than those listed. Participants reported a variety of sexual orientations with 15.2% of the participants identifying as gay men, 15.6% as

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lesbian women, 22.7% as bisexual, 12.3% as pansexual, 23.4% as queer, 0.7% as fluid, and 18.6% identified as asexual. See Table 1 for more detail.

Procedure

Before beginning recruitment, approval was obtained from the first author's Institutional Review Board. Recruitment announcements were posted to social media sites and online message boards that catered to sexual and gender minorities with both national and local reach. Some sites focused on specific subgroups of the LGBTQ community (e.g., Reddit sites such as r/Transgender or r/LGBTPOC) while others focused on the LGBTQ community more broadly (e.g., r/ainbow). Additionally, participants were encouraged to share the survey with friends or acquaintances. Participants reported learning of the survey through primarily online mechanisms, including seeing the link on Tumblr (45%), Reddit (17.1%), Facebook (13.4%), and Twitter (1.5%). The remaining participants were recruited through having the survey forwarded by a friend (3.7%), finding the survey on Psychological Research on the Net (5.6%), the Social Psychology Network (4.8%), or through a message board (1.9%). Data were collected from March 2018 to June 2018. These data were collected as part of a larger mixed-methods study on experiences of LGBTQ individuals during the presidency of Donald Trump (Authors, in press). This mixed-methods study focused on mental health and coping during Trump's presidency, and utilized both open-ended questions about coping and subjective experiences of mental health (Authors, in press) as well as quantitative data. The quantitative measures taken by participants are described below where participants were asked to rate themselves on each of the measures twice: once on the day of Trump's inauguration in January of 2017 and then on the day they took the survey. The present study's results were derived from the participants' most recent ratings.

Measures

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Sexual orientation reflection and rumination scale (SRRS). The SRRS (Galupo & Bauerband, 2016) captures sexual minorities' experiences of reflection, rumination, perseveration, and preoccupation regarding their sexual orientation. The SRRS is a 12-item scale with four factors, including sexual orientation reflection, rumination, and perseveration as well as preoccupation with others' thoughts about minority sexual orientation. The SRRS shows strong correlations with other measures of reflection and rumination, while also showing different patterns of salience across identity-specific measures (Galupo & Bauerband, 2015). Participants rated their experiences on a scale of 1 (*almost never*) to 4 (*almost always*), with higher scores indicating higher rates of sexual orientation reflection and ruminative thinking. Items included, "*I think about everything I do not have because of my sexual orientation*" and "*I look at my sexual orientation identity in philosophical ways.*" Items were averaged such that scale results indicate the average agreement with items. Higher scores have been found to be correlated with psychological distress including negative identity perception. The authors reported a Cronbach's alpha of .92. For the present study, the Cronbach's alpha was .82.

Gender identity reflection and rumination scale (GRRS). The GRRS (Bauerband & Galupo, 2014) captures gender minorities' experiences of reflection, rumination, and preoccupation about gender identity. The GRRS is a 15-item scale with four factors: reflection, rumination, and perseveration about gender identity as well as preoccupation with others' thoughts about gender identity. Participants rated each item on a 4-point scale with 1 (*almost never*) and 4 (*almost always*) as anchors. Higher scores reflect higher rates of negative feelings regarding an individual's gender identity. Items were averaged such that scale results indicate the average agreement with items. Items included, "*I meditate on the role my gender identity plays in my purpose in life*" and "*I try to figure out what other people think of my gender identity.*"

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The authors reported high levels of convergent validity through medium and high effect scores of the subscales as well as through strong correlations with other measures of rumination and reflection (the Rumination and Reflection Questionnaire and the Rumination Responses Scale; Trapnell & Campbell, 1999; Treynor et al., 2003; .50). The original development article reported a Cronbach's alpha of .89. For the present study, the Cronbach's alpha was .72. Only transgender participants completed this measure, which was presented to them after they clicked "yes" on a prompt that asked "Do you identify as transgender, transsexual, gender non-conforming, non-binary, or as having a transgender history?" Following this prompt, transgender participants were presented with the GRRS measure.

Connectedness to the LGBT community scale (CLCS). The CLCS (Frost & Meyer, 2012) assesses the degree to which individuals are connected to the larger LGBT community. It includes eight items with three factors: closeness with community, positivity of community relationship, and degree of reward associated with community connection. The original measure was adapted from focusing on the NYC LGBT community to the larger LGBT community by omitting the words "New York City" or "NYC". For example, the item, "*You feel as though you are a part of the NYC LGBT community*" was amended to read, "*You feel as though you are a part of the LGBT community.*" Participants rated the degree to which they agreed with statements on a 4-point scale that ranged from 1 (*disagree strongly*) to 4 (*agree strongly*). Items were averaged such that scale results indicated the average agreement with items, with higher scores indicating more connectedness. The authors reported the scale to have predictive validity, specifically with regard to an individual's psychological (.17) and social (.31) well-being. The original development article reported a Cronbach's alpha of .81. For the present study, the Cronbach's alpha was .85.

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Five-item version of the mental health inventory (MHI-5). The MHI-5 (Berwick et al., 1991) is a five-item scale that measures negative mental health outcomes with items assessing anxiety, depression, behavioral and emotional control, and general positive affect. Participants were asked to rate the degree to which mental health problems have overall been present in their lives currently on a six-point scale with 1 (*all of the time*) and 6 (*a little bit of the time*) as anchors. Participants rated five items based on how frequently they experienced the examples at the moment they took the scale, and an example item included, “[today, how often have you] *felt downhearted and blue?*” Appropriate items were reverse scored, and participants’ responses to the scales were totaled in order to create a total score, with lower scores indicating worse mental health outcomes. Items were averaged, and as such, the scale results indicate overall average. The authors reported a high level of scale validity, with the MHI-5 able to detect anxious and depressive symptoms. The original study reported a Cronbach’s alpha of .89. For the present study, the Cronbach’s alpha was .79.

Data analysis plan

Normality tests were run to determine the goodness of fit and to see the normality of each scale. Following these preliminary tests, three moderation analysis were run using the SPSS PROCESS macro (Hayes, et al, 2017; Hayes, 2018) to examine how LGBT community connectedness moderated the relationship between rumination and mental health and to see if this relationship was different for cis- and transgender participants. Indirect effects of interest were tested regardless of the significance of component paths (Mallinckrodt et al., 2006). The first moderation analysis utilized the full sample to determine if LGBT community connectedness moderated the relationship between sexual orientation rumination and mental health. The second analysis utilized data from transgender participants to determine if LGBT

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community connectedness moderated the relationship between gender identity rumination and mental health. The final analysis utilized data from cisgender participants to determine if LGBT community connectedness moderated the relationship between sexual orientation rumination and mental health.

Results

Preliminary analysis and descriptive data

Following a Kolmogorov-Smirnov test of normality, three of the four scales (MHI-5, GRRS, and CLCS) violated the assumption of normality. However, following Hayes (2018), since the present study has a sample size larger than 25, we assume that the present sample holds robustness against violated assumptions of normality. Correlational analyses between the demographic variables (age, SES, education) and outcome variables (MHI-5, SRRS, GRRS, CLCS) in the present study showed a few significant ($p < .05$) associations (see *Table 2*). Notably, SES was negatively related to gender identity rumination ($r = -.21$), age was positively related to mental health ($r = .18$), and age was negatively related to sexual orientation rumination ($r = -.17$). Because age was related to both predictor and outcome variables, age was included as a covariate in models assessing sexual orientation rumination. Because education was only related to a predictor variable but not to the outcome variable, it was not included as a covariate in the data analyses.

Moderator Analysis

We first examined whether LGBT community connectedness moderated the relationship between the full sample's sexual orientation rumination and their mental health outcomes. The final model, including age as a covariate, was significant, $F(4, 241) = 16.51, p < .001, R^2 = .22$. Sexual orientation rumination, $\beta = -.35, t = -6.36, p < .001$, was significantly related to mental

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health outcomes, and the interaction between community connection and the SRS were significant, $\beta = -.03$, $t = -2.56$, $p = .011$. Contrary to hypothesis 1, simple effects analyses indicated that when participants reported community connectedness at 1 standard deviation above the mean, they tended to report a *stronger* relationship between sexual orientation rumination and mental health ($\beta = -.38$) than when participants report community connectedness at 1 standard deviation below the mean ($\beta = -.32$). The results of various moderation analyses are shown in *Table 3*.

To further explore this strange interaction effect, we conducted two post-hoc analyses (each using only cis- or transgender participants) to examine whether the effects observed for community connectedness and mental health were equally observed for cisgender and transgender participants. The model using cisgender participants largely replicated our initial results, $F(4, 140) = 14.21$, $p < .001$, $R^2 = .29$, and suggested that sexual orientation rumination, $\beta = -.42$, $t = -5.84$, $p < .001$, but not the interaction, $\beta = -.02$, $t = -1.85$, $p = .066$, was related to mental health. The model using transgender participants was significant, $F(3, 97) = 2.99$, $p = .022$, $R^2 = .11$, and suggested that sexual orientation rumination, $\beta = -.28$, $t = -3.01$, $p = .003$, but not the interaction, $\beta = -.04$, $t = -1.17$, $p = .24$, was related to mental health.

We then examined whether community connection moderated the relationship between gender identity rumination and mental health outcomes. The final model, including age as a covariate, was not significant, $F(4, 94) = 2.25$, $p = .070$, $R^2 = .09$, possibly due to the somewhat smaller sample of gender minorities used for analyses ($n = 100$). Altogether, we did not find evidence that community connection moderated the relationship between gender identity rumination and mental health outcomes.

Discussion

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The present study represented a sample of LGBTQ people and utilized three separate moderator models to tease apart the difference between a broader combined group of LGBTQ people, cisgender sexual minorities, and transgender sexual minorities with respect to the role of community connection in buffering the relationship between rumination and negative mental health symptoms. Findings suggest that connection to the LGBTQ community moderated the relationship between rumination and negative mental health symptoms in ways that are more nuanced than previously conceptualized. Instead of a “more is better” approach, the present study showcases the fact that connection to the LGBTQ community may have more of an inverse effect on rumination than previously thought. Specifically, for participants who reported community connectedness scores that were greater than one standard deviation above the mean, a stronger relationship between rumination and negative mental health outcomes were found.

This research extends the current scope of the literature by examining the potential moderating role that community connections play in LGBTQ individuals’ negative mental health outcomes. Following the 2016 presidential election, participants in the present sample noted that they drew strength from a connection to the broader LGBTQ community (Authors, in press). However, the present study showcases that participants may find that their connection to the community does not function in ways that previous studies acknowledge. That is, not every person who engages with the LGBTQ community has a uniquely positive experience that fully offsets potential negative mental health outcomes.

Previous studies (e.g., Brown & Keller, 2018; Gonzalez et al., 2018ab; Hirsch et al., 2017) have shown that the 2016 presidential election impacted how LGBTQ individuals experienced community and mental health outcomes. Our study, contextualized within the presidential administration of Donald Trump, adds to this body of literature. In order to test the

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hypotheses of the present study, the data were run in three separate analyses. Initially data from the full sample determined whether connection to community moderated the relationship between sexual orientation rumination and anxiety and depressive symptoms (scores on the MHI-5). The first hypothesis, that connection to community would moderate the relationship between sexual orientation rumination and scores on the MHI-5, was supported. The second hypothesis was not supported, as data from transgender participants determined that an individual's feelings of connection to community did not moderate the relationship between gender identity rumination and scores relating to anxiety and depression.

Previous literature that focuses on gender and sexual minorities suggests that individuals with closer connections to the LGBTQ community experience less negative mental health outcomes (McConnell et al., 2018; Rivers et al., 2018), a fact that is also underscored by the present study. However, the present study simultaneously shows that this might not be as straightforward of a connection as previously thought. Experiencing a closer connection to the LGBTQ community created a stronger relationship between sexual orientation rumination and negative mental health outcomes. This may be facilitated by *co-rumination*, or how the frequent discussion of problems can result in both positive and negative outcomes (Rose, 2002). While co-rumination between peers has been understood to impact mental health outcomes for adolescents and young adults (e.g., Haggard et al., 2011; Schwartz-Mette & Rose, 2012), other studies have found that discrimination as a minority group may result in increased experiences of co-rumination (Rose et al., 2007). Little, if any work has been done around co-rumination and the LGBTQ community.

The findings from the present study suggest that LGBTQ individuals who come together may engage in processes of co-rumination while seeking support from the LGBTQ community

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as a result of the presidential administration of Donald Trump. Co-rumination with others may exacerbate feelings of distress as well as the ability to adjust to difficulties (Carter et al., 2019). Conversely, coming together as a community in the face of political adversity can create a sense of empowerment (Scope et al., 2017). It is also important to understand that individuals participating in the LGBTQ community may have incredibly different experiences despite belonging to one community. While some individuals may experience a connection to a community as a positive, strength-fostering resource, others may not experience it in the same way. Individuals who are marginalized within the larger LGBTQ community may choose not to interact with others within the LGBTQ community due to feeling unwelcome or unsafe within that community (see Dodge et al., 2012; Ghabrial, 2017; Stone, 2009). Additionally, not all members of the LGBTQ community may be politically aligned. Though LGBTQ individuals have heavily politicized identities and may not be afforded the same rights and legal protections as cisgender heterosexual individuals, not all LGBTQ individuals are invested in United States politics, are registered to vote, or identify as liberal voters. Furthermore, some members of the LGBTQ community voted for Trump (Strolovitch et al., 2017), and may experience ostracization from their community as a result.

Limitations

While this study demonstrated many strengths, including a large sample size, added focus to the existing literature, and a more nuanced understanding of the experiences of sexual minority transgender individuals, the limitations must also be acknowledged. As with some other online research, the sample was relatively homogenous across race/ethnicity, socioeconomic status, and education. The vast majority of the sample (81.4%) identified as White. As such, it is possible that the results of the present study are only generalizable to White LGBTQ individuals

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and may not be generalizable to LGBTQ individuals who are racial or ethnic minorities. Further, the limited number of trans individuals in the sample ($n = 100$) resulted in an under-powered statistical analysis.

Our findings suggest that, for LGBTQ individuals, the relationship between mental health outcomes and rumination is not impacted by connection to community as was once believed. However, it is important to note that our participants may have been primed to think of more negative experiences because they answered qualitative questions about anti-LGBTQ events within the political administration of Donald Trump before answering the quantitative measures included in this study. Participants were also asked to compare their present scores on all scales with how they felt on the day of Donald Trump's inauguration (January 20th, 2017). It will be important for future research to consider how connection to community functions with prolonged anti-LGBTQ political administrations, or with a more positive pro-LGBTQ administration.

Finally, more research is needed in order to determine how sexual orientation rumination and gender identity rumination are distinct from internalized heterosexism and cisgenderism. While the present body of literature shows that rumination processes are experienced by all people (Hatzenbuehler, 2009), and not just LGBTQ individuals, the current study showed that gender- and sexual-identity specific rumination may function in a way that is distinct from general rumination. However, the previously established overlap between sexual identity rumination and internalized stigma may account for the link between general and sexual identity rumination.

Future Directions

The present study's findings provide evidence for the need to continue to explore how LGBTQ individuals' experience connection to community during Trump's presidency. Within

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the model presented in the current study, connection to the LGBTQ community did not function in the same ways as previous literature would suggest (see Austin & Goodman, 2017; Bariola et al., 2015; Barr et al., 2016; Singh et al., 2011). The closer participants felt to the LGBTQ community, the more they ruminated about their sexual orientation. This was an unexpected finding, suggesting that more research is needed to better understand how community connection functions for LGBTQ individuals. It is worth extending the present findings in order to more fully understand how the LGBTQ community may function as both a support and a detriment for its members. Future studies may provide a broader understanding, especially if they seek to center the voices of plurisexual individuals, transgender individuals, or LGBTQ People of Color. Future studies should also seek to more fully understand the role of community connection and how it functions for LGBTQ individuals. Since the findings of the present study show that community connection is not a simple inverse relationship in which a stronger connection to the LGBTQ community leads to less anxiety and depressive symptoms, future research should focus on creating a more nuanced understanding of how this relationship functions.

Implications for Counselors

The findings from the present study have important implications for counselors and clinicians. The results presented here suggest that some clients who feel as though they are separated or isolated from the LGBTQ community may experience more severe negative mental health outcomes than those who experience about average closeness to the community. That is, for those individuals who scored within one standard deviation of the mean in terms of community connectedness, connection to community functioned as previous studies said it should - the closer an individual felt to the community, the less negative mental health outcomes they would receive. Conversely, though, some individuals may experience an increase in

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rumination when they feel as though they are very close to the LGBTQ community. This could be accounted for due to co-rumination within the LGBTQ community. In the current political climate, it is important to understand the experiences of the LGBTQ community, and their feelings of vulnerability and risk. Counselors may want to take the time to explore these feelings with their clients in order to get a sense of the ways in which they connect to the LGBTQ community, and how that may shape their experiences of rumination, anxiety, and depression.

Further, counselors should also seek to address rumination symptoms with their clients, and specifically work to practice strategies for managing their rumination. Counselors should be able to engage clients in conversations about coping strategies and how to tell when connecting to others results in increased or decreased distress for their clients. This could mean exploring helpful versus less-helpful sources of community. Clients should also engage in identifying coping strategies for managing their rumination alongside of their anxiety and depression.

Counselors should also be aware of the changing nature of community. While some LGBTQ people may access the LGBTQ community in person, others may feel as though physical access to this community is too risky because of the opportunity to be more easily targeted by people who are heterosexist or cissexist. In light of this perceived risk, many LGBTQ individuals take to the internet and use venues such as Reddit, Tumblr, or YouTube to connect with others in the LGBTQ community. Clinicians should be aware of online resources and communities and be able to connect their clients with these venues.

Conclusion

The present study contributes to scholarship on how community connection may impact the relationship between sexual orientation-based rumination and mental health outcomes for LGBTQ individuals. For cisgender individuals, connection to community played an important

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role in the relationship between sexual orientation rumination and mental health outcomes, with stronger connection to community impacting mental health in some surprising new ways – the more strongly our participants felt connected to the LGBTQ community, the stronger the relationship between rumination and anxiety and depression. Future studies should further tease apart these nuances and examine how marginalized individuals within the LGBTQ community understand connection to community and community belonging in distinct ways.

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Table 1. Sample demographics

	<i>N</i> = 269
Age (<i>M, SD</i>)	24.74 (6.96)
Race/Ethnicity (%)	
White/Caucasian	82.4
Biracial/Multiracial	6.1
Hispanic/Latino	5.3
Asian/Asian American	3.3
Black/African American	2.0
Other	0.8
Education (%)	
High School Diploma/GED	49.8
Associates Degree	4.9
Bachelor's Degree	27.3
Master's Degree	7.8
Doctorate Degree	3.3
Socioeconomic Status (%)	
Working Class	21.6
Lower-Middle Class	20.4
Middle Class	28.6
Upper-Middle Class	18.8
Don't Know	7.3
No Answer	3.3

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Table 2. Intercorrelations, means, and standard deviations among study variables

	Mean	SD	Range	MHI-5	SORRS	GIRRS	CtC
MIH-5	17.7	2.75	5 – 30	-	-.40*	-.12	-.17*
SORRS	30.7	7.08	12 – 48		-	.52*	-.10
GIRRS	35.3	6.80	15 – 60			-	-.11
CtC	12.9	5.71	4 – 32				-

*MHI-5 = Mental Health Inventory – 5 item scale; SORRS = Sexual Orientation Reflection and Rumination Scale; GIRRS = Gender Identity Reflection and Rumination Scale; CtC = Connection to Community; *Significant at the $p < .05$ level

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Table 3. Analyses examining whether community connectedness moderates the relationship between rumination and mental health.

Sexual Orientation Rumination and Mental Health Outcomes: All Participants					
Variable	<i>F</i>	<i>R</i> ²	β	<i>SE</i>	<i>t</i>
Model	16.51**	.22			
Constant			15.90	0.28	57.09**
SRRS			-.35	0.05	-6.36**
Community			0.04	0.08	0.52
Interaction			-.03	0.01	-2.56*
Age			0.03	0.04	0.79

Sexual Orientation Rumination and Mental Health Outcomes: Cisgender Participants					
Variable	<i>F</i>	<i>R</i> ²	<i>b</i>	<i>SE</i>	<i>t</i>
Model	14.21**	.29			
Constant			16.14	0.36	44.82**
SRRS			-.42	0.07	-5.84**
Community			0.03	0.10	0.27
Interaction			-.02	0.01	-1.85
Age			-.02	0.05	-.40

Sexual Orientation Rumination and Mental Health Outcomes: Transgender Participants					
Variable	<i>F</i>	<i>R</i> ²	<i>b</i>	<i>SE</i>	<i>t</i>
Model	2.99*	.11			
Constant			15.68	0.46	34.14**
SRRS			-.28	0.09	-3.01**
Community			0.05	0.15	0.34
Interaction			-.04	0.03	-1.17
Age			0.13	0.08	1.62

Gender Identity Rumination and Mental Health Outcomes: Transgender Participants					
Variable	<i>F</i>	<i>R</i> ²	<i>b</i>	<i>SE</i>	<i>t</i>
Model	2.25	.09			
Constant			15.53	0.47	32.93**
GRRS			-.22	0.09	-2.46*
Community			0.04	0.15	0.26
Interaction			-.02	0.03	-.65
Age			0.13	0.08	1.54

*Significant at the $p < .05$ level; ** significant at the $p < .01$ level; community = community connectedness