

A Cognitive-Behavioral Exploration of the Psychological Impact of the Australian Marriage Law

Postal Survey: A Reflexive Thematic Analysis

Liam J. Casey ¹

Sarah J. Bowman ¹

Emma Power ²

John McAloon ¹

Bethany M. Wootton ¹

¹Discipline of Clinical Psychology, Graduate School of Health, University of Technology
Sydney

²Discipline of Speech Pathology, Graduate School of Health, University of Technology
Sydney

Corresponding author: Bethany M. Wootton, PhD

Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney

PO Box 123 Broadway Ultimo NSW 2007 Australia

Phone: (+612) 9514 1448; Fax: N/A; Email: Bethany.Wootton@uts.edu.au

Abstract

Marriage equality legislation was introduced in Australia in 2017 following a national survey of enrolled voters conducted via the postal system (“the postal survey”). Consistent with other major anti-LGBTQ rights campaigns, research has demonstrated that this event posed a unique source of social stress for LGBTQ people. This study seeks to expand the clinical utility of previous research by employing a cognitive-behavioral lens to explore the life stressors reported by LGBTQ Australians during the postal survey. During the postal survey period, a sample of 2,200 LGBTQ Australians answered the open-ended question, *“Do you think the public discussion about marriage equality and the marriage equality postal survey has affected you and/or your family? If so, how?”* Seven hundred of these responses were randomly selected and analyzed using reflexive thematic analysis. Cognitive themes were hyperawareness of stigma, social and political exclusion, changes in self-perception, and fear of harm. Affective themes were anger, anxiety, and sadness. Behavioral themes were avoidance, changing social relationships, hiding identity, and preoccupation. The physiological theme was exhaustion. The results have implications for the assessment and treatment of LGBTQ people experiencing distress in the face of future anti-LGBTQ rights campaigns.

Keywords: cbt; lgbtq; marriage equality; minority stress; qualitative; reflexive thematic analysis

Public Significance Statement: Public votes on the rights of LGBTQ people can pose unique challenges for LGBTQ individuals and communities. This study articulates the psychological impacts of one such vote on the topic of marriage equality in Australia. It extends previous research by applying a cognitive-behavioral lens to the results in the interests of increasing the utility of findings for clinical practice.

A Cognitive-Behavioral Exploration of the Psychological Impact of the Australian Marriage Law

Postal Survey: A Reflexive Thematic Analysis

Relative to the general population, lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) people are at increased risk of developing a psychological disorder (Hill et al., 2020; Semlyen et al., 2016). This increased risk is held to be due to the experience of minority stress (Brooks, 1981; Meyer, 1995, 2003), or the chronic, cumulative stress of maintaining a stigmatized identity in a heterosexist, transphobic society. One way in which the LGBTQ community has attempted to combat stigma has been through organizing for marriage equality legislation, as marriage is seen as a symbolic right that normalizes same-sex relationships and minority sexual and gender identities (Drabble et al., 2020; Kennedy & Dalla, 2020). While the enactment of marriage equality legislation has been associated with reduced incidence of psychological distress in LGBTQ populations (Raifman et al., 2017), the process of public campaigning and debate which often precedes the introduction of such legislation poses a unique form of stress for LGBTQ people (Fingerhut et al., 2011; Russell et al., 2011).

In December 2017, the Australian Federal Government passed marriage equality legislation which extended civil marriage rights to same-sex couples (Austalian Human Rights Commission, 2017). This legislation was passed after a national survey was conducted via the postal system (“the postal survey”), asking enrolled voters to voluntarily respond to the question: “Should the law be changed to allow same-sex couples to marry?” Ultimately, 79.5% of eligible voters participated, with 61.6% of respondents voting “yes” (Australian Bureau of Statistics, 2017). Citing concern for its impact on the psychological wellbeing of LGBTQ Australians, the Australian Psychological Society (2017) issued a statement opposing the postal survey.

Subsequent cross-sectional (Bartos et al., 2020; Ecker, Riggle, et al., 2019; Verrelli et al., 2019) and longitudinal (Casey et al., 2020) research found that heightened symptoms of depression, anxiety, and stress were indeed reported by LGBTQ Australians during the postal survey period.

Qualitative research has described a range of psychological responses experienced by LGBTQ people to political campaigns regarding their human rights. In the USA, LGBTQ people have reported a range of psychological responses: feeling closer to or more distant from their partner (Maisel & Fingerhut, 2011); becoming more aware and scared of instances of discrimination (Levitt et al., 2009); perceiving that discriminatory laws are evidence that government and citizens view LGBTQ people as “less than human” (Levitt et al., 2009); fear of the impact of increasing legislative restriction (Arm et al., 2009; Maisel & Fingerhut, 2011); hope for the future (Arm et al., 2009; Levitt et al., 2009); and challenges to one’s political and social beliefs (Levitt et al., 2009). This foundational research also pursued breadth in their analyses, seeking to capture a large number of social, political, and personal responses. As such, it may be difficult to parse the most clinically relevant aspects of these findings. In addition, this research has largely been conducted in the USA, and the social, political, and cultural differences between the USA and Australia pose several challenges for applying past findings to the context of the postal survey.

Despite the passage of marriage equality in Australia, campaigns supporting legislation which would enable the right to discriminate against LGBTQ people on religious grounds (e.g., Kirby, 2020) and prohibit education about gender diversity in school curricula (e.g., Fitzsimmons, 2020) have continued to be prominent in public discourse. As these debates continue to be part of global sociopolitical landscape, it is imperative that researchers and clinicians understand the ways in which they impact LGBTQ individuals and communities so

that they can be better supported (American Psychological Association, 2020). Exploratory qualitative research during the postal survey has identified several consistent themes reported by LGBTQ people. These include feeling betrayed by national and religious institutions, negative emotional sequelae such as anger and stress, feeling devalued or dehumanized, feeling socially isolated, and experiencing conflict in interpersonal relationships, as well as positive experiences such as greater perceived solidarity between allies and other LGBTQ people (Anderson et al., 2020; Chonody et al., 2020; Ecker, Rostosky, et al., 2019),

Theoretical Framework

As described above, cross-sectional and longitudinal research has demonstrated that the postal survey was a period of increased stress for LGBTQ people in Australia. In addition, exploratory qualitative research has situated the lived experience of LGBTQ people during this period within previous international research (e.g., Anderson et al., 2020; Ecker, Rostosky, et al., 2019). These findings are highly instructive for research and policy development, as they tend to consider impacts within social and institutional contexts. However, these findings are less explicitly useful for mental health professionals providing interventions for individual LGBTQ people. In the present study, we seek to extend the utility of research findings about the mental health experiences of LGBTQ people in response to campaigns regarding their human rights by approaching our qualitative analysis with a cognitive-behavioral lens.

Cognitive-behavioral therapy (CBT) is an evidence-based treatment for a range of psychological disorders (David et al., 2018), and is the predominant therapeutic approach in Australia (Moulding et al., 2020). In order to claim funding from Medicare, the national publicly funded healthcare scheme, psychologists must deliver evidence-based treatment. The Australian Government determines that evidence-based treatment consists of CBT for most presentations, as

well as interpersonal therapy for depression and narrative therapy for Aboriginal or Torres Strait Islander clients (Australian Psychological Society, 2018). When accessing mental health services, LGBTQ Australians are much more likely to use mainstream services than LGBTQ-specific services, although such services often fail to provide culturally competent interventions (Hill et al., 2020; Royal Australian and New Zealand College of Psychiatrists, 2019). As such, it is vital that Australian clinicians have a framework for understanding the experiences and needs of LGBTQ people that is consistent with the cognitive-behavioral approach they are most likely to employ in their work.

In addition, it has been proposed that CBT is a suitable model of intervention for helping LGBTQ people develop skills to cope with minority stressors and, thereby, reduce psychological distress (Alessi, 2014; Balsam et al., 2019; Craig et al., 2019; Glassgold, 2009; Pachankis et al., 2015; Van Der Pol-Harney & McAloon, 2019). Research has identified principles to consider when adapting existing cognitive-behavioral interventions for LGBTQ people (Balsam et al., 2019; Pachankis, 2014), as well as developing standardized protocols to address specific mental health problems in sexual minority men and women (Pachankis et al., 2019, 2020).

CBT identifies cognition as a mechanism central to the development and maintenance of a range of disorders, as well as considering the influence of emotions, behaviors, and physiological sensations (Hofmann & Asmundson, 2017). Cognitive-behavioral frameworks have previously been used to describe the ways sexual minority individuals respond to minority stressors such as microaggressions (Nadal et al., 2011). As such, we set out to identify the cognitive, affective, behavioral, and physiological symptoms reported by participants in response to a significant minority stressor – namely, the postal survey. We propose that this study will be informative in

guiding individual assessment and treatment planning when helping LGBTQ people cope with the stress of anti-LGBTQ rights campaigns.

Method

Design

We conducted a cross-sectional online survey of LGBTQ people during the postal survey period. To ensure the conduct of reflexive and rigorous data collection, analysis, and write-up, these phases were guided by Braun and Clarke's (2006) Checklist of Criteria for Conducting Good (Reflexive) Thematic Analysis, and their Tool for Evaluating (Reflexive) Thematic Analysis Manuscripts (2020). The preparation of this article was guided by the Standards for Reporting Qualitative Research checklist (O'Brien et al., 2014).

Recruitment, Data Collection, and Data Management

Ethical approval for the study was granted by the University of Technology Sydney's Human Research Ethics Expedited Review Committee. Participants were recruited via advertisements posted on social media platforms and via flyers distributed at LGBTQ venues and events in Sydney. These included LGBTQ bookshops, university societies, online social groups (e.g., Facebook groups for LGBTQ parents, or for LGBTQ people in specific regional areas), advocacy groups, and rallies supporting the "yes" vote. Advertisements were distributed between September 4 (one week prior to formal commencement of the postal survey) and November 7, 2017 (the closure of the postal survey one week prior to the announcement of the "yes" result). The online advertisements and physical flyers directed participants to an online information and consent page. Consenting participants continued to an online survey, hosted by Qualtrics, consisting of demographic questions, quantitative measures (reported in Casey, Wootton, & McAloon, 2020), and open-ended qualitative questions.

The broader research project sought to examine LGBTQ mental health during and after the postal survey using a quantitative longitudinal design. Participants completed a widely-used Australian measure of psychological distress (Depression Anxiety Stress Scales; Lovibond & Lovibond, 1995) during the postal survey, and at three subsequent time points. For the current study, participants were asked to answer the question: “*Do you think the public discussion about marriage equality and the marriage equality postal survey has affected you and/or your family? If so, how?*”¹ Participants were provided with details of general and LGBTQ-specific counselling services at the beginning and end of the questionnaire.

After being downloaded from Qualtrics, data were stored in a password-protected digital vault. Demographic data were managed using SPSS, while participant responses were managed using Microsoft Word and Microsoft Excel. Demographic data were stored in a separate file from participant responses. Each was identified by a unique code to enable the linking of quotations with the demographic details of their author. Responses ranged in length from two to 611 words (median = 41, mode = 34, mean = 59.10).

Participants

To be included in the study, participants were required to: 1) self-identify as an LGBTQ person; 2) be aged 18 years or older; and 3) be residing in Australia at the time of the postal survey. In total, 2,200 people participated. Of these, 2,121 (96%) responded to the open-ended qualitative question. Seven hundred of these responses were selected completely at random for analysis, representing approximately one third of responses. This sample size exceeds that recommended by Terry et al. (2017) for conducting a rigorous survey-based reflexive thematic analysis and is consistent with the methodology used in similar studies (e.g., Rostosky et al.,

¹ Participants were asked a similarly worded question about positive experiences during the postal survey: “*Have you and/or your family noticed or experienced anything positive during the marriage equality postal survey?*”

2010). Participants' ages ranged from 18 to 71 ($M = 35.03$, $SD = 10.96$). The demographic details of participants whose responses were randomly selected for analysis were compared with those of the remaining sample using independent samples *t*-tests (age) and chi-square tests (categorical variables) in SPSS. No significant group differences were observed, indicating the selected subset of the sample reflects the demographic makeup of the larger dataset. See Table 1 for demographic details of the included sample. The most common demographic responses included residing in New South Wales (the state where there research was based), residing in a metropolitan area, a White ethnic background, a cisgender female gender identity, a lesbian or gay sexual identity, and currently being in a relationship.

INSERT TABLE 1 ABOUT HERE

Procedure

Analytical Approach. Data were analyzed using reflexive thematic analysis (Braun et al., 2019; Braun & Clarke, 2006, 2013), which is appropriate for qualitatively exploring the life experiences of underrepresented groups such as LGBTQ people (Frost et al., 2013). This analysis was situated within a critical realist perspective, which supposes that “events are mediated through the filter of human experience and interpretation” (Fletcher, 2017, p. 183), consistent with the reflexive focus of the selected analytic approach.

Reflexive thematic analysis consists of six key phases: familiarization with the data; systematic coding of the data; generating initial themes from codes; developing and reviewing candidate themes; refining, defining, and naming final themes; and writing up (Braun et al., 2019). These phases are recursive rather than linear, and we continually revisited earlier phases to check our evolving analysis against the dataset. A description of these phases in the present study follows. The first two authors, LC and SB, each familiarized themselves with half of the

randomly selected 700 responses, reading the responses several times and taking notes on their initial impressions. They then individually coded the responses, giving equal attention to each data item, and considering the semantic rather than latent meanings. They collaboratively discussed notable patterns and created a map of related codes. This map was used to generate candidate themes, which were then fitted within the cognitive-behavioral frame, which provided “a foundation for ‘seeing’ the data, for what ‘meanings’ are coded, and for how codes are clustered to develop themes” (Terry et al., 2017). In this way, the cognitive-behavioral framework was used to sort, code, and cluster the data. LC then applied the candidate themes to the entire dataset. LC decided final themes, with some candidate themes being combined, split, or discarded. Quotes relating to each final theme were then collated to aid their definition and naming, before being written up by LC. The final manuscript was reviewed and discussed by all authors several times, undergoing an iterative revision process.

Research Team. The data were analyzed by LC and SB. Both are doctoral candidates and clinical psychology registrars², with particular research interests and clinical experience in working with LGBTQ populations. The research was supervised by JM and BM, who are experienced clinical and research psychologists, and EP, who holds clinical and academic roles in speech pathology and is experienced in qualitative and sexual health research.

Reflexivity. Reflexive thematic analysis emphasizes subjectivity as a tool rather than a barrier to the generation of knowledge (Braun & Clarke, 2019). LC, SB, and EP are members of the LGBTQ community and had their own unique experiences of the postal survey. Reflecting on these experiences and how they may diverge from those described by the diverse sample was an important part of the analytic process. So, too, was LC and SB’s perspective as clinically-

² In Australia, a clinical psychology registrar holds postgraduate qualifications in clinical psychology and is undertaking supervised clinical practice before earning endorsement as a clinical psychologist (Australian Health Practitioner Regulation Agency, 2020).

trained psychologists: rather than attending primarily to participants' stances on the political and social issues relating to the postal survey (which were often the manifest focus of responses), they looked for the clinically relevant examples of cognitive, behavioral, affective, and physiological symptoms described by participants.

Methodological Integrity. There are numerous ways of conceptualizing quality in qualitative research. For instance, Nowell et al. (2017) describe considerations for the trustworthiness of research using reflexive thematic analysis, considering indicators of credibility, transferability, dependability, and confirmability. In the present study, this included: prolonged engagement with the data; maintaining audit trails of the evolving analysis; peer debriefing within the research team; diagramming to draw connections between codes and thereby generate themes; continuous comparison against the raw data; and extensive description of the research context and process.

Levitt et al. (2017) consider methodological integrity to reflect fidelity to the subject matter and the utility of the research methods in meeting the study's goals. Following their recommendations, we maintained methodological integrity by: ensuring the data were adequate in source and quantity to answer the research question; explicating limitations of the data; using reflexivity and peer debriefing as a tool to guide and deepen the analysis; grounding the findings in the data by providing extensive quotation; providing the theoretical and practical context of the research; exploring divergence within the findings; and making methodological decisions in line with the stated study aim (i.e., to provide a descriptive account of the cognitive, affective, behavioral, and physiological experiences reported by a sample of LGBTQ Australians in the course of the postal survey).

Results

See Table 2 for a summary of findings, including the frequency with data extracts were coded to each theme.

INSERT TABLE 2 ABOUT HERE

Cognitive

“Being on show”: **Hyperawareness of stigma.** Participants described an intense awareness of being scrutinized by others in their day-to-day lives: “We feel like now, more than ever, there is a spotlight that follows us in most public settings” (44, metro VIC, non-binary, lesbian, in a relationship). A side effect of this sense of being “on show” was a perceived pressure to “be representative of all LGBTQ people” (19, suburban WA, transgender man, asexual, single) and to “give the best impression to strangers” (57, metro NSW, cisgender man, gay, in a relationship). This felt like a personal responsibility for the collective success of the LGBTQ rights agenda, with many noting a concern that their “individual actions could affect the outcome negatively” (34, regional VIC, cisgender woman, lesbian, married). While many participants noted that this scrutiny appeared to be supportive (e.g., people smiling at them and their partner), they stated that it still represented an unwanted social strain: “We have noticed people watching us, strangers smiling at us, people apologizing and/or going out of their way to ask us questions. We just want to live our lives in a safe and respectful way, and less under the microscope” (44, metro VIC, non-binary, lesbian, in a relationship).

Along with this increased awareness of stigma came a tendency to try to “mind read” and anticipate the opinions of others. These varied from friends and family members, to colleagues, neighbors, and even fellow commuters. This perspective appears to represent a complex and constant process of monitoring the social environment for potential threats, a key element of the minority stress model.

This sense of “being on show” was not limited to people whose sexual or gender identity were publicly known. People who were “in the closet” were sensitive to noticing stigmatizing beliefs in their families, friends, and communities. Their responses indicated that they were looking to the voting intentions of those close to them during the postal survey to determine whether it would be safe for them to come out.

“Second-class citizenship”: Political and social exclusion. Participants reflected that their experiences during the postal survey had caused a rupture in their civic identity: they felt less connected to Australia and Australians, and described feeling unwelcome in their own country. They considered themselves good and active citizens, and felt betrayed by their leaders and compatriots. For example: “I feel saddened that our relationships are seen as less valid by the society in which I live and to which I contribute” (46, metro NSW, cisgender woman, lesbian, single).

In this theme, participants were struck by the political and social injustice of the postal survey process. They were outraged that the majority were given the right to determine minority rights. They described feeling alienated from their country and communities by the process of their human rights being a topic of debate. They described the vote as insulting and dehumanizing, with one participant noting that the country was treating “equality like a reality show contest” (40, suburban VIC, cisgender woman, lesbian, in a relationship).

“We are not safe”: Fear for self and others. Considering the increased awareness of homophobia and transphobia described above, it isn’t surprising that many expressed fears about becoming victims of hate-based violence. For example: “For the first time in a long time I have felt terrified walking through the streets and catching an Uber or cab, for no reason other than

knowing that the stranger next to me could despise me for my sexuality and feel justified in causing me physical harm” (23, metro VIC, cisgender man, gay, in a relationship).

These fears were particularly salient for parents. Many were concerned that their children would receive stigmatizing messages about their family from the “no” campaign or be the victims of bullying in their schools or communities. Many reported an increased awareness of their visibility as a “rainbow family” in public, and were consequently worried about being victims of violence or property damage perpetrated by “no” supporters.

A great many participants noted their own struggles but were worried for how people who they perceived as more vulnerable were coping. A representative response read: “My mental health is suffering significantly and I’m a white cis[gender] upper middle-class gay man with a fan-fucking-tastic social support network. I’m much more concerned about how people without the solid support network that I have are coping” (38, metro ACT, cisgender man, gay, in a relationship).

Young LGBTQ people were of particular concern for many. In this theme, participants often drew connections between their own experiences of discrimination in the past and the difficulties LGBTQ young people were facing in the course of the postal survey. For example: “I remember how sad I felt when the Marriage Act was amended in 2004, as a young gay man who had recently come out. I feel very worried for young LGBTQI people who are as vulnerable now as I was then, and will feel abandoned, judged, or attacked by their political leaders and community” (29, metro NSW, cisgender man, gay, in a relationship). Participants were aware that young LGBTQ people who were “in the closet” were often isolated from the LGBTQ community. They were worried about the impact of receiving stigmatizing campaign messages without community support and connection would have on their mental health and suicidality.

Many participants also expressed concern for the wellbeing of transgender Australians, who they perceived to be “chucked under the bus” (27, metro VIC, transgender woman, bisexual, single) during the course of the postal survey. They perceived that caricatured representations of transgender people were being used as a “scare tactic” by proponents of a “no” result, and that transgender Australians were consequently the subjects of greater stigma and discrimination.

“Traumatized and vulnerable”: **Changes in self-perception.** Many participants spoke of reexperiencing cognitions relating to past trauma. These included revisiting the negative self-evaluations they held before coming out of the closet and remembering instances of discrimination and victimization throughout their lives. Numerous participants tied this to their experience of adolescence, making particular note of feeling like they were “back in high school” (44, suburban NSW, cisgender man, gay, in a relationship) or “a scared closeted teenager again” (28, metro NSW, cisgender woman, lesbian, in a relationship).

In this theme, participants were reevaluating the way they perceived themselves in light of the impact of these memories. They often noted that while they had expected mental health concerns in the LGBTQ community may increase during the postal survey, they expected that they themselves would be unaffected and were surprised by their own reactions (e.g., “I thought I had left these feelings behind but they have come screaming back to the surface” [39, suburban VIC, cisgender woman, lesbian, in a relationship]). This distress was inconsistent with the view they had of themselves as people who had “moved past” their historical trauma, and they had difficulty integrating this information about their own vulnerability with their self-image.

Affective

“Frustrated and furious”: **Anger.** In addition to outraged cognitions relating to the postal survey, participants reported experiencing frequent anger. Many described this anger in a way

that suggested they felt hurt and powerless in the face of the postal survey: “I’m angry all the time. Like, really angry. I feel victimized and attacked.” (35, metro VIC, non-binary, queer, single). For many participants, their anger impacted close relationships, particularly those with partners, and they reported a propensity to snap at or argue with each other more frequently. Many attributed this anger and irritability to pressure withstanding the increased scrutiny they were under as members of the LGBTQ community.

“Constantly worried”: **Anxiety.** Considering the cognitive impacts reported above, which included increased monitoring of social environments, resurfacing of traumatic memories, and fears about hate-based violence, it is unsurprising that many participants reported experiencing symptoms of anxiety. For some, they reported that the postal survey triggered an increase in existing anxious symptoms, while for others, anxiety during the postal survey was a new experience. For instance: “Numerous times a day, I feel upset, anxious, and sick because of what I am seeing being said about me, my relationship, and my family.” (38, metro NSW, cisgender man, gay, in a relationship).

“Sad and upset and overwhelmed”: **Sadness.** Participants frequently described their mood as sad or depressed (e.g., “I just feel lonely and sad” [28, regional NSW, cisgender woman, lesbian, in a relationship]). This sadness was often close to the surface, with many participants reporting crying easily and frequently during the postal survey (e.g., “We are crying a lot – feeling sad and upset and overwhelmed with it all” [32, regional NSW, cisgender woman, lesbian, in a relationship]).

Many reported a history of depression, and that their symptoms had worsened or returned after remission during the course of the postal survey. As one participant plainly said: “My depression is back, which is shit” (49, metro NSW, cisgender man, gay, single). Most

concerningly, many participants who described themselves as depressed also stated that they were experiencing suicidal ideation.

Behavioral

“I just want to stay in bed”: **Avoidance.** Participants reported avoiding numerous situations and places as a result of the postal survey. These included speaking to or visiting family or friends, having lunch with colleagues, leaving the house, attending parties or other social events, using social media, watching or reading the news, or travelling to suburbs outside of their “progressive inner-city bubble” (21, metro VIC, cisgender woman, lesbian, single). Parents avoided taking their families out in public, and some reported restricting the extracurricular activities of their children in an effort to protect them. This avoidance behavior was usually associated with worries about encountering “no” supporters, with participants fearing that they would be emotionally drained by such encounters or be physically or verbally assaulted.

While some participants spoke positively of this avoidance as an act of self-care (e.g., reducing their social media usage because they know it negatively impacts their mood), most described negative impacts of this avoidance. Many stated that it was impacting their ability to participate in activities they enjoy, stay socially connected, and engage in self-care strategies such as exercise.

“It’s caused a rift”: **Changing social relationships.** Along with becoming more aware of the beliefs of their friends, families, and communities, many people reported significant – and often negative – changes in these relationships. These ranged from quietly withdrawing from interactions with unsupportive others, to arguments and decisions to end relationships in response to loved ones expressing stigmatizing beliefs. For example, “It has caused me to lose

people I thought were friends” (32, metro NSW, cisgender man, gay, in a relationship); “I am disheartened to hear so often that people who claim to love me don’t feel my relationships have equal value” (31, regional QLD, cisgender woman, lesbian, single); and “This vote has split my family... It’s broken my heart in the process” (55, metro NSW, cisgender man, gay, in a relationship).

Many participants reported that friends and family members who had previously appeared to be supportive informed them that they would be voting “no”. In the past, many participants and their families had adopted an informal “don’t ask, don’t tell” policy, and the postal survey process had forced discussion and disagreement on the issue of LGBTQ rights. In addition, many participants described family members and friends who didn’t understand why they were finding the postal survey so distressing, and who were often dismissive of their struggles. This contributed to a sense of disconnection from their loved ones.

However, not all relational changes were negative. There was a small but notable countertrend in which participants emphatically described a newfound closeness with their families. For instance: “It has brought my family closer together. It has empowered members of my family to stand up and support my community where they were once complacent to LGBTI struggles. It has made me feel supported and accepted by my parents and extended family even more than I did previously” (29, metro NSW, cisgender woman, lesbian, in a relationship). In addition, this extended to collective relationships, with some participants reporting a greater perceived closeness to the LGBTQ community. For example: “I live in [an inner-city suburb with a large LGBTQ population] so I have experienced the survey as a positive rallying point for community and residents to express a strong sense of collective identity” (42, metro NSW, transgender woman, bisexual, in a relationship).

“I’m worried about being too visible”: Hiding identity. As described in previous themes, participants were more aware of themselves as queer people moving through heterosexist spaces. They were “worried about being too visible” (35, metro NSW, cisgender man, gay, married) and, in response to this, many tried to hide the “visibly queer” (19, suburban WA, transgender man, asexual, single) ways in which they presented themselves. The most commonly reported way to do this was to stop holding their same-sex partner’s hand in public: “I usually walk down the street proudly holding my girlfriend’s hand, but in the past few weeks have stopped because of the stares, the judgment, and the comments” (27, regional NT, cisgender woman, lesbian, in a relationship). Many participants also hid their sexual orientation during social interactions, such as by switching to using gender-neutral language when discussing their partner.

Another common response was to stop wearing or displaying the rainbow flag, a symbol of LGBTQ pride. This response tended to be closely tied to fears of violent reprisal. For example: “I’m too scared to fly a rainbow flag in front of our house, even though I want to. I’m afraid of our family becoming a target” (29, metro NSW, genderqueer, queer, in a relationship); and “I was going to go to a party sporting the pride flag, however feared that I would be bashed by someone with opposite views” (37, suburban QLD, cisgender woman, lesbian, in a relationship).

“I feel obliged to act”: Compulsive engagement. Many participants reported a compulsion to engage with coverage of the postal survey: “I have become fixated on the postal vote and follow news about it obsessively, even at work” (31, metro ACT, cisgender woman, lesbian, in a relationship). Many reported a compulsive form of activism, usually driven by anger or fear. While some called or wrote to their local representatives or put posters up in their local area, the most common activity was engaging with “no” supporters online. One participant

described the effects of this online engagement: “It’s definitely taking a toll on me... I feel obliged to act... I feel obliged, when I see lies printed or people making disingenuous arguments, to research and counter them on Twitter. I realize the healthy thing would be for me to ignore the news and log off, but I simply wouldn’t be able to live with myself if they won and I’d done nothing” (34, metro NSW, cisgender man, gay, single).

Social media, and a perceived inability to “log off”, featured heavily in this theme (e.g., “I am obsessing about it a bit. Spending too much time on social media” [47, suburban VIC, cisgender woman, lesbian, single]). Many participants felt compelled to continue reading comments and articles supporting a “no” vote, describing an underlying belief that one should “know thy enemy”: “The comment threads make me feel ill, but there’s some part of me that feels it’s necessary to know how hostile some people in this country are to me and people like me” (30, metro NSW, transgender woman, bisexual, in a relationship).

A common feature within this theme was difficulty concentrating on information or tasks unrelated to the postal survey, often due to rumination (e.g., “I think about it constantly throughout every day” [35, metro QLD, cisgender man, gay, single]). Participants reported that this limited their ability to be present in their roles as partners, parents, and employees. Many had to take time off work to “cope and recuperate before going back out in public” (35, regional NSW, cisgender woman, lesbian, in a relationship), while others noted that they had stopped engaging in self-care activities that they knew were beneficial for their mental health.

In this theme, participants described feeling compelled to do battle with the “no” campaign to an extent that negatively impacted their wellbeing. There was a small countertrend reported by participants who described finding a sense of empowerment from a high level of engagement with the “yes” campaign (e.g., “I have found volunteering and getting involved in the ‘yes’

campaign to be helpful for my mental health and how I deal with the survey debate” [24, metro VIC, cisgender woman, bisexual, in a relationship]).

Physiological

“It wears you down”: Exhaustion. Participants made few comments regarding their physical state. When they did, the most consistent description was that of being tired, reporting notable sleep disturbance and its resulting challenges. For example, “I’m struggling to sleep and am agitated and distracted at work” (32, metro NSW, cisgender man, gay, in a relationship).

In addition to sleep disturbance, participants described feeling exhausted, and it is difficult to entirely separate the constructs of physical and emotional exhaustion in their responses, and there may be some overlap between the two. For some, this exhaustion appeared to stem from the depletion of resources demanded by interpersonal discussions about marriage equality: “I have had to have difficult conversations with friends and family about the matter and feel exhausted by the issue” (24, suburban VIC, cisgender woman, lesbian, in a relationship). For others, their energy appeared to be drained by carrying the weight of macro-level stressors: “It’s a daily slew of microaggressions and debate around my personhood. It’s exhausting” (44, metro NSW, cisgender woman, queer, married).

Many participants reflected on ways past experiences had equipped them to deal with “everyday” minority stressors but stated that the magnitude of the postal survey was overwhelming these coping resources. Participants felt exhausted not only by the need to arm themselves against “no” supporters, but also by the need to engage with comments from well-meaning allies; for instance, “I’m so exhausted from hearing about it, positively or negatively, and having to respond to that” (33, metro NSW, cisgender woman, bisexual, in a relationship).

Discussion

This study explored the experiences of LGBTQ people during the postal survey using reflexive thematic analysis. We situated the findings within a cognitive-behavioral frame, aiming to improve the clinical utility of results for mental health professionals working with LGBTQ people and communities during times of increased social and political stress. Many of the themes reflect findings from exploratory studies of the postal survey (i.e., Anderson et al., 2020; Chonody et al., 2020; Ecker, Rostosky, et al., 2019). The themes are analogous to issues that will be familiar to cognitive-behaviorally oriented therapists: hypervigilance, rumination, avoidance, and cognitive distortions such as mind-reading, overgeneralization, and personalization. Clinical psychology has developed effective interventions to help people change these cognitions and behaviors when they are maladaptive.

In our study, avoidance showed up in many forms: hiding one's identity, avoiding leaving the house, and withdrawing from important relationships. Such behaviors have been associated with minority stress, and may negatively impact mental health through reduced social support (Pachankis, 2014). This finding is consistent with Anderson et al. (2020), who demonstrated through their interview study with eight sexual minority Australians and six heterosexual allies, that their participants used avoidance "as a coping strategy to protect wellbeing from the negative impact of the debate" (p. 9). While avoidance can often be adaptive, we believe our larger dataset shows evidence of maladaptive as well as adaptive avoidance. Individuals avoided a wide range of situations, and often experienced greater isolation (e.g., from friends and colleagues) as a result. This behavior may decrease their opportunities to enlist meaningful social support. The extent to which such avoidance is perpetuating problems (e.g., by the relief of avoiding feared encounters reinforcing inflated fears about threats to personal safety) or representing appropriate self-care (e.g., by ending damaging relationships) will vary greatly

from client to client. Therapists can support clients to identify the functions and consequences of their avoidance behaviors, and hence distinguish between situations in which avoidance may be adaptive or maladaptive (Hofmann & Hay, 2018). It may be especially beneficial to help them identify and move towards sources of support and validation (Russell et al., 2011) rather than simply retreating from sources of antagonism.

Avoidance was often associated with fears of encountering verbal or physical harassment, and such concerns should not be quickly dismissed. LGBTQ people already experience higher rates of victimization than the general population (Katz-Wise & Hyde, 2012), and increased anti-LGBTQ vandalism and violence during the postal survey was reported by peak bodies (e.g., The Equality Campaign, 2018) and popular media (e.g., Koziol, 2017; Sainty & Taylor, 2017). As such, the safety fears reported by participants are not necessarily unfounded. Clients may benefit from developing cognitive strategies that help them to make more accurate assessments of threat (Hatzenbuehler, 2009; Lohr et al., 2007).

Connected with their fears of encountering harassment was a greater awareness of themselves as queer people in heterosexist spaces. Many participants reported moderating the way they presented their identities, such as not holding their same-sex partner's hand in public, while others reported a strengthening of their sense of identity and connection to the LGBTQ community. This is reflective of the complex ways in which LGBTQ people manage their identities in public, minimizing or magnifying their visibility (Fox & Warber, 2015), and the ways in which this can be emphasized through political action (Levitt et al., 2009).

Being surprised by the extent to which they were personally impacted by the postal survey was consistent with the findings of Ecker, Rostosky et al. (2019). Large-scale public votes may impact those who would not usually be identified as especially at risk of experiencing

mental ill health. Many participants spoke, for example, of their middle-class status, their supportive social networks, and a perception that they had left distress regarding their sexual and/or gender identity in the past. They hadn't expected to be distressed by the postal survey and were taken aback when they were. Within many of their comments was a perception that they *shouldn't* be feeling this way. Psychoeducation about minority stress, situated within an individual's own experiences of stigma and discrimination, could help clients understand the reasons for their own cognitive and affective responses (Alessi, 2014; Hatzenbuehler, 2009). They may benefit from exploring the ways they may have internalized negative societal messages about their sexual and/or gender identity (Safren & Rogers, 2001) and the way that these beliefs may be cued by an event like the postal survey.

As well as acknowledging their own vulnerability, participants expressed concern for other vulnerable groups, such as LGBTQ young people. This concern was often expressed in relation to the memory of the trauma they themselves experienced when younger. For some participants, this compelled them into action of campaigning and volunteering, which may be a functional way for LGBTQ people to respond to feelings of powerlessness during similar anti-LGBTQ rights campaigns in the future. In clinical settings, it could be valuable to encourage clients to explore how they would advise younger LGBTQ people to manage these experiences as a means to identify their own sources of coping and resilience (Harkness et al., 2020).

Participants reported notable shifts in their social relationships, such as the introduction of family conflict, the ending of friendships, or support from unexpected people. This differs from the findings of Anderson et al. (2020), whose interview participants reported that the postal survey debate tended to accentuate the qualities already inherent to these relationships (i.e., increasing existing closeness or exacerbating existing tension). This may be due to inclusion of

non-LGBTQ allies in their sample. The more in-depth, interview-based nature of their study may also have recruited individuals who were more firmly situated in their own sociopolitical positions, and thereby less likely to report changing relationships. Our findings suggest that, depending on individual clients' needs, they may benefit from support to increase engagement with their personal support network (Craig et al., 2013) or develop assertiveness skills to more effectively manage antagonistic relationships (Pachankis, 2014).

A key feature across many themes was the influence of social media, as was the case in other qualitative studies of the postal survey (Anderson et al., 2020; Ecker, Rostosky, et al., 2019). Social media made the opinions of family, friends, and Australia in general instantly accessible to participants. Previous research has suggested that engagement in such spaces can silence those who are not "out" and empower those who are (Fox & Warber, 2015). Some participants described a compulsion to continue reading and commenting despite feeling distressed by the content, while others avoided social media altogether. Levitt et al. (2009) found a similar dichotomy, in which LGBTQ people may have felt guilty when they failed to engage in political action, or otherwise disengaged from such activities as a form of emotional regulation. Mental health workers should ask questions about social media use when LGBTQ clients express anger or fear related to public discussion about LGBTQ rights. It may be necessary to challenge the ways in which their social media engagement magnifies their distress or encourage them to use social media to seek supportive rather than antagonistic online spaces.

While the postal survey represents an especially pointed period of debate about LGBTQ rights, related debates continue in various channels in Australia and other jurisdictions in the Western world. Topics under debate include the recognition of diverse gender identities, education about sexual and gender diversity in schools, and the provision of care to gender

diverse children and adolescents. Our findings may be instructive for research considering the ways in which LGBTQ people are impacted by the continuance of such debates in the media and interpersonal settings.

We briefly noted that some participants gained a sense of empowerment through the postal survey – for example, by actively supporting the “yes” campaign, feeling more supported by family and friends, or a perceived rallying of the LGBTQ community. While our research contributes to a growing body of evidence which largely points to the challenges of anti-LGBTQ rights campaigns for LGBTQ people, our research is also not the first to note positive experiences reported by participants during such campaigns (e.g., Gonzalez et al., 2018; Maisel & Fingerhut, 2011; Russell et al., 2011). With clear and consistent evidence that public debates about LGBTQ rights are detrimental to the wellbeing of LGBTQ people, future research could meaningfully explore the ways in which LGBTQ individuals and communities have coped and empowered themselves, or otherwise benefited, in the face of discriminatory events such as the postal survey.

Strengths, Limitations, and Conclusions

This paper has articulated some of the clinically relevant changes in cognition, behavior, physical sensation, and mood experienced by LGBTQ people during the postal survey. The affective themes reflect those which are well-documented in existing quantitative and qualitative literature. Of greater note are the co-occurring cognitive and behavioral responses. These offer an opportunity for mental health clinicians to consider how they may inform interventions with LGBTQ clients, as they reflect difficulties which may prompt LGBTQ people to seek psychological support.

Several limitations should be borne in mind when considering the results. Some of these are in the nature of the sample, being an online convenience sample consisting largely of Caucasian individuals, which may not capture the complexity of experiences of LGBTQ people from culturally and linguistically diverse backgrounds. In addition, participants were recruited from LGBTQ venues and events, including rallies supporting the “yes” vote. As such, they may be especially engaged with LGBTQ advocacy and community, and not representative of LGBTQ Australians as a whole. Although some participants described engaging with telephone, online, and face-to-face counselling services in the course of the postal survey, they represent a community rather than clinical sample.

Another consideration is the use of textual rather than spoken data (e.g., interviews or focus groups). While open-ended survey responses can be helpful when data collection is time-limited (Braun & Clarke, 2013), as was the case in the postal survey, their brief, one-off nature can constrain the ways in which participants describe their experiences and the ability of the researchers to clarify and contextualize those experiences (Braun & Clarke, 2013). It should be emphasized that data collection ended a week before the “yes” result of the postal survey was announced, meaning that the outcome was uncertain when participants were describing their experiences. This offers an insight into the “real time” experiences of LGBTQ people but impedes our ability to understand how participants may have contextualized their experiences with the knowledge of an ultimate “yes” result. Retrospective evidence suggests that large-scale public votes about LGBTQ rights can have long-lasting effects in individuals’ lives (Russell et al., 2011).

The prompt to which participants responded was broad. While this may have allowed participants to relate what they perceived to be the most important aspects of their experience, it

may have failed to adequately narrow the scope of their response. For example, participants may have interpreted “public discussion” as coming from distal (e.g., media, politicians) or proximal (e.g., family, coworkers) sources. The analytical frame – namely, looking for cognitive-behavioral impacts – also limited the scope. While countertrends were noted, greater consideration of the ways in which LGBTQ individuals, organizations, and communities may have been strengthened during the postal survey is warranted.

Australia is also a relatively progressive country in the global West, and sociocultural differences may limit the utility of these findings in other regions. Nevertheless, we hope that the findings will aid mental health professionals and community organizations supporting LGBTQ people through LGBTQ rights campaigns which cause political and social stress. While we have discussed some ways in which clinicians may be able to help LGBTQ clients develop skills to cope with the impacts of large-scale events like the postal survey, an important next step for research will be to continue identifying and developing evidence-based treatments to support the unique needs of LGBTQ people during anti-LGBTQ rights campaigns.

In the meantime, cognitive-behaviorally oriented mental health workers can bear several suggestions in mind when supporting LGBTQ clients coping with events such as the postal survey. Based on the themes identified by this study, it may be helpful to: encourage LGBTQ clients to strengthen supportive social relationships; provide them with strategies for reducing rumination, mind-reading, and other unhelpful thinking styles; support them in developing assertive relationship management skills; educate them in the way minority stress impacts LGBTQ people and communities; help them to develop self-compassion for the ways in which they are struggling; suggest connecting with the LGBTQ community through activism, volunteering, or social events; and consider limiting or changing the way they interact with

social media. Future research which piloted a CBT-oriented program incorporating these suggestions in group or individual settings would be useful for informing interventions to support individuals and communities in the face of varied anti-LGBTQ rights campaigns.

References

- Alessi, E. J. (2014). A framework for incorporating minority stress theory into treatment with sexual minority clients. *Journal of Gay & Lesbian Mental Health, 18*(1), 47–66.
<https://doi.org/10.1080/19359705.2013.789811>
- American Psychological Association. (2020). *Resolution on opposing discriminatory laws , policies, and practices aimed at LGBTQ+ persons*.
<https://www.apa.org/pi/lgbt/resources/policy/opposing-laws>
- Anderson, J. R., Campbell, M., & Koc, Y. (2020). A qualitative exploration of the impact of the marriage equality debate on same-sex attracted Australians and their allies. *Australian Psychologist, June*, 1–15. <https://doi.org/10.1111/ap.12473>
- Arm, J. R., Horne, S. G., & Levitt, H. M. (2009). Negotiating connection to GLBT experience: Family members' experience of anti-GLBT movements and policies. *Journal of Counseling Psychology, 56*(1), 82–96. <https://doi.org/10.1037/a0012813>
- Australian Human Rights Commission. (2017). *Human rights landmark as Australia legalises marriage equality*. <https://www.humanrights.gov.au/about/news/media-releases/human-rights-landmark-australia-legalises-marriage-equality>
- Australian Bureau of Statistics. (2017). *Australia supports changing the law to allow same-sex couples to marry*. [https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/bySubject/1800.0~2017~Media Release~Australian Marriage Law Postal Survey Results \(Media Release\)~50](https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/bySubject/1800.0~2017~Media+Release~Australian+Marriage+Law+Postal+Survey+Results+(Media+Release)~50)
- Australian Health Practitioner Regulation Agency. (2020, January 24). *Registrar program*.
- Australian Psychological Society. (2017). *Letter to editors on marriage equality and the postal vote*. <https://www.psychology.org.au/getmedia/7b5c23e3-1408-4aff-9611->

a10ae4705816/APS-Letter-to-Editors-on-Marriage-Equality-and-the-Postal-Vote.pdf

Australian Psychological Society. (2018). *Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature* (4th ed.). Australian Psychological Society.

Balsam, K. F., Martell, C. R., Jones, K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In P. A. Hays & G. Y. Iwamasa (Eds.), *Culturally Responsive Cognitive-Behavioral Therapy: Practice and Supervision* (2nd ed., pp. 287–314). American Psychological Association.

Bartos, S. E., Noon, D. W., & Frost, D. M. (2020). Minority stress, campaign messages and political participation during the Australian marriage plebiscite. *Sexuality Research & Social Policy, 18*, 75–86.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1017/CBO9781107415324.004>

Braun, V., & Clarke, V. (2013). *Successful qualitative research*. SAGE Publications.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597.
<https://doi.org/10.1080/2159676X.2019.1628806>

Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 1*–25.
<https://doi.org/10.1080/14780887.2020.1769238>

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843–860). Springer Nature Singapore. https://doi.org/10.1007/978-981-10-5251-4_103

- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.
- Casey, L. J., Wootton, B. M., & McAloon, J. (2020). Mental health, minority stress, and the Australian Marriage Law postal survey: A longitudinal study. *American Journal of Orthopsychiatry*, 90(5), 546–556. <https://doi.org/10.1037/ort0000455>
- Chonody, J. M., Mattiske, J., Godinez, K., Webb, S., & Jensen, J. (2020). How did the postal vote impact Australian LGBTQ+ residents?: Exploring well-being and messaging. *Journal of Gay and Lesbian Social Services*, 32(1), 49–66. <https://doi.org/10.1080/10538720.2019.1683113>
- Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal*, 41(3), 258–266. <https://doi.org/10.1007/s10615-012-0427-9>
- Craig, S. L., Austin, A., & Alessi, E. J. (2019). Cognitive-behavioral therapy for sexual and gender minority youth mental health. In J. E. Pachankis & S. A. Safren (Eds.), *Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities* (pp. 25–50). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190669300.001.0001>
- David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. In *Frontiers in Psychiatry* (Vol. 9, p. 4). <https://www.frontiersin.org/article/10.3389/fpsy.2018.00004>
- Drabble, L. A., Wootton, A. R., Veldhuis, C. B., Perry, E., Riggle, E. D. B., Trocki, K. F., & Hughes, T. L. (2020). It's complicated: The impact of marriage legalization among sexual minority women and gender diverse individuals in the United States. *Psychology of Sexual Orientation and Gender Diversity*, 7(4), 396–406. <https://doi.org/10.1037/sgd0000375>
- Ecker, S., Riggle, E. D. B., Rostosky, S. S., & Byrnes, J. M. (2019). Impact of the Australian

- marriage equality postal survey and debate on psychological distress among lesbian, gay, bisexual, transgender, intersex and queer/questioning people and allies. *Australian Journal of Psychology*, 71(3), 285–295. <https://doi.org/10.1111/ajpy.12245>
- Ecker, S., Rostosky, S. S., Riggle, E. D. B., Riley, E. A., & Byrnes, J. M. (2019). The Australian marriage equality debate: A qualitative analysis of the self-reported lived experience of lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people. In *International Perspectives in Psychology: Research, Practice, Consultation* (Vol. 8, Issue 4, pp. 212–226). <https://doi.org/10.1037/ipp0000116>
- Fingerhut, A. W., Riggle, E. D. B., & Rostosky, S. S. (2011). Same-sex marriage: The social and psychological implications of policy and debates. *Journal of Social Issues*, 67(2), 225–241. <https://doi.org/j.1540-4560.2011.01695.x>
- Fitzsimmons, C. (2020, October 25). Latham’s education bill stirs debate about transgender issues in schools. *The Sydney Morning Herald*. <https://www.smh.com.au/politics/nsw/latham-s-education-bill-stirs-debate-about-transgender-issues-in-schools-20201022-p567oi.html>
- Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology*, 20(2), 181–194. <https://doi.org/10.1080/13645579.2016.1144401>
- Fox, J., & Warber, K. M. (2015). Queer identity management and political self-expression on social networking sites: A co-cultural approach to the spiral of silence. *Journal of Communication*, 65(1), 79–100. <https://doi.org/10.1111/jcom.12137>
- Frost, D. M., McClelland, S. I., Clark, J. B., & Boylan, E. A. (2013). Phenomenological research methods in the psychological study of sexuality. In D. L. Tolman, L. M. Diamond, J. A.

- Bauermeister, W. H. George, J. G. Pfaus, & L. M. Ward (Eds.), *APA Handbook of Sexuality and Psychology, Vol. 1: Person-based Approaches* (Vol. 1, pp. 121–141). American Psychological Association. <https://doi.org/10.1037/14193-000>
- Glassgold, J. M. (2009). The case of Felix: An example of gay-affirmative, cognitive-behavioral therapy. *Pragmatic Case Studies in Psychotherapy, 5*(4), 1–21.
<https://doi.org/10.14713/pcsp.v5i4.995>
- Gonzalez, K. A., Pulice-Farrow, L., & Galupo, M. P. (2018). “My aunt unfriended me”: Narratives of GLBTQ family relationships post 2016 Presidential election. *Journal of GLBT Family Studies, 14*(1–2), 61–84. <https://doi.org/10.1080/1550428X.2017.1420845>
- Harkness, A., Rogers, B. G., Albright, C., Mendez, N. A., Safren, S. A., & Pachankis, J. E. (2020). “It truly does get better”: Young sexual minority men’s resilient responses to sexual minority stress. *Journal of Gay and Lesbian Mental Health, 24*(3), 258–280.
<https://doi.org/10.1080/19359705.2020.1713276>
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychological Bulletin, 135*(5), 707–730.
<https://doi.org/10.1037/a0016441>
- Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. In *ARCShS Monograph Series No. 122*. <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>
- Hofmann, S. G., & Asmundson, G. J. G. (2017). The science of cognitive behavioral therapy. *The Science of Cognitive Behavioral Therapy, 44*, 1–610.
- Hofmann, S. G., & Hay, A. C. (2018). Rethinking avoidance: Toward a balanced approach to avoidance in treating anxiety disorders. *Journal of Anxiety Disorders, 55*, 14–21.

<https://doi.org/10.1016/j.physbeh.2017.03.040>

Katz-Wise, S. L., & Hyde, J. S. (2012). Victimization experiences of lesbian, gay, and bisexual individuals: A meta-analysis. *Journal of Sex Research, 49*(2–3), 142–167.

<https://doi.org/10.1080/00224499.2011.637247>

Kennedy, H. R., & Dalla, R. L. (2020). “It may be legal, but it is not treated equally”: Marriage equality and well-being implications for same-sex couples. *Journal of Gay and Lesbian Social Services, 32*(1), 67–98. <https://doi.org/10.1080/10538720.2019.1681340>

Kirby, M. (2020, February 26). Religious “freedom” bill will divide Australians, not unite us. *The Sydney Morning Herald*. <https://www.smh.com.au/national/religious-freedom-bill-will-divide-australians-not-unite-us-20200225-p544bz.html>

Koziol, M. (2017, September 25). “Vote no to fags”: Outbreak of homophobic violence, vandalism in same-sex marriage campaign. *The Sydney Morning Herald*. <https://www.smh.com.au/politics/federal/vote-no-to-fags-outbreak-of-homophobic-violence-vandalism-in-samesex-marriage-campaign-20170925-gyo9ri.html>

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology, 4*(1), 2–22. <https://doi.org/10.1037/qup0000082>

Levitt, H. M., Ovrebo, E., Anderson-Cleveland, M. B., Leone, C., Jeong, J. Y., Arm, J. R., Bonin, B. P., Cicala, J., Coleman, R., Laurie, A., Vardaman, J. M., & Horne, S. G. (2009). Balancing dangers: GLBT experience in a time of anti-GLBT legislation. *Journal of Counseling Psychology, 56*(1), 67–81. <https://doi.org/10.1037/a0012988>

Lohr, J. M., Olatunji, B. O., & Sawchuk, C. N. (2007). A functional analysis of danger and

safety signals in anxiety disorders. *Clinical Psychology Review*, 27(1), 114–126.

<https://doi.org/10.1016/j.cpr.2006.07.005>

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Maisel, N. C., & Fingerhut, A. W. (2011). California's ban on same-sex marriage: The campaign and its effects on gay, lesbian, and bisexual individuals. *Journal of Social Issues*, 67(2), 242–263. <http://10.0.4.87/j.1540-4560.2011.01696.x>

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. <https://doi.org/10.2307/2137286>

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

Moulding, R., Nedeljkovic, M., & King, R. (2020). Cognitive-behaviour therapy and psychological treatments in Australia. *Australian Psychologist*, 55(6), 590–597. <https://doi.org/10.1111/ap.12358>

Nadal, K. L., Wong, Y., Issa, M. A., Meterko, V., Leon, J., & Wideman, M. (2011). Sexual orientation microaggressions: Processes and coping mechanisms for lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, 5(1), 21–46. <https://doi.org/10.1080/15538605.2011.554606>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>

O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for

reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89(9), 1245–1251. <https://doi.org/10.1097/ACM.0000000000000388>

Pachankis, J. E. (2014). Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. *Clinical Psychology: Science and Practice*, 12(4), 313–330. <https://doi.org/10.1111/cpsp.12078>

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015). LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology*, 83(5), 875–889. <https://doi.org/10.1016/j.physbeh.2017.03.040>

Pachankis, J. E., McConocha, E. M., Clark, K. A., Wang, K., Behari, K., Fetzner, B. K., Brisbin, C. D., Scheer, J. R., & Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 88(7), 613–630. <https://doi.org/10.1037/ccp0000508>

Pachankis, J. E., McConocha, E. M., Reynolds, J. S., Winston, R., Adeyinka, O., Harkness, A., Burton, C. L., Behari, K., Sullivan, T. J., Eldahan, A. I., Esserman, D. A., Hatzenbuehler, M. L., & Safren, S. A. (2019). Project ESTEEM protocol: A randomized controlled trial of an LGBTQ-affirmative treatment for young adult sexual minority men's mental and sexual health. *BMC Public Health*, 19, 1–12. <https://doi.org/10.1186/s12889-019-7346-4>

Raifman, J., Moscoe, E., Austin, S. B., & McConnell, M. (2017). Difference-in-differences analysis of the association between state same-sex marriage policies and adolescent suicide attempts. *JAMA Pediatrics*, 171(4), 350–356.

<https://doi.org/10.1001/jamapediatrics.2016.4529>

Rostosky, S. S., Riggle, E. D. B., Horne, S. G., Denton, F. N., & Huellemeier, J. D. (2010).

Lesbian, gay, and bisexual individuals' psychological reactions to amendments denying access to civil marriage. *American Journal of Orthopsychiatry*, *80*(3), 302–310.

<https://doi.org/10.1111/j.1939-0025.2010.01033.x>

Royal Australian and New Zealand College of Psychiatrists. (2019). *Recognising and addressing*

the mental health needs of the LGBTIQ+ population. <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-needs-lgbtqi>

Russell, G. M., Bohan, J. S., McCarroll, M. C., & Smith, N. G. (2011). Trauma, recovery, and

community: Perspectives on the long-term impact of anti-LGBT politics. *Traumatology*, *17*(2), 14–23. <https://doi.org/10.1177/1534765610362799>

Safren, S. A., & Rogers, T. (2001). Cognitive-behavioral therapy with gay, lesbian, and bisexual

clients. *Journal of Clinical Psychology*, *57*(5), 629–643. <https://doi.org/10.1002/jclp.1033>

Sainty, L., & Taylor, J. (2017, November 10). *65 times the same-sex marriage debate was*

definitely not respectful. BuzzFeed. <https://www.buzzfeed.com/lanesainty/please-make-it-stop1>

Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and

symptoms of common mental disorder or low wellbeing: Combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry*, *16*.

<https://www.lib.uts.edu.au/goto?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2016-15201-001&site=ehost-live>

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W.

Stainton Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (2nd

ed., pp. 17–36). SAGE Publications. <https://doi.org/10.4135/9781526405555>

The Equality Campaign. (2018). *Submission to the Senate Standing Committee on Finance and Public Administration References Committee's Inquiry into the arrangements for the Marriage Law postal survey.*

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/postalsurvey/Submissions

Van Der Pol-Harney, E., & McAloon, J. (2019). Psychosocial interventions for mental illness among LGBTQIA youth: A PRISMA-based systematic review. *Adolescent Research Review, 4*(2), 149–168. <https://doi.org/10.1007/s40894-018-0090-7>

Verrelli, S., White, F. A., Harvey, L. J., & Pulciani, M. R. (2019). Minority stress, social support, and the mental health of lesbian, gay, and bisexual Australians during the Australian Marriage Law Postal Survey. *Australian Psychologist, 54*(4), 336–346. <https://doi.org/10.1111/ap.12380>