

# Gay and Lesbian Experiences of Discrimination, Health, and Well-Being: Surrounding the Presidential Election

Social Psychological and  
Personality Science  
2018, Vol. 9(2) 131-142  
© The Author(s) 2017  
Reprints and permission:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1948550617732391  
journals.sagepub.com/home/spp



S. Mason Garrison<sup>1</sup>, Michael J. Doane<sup>2,3</sup>, and Marta Elliott<sup>4</sup>

## Abstract

Sexual minorities have poorer mental and physical health than heterosexuals; these health disparities are consistently attributed to discrimination. However, the mechanisms linking discrimination with health outcomes remain unclear. This exploratory study examines whether fast-acting mechanisms, like the minority stress model's "stressful social environment[s]," contribute to these disparities by exploiting the unanticipated election of Donald Trump on November 8, 2016. Gay men and lesbians participated in a 10-day longitudinal daily-diary study, beginning the day before the election (November 7–16, 2016). On the day after the election, participants reported immediate changes in health (e.g., depression, Cohen's  $d = 1.33$ ; illness, 0.44), well-being (e.g., happiness,  $-0.91$ ), and discrimination (0.45). The immediacy and magnitude of participants' responses are consistent with the minority stress model. This study provides a window into the experiences of gay men and lesbians, and illustrates how minority stresses, such as political uncertainty and discrimination, may impact vulnerable sexual minorities.

## Keywords

discrimination, sexual orientation, American politics, health disparities, minority stress model

In the final days leading up to the 2016 American presidential election, a victory for the Democratic candidate, Hillary R. Clinton, was nearly certain based on election forecasts (Cook Political Report, 2016; FiveThirtyEight, 2016; Wang, 2016). It was a divisive campaign, unprecedented in many respects. The Republican Party and their candidate, Donald J. Trump, were often criticized by the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community for their antiminority rhetoric. Indeed, even the Log Cabin Republicans—the largest coalition of LGBTQ republicans—called their party's stance "the most anti-LGBT[Q] Platform in the Party's 162-year history" (Angelo, 2016). Further, their national organization refused to endorse Trump, citing his advisors' anti-LGBTQ records (Log Cabin Republicans, 2016). Accordingly, LGBTQ individuals voted predominantly for Clinton (Huang, Jacoby, Strickland, & Lai, 2016). After leaving their polling stations on Election Day, those voters may have reasonably expected a Clinton presidency. By late evening on November 8, 2016, a Trump victory shattered those expectations.

This report presents findings from a short-term daily-diary study on gay men and lesbians that began on November 7, 2016—the day before the 2016 U.S. election. We have two major motives for reporting these findings. First, these data capture the immediate impact of the election on the lived experience of a minority group that stands to lose much under a Trump administration (e.g., marriage equality, workplace discrimination protections). Second, individuals from minority

groups, including gay men and lesbians, have poorer health outcomes compared to their heterosexual counterparts (Gonzales, Przedworski, & Henning-Smith, 2016), likely due to stressors associated with their stigmatized status. These stressors include experiences of discrimination and the public's general prejudice toward their group (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009; Meyer, 2003). Accordingly, we anticipated negative changes across multiple domains of wellness after the election. Thus, we examine the dynamics of these minority stressors within the context of the American political landscape.

## LGBTQ Health Disparities and Potential Causes

Gay men and lesbians report worse mental and physical health compared to general heterosexual populations from Western

<sup>1</sup> Department of Psychology and Human Development, Vanderbilt University, Nashville, TN, USA

<sup>2</sup> Interdisciplinary Social Psychology PhD Program, University of Nevada, Reno, NV, USA

<sup>3</sup> Kantar Health, Horsham, PA, USA

<sup>4</sup> Department of Sociology, University of Nevada, Reno, NV, USA

## Corresponding Author:

S. Mason Garrison, Department of Psychology and Human Development, Vanderbilt University, 230 Appleton Place, Nashville, TN 37240, USA.  
Email: s.mason.garrison@gmail.com