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For better, or for worse?: Impacts of Marriage Equality Policy on LGBTQ+ Mental Health

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Washington Semester Thesis

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“Discrimination, violence and intimidation for that reason, as well as others, violate the principle of equal protection under the law and have no place in American society” penned Bill Clinton on September 20th, 1996. The former president’s words evoke the democratic spirit of the United States and its status as a home to life, liberty, and the pursuit of happiness for all. Clinton’s uplifting statement of inclusivity starkly contrasts the subject matter he writes about, however. The quote above is taken from his statement on the signing of H.R. 3396 into law, otherwise known as the Defense of Marriage Act.

Since the 1950s, the level of oppression faced by the American LGBTQ+ community has consisted of affronts to personal freedoms and rights, attacks not just limited to the aforementioned Defense of Marriage Act. Fighting for basic American liberties and against discrimination on a daily basis makes being queer in the United States mentally exhausting and significantly distressing. Dissonance in both political and social contexts is especially challenging. While a lawmaker may speak for equality, they may go ahead in signing discriminatory policy. While a family member or friend may support one’s identity, they may make a comment that outs their bigoted beliefs.

The connections between LGBTQ+ mental health and policy have been minimally explored, despite the large issue they presents. Noting the correlations between the poor mental health of a minoritized population and the policy imposed on them is essential to understanding the daily stressors certain laws and orders present. As Dr. Anthony Fauci, Holy Cross ‘62, said in his talk with this semester’s DC cohort, understanding policy is essential to understanding how it affects people. The following thesis seeks to answer the question of how policy debates surrounding the rights of queer Americans affect their mental health. It also seeks to use theories

of minority stress and stigma to address how these pressures appear in social and political contexts. It will draw connections between society, policy, and psychological wellbeing, looking beyond the individual and to environmental stressors as explanations for decades of mental health disparity. It will explore two particularly impactful moments in LGBTQ+ policy – the Defense of Marriage Act and *Obergefell v. Hodges* – in order to support the position that policy affirming the rights of LGBTQ+ Americans improves their mental health, while policy that attacks those rights harms it. Special thanks to my fall semester internship site, the Human Rights Campaign, for providing the inspiration for the topic this thesis focuses on. Throughout it, resources from the nonprofit will be featured, honoring its significance to LGBTQ+ advocacy in the United States and the journey to marriage equality.

Background

History of Anti-LGBTQ+ Legislation in the United States

There is an extensive history of anti-LGBTQ+ legislation in the United States, and a review of said legislation is essential to understanding the compounding ramifications it has had on the queer community as a whole. The following section will summarize major anti-LGBTQ+ policy moments in American history, events that markedly sought to oppress gay and lesbian Americans via executive orders, bills, Supreme Court cases, or passed legislation between the years 1950-1996. Prior to the 21st century very few LGBTQ+ affirming policies existed and it is therefore not as crucial to cover them in this section. The following paragraphs will address areas where government inaction seriously harmed the LGBTQ+ community in the United States.

The first significant anti-LGBTQ+ legislation began in the 1950s, with the Lavender Scare and Eisenhower's Executive Order 10450. The order sought to actively remove queer people from the United States government, due to the fear that they were vulnerable targets for

blackmail and national security threats (Haynes, 2020). “Queer” as a term was more of a slur in this era of politics – when LGBTQ+ people were targeted, the term was used as a derogatory, punitive adjective to refer to the “abnormal” disposition the group held in society. Much like McCarthyism, the Lavender Scare investigated government employees and their private lives. Up to 10,000 people lost their jobs, as a result of being fired or resigning out of fear of investigation (Haynes, 2020). Eisenhower’s executive order was one of the first examples of fearmongering and scapegoating surrounding the idea of queer people in society. It removed queer people from the policy conversation, leaving them with no way to advocate for themselves within the American government proper.

Sodomy laws constituted the main source of societal oppression against LGBTQ+ identifying Americans for most of the 20th century. Inherited from colonial laws, they sought to surveil nonprocreative sexual activity and were used primarily to limit same-sex consensual sex (Eskridge, 2009). Where Eisenhower’s executive order surveilled government employees, sodomy laws surveilled everyday citizens. Illinois was the first state to rescind this legislation in 1962 following the Model Penal Code’s recommendations for standardized criminal punishments, and thereafter the decision to follow suit was left up to the states (Canaday, 2008). The 1986 Supreme Court case *Bowers v. Hardwick* upheld that the practice was constitutional, and after that, sodomy was not federally addressed until 4 decades later in *Lawrence v. Texas* (Human Rights Campaign, n.d.). These laws policed queer people from living their lives openly, under the guise of upholding social morals. No queer people could actively change these laws, because they did not hold positions of power in government – whether that be federal or state level legislatures.

Between the 1960s and 1980s, major progress was made throughout the gay rights movement and sexual revolution – all of this progress was lost as an entire generation of LGBTQ+ Americans passed away from AIDS and a lack of presidential action. As the issue reached the forefront of national attention, Ronald Reagan created the Watkins Commission via Executive Order 12601, in order to handle the public health crisis the HIV/AIDS epidemic presented. He was provided with over 500 recommendations, including advice to extend anti-discrimination protections to those with HIV (Reagan, 1987; Presidential Commission, 1988). The Fourth Great Awakening of the 80s, or resurgence of religion in the evangelist tradition, led to increased oppression toward the LGBTQ+ community from the Republican party and the Christian right. This resurgence of religion in politics cast an ugly shadow over any potential for equality legislation. While publicly opposing discrimination on the basis of an HIV diagnosis, Ronald Reagan failed to implement policy that would have saved the lives of hundreds of thousands of queer Americans. He instead chose to uphold his Christian values in favor of appealing to those that voted for him in 1984 (Yehia & Frank, 2011). The loss of an entire generation of queer activists erased the progress made in the 60s and 70s during the gay liberation movement, all due to Reagan's inaction as president and failure to help a community out of a major public health crisis. The AIDS crisis continued beyond Reagan's presidency, as did the mass hysteria imposed on the queer community.

The LGBTQ+ community fought an uphill battle heading into the 90s, and was knocked down by Clinton's two major anti-queer policies just as public perception of queer people was shifting. By 1990, the queer community had lost hundreds of thousands of gay men to the HIV/AIDS crisis and Ronald Reagan's failure to act, sodomy was still a crime in 28 states, public perception instilled fear in heterosexual Americans toward the gay community, and almost no

queer people served in federal positions. The 1994 Don't Ask, Don't Tell directive, (also known as DODD 1304.26) allowed gay Americans to serve in the military, but only if they did not disclose their sexuality (Department of Defense, 1994). Originally instituted as a way to prevent harassment on the basis of sexual orientation, the language it used prevented individuals who “demonstrate a propensity or intent to engage in homosexual acts” from serving because it would result in “unacceptable risk to the high standards of morale, good order, and discipline” in the United States Military (Department of Defense, 1994). Rather than protecting the morale or integrity of the armed forces, this directly discriminated against out queer people and forced LGBTQ+ military personnel to deny an aspect of their identity while fighting for a country that actively campaigned against their own rights.

As this brief history shows, the personal has become increasingly political. Facets of identity have become weaponized attacks on minorities in the United States, and methods of gaining votes for candidates on both the left and right. The personal and political are both inherently psychological. Instances like those mentioned are bound to have deep psychological implications for the groups they target, and for the political landscape and social consciousness they shape. These attitudes were brought forward into the late 20th century and early 21st century and the respective case studies that will be addressed in this thesis.

History of Mental Health Disparities in the LGBTQ+ Community

The history of queer mental health is just as troubling as the history of anti-LGBTQ+ legislation. Being queer is a known social determinant of health (Adler, Glymour, & Fielding, 2016). Before linking the two in this thesis' case studies, an understanding of how mental health struggles have manifested in the LGBTQ+ community is also essential.

Queerness holds an inherent link to the study of mental illness and psychology, as it was originally regarded as a mental disorder in the first few editions of the Diagnostic and Statistical Manual of Mental Disorders. Up until 1973, the DSM cited homosexuality as an indication of sexual deviance, “a sociopathic personality disturbance”, and it was included in the personality disorder section of the manual (American Psychological Association, 1952). The DSM-II removed homosexuality as a formal diagnosis, which also coincided with the sexual revolution and a shift in public opinion toward LGBTQ+ people. However, mental conditions as a result of distress from homosexuality remained in the DSM until 2013 with the DSM-5.

The framing of homosexuality as a mental disorder for around two decades led to the creation of conversion therapy, popularized as a way to “heal” those who did not comply with socially acceptable notions of sexuality. Because homosexuality was socially othered for so long, it was deemed as something to be fixed or “cured”. Initially intended as a way to help, research has shown that conversion therapy has done significantly more harm than good. It is associated with higher rates of depression, suicidality, and fewer overall positive outcomes in life (Ryan, Toomey, Diaz, & Russell, 2020). The harm done by the psychology field unto the LGBTQ+ community has been responsible for a rift between queer people and therapy – although queer people present a high need for psychotherapy, they are generally less trusting of it due to past indications of its harm (Ryan et al., 2020). Many LGBTQ+ people have had poor experiences with mental health care, thus choosing not to seek it out any longer

Historically, LGBTQ+ people have generally been at a higher risk for mental illness due to a variety of stressors attributed to their identities. Over half of LGBTQ+ Americans report experiencing some form of mental health struggle, diagnosed or not, and are twice as likely compared to heterosexual Americans (Human Rights Campaign; Medley, 2016). Potential

stressors include lingering social prejudice and stigma, which sociologists and psychologists correlate with increased mental stress (Goffman, 1963). The aftermath of coming out to friends and family can contribute to increased social strain and family tension – 40% of LGBTQ+ people have experienced some form of rejection from a family member after doing so (Pew Research Center, 2013). Coming out can sometimes be a protective factor but since many queer people come out at younger ages, negative reactions can impact social and emotional growth and set up a diathesis for a later stressor (Russel & Fish, 2016). Workplace or community discrimination has similar impacts, as it also reflects stigma and prejudice. Harassment and hate crimes can be both passive and violent forms of aggression toward LGBTQ+ people, with them, with FBI research on crime indicating that queer people are more at risk for hate crimes than any other minority group (Federal Bureau of Investigation, 2018). Experiencing a hate crime elevates risk for a trauma disorder, either short term or post-traumatic stress disorder that can take years to overcome. LGB adults are twice as likely to abuse drugs, for a variety of reasons, but most significantly as a coping mechanism (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). These stressors have decreased in prevalence, but have not entirely disappeared from society – meaning that queer people must constantly be vigilant.

Compounding stressors, associated with the intersecting identities of queer Americans, also exacerbate mental health. Queer people of color (QTPOC) experience symptoms of depression and anxiety at higher rates, but are diagnosed less often (Human Rights Campaign, n.d.). LGBTQ+ women tend to be at a higher risk for substance use (Hughes, McCabe, Wilsnack, West, & Boyd, 2010). LGBTQ+ Americans are at an incredibly high risk for suicide, more than other minoritized groups, but some individual groups also experience increases or decreases to this statistic (Human Rights Campaign, n.d.). Bisexual women, younger queer people, and white

queer women tend to be the most at risk with queer men and black queer women experiencing some protective factors based on their other identities as recent studies indicate (Ramchand, Schuler, Schoenbaum, Colpe, & Ayer, 2022). In terms of a connection to policy, this means that policy affecting an individual in two categories of their identity will feel an amplified impact.

Understanding both the history of anti-LGBTQ+ policy and LGBTQ+ mental health disparity and analyzing these two risk factors together is essential to understanding how policy plays into the parallel concerns these issues pose. Policy dictates the environment that LGBTQ+ people live in, as does the social bias that presents so many risk factors for queer Americans.

Method

In order to analyze the connections between marriage equality policy and mental health, a variety of methodologies were used. Relevant background information has already been considered in the preceding sections via a literature review on anti-LGBTQ+ policy initiatives and the state of LGBTQ+ mental health. The remainder of this paper consists of a scoping review of the existing literature on these topics organized in findings, discussion, and conclusions sections. Findings on the mental health outcomes associated with the Defense of Marriage Act and the *Obergefell v. Hodges* ruling were retrieved from psychology and sociology journals, using PsycInfo, PubMed, and JSTOR. They were then synthesized in order to find the most prominent outcomes and concerns for the LGBTQ+ community. Qualitative data was also consulted in conjunction with more quantitative journals. Some excerpts from these were included in order to ground this thesis in both psychological findings and lived experience. The resulting analyses are compared in order to find the key differences between the two initiatives and their impacts.

The studies consulted use different terminology to describe the LGBTQIA+ community. Thus far, this thesis has used the shorter acronym, LGBTQ+, in order to refer to the gay, lesbian, bisexual,, and queer community. It has also used “queer”, a reclaimed but contested term used more so by younger generations to refer to their same-gender loving identity. For clarity and ease of reading, this thesis will continue to use both interchangeably, or the shortened “LGBT” to refer to this same group of people regardless of the acronyms and terms used in sources. As a note, no research on marriage inequality has been conducted with a specific attention to the experiences of transgender or gender nonconforming persons, and therefore, LGBTQ+ will not refer to gender identity, but rather the sexual orientation statuses within the community, in this paper.

Theories

A number of theories will also be incorporated in order to analyze all findings, including stigma and minority stress theories. Erving Goffman originally coined the idea of social stigma. The Canadian sociologist defined *stigma* as the “situation of the individual who is disqualified from full social acceptance”, and thereby rejected from society on the basis of a discredited attribute or trait (Goffman, 1963). Much of Goffman’s theory referred to the queer community, and the terminology he uses to refer to the three groups involved in stigma are derived from queer culture. He first refers to the “stigmatized”, those who are othered with the stigma. Next, he states there are “normals” who do not hold a stigmatized identity, and the “wise” who are accepted by the “stigmatized” as allies, people who understand the othered and seek to empathize with them. Stigmatized, minoritized, othered individuals, according to Goffman, are ostracized, devalued, discriminated against, and face psychological distress as a result of their social shunning by normals (Goffman, 1963). Stigma theory has been expanded on since

Goffman's definition, but for the constraints of this thesis, stigma will refer to these three groups and the repercussions the marginalization of one exacts.

Stigma theory describes what is often referred to societally as prejudice. If one group is collectively discriminated against and devalued by high ranking members of society, all of society will gradually turn against the marginalized group. This can also be explained through the lens of policy that this thesis will employ. If policy, created by high ranking members of Congress, the President, and the Supreme Court, collectively indicates that a certain social group is not worthy of a certain freedom or right, that will reflect in the way society as a whole respects a group. Prejudice is reflected in the laws intended to discriminate against othered groups just as much as it is in daily life and interactions.

Operating off of the definitions of stigma, stigma theory, and social prejudice, *minority stress* is a product of stigma and subsequent social shunning. It was originally defined as stress created by these social biases, and the cause of hostile and stressful environments that act as the diathesis for mental disorders (Meyer, 2003). These biases have persisted across intervention attempts and reveal deep seated structural, interpersonal, and individual challenge intrinsic to the sexual minority experience in terms of stress and health (Chaudoir, Wang, and Pachankis, 2017). These environments are inherently unhealthy for minoritized, stigmatized populations, such as the environments oppressive policy makes for queer Americans.

Findings

The Defense of Marriage Act

Background. The Defense of Marriage Act, as this paper seeks to focus on as its first case study, was written into law by President Bill Clinton on September 20th, 1996. The text of the statute reads:

Defense of Marriage Act - Amends the Federal judicial code to provide that no State, territory, or possession of the United States or Indian tribe shall be required to give effect to any marriage between persons of the same sex under the laws of any other such jurisdiction or to any right or claim arising from such relationship.

Establishes a Federal definition of: (1) "marriage" as only a legal union between one man and one woman as husband and wife; and (2) "spouse" as only a person of the opposite sex who is a husband or wife. (United States Government Printing Office, 1996, paragraphs 2-3)

The law was two fold – first, it delegated the ability to decide if same-sex marriage would be recognized to each individual state (therefore opening the door to bans), and second, legally and federally defined marriage as between a man and a woman and a spouse as someone of the opposite sex. After the issue of same-sex marriage first emerged in the 1980s amidst the AIDS crisis, it quickly gained traction as the political right began to fear its legalization. Most religious groups and other socially conservative groups in the United States were opposed, citing that both tradition and the Bible offered no place for same-sex marriage (The Heritage Foundation, 2013). The bill was introduced in the House in May of 1996, where it passed by an overwhelming majority of 342 representatives (U.S. Congress, 1996). It moved on to the Senate in September, where 84 senators voted yes in favor of the Defense of Marriage Act (DOMA) (U.S. Congress, 1996). This overwhelming majority speaks to LGBTQ+ sentiment at the time – while not explicitly anti-gay, there was no push towards equitable policy and instead to “protect” marriage as a traditional institution and part of the status-quo. Simply put, DOMA created policy in a United States where queer rights were not deemed a social issue, marriage was.

While the bill passed quickly in Congress, President Bill Clinton publicly opposed DOMA. Having just passed Don't Ask, Don't Tell (DADT) two years prior, Clinton was championed as a pro-gay candidate during his campaign. DADT did repeal a 50 year ban on LGBTQ+ military service, but DOMA manages to suspend significantly more queer rights than DADT did. Nevertheless, Clinton signed the bill while also calling it "unnecessary and divisive" (Clinton, 1996). His paradoxical stance was clearly driven by the political climate of an election year, not his actual thoughts on the matter. As evident in recent discussions of DOMA, in which he and Hillary Clinton both called it a defensive action on the behalf of Democrats, discrimination was not a part of his presidential agenda (Clinton, 2013; Lee, 2015). The president's stance on the issue does not eliminate the harm that the Defense of Marriage Act caused to the queer community, but rather speaks to how pernicious that harm actually was.

A federal definition for marriage allowed 35 states to avoid recognizing same-sex marriage as legitimate and lawful almost immediately. These trigger bans also thereby denied same-sex couples over one thousand federal protections and privileges that opposite-sex couples had a right to, including rights to inheritance and joint tax returns (Pew Research Center, 2013). The newly imposed restrictions to marriage freedom posed an increase to social discrimination, but also economic disadvantage and a loss of basic legal protection for same-sex couples that was bound to wreak havoc.

Impact on mental health. Policy as devaluing and damaging as the Defense of Marriage Act had a serious impact on LGBTQ+ mental health. While studies did not begin measuring the impacts until a few years after its passing, DOMA brought immense psychological strain to queer American lives, exacerbating the previous social strain they already felt. The Act's passing is strongly correlated with increases to minority stress, psychological distress, higher levels of

internalized homophobia, lower self esteem, increases in alcohol disorders, and lower wellbeing overall as a direct impact of statewide marriage bans. Queer Americans also suffer from increased psychological strain as a result of being denied the protective benefits of marriage.

Minority stress greatly increased with DOMA's passing, due to the oppressive environment it upheld. Following the 2006 election, a series of studies were conducted in order to measure the impacts of the policy on minority stress for LGBTQ+ people. The researchers predicted such discriminatory policy would bring on an onslaught of negative messaging in the aftermath of marriage amendments being added to ballots around the country, and their hypothesis was confirmed (Riggle, Rostosky, & Horne, 2009). A national survey of 1,552 lesbian, gay, and bisexual Americans who lived in a state that passed a marriage amendment (one that defined marriage as exclusively between a man and a woman) found that a significant number experienced an increase in minority stress as a direct result of the policy and its messaging (Rostosky, Riggle, Horne, & Miller, 2009). This included exposure to negative media, conversations in daily life, and amendment-related affect, and anti-LGBTQ+ rhetoric.

Following the same election, an online content analysis performed by some of the same researchers found similar results. Queer Americans exposed to negative media expressed distress characterized by fear and anxiety (Rostosky, Riggle, Horne, Denton, & Huellemeier, 2010). These negative emotions, replicated results from the previous study, were again exacerbated by negative rhetoric, religion, ignorance, conservative politics, and a lack of apparent organizing on the behalf of LGBT activists. All of these stressors exacerbated preexisting minority stress (used as a referenced concept in this study), leaving the community hopeless and resigned to their political and social environments (Rostosky et al., 2010). However, some of the sample felt a resolute and determined optimism in the face of discrimination— not uncharacteristic of the

LGBTQ+ community. In 2022, a rainbow pride flag acts as more than just a welcome mat, but a beacon of hope for equality and a testament to resilience. Still, the two studies conducted by these researchers support the position that rhetoric, actively anti-same-sex marriage campaigning, and the environment that hate creates facilitates minority stress. Rostosky et. al's studies indicate that marriage inequality is positively correlated with an environment that promotes stress for those at a disadvantage for equal rights, because of the signals it sends to those it oppresses.

Smaller, more qualitative samples also replicated these findings of increases in minority stress. Queer people from Tennessee exhibited an active fear of isolation, discrimination, and aggression for change in the face of their environment (Levitt, Ovrebo, Anderson-Cleveland, Leone, Jeong, Arm, Bonin, Cicala, Coleman, Laurie, Vardaman, & Horne, 2009). When asked questions such as "What is the experience of being a GLBT person in the midst of legislative initiatives that seek to limit the rights of GLBT people?", participants from the sample indicated that they were bombarded with "painful reminders that [they're] seen as less human", that they are "not who [the government says] that they are, and that issues have a stronger impact if they "are actively important due to [their lives] regarding marriage..." (Levitt et al., 2009). While being disenfranchised, LGBTQ+ people who are legislated against face constant reminders of their othering and ostracization by the state or country they live in. They also become more attentive to issues that directly affect them (marriage being one example), meaning the degree of distress faced is increased. Constantly surrounded by the reminder of their inequality, the stigma and stress they face manifests in a tense and omnipresent focus on their devalued status. Overall, legislation against LGBTQ+ people and their right to marry results in a hostile environment that acts as the stressor for negative psychological impact in this stigmatized population.

The minority stress environment the Defense of Marriage Act created immense psychological stress and took a toll on the queer community. As a result of the negative campaigning and messaging associated with marriage amendments, a 2016 study found in a sample of 62 same-sex couples that a significant number experienced negative affect and decreased relationship satisfaction as a result (Frost & Fingerhut, 2016). A 2010 study found that DSM psychiatric disorders increased significantly in areas where marriage bans were in place. Researchers examined a sample living in states with bans in 2004 and 2005 and found that mood disorders and psychiatric comorbidities increased by roughly one third following the bans instatement (Hatzenbuehler, McLaughlin, Keyes, & Heslin, 2010).. What is arguably more significant is the 248% increase in generalized anxiety disorder that followed these bans, an increase also replicated in studies with a focus on minority stress (Rostosky, Riggle, Horne, Denton, & Huellemeier, 2010). Being disenfranchised and denied basic legal protections is correlated with a fear and anxiety that is almost inexplicable. An environment this hostile and oppressive is bound to create some fear and paranoia in a stigmatized population, especially when media makes this discrimination so easily perceivable.

The level of psychological distress faced by LGBTQ+ Americans is a result of perceived discrimination, associated with increased odds of depressive symptoms, lower quality of life and satisfaction, and loneliness. Being denied equality and handling the burden of being disenfranchised via policy also coincided with an uptick in internalized homophobia, which is often correlated with feelings of shame, guilt, and low self esteem (Rowen & Malcolm, 2002; Tatum, 2016). Higher levels of negative affect, stress, and depressive symptoms are all indicated in samples of queer people who are effectively told they are second class citizens (Rostosky et al., 2009). A few studies have correlated alcohol use disorders with marriage bans as well –

already a large issue for the LGBTQ+ community at large, inequality makes drinking an even more prevalent coping mechanism (Hatzenbuehler 2010, Hughes et. al, 2010). Actively being denied a freedom such as marriage has a significant negative impact on mental health, specifically with minority stress and immense psychological distress.

Another potential risk factor for mental health strain may also be the more broad and adverse impacts of marriage inequality. Marriage denial perpetuates an opportunity structure that disenfranchises queer people in the socio-cultural, legal, economic, and political aspects of their lives. Socioeconomic inequality and racism are common risk factors for mental illness, and as already mentioned in this paper, do disproportionately affect LGBTQ+ people outside of marriage (Adler, Boyce, Chesney, Folkman, Syme, 1993, Williams, 2018). Because of this, marriage access itself also ends up being a stressor – marriage as an institution supports wellbeing and acts as a protective factor for all people (Herdt & Kertzner, 2006). As Frost and Fingerhut’s study posits, decreased relationship satisfaction is correlated with the Defense of Marriage Act’s effects on state-wide marriage referendums. Without marriage available to offer the protective factor it has, other risk factors (relationship dissatisfaction or other well known psychopathological trends) may become amplified, offering a diathesis and a stressor in the form of disenfranchisement on several stigmatized identities and negative LGBTQ+ sentiment respectively. For example, perceived discrimination is “linked to a decreased sense of personal growth, diminished environmental mastery, and lowered self-acceptance in women in studies of the general population... [and] decreased quality of life and increased rates of psychological distress and mood and anxiety disorders” (Herdt & Kertzner, 2006). Similar effects would likely be evident in the LGBTQ+ population, or worse, considering other intersectional aspects of minority stress.

While quantitative data is compellingly indicative of the negative mental health effects of the Defense of Marriage Act and the marriage bans that resulted from it, qualitative data is equally as telling. It provides an important look at the everyday thoughts and feelings LGBTQ+ people faced with devaluing statutes in place. Levitt et al.'s 2009 study included excerpts from LGBTQ+ people in states with marriage bans that speak to the daily hardship they faced. One participant stated:

“Defense of marriage . . . it’s like there’s an invading army and we have to defend marriage Our society loves military metaphors . . . It certainly tells me that they view the GLBT community as a threat” (Levitt et al., 2009, p. 74).

The participant regards the Defense of Marriage Act as an attack, to further the militaristic diction they employ. They feel targeted, as though their sexuality is on the offensive side of a losing battle for equality. They feel threatened, and as though their sexual minority status villainizes them and the LGBTQ+ community in the face of a social tradition like marriage. This speaks to the daily feeling of dehumanization queer Americans faced under this policy. Another participant spoke to the ways in which more practical constructs make them feel othered:

“It [discrimination] drops in places you wouldn’t expect it, like you’re filing your tax returns and you can’t file jointly . . . I get really angry . . . because I’m honest with myself about who I am as a person, and I am a good person” (Levitt et al., 2009, p. 74).

Being denied the right to file taxes with a partner, to claim benefits from them, or to receive any of the same protections married heterosexual couples receive is discriminatory on a legal basis. Not having this right is frustrating to this participant, and goes so far as to bring on a moral crisis – not having access to these rights leads them to question their character, and what society believes about it. One more participant speaks to the paranoia policy like this brings on:

“When you see the votes turn out and it’s 84%, 80%, 90%, you have to assume that you know some of these people, that you know every day and interact with people who, in some regards, treat me as if I’m any other human being. But you wonder what’s going on in their head and their mind, and that can lead to some level of paranoia or fear or other things” (Levitt et al., 2009, p. 73).

In order to enact policy like this, voting is required – whether it is for candidates, referendums, or surveys of public opinion. This person sees the high statistics, and interprets that people they know quietly hold resentment for LGBTQ+ people. People throughout their life may hold this negative sentiment, one that would lead them to deny fundamental rights to a group of people. It makes them think about how bigoted people exist everywhere given this policy’s support, and therefore, people they know may be homophobic and hateful. Living in a society where it is hard to trust someone due to a potential bias is fear inducing.

Given these qualitative excerpts as well as the quantitative data, it is clear that DOMA contributed to a tense environment of hate for queer Americans in the years it was in place, contributing to minority stress. Same-sex marriage bans also led to increases in anxiety and depression symptoms, fear and paranoia, distrust, isolation, and increases in negative coping mechanisms such as drinking. The policy’s distal effects became proximal causes as they matched public sentiment and social acceptance. Stigmatized identity created an inflammatory environment for LGBTQ+ people under the Defense of Marriage Act.

Obergefell v. Hodges

Background. On June 26th, 2015, the Supreme Court of the United States officially overturned the Defense of Marriage Act in a 5-4 vote, making all marriages in the United States

legal and equal. After months of debate, appeals, and national conversation, the United States was finally able to declare that love is love via the *Obergefell v. Hodges* decision, the second case study this thesis seeks to focus on. The case's ruling sparked national celebration, via parades, rallies in front of the Supreme Court, and an influx of LGBTQ+ pride and support on social media. Justice Kennedy closed out his majority opinion with the following:

No union is more profound than marriage, for it embodies the highest ideals of love, fidelity, devotion, sacrifice, and family. In forming a marital union, two people become something greater than once they were. As some of the petitioners in these cases demonstrate, marriage embodies a love that may endure even past death. It would misunderstand these men and women to say they disrespect the idea of marriage. Their plea is that they do respect it, respect it so deeply that they seek to find its fulfillment for themselves. Their hope is not to be condemned to live in loneliness, excluded from one of civilization's oldest institutions. They ask for equal dignity in the eyes of the law. The Constitution grants them that right" (Cornell Law Library, 2015, paragraph 68).

In this opinion, Kennedy (and coauthors Justices Ginsburg, Breyer, Sotomayor, and Kagan), acknowledge the undue harm that the Defense of Marriage Act presented, and the bans that came with it. The majority recognizes the impacts of marriage denial, how heterosexual couples would not want the same for themselves, and the long history of sociopolitical exclusion that LGBTQ+ Americans have endured outside of a political context. In a conclusion that speaks to the most common argument – that LGBTQ+ disrespect the religious definition of marriage – Kennedy claims that the hopes of queer people to marry is not a disrespectful action, but one of profound respect for the institution. He speaks to the dignity granted in the Constitution, and his opinion

expertly summarizes the arguments made for *Obergefell* – the importance of equality in a nation created on the basis of liberty.

It was not an easy road to SCOTUS. The product of six individual court cases from four states, *Obergefell v. Hodges* was heard in the district and circuit courts of the United States before making it to Washington D.C. Between 2012 and 2014, district courts in Tennessee, Michigan, Kentucky, and Ohio heard arguments *Tanco v. Haslam*, *DeBoer v. Snyder*, *Bourke v. Beshear*, *Love v. Beshear*, *Obergefell v. Kasich*, and *Henry v. Wymyslo* (Oyez, n.d.). The cases dealt with marriage inequality and more specifically the same-sex marriage bans allowed under the Defense of Marriage Act (Cornell Law Library, 2015). All of them spoke to the inequality a marriage ban presented for LGBTQ+ Americans. Each was heard in its respective district court, which then declared same-sex marriage bans unconstitutional (Snow, 2014, Geidner, 2013, ACLU, 2015). Appeals were filed by the defendants in all of the cases, and the Sixth Circuit Court of Appeals declared the same-sex marriage bans constitutional in 2014 (Denniston, 2014). Judge Jeffery Sutton of the Sixth Circuit Court stated that the plaintiffs' claims did not make the case for "constitutionalizing the definition of marriage" and that same-sex marriage rights should be left up to the states as they were previously (Wolf, 2015). Due to the conflicting decisions, the six cases became one in *Obergefell v. Hodges*, and were heard by the Supreme Court based on violations of the Fourteenth Amendment's Due Process and Equal Rights clauses.

Impact on mental health. The outpour of support for the LGBTQ+ community is just one positive benefit of the *Obergefell* decision – it drastically changed queer mental health for the better and is correlated significant increased social acceptance. Reduced stigma majorly aided in decreasing symptoms of depression and anxiety, and the added benefits of a protective factor like marriage also greatly helped to eliminate previous stressors.

The *Obergefell* decision greatly increased LGBTQ+ acceptance around the country after it was made in 2015. This resulted in increases in social support for queer people that would not have come without such a widely publicized queer rights case being on the docket. Public support for gay marriage was significantly higher after the ruling, resulting in a reduction of anti-gay attitudes overall (Kayzak & Srange, 2018; 2015). Because levels of prejudice toward LGBTQ+ people usually trend downward in countries with legalized same-sex marriage, the U.S. experienced a similar shift in public opinion and those with previously bigoted beliefs changed their minds to match the state of policy (Hooghe & Meeusen, 2013; Kreitzer, Hamilton, & Tolbert, 2014; Flores & Barclay, 2016). The shift massively helped in terms of creating an environment where queer identity could flourish, and the psychosocial benefits of the Supreme Court Ruling could occur.

As a result of the increased acceptance realized through the court ruling, queer Americans found that they were more openly able to express their identities. Being able to express one's self contributes to wellbeing, and a study of around a thousand couples in same-sex marriages found that state recognition of marriage was significantly associated with less identity concealment and vigilance (Riggle et al., 2017). In a study that conducted qualitative interviews with 20 sexual minority women, it was observed that it felt safer to be out after *Obergefell* in the workplace, in social interactions, and in their community (Wooton et al., 2018). They also expressed a feeling of "normalization", instead of feeling othered as previously indicated, and an expectation of equality and tolerance (Wooton et al., 2018). Another study, with a sample of 288 LGBT individuals, indicated in a survey that legally recognized same-sex marriages strengthened the participants confidence in their relationships and made them feel more real and valid in society (Lanutti 2018). Identity centrality and partner support became important parts of queer people's

lives after *Obergefell* according to Riggle et al.'s study. This ability to express oneself more openly is a direct result of the more accepting socio-political environment that the 2015 decision created (Riggle, 2017). In a study of nurses, more of them reported their sexual orientation status as time progressed, mirroring the trajectory of social acceptance of queer people and its subsequent manifestation as identity expression (Charlton, Corliss, Spiegelman, Williams, & Austin, 2016). On an independent level, and a daily basis for LGBTQ+ Americans, the everpresent stigma and oppression faded and allowed for more freedom in self expression.

Perceived unrecognition faded overtime in the same way stigma did. A 2018 study with a sample of 106 same sex couples measured the impacts of same-sex marriage legalization via survey. The idea that a certain group is inherently marginalized by society and perceived to be ineligible for equal rights was a major contributing factor to previous mental health disparity, and was disrupted after the legal precedent set by *Obergefell* (LeBlanc, Frost, & Bowen, 2018). Legal marriage was thereby correlated with lower levels of perceived unrecognition and consequently, better mental health outcomes. While recognition is also a sociopolitical gain, it came alongside decreases in psychological distress, depressive symptoms, and dysfunctional drinking habits (LeBlanc et al., 2018). These findings are the exact opposite of previous research which measured effects of legalized same-sex marriage in states that had not put a marriage ban in place under the Defense of Marriage Act (Rostosky, 2009; Rostosky, 2010; Wight, 2012). This solidifies marriage equality's benefits and furthers the case for why it was so important. To further this component of perceived unrecognition in the vein of minority stress, the Defense of Marriage Act contributed to stress by failing to recognize the legitimacy of LGBTQ+ marriages. In the case of *Obergefell*, minority stress greatly decreased due to a more supportive environment that recognized marriages that did not fit the heteronormative standard (Everett, Hatzenbuehler,

& Hughes, 2016). Same-sex marriage's legality managed to strengthen not only LGBTQ+ social inclusion, but also the mental health and wellbeing of the community.

Decreases in perceived discrimination have had effects across many studies. A 2016 study including 516 queer women found that this effect was correlated with others, including lower prevalences of stigma consciousness, excessive drinking, and depressive symptoms. Decreases in discrimination have been correlated with a greater number of LGBT people who indicated that they were happy, 87%, and greater levels of life satisfaction, 62% (Williams Institute, 2018). To directly compare this to numbers that came before 2015, 84% of LGBT adults felt happy compared to 89% of non-LGBT people, and 58% of LGBT people were satisfied with their lives compared to 68% of non-LGBT (Williams Institute, 2018). While not drastic increases in numbers, there is a reduction in the disparity between LGBT and non-LGBT people, particularly in the area of life satisfaction. Whether it is the idea of being married, the ability to be married, or just the recognition of equality, legalized same-sex marriage made a particularly significant positive impact on psychological wellbeing.

Marriage is a known psychological protective factor, and it applies here as well. LGBTQ+ people in marriages experienced greater feelings of social inclusion, on top of what was already experienced in the workplace and community (Badgett, 2011). In a study conducted in Massachusetts before *Obergefell's* ruling, 19 same-sex couples indicated that they felt more socially included, and these effects were amplified in participants with more accepting families. Given that family acceptance was also amplified after the 2015 decision, it is safe to say that these effects could be seen in the broader American population now. (Badgett, 2011) Queer people in marriages also experienced the psychosocial benefits of marriage as well, and thus reported greater wellbeing than single queer people (Wight, LeBlanc, & Badgett, 2013). This is

to be expected given marriage's protective factor status – this study's findings show that the same idea applies to LGBTQ+ people, which further eliminates disparities between queer Americans and non-LGBTQ+ Americans.

Just as qualitative evidence supports the conclusions this thesis draws for the adverse mental health impacts the Defense of Marriage Act created, such evidence supports the psychosocial benefits of the *Obergefell* decision. Tracy Hollister, a gay rights advocate, stated:

“It was exciting to be a part of the momentum that became unstoppable, to create a positive climate in which today's decision could be made," she said. "For me, what this means is we are a more whole America, the promise of equal opportunity and freedom for all Americans is more fulfilled. We LBGT Americans belong more today in the fabric of society” (CBS News, 2015, paragraph 18).

This account brings a certain pride and patriotism, speaking to the America that LGBTQ+ want to exist in – one that welcomes them, grants them equal rights, and sees them coexist in society without the barrier of stigma and prejudice. Gathering at the Supreme Court contained a certain collective effervescence, a shared mood of relief and celebration that brought LGBTQ+ people and allies together over a more equal country. Jim Obergefell, the plaintiff whose name now is now synonymous with marriage equality, stated:

“Thanks to the Supreme Court, a period of deep injustice in this nation is coming to a close, but it's also clear today that there is still so much work to do. As long as discrimination against lesbian, gay, bisexual and transgender people is tolerated—whether in the seeking of a marriage license, the pursuit of fairness on the job, or the fight for equal treatment at a restaurant or business—we haven't truly guaranteed

equal justice under the law. But today's victory proves that anything is possible, and I could not be more hopeful about the capacity of this country to change for the better.”

(Human Rights Campaign, 2015, paragraph 4)

Obergefell’s statement is hopeful and optimistic, speaking to the magnitude of what it means to be equal after years of fighting. However, it does not diminish the amount of work that he and many others believe needs to be done. While he rejoices, he acknowledges that discrimination policy needs to be instituted in the future. A study by Wooton et al. asked more about the workplace and community environments after this monumental legislation was passed:

“And then it [marriage legalization] was just there... [Same-sex marriage] was just very normal, this is what people do. So I appreciated [marriage legalization] on that level. I find in my day-to-day interaction, when people ask if I’m married, I say, “Yes.” Like at work -- I find that people talk very openly about their spouses and I find, for me, I was always little closeted, or very closeted, whereas now it’s just like I feel emboldened to just be out.” (Wooton, Drabble, Riggle, Veldhuis, Bitcoin, Trocki, & Hughes, 2019, paragraph 19).

As more quantitative studies suggested, being “out” is associated with a certain boldness and freeness. It is affirming to be able to be oneself in day to day interactions, as this participant suggests, and no longer needing to be in the closet on a daily basis is especially affirming. Knowing that social acceptance mirrors policy allows LGBTQ+ people to have this confidence in self expression. Another account from the same study states:

“I think it’s that idea that, maybe it’s just about me, maybe it’s about my confidence,

having the legal backing to support the validity of my sexual orientation. I'm a lot more outspoken about it [sexual orientation] on social media and within my life. It feels more legitimized, so I don't have to play the game of staying in the closet or hiding, or having this don't ask, don't tell because it makes other people uncomfortable." (Wooton, et al., 2019, paragraph 38)

Again speaking to the idea of being closeted, no longer having a barrier to self expression is affirming and validating. Social media is noted in this specific account, a nod to the role of media in changing public opinion. The culture surrounding queerness changed greatly just before *Obergefell*, and this perspective matches that. Having a legal marriage validates LGBTQ+ identity, and allows it to exist on a more legitimate level.

Discussion

Comparing the Impacts of the Defense of Marriage Act and *Obergefell v. Hodges*

The hypothesis this thesis set out to support is correct – The Defense of Marriage Act's impacts on mental health were largely negative, while the *Obergefell v. Hodges* decision's impacts were and continue to be largely positive. Where the Defense of Marriage Act brought psychological strain and increases to minority stress, higher levels of internalized homophobia, lower self esteem, increases in alcohol disorders, and lower well being for LGBTQ+ Americans, the *Obergefell v. Hodges* ruling brought a drastic reduction in stigma and minority stress. This reduction returned the right of marriage to queer people, allowing them to experience the psychological benefits it holds. It also decreased symptoms of depression and anxiety, and the feelings of devaluation and isolation LGBTQ+ people previously felt. The feelings of hopelessness and loneliness in the 19 years DOMA was the law of the land were replaced by

soaring feelings of pride, equality, and social inclusion in 2015, as the law of the United States came to reflect and affirm its diversity once more.

20 Years of Progress: The Shift in Tides from 1996-2015

By comparing the two case studies this thesis presents, it becomes abundantly clear that the main difference between the mental health impacts both have is the role and stance of public opinion. While this thesis previous elaborated on changes in public opinion toward queer people and gains in acceptance, there is a greater level of change to explore. DOMA came in a time where the media portrayed queer and transgender people as jokes and when coming out was not an easy or common thing to do. The shift in public acceptance is a phenomenon that must be considered in completely understanding how *Obergefell's* arguments were even heard by the Supreme Court, and what changes occurred before *Obergefell's* impact on acceptance. While the case's ruling made waves in terms of public acceptance, there was an additional shift that came before it. Policy initiatives, social media, and community created an environment in which public sentiment turned for the better.

Policy, created by the Supreme Court, was the main outlet for legal change and acceptance of queer people between 1996 and 2015. The first political move to advance gay rights came in the 1996 *Romer v. Evans* ruling. Under the equal protection clause of the Fourteenth Amendment, it was ruled that states could not deny queer people the basic legal protections that any other American may receive (*Romer v. Evans*, 1996). From here, a series of several Supreme Court cases elevated the rights of LGBTQ+ people to protected statuses. The 2003 *Lawrence v. Texas* case officially removed sodomy from federal law, effectively giving all Americans their right to privacy in consensual sexual contexts (*Lawrence v. Texas*, 2003, Human Rights Campaign, n.d.). This decision removed the predominant form of discrimination against

queer people, a major step in the right direction. Ten years later, *United States v. Windsor* declared Section 3 of the Defense of Marriage Act unconstitutional after hearing the case of Edie Windsor, whose long term partner had died and left her estate to Windsor in her will. Unable to claim those benefits due to a ban on the federal recognition of same-sex marriage, this case reversed the negative impacts of DOMA and made federal recognition possible again (Mears, 2013). These three landmark cases paved the way for *Obergefell* as the Supreme Court began hearing more LGBTQ+ rights cases, putting the legal battles of queer Americans in a public forum.

The Obama administration spearheaded a push for equality 2009-2016 with other instances of policy. Elected in 2008, Barack Obama's presidency brought a myriad of equality centered policies that both protected queer Americans and reversed laws of the past, such as the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act of 2009 and the Don't Ask, Don't Tell Repeal Act of 2010 (Zeleny, 2009, U.S. Senate, 2010). Obama officially named June as LGBT Pride Month, matching his social policy with his legislation as well (White House, 2009). Barack Obama was also the first president to mention marriage equality in his inaugural presidential address, a major move given Obama's previous anti-same-sex marriage stance (Human Rights Campaign 2013). As the first president of color, Obama himself represented social change and progress, and his actions line up with that sentiment.

Social media was the predominant outlet for advocacy at this time, in an era with increased digital reliance. This meant that advocacy could have immense reach and visibility as well. Political organizing via interest groups or protests were no longer the only way to make LGBTQ+ voices heard. The Human Rights Campaign created the hashtags #LoveWins and #LoveCantWait, which have been used millions of times to speak to the public outpour of

support for marriage equality (Human Rights Campaign, n.d.). Stories told on Twitter, Instagram, and Facebook using the hashtags have become first hand accounts of pride, struggle, and empowerment for LGBT Americans. It has made experiences that were formerly tough to share as easy as making a post, and it has worked. HRC's red logo, a symbol of love, has been shared over 18 million times by not just LGBTQ+ people, but their allies (Human Rights Campaign, 2015). Social media made awareness of queer issues exponentially more accessible, allowing LGBTQ+ Americans to raise their voices in the fight and change their own public image.

Public figures also had a major role in advancing public acceptance. Many celebrities used the media as a way to share their support publically, with celebrities such as Whoopi Goldberg, the cast of *Modern Family*, and Busy Phillips sharing their support using HRC's toolkits, hashtags, and logos (Human Rights Campaign 2010, 2012, 2013). Brands such as Target and Marc Jacobs endorsed marriage equality with HRC's help, either through statement or broader campaigns (Human Rights Campaign, 2011, 2013). HRC's support extended to governors and senators, as they petitioned Congress with the red equal sign as a symbol of their allyship (Human Rights Campaign, 2011, 2014). By the time oral arguments for *Obergefell* were heard in 2015, 61% of Americans were in support of marriage equality and lifting the bans DOMA put into place as a result of this newfound visibility (Human Rights Campaign, n.d.). Queerness took back its place in society through these methods of raising awareness, via social media and the platforms public figures, celebrities and government officials alike, had to use. All resulted in pride and solidarity for the LGBTQ+ community in the face of political oppression, as well as a desire to disrupt it.

Seeing a president affirm the rights of an entire minority is crucial and invites the country to see that same perspective. Seeing celebrities validate and endorse LGBTQ+ experience

inspires others to follow in allyship. Seeing LGBTQ+ lives in earnest, not as a joke, was the beginning of a powerful shift. Queerness in daily life was no longer uncommon, but just another reality. It became obvious over an incredibly short period of time that marriage equality was an integral equal right. A shift in cultural attitudes meant a shift in acceptance – the country that celebrated *Obergefell v. Hodges'* landmark decision greatly contrasted the one that passed the Defense of Marriage Act nearly 20 years earlier.

Stigma & Minority Stress Theory in Policy and in Action

With an understanding of the history of LGBTQ+ marginalization, mental health strain, and the effects of both in the aftermath of both the Defense of Marriage Act's passing and *Obergefell v. Hodges'* ruling, the ideas of stigma and minority stress theories can be more readily applied.

As Erving Goffman stated, stigma is the “situation of the individual who is disqualified from full social acceptance” (Goffman, 1963). At the start of the 20th century, up through the beginning of the 21st, LGBTQ+ Americans were intensely stigmatized on the basis of sexual orientation. Heteronormativity's hegemonic place in social discourse caused queer identity to be othered, minoritized, and cast to the sidelines. When the Defense of Marriage Act, LGBTQ+ Americans were othered via marriage equality stigma, with very few “wise” allies supporting and empathizing with them in the face of discriminatory legislation. They were socially shunned, resulting in the aforementioned mental health struggles –increases to minority stress, higher levels of internalized homophobia, lower self esteem, and lower wellbeing. Even the biggest pro-gay candidates, such as Bill Clinton, became “normals”, or the oppressors without stigmatized identity who engaged in social shunning and the creation of devaluing policy. Stigma faced little opposition, and social acceptance and policy were both anti-LGBTQ+ – allowing for

stigmatization to occur on local, state, and national levels. The status quo of stigmatization was disrupted beginning with the shift in cultural tides that came with social media, advocacy, and activism. The normalization of queer experience greatly increased numbers of the “wise” Goffman cites, in the form of straight allies, as did numbers of those who were willing to come out as LGBTQ+ and thus as a member of the “stigmatized”. This ripple effect continued, resulting in large numbers of allies who were able to empathize, accept, and recognize the unique challenges that come with being LGBTQ+, as well as members of the community who were unafraid to share their stigmatized identity. This acceptance is correlated with the levels of social inclusion recognized in the data, as well as other studies that showed decreases in depressive symptoms and anxiety. Once stigmatized, queer people have effectively been able to normalize their socially disqualified trait and evade the significant stigmas they once faced. While stigma still exists, it has largely faded with the help of both social acceptance via activism and progressive policy changes, as has the psychological strain of being intensely ostracized.

As stigma theory posits, a collectively discriminated group is ostracized by all of society starting with high ranking members of it. In these case studies, lawmakers oppress LGBTQ+ via DOMA and accept them via *Obergefell*. Members of the government dictate law and thus social behavior – the acceptance of queer people in society will always mirror what the law says in some form. After prejudice was effectively removed from federal law, social acceptance increased as a result of not only the work of the formerly stigmatized, but also the valued and trusted authority figures in society who made the change on a legal level.

This thesis has already explained how minority stress has operated and evolved throughout the two case studies it focuses on, but more theoretically, affirming policy has created decreases in the social biases minority stress thrives under. The stigmatized formerly existed in

an environment that did not support their open expression, one that had few empathetic allies and one that saw little allyship from society's authority – Congress, the president, and the Supreme Court. After 2015, with new policy environments that allowed for the expression of queer identity, there were fewer political avenues for oppression, although social methods still exist. Minority stress has been resolved on a policy level as far as marriage equality goes, but still exists on a broader social level for wider LGBTQ+ issues.

Conclusions & Recommendations

As indicated in this thesis, social change and policy are inherently linked. While one does not necessarily precede the other, they are both necessary for the reduction of stigma in society. As seen in the case of marriage equality, what started out as another instance of oppression toward LGBTQ+ people has become a source of social inclusion and belonging for a historically marginalized group. That is not to say that the issue has been resolved, because queer Americans still face daily hardship, but *Obergefell's* ruling has massively helped to normalize non-heteronormative identity into American society. Mental health has significantly benefited from anti-discriminatory policy, because of the combined benefits of social change and policy. In order to continue these advances, there must be both social and policy change. Because they go hand in hand, the United States will need to continue progress to both ends in order to work towards the ultimate goal of equality for all.

In order to advance social change, LGBTQ+ Americans and their allies will need to continue advocacy. It is their job to educate those with feelings of bias and prejudice. As seen in the *Obergefell* case study this thesis considered, there were still instances of stigma even after public policy caught up to public opinion. In order to truly overcome stigma, it takes time. In 1996, very few queer people ever thought marriage equality would be possible – 19 years later, it

was. There is hope for a country that truly accepts all Americans for who they are and who they love, but it will only come with hard work and the patience that activism takes.

Politically, LGBTQ+ Americans and their allies will need to push for change in the same ways they have already – via the courts, and via voting. Adversarial legalism has been the main method by which minoritized groups have experienced policy change. Lawsuits, appeals, and working to get a case heard by the Supreme Court have been very effective in passing decisions such as *Brown v. Board of Education*, *Roe v. Wade*, and *Loving v. Virginia*, three major civil rights cases. Additionally, voters will need to continue electing candidates that value equality as a fundamental right, and representatives that will bring those interests to state and national legislatures.

The Human Rights Campaign, the nation's largest LGBTQ+ nonprofit, does this sociopolitical work alongside hundreds of smaller queer rights organizations daily. Its educational arm does the social work, while its political arm carries out the task of lobbying and electing equality focused representatives to Congress. HRC is one of the main organizations pushing for the type of change that is necessary for equality that truly extends to all Americans – they were at the front lines of repealing DOMA, gathered at the Supreme Court as *Obergefell* arguments were heard, and found themselves pushing for the Respect for Marriage Act just a few weeks ago. HRC is the encapsulation of what needs to be done next, and who Americans should look to as they consider their role in advancing queer rights.

Just a few days ago, President Joe Biden signed the Respect for Marriage Act. Long awaited, and long necessary, the act seeks to codify same-sex marriage by stating that marriage is between any two people (U.S. Congress, 2022). In an address given moments after his signing, Biden said “Racism, antisemitism, homophobia, and transphobia are all connected, but the

antidote to hate is love. This law and the love it defends strike a blow against hate in all its forms, and that's why this law matters to every single American" – the RMA stands for more than just marriage access, but a bright horizon for equality and acceptance in a country divided by hate. As of late, misogyny, homophobia, transphobia, antisemitism, and classism have been amplified by the same social media platforms that so many minorities share their stories on. Biden's address directly addresses these attacks in the same way Bill Clinton's address shortly following the Defense of Marriage does, but this time it is different. Spurred by social change, and bound to bring more, Biden's statement is true and speaks to American democracy in ways that Clinton's could not. The former's is backed by some of the most equitable policy the United States has seen in years. Equality legislation is here to stay, which means that the Equality Act is ever closer to being passed.

As social and political change continues, it is also important to continue tracking the benefits of anti-discriminatory policy. Doing so is an important part of social change, and for those who like to see evidence of change, it can sway opinion. In this thesis, it was clear that there is a significant lack of attention to the transgender and gender-nonconforming community in terms of marriage equality mental health impact, but also in terms of mental health impact in general. Further research needs to expand on these groups, as well as other intersections of sex and gender. Other areas of intersecting identity that should be studied with regard to marriage equality should also be age, socioeconomic status, disability status, and religion, if the field is to fully acknowledge minority stressors and intersectionality. The field should also expand on addressing psychology's status in assessing public health and social determinants of health. Throughout this thesis, it became apparent that a number of LGBTQ+ issues of mental health are not widely researched, beyond just intersectional approaches to that research. In order to account

for the significant effects policy has on queer people, further novel research should tackle other policy, and draw stronger connections between public health. There is only so far reviews can go in the realm of finding new correlations. Finally, the Respect for Marriage Act should be studied in the near future, because it could have the potential to increase the positive effects *Obergefell* was shown to have. If we want sociopolitical equality, understanding how all policy affects every American is vital.

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