Belongingness and Subjective Well-Being Considering Conformity and Perceived Stigmatization

Alicia Latimer

Faculty Sponsor: Marianne McGrath, University of Michigan-Flint
BELONGINGNESS AND SUBJECTIVE WELL-BEING

Abstract

Current research shows evidence that gender-nonconforming men and women may be targets of peer stigmatization and victimization throughout middle childhood and young adulthood. This perceived stigmatization of gender-atypical individuals is negatively correlated with subjective well-being. There is, however, little research that takes into account the effect of belongingness moderating stigmatization as it affects well-being. High felt belongingness may lessen the effects of stigmatization and raise well-being of gender-atypical individuals. Participants completed an on-line questionnaire measuring conformity to gender norms, perceived stigmatization, felt belongingness, and subjective well-being. Point-biserial correlations were used to measure any association between scores of subjective well-being and higher levels of the subject variables of gender nonconformity and stigmatization with higher or lower belongingness. Independent t-tests were used to compare the means of subjective well-being between higher levels of gender nonconformity and stigmatization with higher or lower belongingness. The research found continued support for a negative correlation between reported gender nonconformity and subjective well-being, and perceived stigmatization and subjective well-being, but also of a positive correlation between belongingness and subjective well-being. Results also showed evidence that belongingness may positively affect subjective well-being among gender-nonconforming, stigmatized individuals. This relationship may have implications in therapy, schools, and in social and community psychology at large.
Belongingness and Subjective Well-Being Considering Conformity and Perceived Stigmatization

“Men don’t talk about their feelings.” “Women shave their body hair.” “Men don’t wear dresses.” “Long hair is for women.” “Men are doctors, women are nurses.” “Single men are slobs because they don’t have anyone to clean up after them.” “Maybe I should talk with your husband, ma’am, about the repairs to your car.” “Women don’t read comics.” “Boys want to be superheroes, girls want to be princesses.” These are gender stereotypes: beliefs about activities, characteristics, and psychological traits that have been socio-culturally categorized as either masculine or feminine (Brannon, 2005). This categorization is called genderization. Gender norms, or roles, are the socio-cultural attitudes about what behaviors, professions, etc. are appropriate for men and women, and have become synonymous with gender stereotypes. This conditioning of appropriateness begins at an early age. Consider children’s toys; dolls are marketed to girls, and action figures are marketed to boys.

Genderization continues throughout an individual’s adolescence and adulthood, shaping and influencing gender differences in communication style, body image and self-esteem, and sexual attitudes and behavior (Gallagher & Parrott, 2011). Some conform to these gender norms, and some do not. As Drury, Bukowski, Valásquez, and Stella-Lopez found in 2013, nonconformity can, and does, result in an individual’s stigmatization by peers. These peer reactions toward gender-atypical individuals are evident in children as young as nine years old (Drury et al., 2013), and it could present even sooner. The effects of peer stigmatization can be seen in a 2013 study by Baams, Beek, Hille, Zevenbergen, & Bos of Dutch Lesbian-, Gay-, Bisexual-, Trans-, and Queer/Questioning-oriented youth and young adults, in which the researchers looked at the relationship between gender nonconformity and psychological well-being, mediated by perceived stigmatization because of perceived or actual sexual orientation. The evidence supported their hypothesis that gender nonconformity correlated with lower levels of psychological well-being related to perceived stigmatization.

While females tend to receive abuse for not conforming to norms, i.e., body hair (Tiggemann & Lewis, 2004), especially in conjunction with feminist attitudes (Basow & Braman, 1998), men are also harassed when they fail to maintain a rigid dichotomization between gender traits (Bosson & Michniewicz, 2013). Bosson and Michniewicz’s study showed that men have a tendency to distance masculine from feminine traits more than women do. They also found evidence that feminine males are evaluated more negatively than masculine females; boys receive more encouragement for gender-typical behavior and harsher criticism for gender-atypical behavior. However, gender-atypical females are negatively evaluated more often (Toomey, Card, & Casper, 2014). Strong
aggression toward gender-atypical males could be a result of the concept of “precarious manhood,” which Bosson and Michniewicz suggest comes about when gender dichotomization is threatened. This renouncing of femininity by gender-typical males may reduce tolerance of perceived femininity in other men, though there is little research done on this subject. McDonald (2013) may shed some light on this suggestion, as his study found evidence of the tendency for male masculinity to become highly visible when under challenge. Femininity in other males may be enough of a threat to one’s precarious manhood to trigger harassment and aggression. Even more interesting is the considerable support Pauletti, Cooper, and Casper (2014) found that insecure, self-questioning gender identity fosters the tendency to attack gender-atypical peers. Early adolescents perceived as gender nonconforming may be targets for peer aggression and may themselves be aggressive toward their peers; this was found especially in females (Toomey et al., 2014). In Basow and Braman’s 1998 study, participants’ attitudes about one instance of the gender nonconformity, e.g., female body hair, led to presumptions of gender nonconformity in general; this negatively affected others’ perceptions of a target, which illustrates the strength and influence of socio-cultural ideas of femininity. While Moradi and Parent (2013) found evidence that the egalitarian attitude toward women is rising, there remains a strong differentiation in gender roles.

Gender identity is one’s own perception, knowledge, and feeling of being male or female (Stoller, 1964), or anywhere else on the gender spectrum, in the case of genderqueer individuals. Gender conformity is the extent to which an individual does or does not comply to cultural or societal expectations about the gender roles and norms typically associated with the individual’s gender. For women, nonconformity includes behaving and appearing in ways that are not considered feminine; for men, in ways that are not considered masculine. Some genderqueer individuals are marginalized and harassed simply for not conforming to the gender binary (Grollman, 2011).

Perceived stigmatization is an individual’s perceptions of peers’ negative and/or prejudicial attitudes and behavior that causes peers to think less of the individual as a whole (Ratner, Halim, & Anmodio, 2013). This stigmatization has been shown to have negative effects on an individual, particularly on their subjective well-being (Baams, Beek, Hille, Zevenbergen, & Bos, 2013). Subjective well-being is a person’s cognitive and affective evaluations of his or her life (Diener, Oishi, & Lucas, 2002).

While support has been found for a link between gender nonconformity and stigmatization, and between stigmatization and lower subjective well-being, there has been little to no research done on whether or not an individual’s social and personal relationships can counteract the negative effects of stigmatization on subjective well-being.
BElongingness and subjective well-being; that is, whether an individual’s felt belongingness may moderate perceived stigmatization. Baams et al. (2013) mention the need for a more positive environment to be created for nonconforming individuals, perhaps suggesting a possible link between belongingness and higher levels of well-being to be done in future research, but no specific construct was mentioned. Belongingness is the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992). Maslow’s theory of love and belonging (1943) suggests the importance of giving and receiving affection from others, whether the group is family, friends, co-workers, or society at large. Support has been found that its absence may make a person susceptible to loneliness, social anxiety, and other mental and physical issues (Baumeister & Leary, 1995); but the effects of its presence as a moderator for negative external stimuli such as stigmatization has yet to be studied. This research hoped to establish a possible link between belongingness as a counterbalance for the effect of stigmatization on subjective well-being because of gender nonconformity. That is, the subjective well-being of individuals resulting from nonconformity to traditional gender norms and stigmatization resulting from this nonconformity may be moderated by felt belongingness as it relates to personal and social relatedness.

Current research shows evidence that gender-nonconforming males and females may be targets of peer stigmatization and victimization throughout middle childhood and young adulthood. This perceived stigmatization of gender-atypical individuals is negatively correlated with psychological well-being. There is little research that takes into account the effect of belongingness moderating stigmatization as it affects well-being. High felt belongingness may lessen the effects of stigmatization and raise well-being of gender-atypical individuals.

The research expected to find continued support that there is a negative correlation between reported gender nonconformity and subjective well-being, and perceived stigmatization and subjective well-being, but also that there is a positive correlation between belongingness and subjective well-being. Results were also expected to show evidence that felt belongingness may positively affect subjective well-being among gender-nonconforming, stigmatized individuals. Gender-nonconforming individuals who perceive higher stigmatization, but who report higher levels of belongingness as it pertains to personal and social relatedness, have higher levels of subjective well-being as it pertains to positive and negative experiences. Compared to this, gender-nonconforming individuals who perceive higher stigmatization, but who report lower levels of belongingness, have lower levels of subjective well-being.
BELONGINGNESS AND SUBJECTIVE WELL-BEING

Methods

Participants

Participants were students of University of Michigan-Flint and users of the social media sites Facebook, Tumblr, Twitter, and Reddit. They were 18 years old or over, to obtain informed consent. They were recruited by a mass email through the student ListServ; in the case of social media recruitment, participants were recruited through posts on the social media websites. Student participants had to be students who had not had their e-mail addresses removed from the ListServ. They also had to be students who check their email; as such, they needed to be computer capable and have access to the Internet. They also needed to have the disposition to take and complete surveys. Concerning social media users, they also needed to have Internet access and the disposition to take and complete surveys. All participants were treated in accord with APA ethical guidelines.

Measures

A demographics form collected information about age, gender identity, and sexual orientation (see Appendix B). The 29-item Conformity to Masculine Norms Inventory (Hsu & Iwamoto, 2014) (see Appendix C) was given to all male participants, and statements were rated on a four-point scale from “0 (strongly disagree)” to “3 (strongly agree)” to measure their conformity to male gender norms (e.g., emotional control, winning, playboy, violence, self-reliance, risk-taking, power over women, and heterosexual self-presentation). The reliability of the scale was good, Cronbach’s α = .90. The 45-item Conformity to Feminine Norms Inventory (Parent & Moradi, 2011) (see Appendix D) was given to all female participants, and statements were rated on a four-point scale from “0 (strongly disagree)” to “3 (strongly agree)” to measure their conformity to female gender norms (e.g., nice and relational, modesty, domestic, sexual fidelity, care for children, romantic relationship, thinness, and investment in appearance). The reliability of the scale was good, Cronbach’s α = .83. Both the CMNI-29 and CFNI-45 were given to genderqueer participants to measure their conformity to gender norms. The seven-item Experienced Rejection Scale (Bos, Van Balen, Van den Boom, & Sandfort, 2004) (see Appendix E), anchored on a five-point scale from “1 (has never happened to me)” to “5 (I experience this very often),” measured perceived stigmatization. The reliability of the scale was good, Cronbach’s α = .83. The 27-item Sense of Belongingness Instrument (Hagerty & Patuskny, 1995) (see Appendix F), rated on a four-point scale from “1 (strongly disagree)” to “4 (strongly agree),” measured felt belongingness as it relates to valued involvement and fit in social and personal relationships. The reliability of the scale was good, Cronbach’s α = .93. The 12-item Scale of Positive and Negative Experience (Diener, Wirtz,
BELONGINGNESS AND SUBJECTIVE WELL-BEING

Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009) (see Appendix G) rated on a five-point scale from “1 (very rarely or never)” to “5 (very often or always),” measured the outcome variable subjective well-being as it pertains to positive and negative experiences. The reliability of the scale was good, Cronbach’s α = .93.

Procedure

The research design was a correlational study. It compared participants of higher-than-average levels of gender nonconformity and perceived stigmatization and either higher- or lower-than-average felt belongingness on raw scores of subjective well-being. It also compared the means of scores of subjective well-being between higher-than-average levels of gender nonconformity and stigmatization with higher- or lower-than-average belongingness.

A mass email was sent to University of Michigan-Flint students through ListServ. Recruitment messages were also posted to the social media sites Facebook, Tumblr, Twitter, and Facebook. The email and posts invited students’ and social media users’ participation in the study by following the included link to an online questionnaire on the Qualtrics website.

The questionnaire was comprised of an informed consent form, a demographic form, and four measures. The consent form included a description of the study and obtained informed consent without provoking demand characteristics. The demographics form collected participants’ information on age, gender identity, and sexual orientation. The CMNI-29 and CFNI-45 were used to measure conformity to gender norms. Skip patterns skipped the CFNI-45 for male-identified participants, and skipped the CMNI-29 for female-identified participants. The Experienced Rejection Scale was then used to measure perceived stigmatization. The SOBI was used to measure felt belongingness. And finally, the SPANE was used to measure subjective well-being.

After completing the survey, participants were then led to a debriefing page, with contact information for the researcher, the faculty advisor, University of Michigan-Flint’s Counseling, Accessibility, and Psychological Services (CAPS), and the National Crisis Call Center, should they have had any questions or concerns about their experience with the study.

Results

Once data collection ended, it was coded and analyzed through the Statistical Package for the Social Sciences, or SPSS. Mean splits were completed for each measure to create a variable for each predictor variable (nonconformity, belongingness, and stigmatization). A higher score indicated more gender nonconformity, stigmatization, and belongingness. A lower score indicated less of these characteristics.
Independent t-tests were used to compare the means between two levels of belongingness (lower-than-average: 0; higher-than-average: 1) to raw scores of subjective well-being among participants with higher-than-average gender nonconformity and higher-than-average perceived stigmatization. The outcome variable was measured on a continuous scale from 12 to 60. The predictor variable consisted of two categorical groups: higher gender nonconformity, stigmatization, and belongingness; and higher gender nonconformity and stigmatization and lower belongingness.

Point-biserial correlations were then used to compare the two levels of belongingness to raw scores of subjective well-being among participants with higher gender nonconformity and higher perceived stigmatization, in order to test the hypothesis of an effect of belongingness on the subjective well-being of stigmatized, nonconforming individuals. The outcome variable was measured at the interval level on a scale from 12 to 60. The predictor variable consisted of two categorical groups: higher gender nonconformity, stigmatization, and belongingness; and higher gender nonconformity and stigmatization and lower belongingness. There were different participants in each group, with no participant being in more than one group.

Preliminary correlation analyses were conducted to examine any relationship between mean scores of stigmatization and subjective well-being, and belongingness and subjective well-being. Results showed a strong positive relationship between belongingness and subjective well-being, $r(170) = .61$, and a moderate negative relationship between stigmatization and subjective well-being $r(170) = -.36$. Both correlations were significant at the 0.01 level.

To examine the effect of belongingness on subjective well-being in gender-nonconforming, stigmatized participants, participants’ scores for each measure were split along the means of each of the predictor variables: conformity to masculine norms ($M = .81, SD = .37$), conformity to feminine norms ($M = 1.72, SD = .28$), perceived stigmatization ($M = 2.37, SD = .66$), and felt belongingness ($M = 2.9, SD = .46$). Individuals below the mean were characterized as having lower stigmatization, and lower belongingness, while those above the split were considered to have higher stigmatization, and higher belongingness. Because the CMNI and CFNI measured conformity to gender norms, individuals below the mean were considered to have higher gender nonconformity, while those above the split were characterized as having lower gender nonconformity. Participants’ raw scores on the SPANE remained on a continuous scale.

A point-biserial correlation was used to compare the two levels of belongingness to raw scores of the
BELONGINGNESS AND SUBJECTIVE WELL-BEING

outcome variable of subjective well-being among participants with higher perceived stigmatization, in order to test the effect of belongingness on the subjective well-being of stigmatized individuals. The results showed that belongingness among stigmatized individuals was significantly correlated with subjective well-being, \( r(78) = .506, p = .000 \). Those who reported higher belongingness reported higher scores of subjective well-being.

An independent samples t-test was used to compare the mean scores of the two levels of belongingness on subjective well-being among stigmatized individuals. Results showed that those with higher belongingness \( (M = 45.39, SD = 5.86) \) reported a significantly higher level of subjective well-being than those with lower belongingness \( (M = 37.38, SD = 7.28) \), \( t(78) = 8.00, p = .000 \).

A second point-biserial correlation was used to compare the two levels of belongingness to raw scores of subjective well-being among participants with higher-than-average gender nonconformity and perceived stigmatization, in order to test the hypothesis of the effect of belongingness on the subjective well-being of gender-nonconforming, stigmatized individuals. Only 39 of the participants met the criteria for higher gender nonconformity and stigmatization, which affected the group size. Results showed that belongingness among gender-nonconforming, stigmatized individuals was significantly correlated with subjective well-being, \( r(39) = .471, p = .001 \). Those who reported higher belongingness reported higher scores of subjective well-being.

Table 1

<table>
<thead>
<tr>
<th>SUBJECTIVE WELL-BEING</th>
<th>HIGH GENDER NONCONFORMITY AND STIGMATIZATION, AND HIGH OR LOW BELONGINGNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>.471</td>
</tr>
<tr>
<td>Sig. (1-tailed)</td>
<td>.001</td>
</tr>
<tr>
<td>N</td>
<td>39</td>
</tr>
</tbody>
</table>

A second independent samples t-test was conducted to compare the mean scores of the two levels of belongingness on subjective well-being among gender-nonconforming, stigmatized individuals. Once again, only 39 of the participants met the criteria for higher gender nonconformity and stigmatization, which reduced the group size. Results showed that those with higher belongingness \( (M = 45.47, SD = 5.14) \) reported a significantly higher level of subjective well-being than those with lower belongingness \( (M = 39.41, SD = 6.23) \), \( t(39) = 6.06, p = .002 \).

Commented [m12]: This is very interesting and important work. MPA poster pres will be great—and I bet you can revise this a bit and submit it for publication—journals like Sex Roles would be a good fit.
Table 2

<table>
<thead>
<tr>
<th>HIGH GENDER NONCONFORMITY AND STIGMATIZATION</th>
<th>N</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>SIG. (2-TAILED)</th>
<th>MEAN DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECTIVE WELL-BEING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOWER BELONGINGNESS</td>
<td>22</td>
<td>39.41</td>
<td>6.23</td>
<td>.002</td>
<td>6.06</td>
</tr>
<tr>
<td>HIGHER BELONGINGNESS</td>
<td>17</td>
<td>45.47</td>
<td>5.14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The results showed that, as hypothesized, the relationship between gender nonconformity, perceived stigmatization, and subjective well-being appears to be moderated by felt belongingness. As expected, stigmatization was related to lower levels of subjective well-being, but higher levels of belongingness were related to higher levels of subjective well-being. Gender-nonconforming individuals who perceived higher stigmatization, but who reported higher levels of belongingness, had higher levels of subjective well-being. Compared to this, gender-nonconforming individuals who perceived higher stigmatization, but who reported lower levels of belongingness, had lower levels of subjective well-being.

The study corroborated previous findings that gender nonconformity and stigmatization were related to lower levels of psychological well-being (Baams et al., 2013), but it also added to the literature by examining belongingness as a moderator for stigmatization; this possible relationship was briefly hinted at in Baams et al.’s study, in that there is a need for more acceptance of gender-nonconforming individuals.

With consistent findings from future research, these results have potentially important implications in therapy, school settings, special groups, and social and community psychology. Regarding therapy, clients with low subjective well-being from negative experiences related to stigmatization may benefit from raising their belongingness: improving their support system with friends and special groups, both formal and informal. This could also be implemented in a school setting, with stigmatized or bullied children and adolescents possibly benefitting from direct efforts to raise their belongingness. Special groups, like those in the LGBT+ community, foster a sense of belongingness for sexual minority youth and adults, but more effort could be made to improve
BELONGINGNESS AND SUBJECTIVE WELL-BEING

Inclusiveness among the most marginalized orientations on a personal level. With a better understanding of the positive effects of belongingness, stigmatized individuals will hopefully be able to take advantage of accessible programs and support systems, and better their psychological outcomes without sacrificing their freedom of expression.

In an ideal world, stigmatization by peers of gender-nonconforming individuals would not exist. However, there is a deep-rooted tendency to categorize everything as masculine or feminine, and there tends to be an overwhelming, persistent, negative attitude toward sociological deviance such as gender atypicality. In our current society, intervention may have more of an effect than prevention. By finding support for the significance of belongingness as it relates to stigmatization and subjective well-being, attention may be brought to the need to develop strategies to improve subjective well-being of gender-atypical individuals by improving their perceived belongingness without compromising individual identity. Furthermore, while gender nonconformity is not universal among Lesbian, Gay, and Bisexual individuals, nor is it absent among heterosexuals, there are higher rates of gender nonconformity among LGB people than among heterosexual people (Grollman, 2011). Much research has found evidence of worse mental health and well-being among sexual minorities compared to heterosexuals, but a recent study by Rieger and Savin-Williams (2012) suggests that this difference may be due to stigmatization against gender nonconformity among sexual minorities more so than sexuality. If belongingness does tend to counteract the negative effects of stigmatization on the subjective well-being of gender-atypical individuals, interventions to improve belongingness may improve the subjective well-being and mental health of sexual minorities as well.

It bears mentioning that results showed that belongingness positively affected subjective well-being among stigmatized individuals, regardless of gender nonconformity. The need for programs and initiatives to directly aid youth and adults who don’t conform to gender norms may also extend to those who are bullied or stigmatized for other reasons. Interventions to improve the belongingness and, subsequently, the mental health of gender-atypical individuals, sexual minorities, and stigmatized persons in general could, over time, lead to a decrease in the suicide rates of stigmatized adolescents and young adults; suicide is the second leading cause of death for ages 10-24 (Web-based Injury Statistics Query and Reporting System, 2015).

Limitations of this study include generalizability of the results; even though internal validity was obtained through internally consistent measures and adequately testing the hypothesis, the small sample of convenience implies that the results are only applicable to college students in the Midwest. Participants’ ages were requested but...
not force-collected, other than ensuring participants were over eighteen through informed consent; some participants
did not provide this information in a later question, therefore an effect of age could not be examined. Effects of
gender and sexual orientation were not examined because of small, disproportionate sample sizes. The researcher
was not able to control for the setting in which participants completed the questionnaire; distraction or
embarrassment considering others present might have affected the dropout and “incomplete” rates, though there is
no way to know this for sure.

Future research can be conducted with a larger sample size of the necessary conditions of higher gender
nonconformity, perceived stigmatization, and felt belongingness. In a future study, the researcher plans to collect
data outside of a college setting, using LGBT+ community websites, based on research suggesting higher rates of
gender nonconformity among LGB individuals (Grollman, 2011), and research suggesting that stigmatization
against sexual minorities has more to do with gender nonconformity than with sexuality (Rieger & Savin-Williams,
2012). Information on age, gender, and sexual orientation can be collected more stringently to explore possible
effects and interactions of these variables. Instructions in recruitment emails or posts can be given regarding an
appropriate setting conducive to the highest level of privacy, honesty in responses, and motivation to complete the
survey for the participants.

Despite the discussed limitations, the present study bolsters previous results on the relationship between
gender nonconformity, perceived stigmatization, and subjective well-being, and the results add to the existing
literature on subjective well-being among gender-nonconforming, stigmatized individuals by examining these
constructs and their relationship with the moderating variable of belongingness. Gender-nonconforming, stigmatized
individuals who report higher levels of belongingness have higher levels of subjective well-being, compared to
gender-nonconforming, stigmatized individuals who report lower levels of belongingness. Further research on this
relationship is needed in order to directly address boosting individuals’ low subjective well-being, and,
consequently, their overall mental health.
References


BELONGINGNESS AND SUBJECTIVE WELL-BEING

doi: 10.1097/00006199-199501000-00003

doi: 10.1097/00006199-199501000-00003


Rieger, G., & Savin-Williams, R. C. (2012). Gender nonconformity, sexual orientation, and psychological well-
BELONGINGNESS AND SUBJECTIVE WELL-BEING


