Original Paper

A Protocol Analysis of the Reasons for Living Scale Items with a Sample of Gay, Lesbian, and Bisexual Adults

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Abstract: A sample of gay, lesbian, and bisexual adults (N=19) was interviewed regarding their perception of the relevance and interpretation of items in the Reasons for Living Inventory (Linehan et al., 1983). Interviews revealed that many RFL items were relevant to these LGB participants. However, participants also revealed that a number of the items conveyed assumptions of traditional heterosexual lifespan trajectories and belief systems with limited relevance to LGB experiences. Overall, the findings of these interviews suggest that previous research with LGB adults indicating fewer reasons to live as endorsed on the RLF, may have been an artifact of the lack of alignment of the items with the experiences of members of this population. Based on these findings, suggestions are made for the development of a version of the RFL using more inclusive language, specifically focused on the experiences of LGB individuals.

Keywords: Reasons for Living, Gay, Lesbian, Bisexual, Suicide

Assessing reasons for living when one is thinking of engaging in suicidal behaviors is grounded in a protective factor approach to understanding and intervening with suicidal people. This approach was formalized in 1983 with the development of the Reasons for Living Inventory (RFL) by Marsha Linehan (Linehan, Goodstein, Neilsen, & Chiles, 1983) and the measure has enjoyed considerable use since its development (Range & Knott, 1997; Range & Stringer, 1996; Westefeld, Range, Rogers, Maples, Bromely, & Alcorn, 2000). For example, the RFL has been used to investigate suicidality in numerous studies in the general population and results suggest that total and subscale scores are reasonably reliable and that interpretations of those scores are valid (see Westefeld et al., 2000).

Despite the usefulness of the RFL in studies of suicidality in the general population, it became clear early on that there might be differences in reasons for living for more homogeneous groups. For example, Osman and colleagues developed the Adolescent Reasons for Living Inventory as many of

the original items and scales of the RFL were not age appropriate (Osman, Downs, Kopper, Barrios, Baker, Osman, Besset, & Linehan, 1998). Similarly, Edelstein, Heisel, and McKee (2009) drew the same conclusion in their work with older adults and subsequently developed a version of the RFL reflecting reasons for living specific to that population. Using a different status variable, Westefeld and colleagues, argued that college students were likely to have somewhat different reasons for living as a function of their unique experiences as college students (Westefeld, Cardin, & Deaton, 1992). These researchers then went on to develop the College Student Reasons for Living Inventory (CSRLI) as an analogue to the original Linehan et al. (1983) model. Along these same lines, Choi and Rogers (2010) found that, although the CSRLI seemed to capture many of the reasons for living reported by Asian American college students, there were some identifiable differences as a function of culture. The underlying implication from this body of work is that the interpretations of the original RFL and its subscales may not be valid when applied across different cultural or ethnic groups, certain age-specific cohorts, or groups defined by other diversity characteristics.

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One group in particular for which this issue is relevant is lesbian, gay, and bisexual (LGB) adults. Despite logistic and other difficulties in determining the specific suicide rate in the LGB population (U.S. Public Health Service, 1999), available data suggest that LGB individuals may be at higher risk for suicide than their heterosexual counterparts (Hirsch & Ellis, 1998; Mathy, 2002; van Heeringen & Vinke, 2000) and that the risk may be up to thirty percent higher than in the general population (Flowers & Buston, 2001; van Heeringen & Vinke).

Attempts to identify protective factors for suicidal behavior with LGB individuals using the RFL have generally found that these groups reported lower reasons for living than the general population or their heterosexual counterparts. For example, Hirsch and Ellis (1998) found significant main effects between the heterosexual and LGB sample on five of the RFL subscales. These researchers hypothesized that LGB minority status likely contributes additional life stressors such as social stigma and isolation resulting in comparatively weaker reasons for living. Similarly, Hamilton (2001) examined results on the RFL in LGB individuals and found that the mean scores for their LGB participants were below the means of the general population suggesting that lower reasons for living may be related to the impact of internalized homophobia, social support, religious conflict, and degree of outness. An alternative explanation of the results of Hirsch and Ellis and Hamilton is that interpretations of the RFL scores may not be valid for LGB participants. This alternative was explored by McBee-Strayer and Rogers (2002).

McBee-Strayer and Rogers (2002) utilized the RFL to assess reasons for living with LGB participants in their investigation of the existential-constructivist model of suicidology (Rogers, 2001a; 2001b). Similar to the results of Hirsch and Ellis (1998) and Hamilton (2001) these researchers found that the RFL subscale means for the LGB sample were lower than the heterosexual comparison sample reported by Hirsch and Ellis. In an attempt to understand those results, McBee-Strayer and Rogers investigated the construct validity of the RFL using exploratory factor analysis. Their results did not support the expected sub-scale structure and they concluded that the RFL did not seem to measure reasons for living as identified in previous research in their LGB sample. With regard to the RFL, McBee-Strayer and Rogers concluded that "future LGB investigations should focus on creating a version of the RFL to address reasons for living within the LGB population" (p. 280). Thus, based on the previous research and the recommendation by McBee-Strayer and Rogers (2002), the focus of the current study was to explore the validity of interpretations of the RFL with LGB participants using an interactive verbal protocol analysis procedure.

Method

Sample

Table 1 presents the demographic data for the sample. As indicated, of the 10 female participants, two identified as bisexual and 8 identified as lesbian. Of the 9 male participants, one identified as bisexual and 8 identified as gay. Consistent with Patton's (1991) suggestions for qualitative research, this study used criterion sampling to obtain LGB participants. The criteria for participants were: self-identification as gay, lesbian, or bisexual and an age equal to or greater than 18 years. Nine male participants were recruited through an open letter published in an area LGB newsletter circulated by a non-profit health service organization. Ten female participants were recruited through a local listserv for professional women who self-identify as lesbian and bisexual in northeast Ohio. The decision to stop recruitment at 19 participants was based on two considerations. First was the issue of data saturation or redundancy (Patton, 1991). Although strictly speaking, we did not have strong evidence for saturation, interviews 17 through 19 produced no additional information relative to the RFL items. Second, and from a more practical perspective, responses to our recruitment attempts had stopped, a not unusual problem associated with participant recruitment in this population. As such, we decided to move forward with our sample of 19 participants. The research protocol was approved by The University of Akron Institutional Review Board.

Instruments
Demographic form

An 11-item demographic form assessed participants' ethnicity, year in school or highest level of education completed, age, sex, sexual orientation, and child-rearing status and items 2 (pessimism/hopelessness) and 9 (suicidal ideation) from the Beck Depression Inventory-II (BDI-II)(Beck, Steer, & Brown, 1996). Consistent with previous findings by Beck et al., these two items were included to aid in identifying participants who may be at risk for suicide and warrant referral to a 24-hour suicide hotline or clinic. Table 1 lists the demographic characteristics of the participants.

Reasons for Living Inventory

The Reasons for Living Inventory (RFL) began with 72 items generated by participants in the original test construction studies by Linehan and colleagues (1983). The items were organized into an inventory using 6-point scales (1=definitely would not impact decision to commit suicide to 6=definitely would impact decision) and given to two separate samples (N=218; N=213). Principal components analyses supported six subscales: Survival and Coping Beliefs (SCB), Responsibility to Family (RF), Child-Related Concerns (CRC), Fear of Suicide (FS), Fear

Table 1. Demographic Characteristics of Participants (N = 19)

Characteristics	n	%
Gender		
Female	9	47,37
Male	8	42,11
Transgendered	2	10,53
Sexual Orientation		
Gay	8	42,11
Lesbian	6	31,58
Bisexual	3	15,79
Age at time of interview		
18-25	1	5,26
26-35	10	52,63
36-45	5	26,32
46-60	3	15,79
Highest Level of education completed		
High School	1	5,26
Some college	2	10,53
Associates Degree / Technical School	2	10,53
Bachelors Degree	5	26,32
Masters Degree	3	15,79
PhD / Professional School	6	31,58
Ethnicity		
White / European-American	19	100
Child-rearing status		
Raise children in home	1	5,26
Children not in home	1	5,26
Plan to have children	9	47,37
Don't plan to have children	2	10,53
Not sure	8	42,11
Relationship Status		
Single	4	21,05
Divorced	2	10,53
Civil Union / Married / Domestic Partner	4	21,05
Partnered and live together	5	26,32
Partnered and live separately	4	21,05

of Social Disapproval (FSD), and Moral Objections (MO) (Linehan et al., 1983). Twenty-four of the original 72 items identified in the 1983 study were dropped from the inventory due to ambiguous content, leaving 48 items on the RFL. For the 48-item, six subscale inventory, internal consistency reliability estimates ranged from .72 to .93, indicating acceptable levels of reliability. Additionally, test-retest reliability was moderately high with coefficients ranging from .75 to .85 for the six sub-scales over three weeks (Brown, 2001).

Modified Suicidal Behaviors Questionnaire

The Modified Suicidal Behaviors Questionnaire (SBQ-M) was originally developed as a 7-page structured interview to assess past suicidal thoughts or attempts, frequency of suicide ideation in the past year, past suicide threats, and likelihood of suicide attempts (Linehan, 1981). A shortened 4-item version was later developed by Cole (1988) and more recently modified for clarity with an additional item by Rogers, Soyka, Hunka & McBee-Strayer (2002). The five items are summed for a total score ranging from 0 (no suicidal behaviors or ideation) to a maximum of 16 (past and possible future suicidal behavior and ideation). Although there are no normative data for interpretation, SBQ-M scores in the current study ranging from 0 to 4 as compared to the maximum score of 16 suggest little suicidal ideation.

Procedures
Protocol analysis

Protocol analysis is a general term for research methods in psychology that elicit verbal reports from research participants as they engage in various tasks (Crutcher, 1994). For our purposes, the goal of the protocol was to access the thoughts of LGB persons taking the RFL with regard to the meaning and relevance of the individual scale items. Consistent with recommendations for qualitative research, and in an attempt to minimize researcher influence, we employed a semi-structured interview process for the protocol. In this process, participants were encouraged to see themselves as experts so that they would be more willing to share reactions openly and believe they have something to contribute (Bouchard, 1976). The participants were informed that the purpose of the study was to understand how LGB people may react to RFL items. Also, similar to the process used in previous research to develop different versions of the RFL, participants were asked to generate possible items or additional factors that may be more relevant to the LGB community (Gutierrez et al., 2002; Westefeld, Cardin, & Deaton, 1992).

The interview remained informal and conversational while using the RFL and Patton's (1991) procedures for protocol analysis as a guide. Participants were instructed to think of the items and scales as themes in life that capture reasons for living. Each participant was asked to respond to the RFL items as if they were taking the measure themselves, provide feedback about the personal relevance of items as they read them, and share any positive or negative reactions to each item. Participants were encouraged to explore topics the items on the RFL stimulated in them and add as much detail to responses as possible.

Analysis

Objectives of the protocol analysis were to evaluate the validity of the interpretations of the RFL for LGB participants by exploring their reactions with

regard to the relevance of its scale items and sub-scales, and identify potential new items relevant to persons who self-identify as lesbian, gay, or bisexual. With this in mind, participants' reactions to the RFL items were content analyzed and grouped thematically. The most informative data generated by this process were the actual statements produced by the participants. Therefore, the findings section contains both direct and paraphrased statements made by participants. In order to organize the item level analysis, reactions are presented in terms of the six scales proposed by Linehan et al. (1983) and supported by the initial construction of the 48-item RFL. The additional 4-item responsibility to friends scale is included in the discussion of the Responsibility to Family scale because of the conceptual overlap of friends and family for these LGB participants.

As will be seen in the following sections, the responses to items on each scale were examined for emergent themes and general comments from participants. Response trends to the RFL items were identified and are presented in the following sections. Sample participant responses which exemplified response trends are provided for clarification and enhancement.

Results

Responsibility to Family and Friends

The single strongest trend in the data was the subjective and confusing definition of family. Participants used definitions of family and close friends that overlapped, changed with different questions, or were used interchangeably. For example, several participants expressed confusion when they came to items that asked a question similar to a previous item but used the term "close friends" instead of "family." Because of the overlapping nature of these terms, participants reported re-thinking previous responses to fit them into the categories used on the measure. Often, participants lowered their agreement with a previous item that used the word family after deciding that close friends or chosen family were not meant to be included in that item. For example, one lesbian woman participant reported confusion at the questions asking about close friends.

Close friends, do they mean the ones that are like family or like other people? Well, I guess the friends I consider close are the ones that are like family so I will give it a 6. But it's the same question as before [one that had been about families].

For these participants, the items engendered different responses based on whom they felt the

question referred to, so that an element of ambiguity was included in their subjective reading of the item.

Participants also expressed difficulty in fitting partners into the "close friend" or "family" category. Because partners are not related to participants through biological or legal definitions, some participants who were partnered reported not including their significant other in either group. These participants interpreted the RFL as including relationships with family of origin and friends and excluding the role of partners, even if the partner relationship was their main support. For example, one bisexual woman commented in response to item 1 (I have a responsibility and commitment to my family):

Like a lot of people in gay relationships, like their family sucks, or at least the family that comes to mind when you say "family"…you may not be out so you may not have too many friends yet. And I think it would be better if you used the word partner…especially for people whose family is just their partner.

Other participants reported strained relations with their families because of their sexual orientation. Several participants reported that their biological family of origin abandoned them emotionally after they came out. For others, family of origin ties were tense because of their families' lack of understanding or limited because of their choice not to come out to their families. One lesbian participant observed:

I don't really talk to my family that much about my personal life. Especially when it involves past or present relationships because they are not very understanding. So I just, I don't go there.

Several participants remained close to their families of origin. These people reported that the coming out experience enhanced their relationship with family members by making them more appreciative of each other and more accepting in general. Interestingly, all of the participants, even those with strong family of origin ties, reported having some close LGB friends that they consider to be "like family" and in their definition of family as well as the definition of close friends. This theme led some participants to ask for clarification of the meaning of the words "family" and "close friends" in items while others made assumptions about the intentions of the test authors. Still other participants redefined "family" or "close friends" in their own terms to suit their interpretation of the item. Such an approach to the measure does not lend itself to clarity and consistency of responses across large groups of people.

Many respondents suggested rewriting items to better represent how their families were constructed. Suggestions fell into two categories. One group of participants recommended changing the

instructions to advise people taking the measure that "family" could mean "blood relatives," partners, or close friends who are considered family. The items currently referring to "close friends" could be changed to refer to "friends." Participants reported that this change would lead people to interpret "friends" as people who are important, but who are outside of the family.

In the second group of suggestions, participants said that their main responsibility and commitment was to the person or people with whom they live. This group generally interpreted the term "family" as biological and cited the example that a same-sex couple is not considered a "family" unit as a married heterosexual couple might. For these reasons, participants suggested using "partner/family" or "people in your household" as terms to capture the idea of people with whom participants interact on a daily basis. The following items were suggested as modified versions of item 1 (I have a responsibility and commitment to my family):

I have a responsibility and a commitment to my household.
I have a responsibility and a commitment to my partner/family.

The following suggestion was made for the modification of item 9 (My family depends upon me and needs me):

My partner/family depends on me.

Participants often chose LGB friends, straight allies, some relatives, partners and ex-partners to make up their "chosen family." Having a network of supportive people included in the content of items was very important to participants.

Child-Related Concerns

Some surprises were encountered in participants' responses to the Child-Related Concerns scale. In past research using the RFL it has been theorized that LGB participants would not relate to questions concerning the possible effects of suicide on children because of a lower incidence of child-rearing and child-rearing plans (Hamilton, 2001; Hirsch & Ellis, 1998; McStrayer & Rogers, 2002). Consistent with the expected lower personal connection with child-rearing, only one participant reported raising children in her home. However, contrary to the expectation that participants without children would have low child-related concerns related to RFL items, participants consistently referred to concern for the children in their lives. For instance, one bisexual woman commented in response to item 11 (I want to watch my children as they grow) that:

There are no children now. But children that are in my life would influence me. For instance, nieces and nephews, my friends' kids, things like that.

The idea of having someone to care for was important to participants and was expressed in various ways. Relationships with younger siblings, cousins, nieces and nephews, the children of friends who are considered "like family," and pets were among the many "people" participants mentioned playing an active role in their lives and allowing them to exercise "auxiliary" parent roles. Several participants expressed resentment at their impression that the measure suggested that if they did not have biological children they had no one to care for. For example, a bisexual woman remarked in response to item 21 (It would not be fair to leave the children for others to take care of):

This question, all these questions about kids, presupposes you have kids. As the mother or caretaker that would be very important. But the presupposition is negative and annoying. Like if you don't have kids you don't have anything to live for. I do have pets that I would worry about if something happened to me.

Participants also expressed plans or hopes to rear children in the future as part of their plans in life. These plans to have children were cited as a reason to live and to keep going through difficult times. For instance, in response to item 11 (I want to watch my children as they grow) one lesbian woman remarked:

I also don't think my life would be complete if I never had at least one child.

Care-taking responsibilities or plans were expressed as reasons for living at least once in 17 out of 19 interviews. This consistency demonstrates a strong trend of relationships with children and pets that add purpose to the lives of participants in this sample. Their suggestions for the modification of the items reflect this trend. For example, some suggestions for modifying item 21 (It would not be fair to leave the children for others to take care of) were:

I would be worried about the care of my pets.
I would miss my pets too much.

For Item 11 (I want to watch my children as they grow) participants recommended:

I would not want to miss out on being a parent one day.
I have plans to adopt/parent a child one day.
There are children in my life I want to be around for.

There are children in my life I have an obligation to.

Participants suggested changing item 28 (The effect on my children could be harmful) to:

I am afraid of the impact my suicide would have on the children in my life.

For items in this scale, participants suggested broadening the possible care-taking responsibilities that could be drawn upon to endorse items. In addition, participants stressed the importance of future plans and dreams of children as powerful motivators to live.

Survival and Coping Beliefs

Consistent with findings of previous studies (e.g. Hamilton, 2001; Hirsch & Ellis, 1998) participants endorsed highly items in the Survival and Coping Beliefs scale. In general, participants reported that the items reflected future plans, hopes, and optimism and fit with their philosophy of living. Often, participants cited coming out as the most difficult experience in their lives which made other stressors seem small by comparison. For example, one bisexual woman commented in response to item 2 (I believe I can learn to adjust or cope with my problems) "After coming out, and all the life stress that went along with that, I believe I can get through just about anything else." Similarly, a gay man responding to item 40 (I have hope that things will improve and the future will be happier) said:

I always look toward the light. I don't know what could happen.

Another theme in response to items in this scale was the hope and meaning participants found in their religious beliefs. Many reported believing that they could find spiritual lessons in the most difficult times. For instance, in response to item 3 (I believe I have control over my life and destiny) one bisexual woman explained how she felt about showing strength in adversity:

I believe I have control, this kind of goes in with my life philosophy. I think this question is tapping into personal agency and my belief in myself... there is definitely a spiritual influence. I grew up as kind of basic nondenominational Christian. But now I have more Buddhist beliefs. I think that becoming a Buddhist came out of trying to find a faith that was inclusive [of diverse sexual orientations].

Items that expressed the ephemeral nature of hardships and acknowledged personal agency were reported to accurately represent participants' approach to challenges. However, item 20 (Life is too beautiful

and precious to end it) was particularly criticized for resembling the language used in anti-choice literature. Instead of the existing language, one participant suggested:

> *Life can be beautiful.*

Participants also suggested rewording items that seemed to "gloss over" or minimize the struggles of life stressing the need for balance and the acceptance of challenges. Participants again observed that coming out acquainted them with experiences and sensitized them to items that seemed to show a naïve view of the world. The following suggestion was offered as a rewrite to the item Life is all we have and it's better than nothing:

> *Life has its ups and downs and nothing lasts forever.*

Moral Objections

In this scale, participants overwhelmingly referred to a concept of a "relative" morality. In this way, participants stated that morality when considering suicide is a personal decision. Most stated that their coming out experiences and living as a member of an oppressed minority group rendered beliefs in a singular idea of morality or religious teaching impossible. Participants tended to reject the idea of traditional dogma or religious teachings in favor of personal interpretations of spiritually or intellectually based morality. For instance, a transgendered lesbian woman commented on item 5 (I believe only God has a right to end a life) by saying:

> *I think that what we follow, the Christian dogma, the Bible today, is all wrong. I think it's just, I think a bunch of people got around and started writing a bunch of stuff down.*

Similarly, a bisexual woman responded to items 5 (I believe only God has a right to end a life) and 27 (My religious beliefs forbid it) as follows:

> *Yeah, I do believe that God believes it's wrong. But, I wouldn't not do it just because a religion believed it was wrong. I would answer it [item 27] more important if it said "God believes its wrong" but just because a religion thinks it's wrong?*

Participants also made suggestions to rewrite item 27, My religious beliefs forbid it such as:

> *My spiritual beliefs don't support suicide.*
> *I believe suicide would take me backwards in my spiritual path.*
> *My personal relationship with the creator gives me strength.*
> *I have respect for life.*

> *I believe there is a larger force or a purpose for life.*
> *The afterlife includes karmic consequences.*
> *My life philosophy doesn't support it.*
> *Due to my spiritual beliefs, I don't believe I have the right to take my own life.*

Participants also expressed beliefs in reincarnation and egalitarian values that were not compatible with the concepts of God and religious beliefs presented in items in Moral Objections. For example, a gay man commenting on item 5, which referred to only God having a right to end a life, said:

> *But lessons we don't learn this time, we have to learn the next time. So you can construe that we have the right to end a life.*

Negative reactions were expressed in response to items reported as carrying the assumption of a universal moral code for the appropriateness or inappropriateness of suicide. Participants repeatedly suggested that the appropriateness of suicide depended on a person's individual situation and could not be adequately judged by others. An example is illustrated in this comment by a lesbian woman:

> *Well, if someone was just suffering and miserable and they really thought they'd be happier if they ended this life—then, who am I to judge? It could be that they believe in reincarnation, or heaven, or something like that and they thought it would be better in the next life.*

Participants responded that the items in this scale assumed adherence to religious, mainly Christian, ideals that did not fit with their constructions of morality. Eleven participants reported having spiritual or religious beliefs and stressed that their belief system was incompatible with what they perceived to be the judgmental nature of the items. Some examples of this conflict can be seen in the following responses to items 5 (I believe only God had a right to end a life) and 23 (I am afraid of going to hell). One bisexual woman said:

> *Some people's religions say that gay people should burn in hell so why would their religious beliefs forbid it* [suicide]*? I think someone's religious beliefs could actually contribute to somebody's desire to kill themselves, but not necessarily their relationship with God.*

Finally, a lesbian woman commented by saying "*The concept of God as an amalgamation of spirits instead of an angry being up above makes this statement hard to fathom.*"

Each participant who reported having spiritual beliefs also identified coming out as the

catalyst for reevaluating their religion of childhood. For these participants, the process of coming out included gaining self-acceptance that they reported was not possible within their pre-coming out belief systems. Some retained their religious affiliation of childhood but decidedly rejected ideas of the authority of a central church or religious figures. Participants spoke repeatedly of a belief in a personal relationship with God based on free will, equality of all human beings, and God or Creator as a personal guide that can be accessed by everyone. A transgendered gay man also spoke about his experiences with the church of his childhood:

I am a Pagan, now. Because you know, the Christian church was telling me, "Well if God wanted you to be a man you would have been born a man." And I just couldn't stand the hypocrisy. And I know a lot of people that have been kicked out of their church.

For many participants, the items in moral objections raised issues about the rejection they experienced, and in some cases still experience, from established religions. Participants unanimously viewed moral objections to suicide included in the RFL items to be linked to the social and moral belief structure supporting their oppression through heterosexism. Participants reported that according to social beliefs, moral correctness is incompatible with LGB sexual orientations. As such, participants stated that much of established religion was not spiritual, but a form of social control. A bisexual woman commenting on items in both the Moral Objections and Social Disapproval scales said:

I put a 4 [meaning "somewhat important" in response to item 5, "I believe only God has a right to end a life"] *because that is addressing a personal relationship with God. And I happen to agree with that statement. But, "my religious beliefs forbid it"* [item 27] *is addressing what other people think. To me that doesn't have anything to do with God. It has to do with what a group of white men said. Like, well, the Bible says this and this and this, and you shouldn't do it. Well, that's them putting whatever their issues are on me. So that's almost like social--like fear of social disapproval. I would put it in that category instead of moral or religious beliefs.*

Most of the participants subscribed to spiritual beliefs however, no one endorsed hierarchical religious institutions or the authority of religious leaders. As LGB people, participants reported experiencing institutionalized and de-facto heterosexism and homophobia from the religious institutions of their childhood. Participants cited their coming out experiences as catalysts for questioning their religions of childhood and reevaluating their spiritual beliefs. In addition, participants noted the continued use of religion in society to oppress LGB people through legislation.

Participants reported having faith through a personal relationship with God or a higher power they described as egalitarian, all-loving, and non-judgmental. This construction of faith led participants to disagree with the idea of God as an all-powerful figure to be obeyed. In contrast, God was often described as the experience of eternal love, or as a guide. Also problematic for participants was the assumption that "religious beliefs," which were interpreted as traditional Christian dogma, contained spiritual guidance. Participants often stated that they saw religious beliefs as the tool of the larger heterosexist society and not having much to do with God. Though the Moral Objections and Fear of Social Disapproval scales were supported by factor analysis as two distinct factors in the construction of the RFL (Linehan et al., 1983), LGB participants consistently responded to these items similarly. Often, as in the previous examples, they stated that objections listed as moral or religious in nature actually had underlying reasoning similar to items in the Social Disapproval scale. For example, participants tended to connect disapproval of suicide with religious beliefs.

Social Disapproval

The Fear of Social Disapproval scale items received little endorsement from this sample. The practice of using religion to support heterosexism in the larger society led many LGB participants to report conceptually linking the Moral Objections and Fear of Social Disapproval scales. In this way, concern about social disapproval as many participants interpreted it, was not a reason to live. For example, when asked how she came to feel so strongly about devaluing social approval one lesbian woman commented:

Well, for instance [the belief] *that you should be heterosexual. That's a perfect example. I don't fit into that one and I've gotten to the point where it makes you question all of the other ones - other hypocritical double standards, moral double standards that society enforces on people. Often they masquerade them as religion but they're really just a form of social control.*

Participants also commented that before coming out they wrestled with the anxiety of being ostracized from society because of their sexual orientation. After coming out, accepting that being ostracized was part of accepting themselves as a gay, lesbian, or bisexual person. Participants also stated that indifference to social approval was a learned defense against living as a member of a minority group in the U.S. One bisexual woman's response to item 3 (I believe I have control over my life and destiny) reflected the struggle many participants reported with some items in the RFL:

Having lived in a lesbian relationship for seven years, eventually you just have to say "fuck the world." I don't care what they think. Because so much of the world judges you for things that really are unimportant in the realm of your character as a person...you get really, really numb to what other people think...It's just not an issue anymore. If I was concerned I would probably be trying to live a life that was not true to myself.

Participants suggested the need for items about living according to personal moral codes and concern about hurting chosen family and friends to replace Social Disapproval scale items. Though participants felt strongly that social disapproval was not a reason to live, many also expressed concerns about how their decision to commit suicide would impact the LGB community. Participants reported feelings of social responsibility because they did not want their actions to reinforce negative stereotypes about LGB people as sick or crazy. For example, a bisexual woman said:

People think LGB people are out-of-control anyway...I do think though, that committing suicide would set a bad example for the gay, lesbian, and bi community. People would say, "Oh there's another one that couldn't handle their shit."

When asked to expound on their observations on the subject of social disapproval, many participants said that coming out and living as a gay, lesbian, or bisexual person stimulated the need to find a new moral code that affirmed their sexual orientation. This new moral code included questioning authority, sensitivity to perceptions of justice and fairness, and feelings of responsibility to others. For instance, when summarizing her thoughts on making a contribution to society, one lesbian woman responded:

I hope I can make more of a contribution before the end. Definitely the gay and lesbian and bi community benefits from everyone who is out I know that some people I have come into contact with, not trying to make a statement, not being political, but just living my life as an out lesbian, has given them something to think about. They can't say they don't know any gay people; they can't say all gay people are sick and crazy and don't have any morals after they have met me.

Items suggested by participants to begin to address areas of possible fears of social disapproval included:

*I would not want to hurt people I care about.
I do not want to be a statistic.*

I would not want my enemies to be right.

A central theme to participants' responses to items in the Social Disapproval scale was the focus on measures of personal worth and social responsibility rather than perceived approval or disapproval from the larger society. Participants observed that their minority status made preoccupation about what the larger society thought maladaptive. In addition, they reported feelings of social responsibility and concern for the impression their lives made on the LGB community.

Fear of Suicide

Overall, participants reported that items in the Fear of Suicide scale did not fit into their reasons for living. Many participants responded that items implied life could be safe and predictable and saw that type of thinking as naïve or limiting. Participants talked about the inevitability of death and accepted the unknown as part of the natural process of life. However, a few participants reported fear of leaving partners impoverished due to a lack of legal status for same-sex relationships in inheritance laws. For example, when responding to an item stating that a reason for living would be the fear of the unknown, a lesbian woman said:

Well, that kind of thinking would be extremely limiting wouldn't it? People who think they know something might feel better, but you can't ever really know anything...you don't know all the possibilities.

A few suggestions for items in this scale were offered. For example, in response to item 15 (I am afraid of the unknown) a participant responded "*My spiritual beliefs give me hope in uncertainty.*"

The most consistent theme in responses to items in this scale was denial of a fear of death and negative reactions to the implication that they could not commit suicide if they decided to. In this manner, participants seemed to interpret items in this scale as questions of their capability or strength rather than their fear of suicide. For example, in response to item 46 (I am so inept that my method wouldn't work) one gay man remarked "*I don't like to associate words like this with myself. It's like calling yourself stupid. Like, "I'm so dumb of course I couldn't do it."*

As much as these two general observations can be derived from the data generated in the fear of suicide sub-scale, connection with sexual orientation was not clear. In other words, comments denying fear of death and capability to complete suicide could have come from any person, regardless of sexual orientation and its concomitant experiences.

Discussion

Research regarding the relationship between suicide and LGB status has identified formidable challenges. Due to cultural and social factors, assessment instruments based on norms within the heterosexual population may not carry the same meaning when used with the LGB community. Differences in meanings may impact the validity of the interpretations of scores derived from those instruments. The Working Groups (1995) organized by the American Association of Suicidology recommended assessing the validity of instruments that measure suicide risk within the LGB population to improve interpretation of assessment results. Studies by Hirsch and Ellis (1988), McBee-Strayer and Rogers (2002), and Hamilton (2001) employed the RFL and consistently found that, compared to their heterosexual counterparts, LGB participants endorsed fewer items on the RFL. The current research has been the first to extend effort to engage in a dialogue with LGB participants to determine the reasons for these response differences.

The current study addressed the Working Group's (1995) recommendation and suggestions for qualitative research proposed in previous studies (Hamilton, 2001; McBee-Strayer & Rogers, 2002). In the current study, 19 LGB participants responded to the RFL during an audio recorded interview. Participants were asked to offer feedback, share reactions, and suggest modifications that may better reflect their personal reasons for living. The results indicated that participants found many items on the RFL to be irrelevant or incompatible with their values and reasons for living. In addition, participants reported ambiguity in items belonging to subscales intended to describe their central support system (i.e., chosen family). It is important to note that participants' reactions and suggestions in this regard are supported by the work of Weeks, Heaphy and Donovan (2001) who have found that in this population, what constitutes one's family has increasingly become a matter of choice rather than one of genetics. It is clear that for LGB respondents, RFL items need to be written to be sensitive to those differences.

The findings of the current study illustrate how the constructions of the adaptive characteristics of LGB participants' are shaped by the meaning they have created from coming out experiences and living with oppression. The creation of chosen families, egalitarian values, social responsibility, and spiritual values seems to have had a poignant impact on the reasons for living in this sample. Participants' interpretation of RFL items in the current study suggested that social context influences an item's relevance as well as the personal interpretation of the item content. Personal relevance of items and reactions to items influenced the level of item endorsement in the current study which may help explain the results of previous research. For example, results in studies which have found lower item endorsement on the RFL (i.e., Hamilton, 2001; Hirsch & Ellis, 1998) may be a function of items' incompatibility with the reasons for living of LGB participants. Similarly, the uninterpretable factor solution in McBee-Strayer and Rogers' (2002) LGB sample may be a product of item incompatibility, relevance, and inconsistent interpretations of RFL items.

The findings from the current study at a minimum support the need for more research on reasons for living for LGB people and the modification of the RFL items to reflect those reasons as they are different from those currently included in the measure. More specifically, participants' relationships with younger relatives, Godchildren, pets, and children of chosen family members reportedly gave meaning and purpose to their lives (i.e., reasons for living) but those important relationships were not represented on the RFL. Similarly, participants responded negatively to some of the items that focused on moral objections and social disapproval as they were interpreted as reflecting the mainstream values of the heterosexual culture and were less relevant to their experiences.

Limitations of the current study include the lack of ethnic and educational diversity and that the majority of the participants were between the ages of 25 and 35. Additionally, all of the participants self-reported being "out" and the majority of the sample were politically active in the LGB and transgendered communities as a function of the sampling strategy. It is possible that a more diverse sample may have reacted differently to the RFL items than observed in the current study.

In summary, identifying protective factors against suicide based on experiences of healthy and successful gay, lesbian, and bisexual activities instead of heterosexual norms may lead to a better understanding of LGB Suicidology. The next logical step is to create a revised RFL measure testing its reliability and validity with a larger sample. Even in this approach, we suggest that researchers employ a similar verbal protocol approach with a subsample of participants in order to provide a continuous check on the validity of their interpretations of reasons for living in the LGB community. We hope the current study will be useful in advancing these efforts.
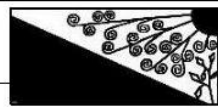
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