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Social Identity Integration, Parental Response, and Psychological Outcomes among Lesbian, Gay, Bisexual, and Queer South Asian Americans

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A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in Psychology

by

Saanjh Aakash Kishore

2015

ABSTRACT OF THE DISSERTATION

Social Identity Integration, Parental Rejection, and Psychological Distress among Lesbian, Gay, Bisexual, and Queer South Asian Americans

by

Saanjh Aakash Kishore

Doctor of Philosophy in Psychology

University of California, Los Angeles, 2015

Professor Hector F. Myers, Co-Chair

Professor Anna Shan-Lai Chung, Co-Chair

The goal of this study is to understand how social identities are integrated across domains of identity. Focusing on a population in which cultural norms dictate sexuality behaviors as a condition of ethnic membership, the study examines how South Asian LGBQ Americans integrate their ethnic and sexual orientation identities, and also examines the role of this dual social identity integration in the relationship between the distal stress of parental responses to LGBQ identity, the proximal stress of internalized homophobia, and mental health outcomes. One-hundred and twenty-five (125) self-identified South Asian LGBQ Americans were recruited from across the U.S. for participation in an online survey. Participants completed a battery of self-report measures, including: (1) ethnic identity and LGBQ identity versions of the Collective Self-Esteem Scale (CSE, Luhtanen & Crocker, 1992), which assessed membership, private regard, public regard, and the importance of each identity domain; (2) an adapted version of the

Bicultural Identity Integration Scale version 2 (BII-2, Huynh, 2009; Benet- Martínez & Haritatos, 2005) that assessed the dual identity integration of sexual orientation and ethnic identities; (3) an assessment of internalized homophobia (Herek, Cogan, Gillis, & Glunt, 1997), (4) parental support and rejection of LGBQ identity; and (5) life satisfaction (World Health Organization), as well as depression, anxiety, and stress (DASS-21, Lovibond & Lovibond, 1995; Antony, Bieling, Cox, Enns, & Swinson, 1998). Results indicated that the BII-2 can be adapted to assess dual identity integration, and suggested that parental expressions of support and rejection predict dual identity Harmony while sexual orientation and ethnic identity predicted dual identity Blendedness. Internalized homophobia partially mediated the relationship between Parental Distress and Harmony, and was identified as a negative predictor of Blendedness. Parental rejection predicted psychological distress, while parental support predicted life satisfaction. Strong sexual orientation identity was associated with lower symptoms of distress, while strong ethnic identity was associated with greater life satisfaction. Higher internalized homophobia partially mediated the relationship between parental rejection and psychological distress, but was not associated with life satisfaction. Neither dual identity Harmony nor dual identity Blendedness predicted either of these mental health outcomes, suggesting that the context-based approach to bicultural integration may also extend to dual identity integration across categories of social identity. Implications of these findings for future research and for intervention are discussed.

The dissertation of Saanjh Aakash Kishore is approved.

Ilan Meyer

Mignon Moore

Anne Peplau

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University of California, Los Angeles

2015

For my grandmother, Rathna Rao.

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Acknowledgments

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Bibliographical Sketch

Saanjh Aakash Kishore earned his BA from Pomona College in 2007, where he double-majored in Black Studies and in Psychology. He earned his MA degree in Psychology from the University of California, Los Angeles in 2010. Aakash has completed training in clinical practice through the West Los Angeles Healthcare Center of the Department of Veterans Affairs, the UCLA Psychology Clinic, the UCLA Center for the Assessment and Prevention of Prodromal Schizophrenia, and the UCLA Simms/Mann Center for Integrative Oncology. He completed his Pre-Doctoral Internship in Clinical Psychology at the VA Pacific Islands Health Care System in Honolulu, HI. Aakash has been an invited speaker at a variety of professional, academic, and community conferences, including the American Psychological Association Annual Convention, the Leukemia and Lymphoma Society's Annual Blood Cancer Conference, and the National Queer Asian Pacific Islander Alliance's biannual conference. Aakash has served on the Board of Directors for several non-profit organizations that address the needs of LGBTQ communities of color in Los Angeles. He was honored with the Service Award by the Asian American Psychological Association's Division on Students, and was inducted into the Edward A. Bouchet Graduate Honor Society in 2014.

Social Identity Integration, Parental Rejection, and Psychological Distress among Lesbian, Gay, Bisexual, and Queer South Asian Americans

Most theories on social identity development (including ethnic and lesbian, gay, bisexual, and queer (LGBQ) identities) follow the underlying premise of Erikson's (1956) stage model for human development across the lifespan. Erikson's model suggests that individuals move through certain developmental stages that must be resolved in order to achieve identity integration, and that individual development occurs within a broader social context. Models of ethnic and LGBQ identity formation share the underlying assumption that individuals must work through stresses and conflicts that arise related to their minority status (e.g., Atkinson, Morten, & Sue, 1979; Cass, 1979; Coleman, 1981; Cross, 1978; Fassinger & Miller, 1996; Helms, 1990; Phinney, 1992). According to these models, individuals must confront and resolve fears of confusion and rejection, and eventually develop a consolidated and affirmed sense of self. Generally, these models have described the development of each social identity as a discrete process, with only limited acknowledgement that ethnic and sexual identity development processes might be co-occurring or mutually informed (e.g., Cass, 1996).

Recent shifts in theory on LGBQ identity development have underscored the disconnect between these stage models of development and the less compartmentalized, nonlinear lived experiences described by actual LGBQ people (Eliason & Schope, 2007). In their review of LGBQ identity development literature, Eliason and Schope (2007) suggest that stage theories oversimplify the developmental processes of LGBQ people by manufacturing start and end-points to identity development and by creating rubrics for "right" ways to achieve identity. Stage theories run the risk of pathologizing individuals whose identity formation process does not adhere to the rubrics. Instead, the authors identify common themes among various stage models

that LGBQ people might experience at some time during their lifespan. These themes include *differences, confusion, exploration, disclosure, labeling, cultural immersion, distrust of the oppressor, degree of integration, internalized oppression, managing stigma, identity transformation,* and *authenticity.* The authors suggest that an individual may face challenges within one or many of these themes during their lifetime. They urge researchers and clinicians to break away from the assumption of linear identity development, which suggests fixed beginning, middle, and endpoints, as well as from the assumption of successful versus failed identity achievement. A similar philosophy could be extended broadly to the formation of multiple social identities, which seem to be dynamic and non-linear processes that are influenced by individual differences in personality, interpersonal experiences, and social contexts.

Family Relational Influences on Social Identity Development

Family dynamics seem to play an important role in several aspects of social identity formation. The central role of families in ethnic and racial identity formation is generally well accepted (see Chávez & Guido-DiBrito, 1999). More recently, however, family interactions have also been highlighted as important contributors to LGBQ sexual identity formation. Specifically, an attachment model for understanding negative mental health outcomes of LGBQ youth and adolescents has been proposed, where actual and anticipated rejections that LGBQ adolescents experience on the basis of sexual orientation at home or at school may disrupt the young person's sense of a secure and caring base, thus leading to expression of psychological distress symptoms (Tharinger & Wells, 2000). Such disruption might be particularly harmful because the insidious messages youth receive at school and at home about gender roles and societal norms may influence their sexual identity formation.

This attachment-based theory for explaining how parent factors impact the psychological

health of LGBQ offspring has not been operationalized through empirical study, but evidence does suggest that certain parent factors in childhood and adolescence can impact sexual identity formation. For example, Weinstein and colleagues (2012) investigated the role of two parent variables—parental support for offspring's autonomy and parent's expressed views on homosexuality, as measured by the child's retrospective self-report—on sexual identity development. In a series of four studies conducted on first-year male and female college students in the United States and in Germany, the team tested whether participants' rankings of these parent factors predicted discrepancies in their explicit versus implicit sexual identities—that is, they assessed the degree to which explicitly stated sexual orientation matched sexual orientation as measured through a computerized implicit association test. Results from these studies indicate that individuals who perceive high expressed homophobia and low support for autonomy from their fathers demonstrated greater discrepancies in explicit versus implicit sexual identity. This pattern did not hold for participants who reported that their mother exhibited these same parenting qualities. These findings support the notion that parents play an important role in sexual identity formation for LGBQ offspring.

Additionally, an offspring's perception of parental values can impact certain aspects of her or his sense of sexual orientation identity (Newman & Muzzonigro, 1993; Bregman, Malik, Page, Makynen, & Lindahl, 2013). A self-report study of twenty-seven 17-20 year old gay men from diverse ethnic groups found that each respondent's stage in his coming out process (first sensitization, awareness with confusion, or acceptance) was strongly influenced by his view of how "traditional" his family of origin was (Newman & Muzzonigro, 1993). This finding is supported by another study of 169 lesbian, gay, and bisexual adolescents and young adults age 14-24, which found that parental rejection was an important predictor of participants' identity

formation (Bregman et al, 2013). Thus, parents' subtle and overt messages about LGBQ people, same-sex attraction, and same-sex sexual behavior may be internalized by LGBQ youth at the point of identity discovery, and likely impact the formation of sexual orientation identity.

Minority Stress Model: Understanding LGBQ Health Risk

The deleterious impact of negative parent messages on downstream mental health for LGBQ offspring can be understood through the minority stress model (Meyer, 2003). This model accounts for the influence of distal stressors on more proximal stress processes, which operate in the context of particular resources and vulnerabilities to influence health in this population. While this model provides an important framework to conceptualize how the numerous stressors of a heterosexist society influence the health and wellbeing of LGBQ individuals, it may also outline the ways that the relatively distal, though intimate, stressor of negative parental messages might influence proximal processes of private regard of sexual orientation identity (i.e., internalized homophobia), which may in turn impact mental health.

Indeed, several studies indicate that family reactions to sexual identity disclosure impact mental health outcomes for LGBQ youth (e.g., Hershberger, Pilkington, & D'Augelli, 1997; Ryan, Huebner, Diaz, & Sanchez 2009; Mustanski & Liu, 2012; Willoughby, Doty, & Malik, 2010; Ryan, 2010). For example, in a study of suicide attempts in 194 LGBQ youth age 15-21, youth who endorsed previous suicide attempts were more likely to have disclosed their sexual identity to family and friends and more likely to have lost relationships because of their sexual orientation than non-attempters (Hershberger et al, 1997). Similarly, a survey of 224 white and Latino LGBQ young adults age 21-25 revealed that high rates of family rejection were associated with 8.4 times higher rates of suicide attempts, 5.9 times higher rates of depression, and 3.4 times higher rates of both substance abuse and risky sexual behavior (Ryan, et al, 2009). Another

study of 248 LGBQ youth age 16-20 found that low family support at baseline predicted higher rates of suicide attempts over the course of 1 year (Mustanski & Liu, 2012). By contrast, family acceptance of LGBQ identity may actually protect against negative mental health outcomes and promote positive outcomes such as self-esteem, social support, psychological wellbeing, and physical health (Ryan, 2010). Taken together, these findings support the theory that the distal processes of parental response to LGBQ identity disclosure may have downstream consequences for private identity regard and mental health.

A more proximal stressor, internalized homophobia, has also been shown to be particularly harmful to the mental health and wellbeing of LGBQ individuals (Meyer & Dean, 1998). Internalized homophobia is described as the degree to which an LGBQ identified individual directs heterosexist and homophobic societal attitudes towards the self, leading that person to develop poor self-regard with relation to LGBQ identity (Meyer & Dean, 1998). It is believed to be one of the most insidious and deleterious stressors facing LGBQ individuals precisely because of this internalizing process; that is, although internalized homophobia begins as a result of external, distal stressors, it may self-perpetuate even in the absence of ongoing external stressors. Internalized homophobia has been implicated in contributing to greater psychological distress, poorer self-esteem, and lower social support among LGBQ individuals (Gonsiorek, 1998; Herek & Glunt, 1995; Herek, et al, 1997; Sophie, 1987).

While both distal and proximal stressors contribute to psychological distress among LGBQ individuals, the specific mechanisms underlying this association have not been fully articulated. Extrapolating from the minority stress model, it may be reasonable to postulate that when distal stressors like parental rejection occur, certain aspects of the offspring's self-concept—including level of internalized homophobia, and even strength of social identity

membership—may be impacted. However, the reach of this impact has not been fully investigated. There is evidence to suggest that the relationship between family rejection and internalizing mental health problems among LGBQ youth and young adults is mediated by low LGBQ private regard (Willoughby, Doty, & Malik, 2010). In other words, experiences of parental rejection may increase internalized homophobia, which may in turn contribute to negative mental health consequences. In addition, certain aspects of ethnic identity might moderate the degree to which family conflicts impact psychological distress (Lau, Jernewall, Zane, & Myers, 2002). In other words, it appears that dimensions of both sexual orientation and ethnic identity play an important role in the relationship between the interpersonal stress of parent-child conflicts and negative mental health outcomes. Simultaneously assessing multiple dimensions of both of these identity domains could help to identify their respective contributions to mental health.

Intersectionality

As described by Kimberlé Crenshaw (1991), *intersectionality* is a theoretical framework that asserts the layered and simultaneous ways that various sociocultural identities interact to inform individual identities and social relationships (McCall, 2005). This is a useful framework for beginning to conceptualize how experiences along one sociocultural identity, such as sexual orientation identity, may be simultaneously informed by others, such as race, ethnicity, gender, and socioeconomic status (Moore, 2012). However, studying intersectionality poses several methodological challenges (Bowleg, 2008). Summarizing lessons learned from her research on Black lesbians, Bowleg identifies several key pitfalls of researching intersectionality. First, the wording of the questions themselves may manufacture a hierarchical structure among social identities in which individuals are primed to identify themselves along one identity first, and

others second. Second, asking respondents to disaggregate their experiences in order to talk about each social identity separately may artificially create separation and prevent measurement of the *intersectionality* among those identities. Third, wording questions to ask about two or three social identities may inadvertently limit the responder's ability to share about the intersections of multiple other social identities that inform their lived experience. These methodological challenges notwithstanding, qualitative and quantitative approaches to the study of multiple social identities can help to bridge the divide between theoretical models of singular social identity development and people's lived experiences with multiple social identities.

A handful of qualitative studies lay a foundation for understanding intersectional identity development (e.g., Jamil, Harper, & Fernandez, 2009; Minwalla, Rosser, Feldman, & Varga, 2005; Meyer & Ouellette, 2009). In their qualitative investigation of sexuality and ethnic identity formation in a sample of 39 Latino and African American males ages 16-22, Jamil, Harper, and Fernandez (2009) found that gay identity and ethnic identity development occurred concurrently rather than in sequence. Analyses revealed several shared themes between sexual orientation and ethnic identity development processes, including *identity awareness, identity development, experiences of oppression*, and *connection to the community*. However, because participants did not reference one identity in the context of the other, and because they identified different resources for sexual orientation versus ethnicity development processes (i.e., community-based organizations versus family members), the authors concluded that these two types of social identity development are independent and distinct constructs. For example, within the theme of *identity development*, participants described exploring their ethnic identity through cultural expression, family, and peers, but exploring sexual orientation identity through the internet, through community-based organizations, and with peers. While contrasted in some important

ways, these ostensibly different identity development processes may actually share common underpinnings—namely, identity expression (through in-person cultural practices or online forums), intergenerational cultural exchange (through the structure of a family or a community-based organization), and development of a social network (through peer support). It is also possible that the structure of the interview itself, which inquired separately about ethnic identity and sexual orientation identity development, may have artificially constructed the processes as distinct from one another. Therefore, while sexual orientation and ethnic identities appear to be developing simultaneously, the degree of distinction versus overlap between these two processes is still not well understood.

A qualitative study on a small sample of six progressive, gay Muslim men suggests more intertwined processes of intersectional identity development (Minwalla, Rosser, Feldman, & Varga, 2005). Three aspects of Muslim identity were identified as being salient in relation to sexual orientation identity development—religion, ethno-cultural, and color. With respect to religion, participants discussed processes of renegotiation in maintaining a relationship with Allah in the face of traditional interpretations of the Qur'an that condemn homosexuality. Participants also described processes of negotiating eastern and western ethno-cultural norms around homosocial interactions, gay identity construction, and the impact of coming out on the family of origin (e.g., impact of coming out on marriage prospects of siblings). Finally, participants of color described experiencing racism in several domains, including internalized racism, racism in the context of partnership and dating relationships, and racism within a broader gay subculture. These findings suggest that the processes of developing ethnic and sexual orientation identities likely intersect rather than run parallel to one another.

Findings from a qualitative study on a sample of 22 African American men and women ages 18-59 who identified as lesbian, gay, or bisexual, also support an intersectional framework for multiple identity formation in which ethnic and sexual orientation identities are meaningfully related to one another in the individual's life (Meyer & Ouellette, 2009). Analysis of the semi-structured interview in this study revealed three key themes: *unity and coherence, struggle with social constraints*, and *identity as a dialectical process*. When given free reign to discuss their social identities, participants overwhelmingly discussed their sexual orientation and ethnic identities together and in terms that suggested *unity and coherence* rather than fragmentation. Even as participants shared examples of ways that various aspects of their social identities clashed within a social context, they described their internal sense of self in more unified terms. With respect to *struggling with social constraints*, many participants indicated that social constraints of being both Black and gay contributed to stress, though coping responses to these kinds of stressors varied. Finally, the authors indicated that participants discussed social identities as a dialectical process between the self and forces that are perceived to limit the self. These results support a model of multiple identity formation in which identity is dynamically negotiated in relation to intrapersonal, interpersonal, and larger societal contexts.

Studying intersectional identity also poses challenges to quantitative methodologies, which require a level of standardized assessment in order to draw meaningful conclusions across a broad sample of respondents. One study on intersectionality assessed the complexity and valence of self-identity by analyzing responses to an Assessment of Multiple Identities (AMI; Kuhn & McPartland, 1954) using hierarchical class analysis (Stirratt, Meyer, Ouellette, & Gara, 2008). Forty participants (African American and White men and women) completed the AMI, which asked participants to provide up to 12 responses to the question, "Who am I?" Participants

then rated each identity on a set of 70 descriptive attributes. Endorsement of similar attributes across multiple identities contributed to greater integration (i.e., less complexity), and endorsed attributes were also analyzed for valence within each identity. Negative valence of sexual orientation identity and greater negative identity complexity were both associated with poorer health outcomes, providing evidence for the role of multiple identity integration as a protective mental health factor. A key strength of this study is that the authors were able to quantify intersectionality without constraining the ways in which respondents identified themselves. However, the processes of data collection and analysis were notably costly and time-consuming, making this particular methodology challenging to replicate.

Dual Identity Integration

While it may prove cumbersome to quantitatively assess intersectionality simultaneously across multiple domains of social identity, it may be more feasible to assess identity integration across two domains of identity using a dual-identity framework. Dual-identity builds upon models of second-culture acquisition by suggesting that individuals who are part of a minority sub-culture interface with both members of that sub-culture and members of the dominant culture. Their level of affiliation with minority and majority social contexts help to define dual identity.

A dual identity framework has been used to model the ways that sexual minorities related to both heterosexual and LGBQ cultural communities (Fingerhut, Peplau, & Ghavami, 2005). This framework suggests that rather than being defined solely by the presence or absence of affiliations within an LGBQ community, LGBQ individuals also negotiate their identity in terms of affiliations with mainstream society. In a study of 116 lesbians, Fingerhut and colleagues (2005) found that lesbian identity affiliation was not correlated with mainstream identity

affiliation, despite both being associated with common factors. These findings may suggest that, like ethnic minorities, sexual minorities might engage in a process of integration or separation when interfacing with majority and minority social contexts.

At least one study on dual identity integration has drawn from models of acculturation in order to measure the process of integration across two cultural identities (Crawford, Allison, Zamboni, & Soto, 2002). Crawford and colleagues (2002) assessed sexual orientation and ethnic identity in a sample of 174 African American gay men in order to determine whether integration of sexual orientation and ethnic identity was associated with better mental and behavioral health. Respondents completed measures of sexual orientation identity development (Gay Identity Scale, GIS; Waldo, Hesson-McInnis, and D'Augelli, 1998) and ethnic identity development (Multi-Group Ethnic Identity Measure, MEIM; Phinney, 1992), as well as measures of behavioral and mental health. Drawing from bi-dimensional models of acculturation, which suggest that members of a cultural subgroup may adopt one of four approaches to acculturation over time (*marginalization, separation, assimilation,* and *integration*; Berry, 1997), the authors utilized median splits to categorize participants into these four acculturation modes. Low scores on both the MEIM and the GIS were categorized as marginalization, low scores on the MEIM with high scores on the GIS were categorized as separation, high scores on the MEIM with low scores on the GIS were categorized as assimilation, and high scores on both the MEIM and the GIS were categorized as integration. The authors found that integration was associated with higher self-esteem, a greater sense of self-efficacy related to HIV prevention, stronger social support networks, greater life satisfaction, lower levels of distress related to male gender role, and less psychological distress than were the other acculturation strategies. The authors also noted that

ethic identity, but not sexual orientation identity, was correlated with life satisfaction scores across the sample.

These findings not only have important implications for the role of intersectional identity integration in supporting mental and behavioral health, but also provide evidence for the use of acculturation models in assessing multiple identity integration. However, the assumptions underlying the research methods do not necessarily align with prevailing theories of dual identity, which suggest that the process of acculturation is dynamic, and that integration is not necessarily healthier than other acculturation strategies. Rather than adopting a single acculturation strategy, the degree to which an individual blends or compartmentalizes cultural identities is thought to vary as a function of intrapersonal, interpersonal, and contextual factors. Instead of moving from one culture to another over time, it is believed that bicultural individuals can understand two different cultures, perhaps alternating between various forms of cultural expression in order to fit each social context (LaFromboise, Coleman, & Gerton, 1993). Similarly, dual identity integration across identity domains (i.e., sexual orientation and ethnicity) may also comprise a number of dynamic strategies that a given individual might employ at different times, depending on context. If so, strength of identity affiliations may serve as protective factors, but different strategies for dual identity integration are unlikely to impact mental health.

Bicultural Identity Integration

Bicultural identity integration (Benet- Martínez, Leu, Lee, & Morris, 2002) provides both a theoretical model and a quantitative assessment tool for assessing cross-domain social identity integration (i.e., sexual orientation and ethnicity). Building on LaFromboise's (1993) alternation model of biculturalism, bicultural identity integration assesses two aspects of biculturalism—

cultural Blendedness (versus compartmentalization) and cultural Harmony (versus conflict). These dimensions of bicultural identity integration have been shown to be largely independent, and are associated with disparate psychological and contextual factors. Blendedness has been shown to be associated with degree of overlap between self- and cultural group-perception as well as with behavioral indicators of engagement with both cultures (Miramontez, Benet-Martínez, & Nguyen, 2008). By contrast, Harmony has been shown to be negatively associated with affective constructs (e.g., depression, anxiety, neuroticism; Huynh, Nguyen, & Benet-Martínez, 2011), as well as with contextual pressures (e.g., linguistic and work challenges; Benet- Martínez & Haritatos, 2005). In their review of the state of knowledge on bicultural identity integration, Benet- Martínez and her colleagues suggest that the Bicultural Identity Integration Scale could be adapted to assess the integration of identities across different domains of social identity (Huynh, Nguyen, & Benet- Martínez, 2011). Successful adaptation of the measure would provide powerful evidence for the process of dual identity integration, and would further support the specific constructs of Blendedness and Harmony as salient components of social identity integration across multiple identity domains.

LGBT South Asian Americans: An Exemplar Case

South Asians are people with origins in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. South Asian cultures are generally characterized by a strong emphasis on family and interdependence, where the individual is often intimately connected with the family of origin, internalizing a sense of duty and responsibility to the family. Not only are these prominent features of life within South Asian countries, but family obligation and interdependence appear to govern family interactions and the bicultural identity formation process among South Asians living in North America as well (e.g., Segal, 1991; Das & Kemp,

1997). One feature of family obligation among South Asian families is the particular view of marriage as a transaction between families rather than individuals (Segal, 1991). Among South Asian families in the United States, traditional views on gender roles regarding marriage and sexuality persist, even in the presence of more general feminist and gender-equitable views in other professional, achievement, and domestic arenas (Dasgupta, 1998).

With these strong links among cultural norms, family role, and marriageability, a significant theoretical question arises around the intersection of ethnicity and sexual orientation. Namely, how do South Asian American sexual minorities (including lesbian, gay, bisexual, queer, and questioning individuals) react and adapt when their sexual identities transgress ethnically salient prescribed gender roles?

Limited published data are available to describe the experiences of South Asian LGBQ individuals in the United States, however, it has been demonstrated that many gay and lesbian South Asians have found themselves in heterosexual marriages, and multiple resources exist for these individuals to arrange 'marriages of convenience,' or partnerships that allows each person to fulfill their family duty to get married while also continuing to have sexual contact with same-sex partners (Mangton, Carvalho, & Pandya, 2002). Furthermore, high levels of internalized homophobia have been documented among South Asian LGBQ individuals living in Western countries, where being LGBQ is often seen as a 'Western disease' (Mangton et al, 2002), and internalized homophobia among South Asian Canadian gay men is associated with more limited connection to the gay community (Ratti, Bakeman, & Peterson, 2000). Moreover, a study of South Asian women residing in Northern California documents that many of these women struggle with discussing issues of sexuality in their families (National Asian Women's Health Organization, 1996). This suggests that while internalized negative views of same sex attraction

may be particularly strong among South Asian American LGBQ people, cultural norms that govern the discussion of 'taboo' issues also inhibit external communication about sexual orientation.

A recent needs assessment of the South Asian lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) community in Southern California verified that South Asian LGBTQ individuals residing in this region of the United States faced significant challenges to mental health and wellbeing, as well as considerable stress related to lack of family support and challenges with coming out to family (Satrang & South Asian Network, 2007). Seventy-two of the 94 respondents (76.6%) reported experiencing mental health problems, with half as many respondents experiencing suicidal thoughts, yet less than one-fourth of respondents who reported access to mental health services actually utilized those services in the past year. Moreover, respondents endorsed feeling as though they were leading a 'double-life,' with high reports of homophobia within their ethnic communities as well as racism and exoticism within broader LGBTQ communities. These findings corroborate previous reports of significant psychosocial issues related to sexual identity in this population, while also underscoring the critical lack of family support with which many South Asian American LGBQ people often contend. Finally, these findings indicate that the particular combination of difficulties with family disclosure, negative private regard for sexual orientation identity, and alienation from family, ethnic, and LGBQ communities may make South Asian LGBQ Americans especially vulnerable to experiencing psychological distress, but unlikely to utilize mental health services even if they are available. Understanding the possible pathways between family interactions, sexual orientation identity, and ethnic identity in this population may therefore be particularly important for improving competency in providing mental health care to this population.

Specific Aims

Focusing on a sample of South Asian American LGBQ individuals, the current study seeks to operationalize multiple social identity integration in order to assess its impact on mental health. In this unique sample, integrating minority sexual orientation and ethnic identities may be a particular personal developmental challenge that intersects with family processes.

AIM 1: To examine how dimensions of social identity (including membership, private regard, public regard, and importance) are negotiated within sexual identity, within ethnic identity, and at their intersections.

Hypothesis 1a) Dimensions of ethnic and sexual orientation identity, as measured by an adapted Collective Self-Esteem Scale (CSE, Luhtanen & Crocker, 1992) will be correlated within each identity domain. In order to better-characterize the landscape of multiple identity integration, cross-domain correlations using the CSE, as well as CSE dimensional correlations with Internalized Homophobia will also be explored.

Hypothesis 1b) An adapted version of the Bicultural Identity Integration Scale-Version 2 (BII-2, Huynh, 2009; Benet- Martínez & Haritatos, 2005) assessing identity integration across the two social identity domains of interest (sexual orientation and ethnic identity) will maintain the two-factor structure of the original measure—dual identity Harmony (vs. identity conflict) and dual identity Blendedness (vs. identity compartmentalization).

AIM 2: To examine which aspects of familial lived experience (parental support and parental rejection), internalized homophobia, and social identity (ethnic and sexual orientation identity) predict central features of dual identity integration (Harmony and Blendedness).

Hypothesis 2a) Experiences of parental support and parental rejection, but not strength of social identity, will be revealed as significant predictors of identity Harmony, and the

relationship between parental rejection and identity Harmony will be mediated by internalized homophobia. Higher parental support will be associated with higher Harmony scores. Higher parental rejection will predict higher internalized homophobia scores, which will in turn predict lower Harmony scores.

Hypothesis 2b) Stronger ethnicity and sexual orientation social identities will positively predict identity Blendedness. Any impact of familial lived experience (parental support and parental rejection) on identity Blendedness will be mediated by internalized homophobia.

AIM 3: To better understand mental health outcomes among LGBQ South Asian Americans, with specific focus on life satisfaction and on symptoms of psychological distress.

Hypothesis 3a) Parental rejection will be associated with higher psychological distress, while parental support will be associated with greater life satisfaction.

Hypothesis 3b) Strong social identity (ethnicity, sexual orientation) and greater dual identity integration will predict less psychological distress as well as greater life satisfaction, even in the context of negative familial experiences. Higher identity Harmony will be associated with fewer symptoms of psychological distress, while higher identity Blendedness will be associated with greater life satisfaction.

Hypothesis 3c) Internalized homophobia will mediate the relationship between parental rejection and psychological distress, but will not be associated with life satisfaction scores.

Methods

Participants

One hundred and twenty-five (n=125) self-identified LGBQ South Asian Americans were recruited for participation using online list-serves that target this population, Facebook, and

word-of-mouth. Each participant's self-described gender identity[1], ethnicity, and sexual orientation were coded in order to allow for grouping across participants. Three gender categories (cisgender[2] male, cisgender female, and transgender/genderqueer), 10 ethnicity categories (Bangladeshi, Bhutanese, Indian, Pakistani, Sri Lankan, South Asian/Desi[3], Mixed/Multiethnic, Asian/Asian American, Fijian, and West Indian) and four sexual orientation categories (Gay/Lesbian, Bisexual, Queer/Fluid, and Unsure/Questioning) emerged. Frequency statistics were calculated for the sample and are shown in Table 1. With regard to gender identity, 16% (n=20) of the sample identified as transgender or genderqueer, 44% (n=55) identified as cisgender male, and 40% (n=50) identified as cisgender female. Ethnically, the majority of the sample identified as Indian (46.4%) (n=58) or with a broader South Asian/Desi category (26.4%) (n=33), and ten or fewer participants identified with each of the other ethnic categories. In terms of sexual orientation, 43.2% (n=54) of the sample identified as gay or lesbian, 10.4% (n=13) identified as bisexual, and 44.8% (n=56) of the sample identified themselves as queer or fluid. Two respondents (1.6%) identified that they were questioning their sexual orientation. Participants reported a broad range of household incomes despite high levels (college or master's degree) of respondent and parental education.

Measures

Demographics. Demographic characteristics of the participant, including sexual orientation, gender identity, ethnicity, age, income, participant and parent education, religious affiliation, and years in the United States if non-US born, were assessed.

[1] Inclusion criteria did not exclude any participants on the basis of gender identity. Self-identified cisgender men, cisgender women, genderqueer, transgender, and gender non-conforming individuals were all eligible to participate, provided that they also identified as LGBQ or as non-heterosexual. However, transgender identity integration itself was not a focus of this study.

[2] The term *cisgender* refers to individuals whose assigned sex (male, female) matches with their gender identity (man, woman).

[3] The term *Desi* is a Sanskrit word that refers to individuals of South Asian decent.

Ethnic and Sexuality Identity. Four dimensions (Membership, Private Regard, Public Regard, and Importance) were measured separately for ethnic identity and sexual identity. The 16-item Collective Self-Esteem Scale (CSE, Luhtanen & Crocker, 1992) was administered twice in order to assess the dimensions of ethnic identity and sexual orientation identity. Responses on the CSE were made on a 7-point Likert type scale ranging from Strongly disagree to Strongly agree. Both versions of the CSE showed good internal consistency, with Cronbach's alpha>0.80 for both overall scales and Cronbach's alpha>0.70 for all subscales (see Table 2).

Dual Identity Integration. Dual identity integration was assessed in two ways. First, identity integration was assessed by adapting the 19-item Bicultural Identity Integration Scale—Version 2 (BII-2, Huynh, 2009; Benet- Martínez & Haritatos, 2005) for use across social identity domains. Rather than assessing identity integration between American and another ethnic identity, the BII-2 was adapted to assess identity integration between LGBQ and South Asian social identities. The BII-2 is an expansion of the 8-item BII-1 that improves on the earlier version by improving reliability and stability of the two-factor structure. Of the 19 items on the BII-2, 9 comprise the Blendedness (vs. compartmentalization) subscale and 10 comprise the Harmony (vs. conflict) subscale. In a test of psychometrics, the BII-2 demonstrated good to excellent internal consistency and adequate test-retest reliability. An example item of the adapted BII-2 Blendedness subscale includes, "I feel South Asian and LGBQ at the same time," and an example item of the adapted Harmony subscale includes, "I find it easy to harmonize my LGBQ and South Asian cultures." Responses were made on a 5-point Likert scale, and scoring was computed by totaling responses on each subscale separately. Both subscales of the adapted BII-2 showed good internal consistency (Blendedness alpha=0.76; Harmony alpha=0.86).

Social Support. Social support was measured using the Revised Social Connectedness Scale (SCS-R, Lee, Draper, & Lee, 2001). The SCS-R is a 20-item scale that measures the degree to which individuals feel connected to others in their social environment, and items are ranked using a 6-point likert scale ranging from strongly disagree to strongly agree. Responses were totaled, with higher scores indicating greater feelings of connectedness to others. Historically, the measure demonstrates excellent internal consistency (alpha=.92), and demonstrates discriminant validity with respect to loneliness, social avoidance, social discomfort, and dysfunctional interpersonal behaviors (Lee et al, 2001). The scale demonstrated good internal consistency in the current study, with alphas falling between 0.84 and 0.96 for each of the subscales (see Table 2).

Social Desirability. A 7-item revised short form of the Marlowe-Crowne Social Desirability Scale (SDS, Crowne and Marlowe, 1960) was also administered. In a comparison of full and short forms of the SDS, Fischer and Fick (1993) found evidence for the use of a 10-item X1 short form developed by Strahan and Gerbasi (1972), and then revised the form to improve fit with the proposed underlying structure of social desirability, resulting in a 7-item revised short-form. This form generally demonstrates high internal consistency and goodness of fit. In the SDS, participants were asked a series of questions about themselves (e.g., "I like to gossip at times.") and were asked to indicate whether each statement was true or false. The scale demonstrated acceptable internal consistency in the current study (alpha=0.62).

Outness. The degree of disclosure of sexual orientation was assessed for four categories of social relationships: family, straight friends, LGBQ friends, and co-workers (Meyer, Rossano, Ellis, & Bradford, 2002). Participants were asked to rank the extent to which they are 'out of the closet' to each of these groups on a scale ranging from "out to none" to "out to all." The measure

has good face validity, using simple language and referring to behaviors that are commonly discussed among LGBQ individuals.

Parental Responses. Measures were developed to assess parental response to sexual orientation, drawing from published items that assess behavioral acceptance and rejection (i.e., Ryan, 2010). Additional items supplemented this scale in order to capture parental responses that might occur within South Asian cultural contexts. Lifetime Rejection, 12-month Rejection, and 12-month Support were assessed. Sample published items include "How often has a parent excluded you from family and family activities because of your LGBQ identity?" and "How often has a parent talked with you about your LGBQ identity?" An example of a culturally-specific item includes "How often has a parent suggested that you could not make life choices (e.g., career, mate) without their permission." For Lifetime Rejection, responses were made on a 5-point scale ranging from "Never" to "7 or more times." For 12-month Rejection and 12-month support, participants simply indicated whether or not they had experienced each item within the past 12 months.

Internalized Homophobia. Internalized homophobia was measured using the Internalized Homophobia Scale (Herek, Cogan, Gillis, & Glunt, 1997). This 9-item measure, which was adapted for self-administration from interview items developed by Martin and Dean (1988), assesses the degree to which LGBQ people try to avoid homosexual feelings. Items in the current study were adapted for use in a sample of gay, lesbian, bisexual, and queer individuals. Participants rated each statement on a 5-point likert-type scale, ranging from "Strongly Disagree" to "Strongly Agree." The measure demonstrated excellent internal consistency in the current study (alpha=0.91).

Psychological Distress. Psychological symptoms were assessed using the Depression Anxiety and Stress Scales (DASS-21, Lovibond & Lovibond, 1995; Antony, et al, 1998). The DASS-21 measures symptoms of psychological distress in the past week, and the measure consists of three 7-item subscales: Depression, Anxiety, and Stress. The measure has been widely used in research on psychological distress and negative affect, and demonstrates good internal consistency and reliability in both clinical and non-clinical populations. The DASS-21 is a shortened version of the original 42-item scale that maintains adequate psychometrics, while allowing for substantially improved ease of administration for the sake of research (Antony, et al, 1998). Sample items include "I found it hard to wind down" (Stress), "I experienced trembling," (Anxiety), and "I felt that I had nothing to look forward to," (Depression). Responses are made on a 4-point scale ranging from 0 (Never) to 3 (Almost Always). Item responses were summed for each subscale and multiplied by 2 in order to allow for comparison to norms for the full DASS. The DASS-21 demonstrated excellent internal consistency overall (alpha=0.93), with good to excellent internal consistency demonstrated by each of the three subscales (see Table 2).

In addition to the DASS-21, participants completed a brief adaptation of the assessment of suicidal history that has been administered in the National Latino and Asian American Survey (NLAAS). Items inquired about history of suicidal ideation, plan, and attempts. Frequency statistics for suicidal ideation, plan, and attempts are included in Table 1, but additional analyses on these data were not carried out.

Participants also completed a single-item Life Satisfaction measure (World Health Organization), which asked, "Thinking about your own life and personal circumstances how satisfied are you with your life as a whole?" Responses ranged from 0 (Completely Dissatisfied) to 10 (Completely Satisfied).

Procedure

Approval from UCLA's Institutional Review Board was obtained for all materials and procedures. Eligible individuals were directed to an online SurveyMonkey (SurveyMonkey Inc.) link where they provided informed consent before completing the 30-minute survey. Because of the sensitive nature of the questions in this survey, participants were provided information about mental health support and about South Asian-specific LGBQ resources at two points during the survey: once after the section on suicidality, and again upon completion of the survey. Upon completion of the survey, participants who elected to receive a $10 Amazon gift card as an appreciation for their involvement in the study were asked to provide a valid email address. Email addresses were downloaded and stored separately from study data, and were used only for participant payment.

Results

Aim 1. Examining Intersectional Identity

Hypothesis 1a: Dimensions of the CSE will be correlated within each identity domain.

The relationships among dimensions of social identity were examined within and across domains of identity. Pearson's bivariate correlations were carried out for CSE Membership, Private Regard, Public Regard, and Importance dimensions of Ethnic and Orientation identity domains (see Table 3). Looking across identity domains, medium positive correlations were found between Ethnicity Membership and Orientation Membership ($r=0.37$, $p<0.001$) as well as between Ethnicity and Orientation domains of Private Regard ($r=0.45$, $p<0.001$). A large, positive correlation was found between Ethnicity and Orientation domains of Importance ($r=0.50$, $p<0.001$). Within each domain of identity, Membership, Private Regard, and Importance dimensions were strongly correlated with each other, but Public Regard remained relatively

independent from the other identity dimensions. Several cross-domain, cross-dimension correlations were also found. Ethnicity Private Regard was positively correlated with Orientation Membership ($r=0.50$, $p<0.001$), where higher Ethnicity Private Regard scores were associated with higher scores on Orientation Membership. Ethnicity Private Regard was also positively correlated with Orientation Importance ($r=0.41$, $p<0.001$). Orientation Private Regard was positively correlated with Ethnicity Membership ($r=0.38$, $p<0.001$). Internalized Homophobia scores, which were assessed using the Internalized Homophobia Scale, were also significantly and negatively correlated with most dimensions of social identity across both identity domains. Internalized Homophobia scores were most strongly associated with Orientation Private Regard ($r=-0.71$, $p<0.001$), Orientation Membership ($r=-0.55$, $p<0.001$) and Orientation Importance ($r=-0.51$, $p<0.001$), but were not associated with Orientation Public Regard ($r=0.16$, p=ns), providing evidence of concurrent and discriminant validity of these subscales. Internalized Homophobia was also associated with all four subscales of the Ethnicity CSE scale, demonstrating small to moderate, negative associations with Ethnicity Private Regard ($r=-0.43$, $p<0.001$), Ethnicity Membership ($r=-0.33$, $p<0.001$), Ethnicity Public Regard ($r=-0.25$, $p<0.01$) and Ethnicity Importance ($r=-0.23$, $p<0.01$).

Confirmatory Factor Analysis (CFA) was used to test whether dimensions of social identity loaded onto latent Ethnicity and Orientation variables using STATA 12.1 (StataCorp, 2011). The full model of CSE, which included all four dimensions of both Ethnicity and Orientation identities, was a poor fit for the data ($\chi^2(19)=71.43$, $p<0.000$, CFI=0.85, SRMR=0.72, see Figure 1a). As suggested by the correlation analyses, Membership, Private Regard, and Importance dimensions of identity loaded onto Ethnicity and Orientation latent variables. By contrast, Public Regard did not load strongly onto the latent variables. A second

model for CSE identity, which eliminated Public Regard, was tested (see Figure 1b). This yielded a two-factor model that provided a good fit for the data ($\chi^2(7)=8.90$, $p=0.26$, CFI=0.99, SRMR=0.04). This model included cross-domain covariance between Ethnicity Importance and Orientation Importance. Given the results of this CFA, CSE Ethnicity and CSE Orientation scores were calculated by computing the mean across Membership, Private Regard, and Importance within each of the two identity domains for each participant.

Hypothesis 1b: The BII-2 will maintain a two-factor structure when adapted to assess dual identity.

The adapted Bicultural Identity Scale was examined to determine whether this measure of identity integration could be adapted to assess the integration of social identities across two different domains of social identity (i.e., Ethnicity and Orientation). An exploratory factor analysis (EFA) was conducted in SPSS v.19.0 (IBM Corp., 2010) using principal axis factoring with a fixed, 2-factor model and promax rotation (see Table 4). Factor loading scores were comparable to those found in the original studies of BII-2, in which the instrument was used to assess the integration of two cultural identities across several ethnic groups (Huynh, 2009). Most items loaded onto either the Harmony or the Blendedness factor with factor loadings >0.40, with the exception of Items 9,15, and, 19, which each demonstrated cross-loadings of at least 0.3 on both factors.

CFA was then used to test how well a two-factor model fit the BII-2 data in this study of Ethnicity and Orientation (see Figure 2a). The full model was a poor fit for the data ($\chi^2(146)=300.64$, $p<0.001$, CFI=0.82, SRMR=0.11). As suggested by the EFA, the modification indices indicated that item 9 (from the Harmony factor) and item 19 (from the Blendedness) covaried with both latent variables. Item 15 loaded somewhat poorly onto Blendedness, and

modification indices indicated that the error variance for item 15 covaried with the error variance of several other Blendedness factors. When these three items were removed (see Figure 2b), a two-factor model was an acceptable fit for the BII-2 data ($\chi^2(98)=151.74$, $p<.001$, CFI=0.92, SRMR<0.08), suggesting that a modified version of the BII-2 scale can be used to assess intersectional identity integration. Harmony and Blendedness scores were thus calculated with the omission of three scale items (9, 15, 19).

Aim 2. Understanding Dual Identity Integration

Hierarchical linear regressions were conducted to assess the predictors of the identity Harmony and identity Blendedness components of intersectional identity integration. Parental Support, Parental Rejection, CSE Ethnicity and CSE Orientation scores were tested as possible predictors of identity Harmony and identity Blendedness.

Hypothesis 2a: Lived familial experiences of support and rejection, but not strength of social identity, will predict dual identity Harmony.

As described in Table 5, a three stage hierarchical regression was conducted to test predictors of Harmony. Parental Support and Parental Rejection scores were entered as independent variables at stage one, while CSE Ethnicity and CSE Orientation were entered as independent variables in stage two. Internalized Homophobia was added as an independent variable in stage three of the model. Parental Support and Parental Rejection scores were significant predictors of Harmony (R^2 Adj=0.16, $F(2,122)=12.82$, $p<0.001$), while the addition of CSE Ethnicity and CSE Orientation did not significantly improve the model (R^2 Adj=0.15, F-change(2,120)=0.21, p-change=0.82). The addition of Internalized Homophobia in stage three significantly improved the model (R^2 Adj=0.20, F-change(1,119)=8.60, p-change<0.01). In the full model, a one-unit increase in Parental Support predicted a 0.82 unit increase in Harmony. By

contrast, a one-unit increase in Parental Rejection predicted a 0.25 unit decrease in Harmony while a one-unit increase in Internalized Homophobia predicted a 0.23 unit decrease in Harmony.

A mediation analysis using Preacher and Hayes' (2008) bias-corrected bootstrapping technique was carried out to test whether Internalized Homophobia mediated the relationship between Parental Rejection and Harmony. In their empirical evaluation of six methods for testing mediation, Fritz and MacKinnon (2007) found that bias-corrected bootstrapping (Preacher & Hayes, 2008) was one of the three most empirically powerful mediation tests, and that it was most appropriate for use with smaller sample sizes. In bootstrapping, a random sample is drawn from the original data with replacement. After values for *a*, *b*, and *a*b* are calculated, the process is repeated a large number of times. The estimates of *a*b* that are generated from this process are then used to form a bootstrap distribution, and a 95% confidence interval is calculated. If this confidence interval does not contain zero, it is assumed that *a*b* does not equal zero and there is evidence for mediation. In addition, bias-corrected bootstrapping adds a correction for a bias in the bootstrap distribution that may occur if the central tendency of the estimate is skewed relative to the true central tendency in the population. The mediation model, which tested whether Internalized Homophobia mediated the relationship between Parental Rejection and Harmony while controlling for the effects of Ethnicity and Orientation Identities accounted for 11% of the variance in Psychological Distress (R^2 Adj=0.11, $F(4, 120)=4.00$, $p<0.01$). The analysis indicated a significant mediation effect, where a one-unit increase in Parental Rejection was associated with a 0.68 unit decrease in Internalized Homophobia (a path, p=0.0001), and a one-unit increase in Internalized Homophobia was associated with a 0.21 unit decrease in Harmony (b path, p=0.01). While the total effect of Parental Rejection on Harmony consisted of a 0.52 unit

decrease in Harmony for each one-unit increase in Parental Rejection (c path, $p<0.001$), the direct effect of Parental Rejection on Harmony when controlling for Internalized Homophobia was attenuated to a 0.37 unit decrease in Harmony for each one-unit increase in Parental Rejection (c' path, $p=0.02$). The estimated confidence interval for the indirect effect of Parental Rejection on Harmony through Internalized Homophobia fell between -0.33 and -0.16, suggesting that Internalized Homophobia partially mediates the relationship between Parental Rejection and Harmony. Increases in Parental Rejection contribute to increases in Internalized Homophobia, which in turn accounts for some of the decreases in Harmony.

By contrast, the relationship between Parental Support and Harmony was not mediated by Internalized Homophobia, as Parental Support was not significantly associated with Internalized Homophobia.

Hypothesis 2b: Strength of social identity, but not lived familial experiences of support and rejection, will predict dual identity Blendedness.

The same predictors were used in a three-stage hierarchical regression predicting Blendedness (see Table 6). The first model, which contained Parental Support and Parental Rejection, accounted for 4% of the variance in Blendedness (R^2 Adj=0.04, $F(2,122)=3.27$, $p=0.04$). Parental Support, but not Parental Rejection, significantly predicted Blendedness in this model, where a one-unit increase in Parental Support predicted a 0.43 unit increase in Blendedness. The second model, which added CSE Ethnicity and CSE Orientation as independent variables, accounted for 37% of the variance in Blendedness (R^2 Adj=0.37, F-change $(2,120)=33.40$, p-change<0.001). In this model, Parental Support was no longer a significant predictor of Blendedness. CSE Ethnicity scores significantly predicted Blendedness, where a one-unit increase in CSE Ethnicity predicted a 0.38 unit increase in Blendedness.

Similarly, CSE Orientation scores significantly predicted Blendedness, where a one-unit increase in CSE Orientation predicted a 0.3 unit increase in Blendedness. The third model, which added Internalized Homophobia as an independent variable, accounted for 41% of the variance in Blendedness (R^2 Adj=0.41, F-change (1,119)=8.28, p-change<0.01). In the full model, Parental Rejection was revealed as a significant predictor of Blendedness, and Parental Support was found to be a marginally significant predictor. A one-unit increase in Parental Rejection was associated with a 0.25 increase in Blendedness, and a one-unit increase in Parental Support was also associated with a 0.25 increase in Blendedness (p=0.58). CSE Ethnicity, but not CSE Orientation, was found to be a significant predictor of Blendedness in the full model. A one-unit increase in CSE Ethnicity was associated with a 0.45 unit increase in Blendedness. Internalized Homophobia was also found to be a significant predictor of Blendedness, where a one-unit increase in Internalized Homophobia was associated with a 0.14 unit decrease in Blendedness.

The variability in the predictive value of Parental Rejection and Parental Support in predicting Blendedness between the three models indicates that the predictive value of these distal experiences fluctuates based on other predictors in the model; that is, internal processes related to internalized homophobia and social identity appear to modulate the degree to which experiences of parental support and parental rejection predict Blendedness.

One of several possible conditional relationships was tested using Preacher and Hayes' (2008) bias-corrected bootstrapping to determine whether Internalized Homophobia mediated the relationship between Parental Rejection and Blendedness, controlling for Ethnicity and Orientation. In this analysis, no direct effect of Parental Rejection on Blendedness was found when controlling for Ethnicity and Orientation (path c p=0.23), which suggests that Parental Rejection is not a primary predictor of Blendedness. Similarly, because no significant effect of

Parental Support on Internalized Homophobia was found in previous analyses, this mediation analysis was not run.

Aim 3. Predicting Mental Health Outcomes

Hypothesis 3a: Parental rejection will be associated with higher distress, while parental support will be associated with greater life satisfaction.

In order to understand the relationship between parental responses to sexual orientation (support and rejection within the last 12 months; lifetime rejection) and mental health outcomes (symptoms of depression, anxiety, overall psychological distress, and stress, as well as overall life satisfaction), Pearson's bivariate correlations were carried out among these variables. Findings from these analyses are reported in Table 7. Among mental health outcomes, symptom scores for depression, anxiety, and stress were all strongly correlated. Given these correlations and the high Cronbach's alpha for the overall DASS-21 scale, depression and anxiety symptoms were combined yielding an overall Psychological Distress score. A small, negative correlation was found between Psychological Distress and Life Satisfaction ($r=-0.19$, $p<0.05$). Parental Support was moderately correlated with Life Satisfaction, where more Parental Support in the past 12 months was associated with higher overall Life Satisfaction scores ($r=0.31$, $p<0.001$). Both lifetime and 12-month Parental Rejection scores were positively correlated with Psychological Distress scores. These associations among Parental Rejection and negative mental health symptoms were stronger for lifetime rejection than for rejection that occurred within the past 12 months.

Hypothesis 3b: Strong social identity (ethnicity, sexual orientation) and greater dual identity integration will predict less psychological distress as well as greater life satisfaction, even in the context of negative familial experiences.

Psychological Distress. Hierarchical regression analyses were carried out in order to test whether parental responses and social identity predicted mental health outcomes. The results of a hierarchical regression analysis predicting Psychological Distress symptoms are reported in Table 8. Stage 1 included parental response within the last 12 months (Parental Support and Parental Rejection) as predictors of Psychological Distress. This model accounted for 11% of the variance in Psychological Distress (R^2 Adj=0.11, $F(2,122)=8.66$, $p<0.001$), and a one-unit increase in Parental Rejection significantly predicted a 1.51 unit increase in Psychological Distress scores. The addition of social identity variables (CSE Ethnicity, CSE Orientation) significantly improved the predictive model, accounting for 15% of the variance in Psychological Distress (R^2 Adj=0.15, F-change $(2,120)=3.50$, $p<0.05$). CSE Orientation but not CSE Ethnicity was found to negatively predict Psychological Distress in this stage of the model; a one-unit increase in CSE Orientation was associated with a 0.81 unit decrease in Psychological Distress. The addition of dual identity Blendedness, dual identity Harmony, and Internalized Homophobia in the third stage of the analysis also significantly improved the predictive model, and this full model accounted for 21% of the variance in Psychological Distress (R^2 Adj=0.21, $F(3,117)=4.18$, $p<0.01$). While neither dual identity Harmony nor dual identity Blendedness was found to significantly predict Psychological Distress, a one-unit increase in Internalized Homophobia was associated with a 0.67 unit increase in Psychological Distress.

Life Satisfaction. Hierarchical regression analysis were also carried out to predict Life Satisfaction scores using the same set of predictors as those tested in the analysis of Psychological Distress scores (see Table 9). Stage 1, which included parental responses to LGBQ identity, accounted for 9% of the variance in Life Satisfaction scores (R^2 Adj=0.09, $F(2,122)=7.24$, $p=0.001$). Parental Support, but not Parental Rejection, predicted Life

Satisfaction, where a one-unit increase in Parental Support predicted a 0.29 unit increase in Life Satisfaction. The addition of identity predictors resulted in a significant improvement in the model (R^2 Adj=0.13, F-change (2,120)=3.64, p=0.03). CSE Ethnicity, but not CSE Orientation, predicted Life Satisfaction, where a one-unit increase in CSE Ethnicity scores predicted a 0.26 unit increase in Life Satisfaction. Adding dual identity Blendedness, dual identity Harmony, and Internalized Homophobia in Stage 3 of the analysis did not improve the overall model (R^2 Adj=0.11, F-change (3,117)=0.23, p=0.88). Thus, life satisfaction was predicted by parental support within the last 12 months and by strength of ethnic identity, with no apparent role of internalized homophobia in predicting life satisfaction

Hypothesis 3c: Internalized homophobia will mediate the relationship between parental rejection and psychological distress.

Bias-corrected bootstrapping was carried out to determine whether Internalized Homophobia mediated the relationship between Parental Rejection and Psychological Distress, controlling for strength Ethnicity and Orientation Identities. The model accounted for 20% of the variance in Psychological Distress (R^2 Adj=0.20, F(4, 120)=8.94, p<0.0001). The analysis indicated a partial mediation effect. A one-unit increase in Parental Rejection was associated with a -0.68 unit increase in Internalized Homophobia (a path, p=0.0001), and a one-unit increase in Internalized Homophobia was associated with a 0.57 unit increase in Psychological distress (b path, p=0.002). While the total effect of Parental Rejection on Psychological Distress consisted of a 1.45 unit increase in Psychological Distress for each one-unit increase in Parental Rejection (c path, p=0.0001), the direct effect of Parental Rejection on Psychological Distress when controlling for Internalized Homophobia was attenuated to a 1.06 unit increase in Psychological Distress for each one-unit increase in Parental Rejection (c' path, p=0.004). The

confidence interval for the indirect effect of Parental Rejection on Psychological Distress through Internalized Homophobia fell between 0.10 and 0.89, suggesting that while the direct impact of Parental Rejection on Psychological Distress is itself significant, increases in Parental Rejection are also associated with increases in Internalized Homophobia, and that these increases are in turn associated with greater in Psychological Distress.

Discussion

The purpose of the current study was to understand how South Asian American LGBQ individuals integrate social identities across ethnic and sexual orientation identity domains, and to examine how this intersectional identity integration impacts the relationship between parental response to sexual orientation and mental health. This study offers important data on the social identity integration experiences of a population that has received relatively little attention in the literature.

Aim 1. Examining Dimensions of Dual Identity

Analyses of the CSE scale suggest that Orientation and Ethnic identities appear to be somewhat interdependent constructs in the sample population. Specifically, several correlations were found across domains of social identity. Ethnicity Private Regard was positively correlated with Orientation Membership and Orientation Importance, while Orientation Private Regard was positively correlated with Ethnicity Membership. Findings from the current study extend previous qualitative reports of multiple identity *unity* rather than *conflict* among LGB Black individuals (Meyer & Ouellette, 2009) to suggest similar identity unity among LGBQ South Asian Americans. LGBQ people of color have been shown to describe their sense of identity as unified rather than fragmented, even in the face of conflicted cultural ideologies. Quantitative data from the present study lends further support to the theory of identity unity by demonstrating

positive associations across both dimensions and domains of social identity. Although the associations found in the present study are not causal, they do suggest a degree of multiple identity cohesion among LGBQ South Asian Americans, where positive internal views of one social identity are associated with a greater sense of membership in the other. In addition, negative associations with internalized homophobia were found among dimensions of both Orientation and Ethnicity. Internalized homophobia is said to be among the most insidious stressors facing LGBQ individuals because although it stems from distal societal pressures (i.e., heterosexism and experiences of prejudice), it becomes a proximal and often self-generating stressor that often persists even in the absence of ongoing, direct prejudice (Meyer & Dean, 1998). Results from the present study suggest that internalized homophobia among LGBQ South Asian Americans is not only associated with lower strength of sexual orientation identity, but with lower strength of ethnic identity as well. Although internalized homophobia is generally believed to specifically involve processes related to reconciling sexual orientation identity with self-concept, results from the present study suggest that LGBQ South Asian Americans may also experience conflicts in ethnic identity in conjunction with internalized homophobia. It is unclear whether LGBQ individuals of other ethnic minority groups might demonstrate similar patterns, but these findings nevertheless shed light on the cross-domain involvement of ethnic identity in sexual orientation identity-related processes in a sample population in which performance of cultural duties includes specific norms around heterosexuality.

CFA of the ethnic and sexual orientation CSE subscales further illustrates this theme of identity unity. The model suggests that the Membership, Private Regard, and Importance dimensions of Ethnicity and Orientation identities loaded separately onto Ethnicity and Orientation latent variables. This indicates a large degree of coherence within each of the two

identity domains, where dimensions of each social identity hang together well. This is in keeping with conventional views on social identity, which generally suggest that ethnic and sexual orientation identities develop through independent processes (Atkinson, Morten, & Sue, 1979; Cass, 1979; Coleman, 1981; Cross, 1978; Fassinger & Miller, 1996; Helms, 1990; Phinney, 1992). At the same time the Ethnicity and Orientation latent variables in the current study were found to covary, indicating that stronger identity in one domain of social identity was correlated with stronger identity in the other. This finding appears to challenge the assumption of completely independent social identity development by suggesting some degree of relationship across domains of social identity. Rather, the CFA suggests that individuals demonstrate a degree of identity unity, where the strength of ethnic and sexual orientation identities are correlated with one another. However, the nature of this relationship is not fully delineated through the structural equation model. Given that sexual orientation and ethnic identities seem to develop simultaneously rather than sequentially (Jamil et al, 2009), there is little theoretical rationale or empirical data to suggest that the covariance between Ethnicity and Sexual Orientation is driven by the strength of one identity *causing* strength of the other. Rather, it is more likely that strength of Ethnic and Sexual Orientation identities are related to one another through a process of dual identity integration, similar to that which bicultural individuals experience.

The present study endeavored to assess just this process using an adaptation of the Bicultural Identity Integration Scale. In the present study, the Bicultural Identity Integration Scale was adapted to test identity integration across domains; this is a use for the BII-2 that was previously suggested by the scale's developers, but that has not yet been tested (Huynh, Nguyen, & Benet-Martínez, 2011). The current study successfully adapted the BII-2 to test the integration

of ethnic and sexual orientation identities among LGBQ South Asian Americans, lending support for this particular use of the BII-2. While some of the adapted BII-2 items were removed in order to support the original scale's two-factor model, item loading in this study was actually comparable to data reported in the developmental study of the 19-item BII-2 (Huynh, 2009). Additionally, the sample population in the current study was relatively heterogeneous with respect to self-described sexual orientation and ethnic identity, yet the majority of the items on the adapted scale loaded appropriately onto the Cultural Conflict and Cultural Distance latent variables. This adaptation of the BII-2 thus supports the robustness of the Harmony and Cultural Blendedness constructs for dual identity integration.

Aim 2: Understanding Dual Identity Integration

The study also assessed predictors of dual identity Harmony (versus conflict) and Blendedness (versus distance) using hierarchical linear regression. Results indicate that Harmony is predicted by parental support, parental rejection, and internalized homophobia, but not ethnic or sexual orientation identity. More specifically, internalized homophobia partially mediates the relationship between parental rejection and dual identity Harmony, but does not mediate the relationship between parental support and dual identity Harmony. This suggests that the distal interpersonal stressor of parental rejection contributes to proximal stressors related to self-beliefs about sexual identity, and both this distal and this proximal stressor impact an individual's perception of dual identity Harmony versus conflict. By contrast, while distal experiences of parental support are associated with increased perceptions of dual identity Harmony, this association does not appear to occur vis-à-vis attenuation of internalized homophobia. In addition, intrapersonal processes related to strength of ethnic and sexual orientation identities did not predict perceptions of dual identity Harmony, suggesting that this

particular aspect of dual identity integration is influenced more by lived experiences than by strength of social identity.

Unlike dual identity Harmony, dual identity Blendedness appears to generally involve processes related to the strength of sexual orientation and ethnic identities. Distal experiences of parental support as well as proximal experiences of internalized homophobia do appear to have some influence on the degree to which an individual blends ethnic and sexual orientation identities, but the strength of these direct effects appear to be variable. Greater distal experiences of parental support and lower proximal feelings of internalized homophobia each predict greater dual identity Blendedness, but the two constructs do not appear to be related to one another. Rather, dual identity Blendedness appears to be primarily driven by the strength of ethnic and sexual orientation identities.

These findings on dual identity integration are in line with previous studies on bicultural identity integration among bicultural individuals (Huynh, Nguyen, & Benet-Martínez, 2011; Benet-Martínez & Haritatos, 2005). Namely, path analyses in those previous studies indicated that distal stressors such as experiences of discrimination and interpersonal conflicts were associated with a decreased sense of Harmony between family and host cultures, while more proximal acculturation stressors, such as language barriers and cultural isolation, predicted decreased Blendedness. Findings from the current study support and extend these previous reports. Predictors of Harmony in the current study included distal experiences of parental support and rejection, as well as the proximal stress of internalized homophobia. This is consistent with previous reports of Harmony in bicultural individuals, which suggest that Harmony is negatively impacted by interpersonal acculturative stressors such as discrimination (Benet-Martínez & Haritatos, 2005), but also extends previous findings by suggesting that

experiences of distal stressors can impact identity Harmony by propagating more proximal stress processes. Although distal experiences and proximal stress were somewhat predictive of Blendedness of ethnic and sexual orientation identities in the present study, Blendedness was primarily predicted by internal social identity factors, where higher CSE Ethnicity and CSE Orientation scores both predicted greater identity Blendedness. This, too, is thematically consistent with previous reports of Blendedness in bicultural individuals, which suggest that Blendedness is negatively impacted by intrapersonal factors including language difficulties and perceptions of cultural isolation (Benet-Martínez & Haritatos, 2005). Thus, both Harmony and Blendedness appear to be meaningful constructs for assessing the integration of intersectional identities, including sexual orientation and ethnic identities. Moreover, the predictors of Harmony and Blendedness assessed in this study build upon previous research to suggest that Harmony appears to be predicted by how the environment impacts the individual (e.g., discrimination, interpersonal conflict), while Blendedness appears to be predicted by how the individual interacts with the environment (e.g., collective self-esteem, perception of difference, feelings of cultural isolation).

Aim 3. Predicting Mental Health Outcomes

Study findings indicate that levels of depression and anxiety in this sample were elevated. That is, when severity was assessed using the categorical cut-offs provided by the DASS-21 population norms, the entire sample fell in the Moderate, Severe, or Extremely Severe categories on the Depression and Anxiety symptom scales. When compared to other studies that have used the DASS-21, it is apparent that depression, anxiety, and stress scores in the current sample were higher than might be expected in the general population. For example, a study of 1794 adults age 18-91 in the United Kingdom reported median depression scores of two, median anxiety scores

of 2, and median stress scores of 8 (Henry & Crawford, 2005); this is in contrast with the median depression score of 20, median anxiety score of 18, and median stress score of 26 observed in the current sample. Thus, the sample as a whole appears to be experiencing high levels of psychologically distressing depression, anxiety, and stress symptoms. While contrasted with studies of the DASS-21 scale in the general population, psychological distress scores from the current study corroborate previous reports of high rates of considerable mental health problems among LGBQ South Asian Americans (Satrang & South Asian Network, 2007). The marked elevations in psychological distress within the current study's sample underscores the need for additional resources directed towards research and services for LGBQ South Asian Americans. Alarmingly, low social support around their South Asian LGBQ identity and low health care utilization (Satrang & South Asian Network, 2007) place this population at high risk for social, vocational, and mortality issues related to severe depression and anxiety, while the model minority myth and the relatively small size of the LGBQ South Asian population in the United States decreases the likelihood that this population will actually receive the requisite, culturally relevant services.

Psychological Distress. High distress scores in the sample might limit the generalizability of this study's findings. Nevertheless, results from hierarchical linear regression analyses shed some light on the directional relationships among parental response to sexual orientation, social identity, internalized homophobia, and mental health outcomes. First, analysis of psychological distress symptom scores indicated that the more parental rejection an individual experienced within the past year, the more likely they were to experience symptoms of psychological distress, including symptoms of depression and anxiety. This relationship was partially mediated by internalized homophobia, where greater experiences of parental rejection predicted higher levels

of internalized homophobia, which in turn predicted greater psychological distress. In addition, stronger sexual orientation identity was associated with lower psychological distress, but the same was not true for ethnic identity. However, the relationship between sexual orientation identity and psychological distress was not significant in the context of internalized homophobia.

These findings on psychological distress lend further support to the minority stress model, which posits that distal and proximal stress processes related to minority status adversely impact health (Meyer, 2003). Distal stress processes in the minority stress model are noted to include experiences of prejudice and discrimination, and family rejection of LGBQ identity may be viewed as a particularly intimate form of minority stress, while proximal stress processes include more intrapersonal stressors, such as internalized homophobia. Results from the current study support the minority stress model and underscore the deleterious impacts of negative family interactions and of broader societal heterosexism on the mental health of LGBQ South Asian Americans.

These results are also consistent with extant literature, which suggests that high rates of family rejection are associated with higher rates of depression and suicidality among LGBQ young adults (e.g., Hershberger, Pilkington, & D'Augelli, 1997; Ryan, Huebner, Diaz, & Sanchez 2009; Mustanski & Liu, 2012; Willoughby, Doty, & Malik, 2010; Ryan, 2010). Notably, many previous studies have assessed parental rejection and depressive symptoms among youth and young adults ages 14-25, yet age was not a significant covariant in the current findings. In the current sample of South Asian American LGBQ individuals, parental rejection predicts psychological distress symptoms across a relatively broad range of ages (18-38). This is particularly meaningful because the study sample is in an age and education bracket that suggests a degree of financial autonomy; the impact of parental rejection on depressive symptoms extends

beyond what might be expected in an economically dependent population. This suggests that other cultural factors, such as family interdependence, might play a role in extending the relationship between parental rejection and high psychological distress symptoms beyond late adolescence/early adulthood.

While further research is needed to develop and test the efficacy of specific interventions, these results point to the need for family and community-based programs to support parents of LGBQ South Asian Americans in decreasing negative expressions related to LGBQ identities. Additional interventions aimed at enhancing sexual orientation identity and reducing internalized homophobia might also help to mitigate the high levels of psychological distress in this population.

Life Satisfaction. Results from this study demonstrated that life satisfaction was predicted by parental support and ethnic identity. This finding supports and extends existing literature on the positive impact that parental support (e.g., Ryan, 2010) and strong ethnic identity (e.g., Kiang, Yip, Gonzales-Backen, Witkow, & Fuligni, 2006; Phinney, Cantu, & Kurtz, 1997) have on wellbeing. Few if any studies have previously investigated the role of family in promoting psychological wellbeing among LGBQ Asian Americans in general or among LGBQ South Asian Americans in particular. Identifying the role of parental support in promoting life satisfaction in this population has important implications for interventions in South Asian families and communities. Specifically, helping South Asian parents to express support for LGBQ people may improve the life satisfaction of their LGBQ-identified offspring.

Additionally, results from this study clarified that strong ethnic identity, but not sexual orientation identity, promotes life satisfaction, suggesting that there is something specific about ethnic identity that supports positive mental health outcomes among LGBQ South Asians. This

result is aligned with findings of a similar study on ethnic and sexual orientation identity among gay men of color, which indicated that ethnic identity, but not sexual orientation identity, was correlated with life satisfaction scores (Crawford, et al, 2002). Crawford and colleagues assessed ethnic identity using the 20-item Minority Multi-group Ethnic Identity Measure (Phinney, 1992), sexual orientation identity using a newly-developed 15-item Gay Identity Scale (Crawford, et al, 2002), and life satisfaction using the 7-item Life Satisfaction Scale (Bryant & Veroff, 1984). Replication of the finding in the current study, despite using different measures in a different sample population, lends support to the robust role of ethnic identity in predicting overall life satisfaction among LGBQ people of color. The theoretical rationale for this result is somewhat unclear. One possibility is that positive ethnic identity might develop within familial and ethnic communities of origin that promote engagement. However, studies on LGBQ populations suggest that sexual orientation identity is also formed in relation to LGBQ communities (Jamil, Harper, & Fernandez, 2009). While there are distinct qualitative differences between familial/ethnic communities and LGBQ communities—such differences in visibility, accessibility, and duration of community membership—these differences between ethnic and LGBQ communities do not necessarily account for their disparate relationship to current life satisfaction.

Clues to understanding this difference may be related to theoretical mechanisms of life-satisfaction itself. Specifically, the PERMA model of happiness dictates that positive emotions, engagement, positive relationships, meaning, and accomplishment/ achievement are key components of wellbeing (Seligman, 2011). Ethnic identity might increase life satisfaction by promoting one or more of these components in a way that sexual orientation identity does not. Additional research is needed to test these mechanisms. Nevertheless, the apparent importance of

ethnic identity in promoting life satisfaction in both South Asian American LGBQ individuals and in gay and bisexual African American men underscores the importance of community-based interventions to promote inclusion and understanding of LGBQ individuals within communities of color.

Dual-Identity Integration. Finally, results indicated that dual identity integration does not play a significant role in predicting mental health outcomes among LGBQ South Asian Americans. Neither identity Blendedness nor identity Harmony predicted any of the three mental health outcomes tested (symptoms of depression, symptoms of anxiety, life satisfaction). While this is in contrast with previous reports that identity integration promotes greater psychological wellbeing among African American gay and bisexual men (Crawford, et al, 2002), it is more in line with recent findings on acculturation and bicultural identity integration (Huynh, 2009), which suggest that the level of bicultural Blendedness does not predict mental health outcomes. While associations between bicultural Harmony and depression as well as wellbeing have been reported (Huynh, 2009), these effect sizes were small.

Taken together, the results from the current study suggest that symptoms of psychological distress (including depression and anxiety) are predicted by experiences of parental rejection of LGBQ identity as well as by internalized homophobia, but are not necessarily related to degree of dual identity integration (Harmony or Blendedness). Additionally, stronger sexual orientation identity is associated with lower distress, while stronger ethnic identity is associated with greater overall life satisfaction. While stronger social identities appear to be associated with mental health benefits, the degree to which those social identities are integrated does not play a significant predictive role in mental health outcomes. One possible explanation for these results is that dual identity processes may follow a dynamic alternation

model, rather than a linear stage model of identity development (LaFromboise, Coleman, & Gerton, 1993). In this case, dual identity Harmony and Blendedness may be more closely associated with context-dependent strategies for dual identity integration than with overall identity unity. If so, it may be the case that *context-based adaptability* of dual identity Harmony and Blendedness may actually be a better indicator of mental health outcomes than Harmony and Blendedness scores at any given time point. Experimental research is needed in order to test this hypothesis.

Findings from the current study have several implications for clinical practice. First, results highlight that what parents say and do matters. That is, like in many LGBQ populations, parents' negative expressions about LGBQ people contribute to lower dual identity integration, higher levels of internalized homophobia, and poorer mental health outcomes among LGBQ South Asian Americans. By contrast, expressions of support are associated with enhanced dual identity as well as greater life satisfaction. These findings highlight South Asian American families and communities as potentially fruitful loci for clinical intervention. Second, the associations among internalized homophobia and dimensions of both sexual orientation and ethnic identities suggest that both of these domains of social identity might be involved in this proximal and insidious stressor. While precise directionality is not known, results indicate that the development of interventions for LGBQ South Asian Americans might focus on enhancing both sexual orientation and ethnic identities. Third, results indicate that LGBQ South Asian Americans may have diverse perspectives on the degree of Harmony between ethnic and sexual orientation identities, yet dual identity Harmony has little bearing on mental health outcomes. Thus, increasing Harmony may not be a central target for clinical intervention. Similarly, degree of dual identity Blendedness does not appear to be associated with mental health outcomes, and

may therefore be an inappropriate target for intervention. Thus, interventions might use the suggestions for practice that have been outlined by Eliason & Shope (2007) as a foundation. Namely, this population may particularly benefit from a client-centered approach that does not presuppose that conflict between or compartmentalization of social identities will lead to increased psychopathology.

Limitations and Future Directions

This study makes important theoretical contributions to social and ethnocultural psychology by shedding light on the process of cross-domain social identity integration among LGBQ South Asian Americans, a sub-population of sexual and ethnic minorities in which performance of cultural roles often involves specific norms of heterosexuality (Dasgupta, 1998). Findings also have key implications for the development of clinical intervention by underscoring the potential of culturally relevant family and community-focused interventions in supporting psychological wellness among LGBQ South Asian Americans. However, certain limitations of this study should be considered when interpreting the results.

First, this study included a rather heterogeneous sample in terms of ethnicity, gender, and sexual orientation identities, but the modest sample size excluded the possibility of between-group comparisons. Thus, it is unknown whether the reported findings in the current study are driven by a specific sub-population. However, significant effects in the context of sample heterogeneity may also suggest that the findings are robust and relevant to a mixed population. Second, the study used a cross-sectional design to capture the experiences of LGBQ South Asian Americans. This design allows for a snapshot of a largely unstudied population, but does not allow for causal interpretations due to potential biases in hindsight reporting and lack of information about the time sequence of predictors and outcomes. Findings of the current study

thus provide an understanding of the mechanisms underlying the relationships among parental responses to sexual orientation, social identity, and mental health, but additional data are needed to more fully understand causal relationships. Future research with larger samples and longitudinal as well as experimental designs can build on the foundation of the current study to better assess the potential causal relationships among these constructs. Finally, self-categorization and identity complexity data were collected as a part of the survey, but were beyond the scope of this study to include in the analyses due to the substantial cost of analysis. Future analysis of these data and the relationship between self-categorization data and identity scale responses may significantly augment our understanding of intersectional identity integration.

Table 1. Frequency statistics

		Frequency	Percent
Age			
	23 y/o or younger	35	28.00%
	24-29	56	44.80%
	30 or older	34	27.20%
Gender			
	Cisgender Male	55	44.00%
	Cisgender Female	50	40.00%
	Trans/Genderqueer	20	16.00%
Ethnicity			
	Bangladeshi	4	3.20%
	Bhutanese	1	0.80%
	Indian	58	46.40%
	Pakistani	9	7.20%
	Sri Lankan	4	3.20%
	South Asian/Desi	33	26.40%
	Mixed/Multiethnic	10	8.00%
	Asian/Asian American	4	3.20%
	Fijian	1	0.80%
	From West Indies	1	0.80%
Sexual Orientation			
	Gay/Lesbian	54	43.20%
	Bisexual	13	10.40%
	Queer/Fluid	56	44.80%
	Unsure/Questioning	2	1.60%
Household Income			
	0-24,999	24	19.20%
	25,000-49,999	32	25.60%
	50,000-74,999	19	15.30%
	75,000-99,999	17	13.60%
	100,000-124,999	13	10.40%
	125,000 and up	20	16.00%
Highest Education			
	High School or GED	3	2.40%
	1-3 years college (no degree)	12	9.60%
	College Degree (BA, BS)	57	45.60%
	Master's Degree (MA, MBA, MS, etc.)	41	32.80%
	Doctoral Degree (MD, JD, Ph.D., etc.)	12	9.60%
Parent's Education			
	3 years high school or less	5	4.00%
	High School or GED	9	7.20%

1-3 years college (no degree)	2	1.60%
College Degree (BA, BS)	44	35.20%
Master's Degree (MA, MBA, MS, etc.)	45	36.00%
Doctoral Degree (MD, JD, Ph.D., etc.)	20	16.00%
Childhood Financial Situation		
Routinely unable to meet basic needs	2	1.60%
Occasionally unable to meet basic needs	30	24.00%
Never worried about meeting basic needs	44	35.20%
More than enough money for necessities and some luxuries	49	39.20%
Country of Residence		
Canada	3	2.40%
India	4	3.20%
United States	118	94.40%
Generation/Immigration		
Born in North America	70	56.00%
Moved to North America age 8 or younger	24	19.20%
Move to North America age 9 or older	27	21.60%
Born and Reside in South Asia	4	3.20%
Suicidality		
Lifetime Ideation	46	36.80%
12 Month Ideation	14	11.20%
Lifetime Plan	28	22.40%
12 Month Plan	6	4.80%
Lifetime Attempt	12	9.60%
12 Month Attempt	2	1.60%
Depression		
Normal	0	0.00%
Mild	0	0.00%
Moderate	70	56.00%
Severe	25	20.00%
Extremely Severe	30	24.00%
Anxiety		
Normal	0	0.00%
Mild	0	0.00%
Moderate	26	20.80%
Severe	39	31.20%
Extremely Severe	60	48.00%
Stress		
Normal	0	0.00%
Mild	21	16.80%
Moderate	41	32.80%
Severe	41	32.80%
Extremely Severe	22	17.60%

Table 2. Reliability and descriptive statistics

	Cronbach's Alpha	Mean	Standard Deviation
CSE-Ethnicity	0.86	82.04	12.74
CSE-Eth Membership	0.76	20.26	4.21
CSE-Eth Public	0.73	19.62	4.10
CSE-Eth Private	0.86	21.78	4.63
CSE-Eth Import	0.81	20.38	4.81
CSE-Orientation	0.84	78.15	12.16
CSE-Or Membership	0.88	21.31	4.92
CSE-Or Public	0.82	13.70	4.71
CSE-Or Private	0.82	21.58	4.33
CSE-Or Importance	0.82	21.57	4.23
BII2	0.87	30.52	7.61
BII2-Blendedness	0.76	25.10	4.66
BII2-Harmony	0.86	23.89	6.31
DASS	0.93	35.67	10.84
DASS-Depress	0.90	11.54	4.22
DASS-Anxiety	0.85	10.80	4.00
DASS-Stress	0.83	13.34	4.07
Internalized Homophobia	0.91	23.22	9.41
Social Support	0.86	15.11	3.44
Support- Emotional	0.93	31.67	5.96
Support-Affection	0.84	11.89	2.70
Support Positive	0.88	12.38	2.34
Support Tangible	0.96	75.00	13.61

Table 3. Collective Self-Esteem Scale ethnic identity and sexual orientation identity dimension correlations

	2	3	4	5	6	7	8	9
1. Ethnicity Membership	0.63***	0.19*	0.52***	0.37***	0.38***	0.06	0.29**	-0.33***
2. Ethnicity Private Regard	--	0.08	0.54***	0.51***	0.45***	0.10	0.41***	-0.43***
3. Ethnicity Public Regard		--	0.10	0.21*	0.30***	0.18*	0.10	-0.25**
4. Ethnicity Importance			--	0.29**	0.27**	-0.10	0.50***	-0.23**
5. Orientation Membership				--	0.60***	0.03	0.66***	-0.55***
6. Orientation Private Regard					--	-0.02	0.59***	-0.71***
7. Orientation Public Regard						--	-0.25**	0.16
8. Orientation Importance							--	-0.51***
9. Internalized Homophobia								--

* = Significance at the 0.05 level, **= Significance at the 0.01 level, ***=Significant at the 0.001 level

Table 4. Factorial structure of the adapted Bicultural Identity Integration Scale-Version 2

	Factor	
Item	Harmony	Blendedness
1. I feel caught between my South Asian and LGBQ identities.	0.703	
2. I feel like someone moving between two identities.	0.626	
3. Being an LGBQ South Asian means having two cultural forces pulling on me at the same time.	0.703	
4. I do not feel trapped between my South Asian and LGBQ identities.	-0.514	
5. I feel conflicted between South Asian and LGBQ ways of doing things.	0.585	
6. I find it easy to balance both LGBQ and South Asian identities.	-0.750	0.446
7. I rarely feel conflicted about being a South Asian LGBQ person.	-0.569	
8. I feel torn between South Asian and LGBQ identities.	0.705	
9. I feel that my South Asian and LGBQ identities are incompatible.	0.487	-0.605
10. I find it easy to harmonize South Asian and LGBQ identities.	-0.569	0.321
11. I feel LGBQ-South Asian.		0.638
12. I feel South Asian and LGBQ at the same time.		0.648
13. I relate better to a combined South Asian-LGBQ culture than to South Asian or LGBQ culture alone.		0.472
14. I feel part of a combined culture.	-0.316	0.531
15. I cannot ignore the South Asian or LGBQ side of me.		0.496
16. I do not blend my South Asian and LGBQ identities.	0.387	-0.643
17. I keep South Asian and LGBQ identities separate.	0.417	-0.703
18. I am simply a South Asian who happens to be LGBQ.		-0.379
19. I find it difficult to combine South Asian and LGBQ identities.	0.623	-0.576

N=125 LGBQ identified South Asian Americans. Harmony = Cultural harmony vs. conflict, Blendedness= Cultural blendedness vs. compartmentalization.

Table 5. Hierarchical regression predicting harmony

Variable	B	SEB	Beta
Model 1			
Parental Support 12 mo	0.776	0.216	0.301***
Parental Rejection 12mo	-0.425	0.152	-0.235**
Model 2			
Parental Support 12 mo	0.774	0.221	0.301***
Parental Rejection 12 mo	-0.416	0.153	-0.23**
CSE Ethnicity	0.102	0.162	0.062
CSE Orientation	-0.069	0.161	-0.042
Model 3			
Parental Support 12 mo	0.819	0.215	0.318***
Parental Rejection 12 mo	-0.254	0.159	-0.140
CSE Ethnicity	0.095	0.157	-0.058
CSE Orientation	-0.447	0.202	-0.275*
Internalized Homophobia	-0.231	0.079	-0.344**

N=125, * = Significance at the 0.05 level, **= Significance at the 0.01 level, ***=Significant at the 0.001 level

Table 6. Hierarchical regression predicting blendedness

Variable		B	SEB	Beta
Model 1				
	Parental Support 12 mo	0.431	0.171	0.227*
	Parental Rejection 12mo	0.110	0.120	0.082
Model 2				
	Parental Support 12 mo	0.234	0.140	0.123
	Parental Rejection 12mo	0.146	0.097	0.110
	CSE Ethnicity	0.458	0.103	0.377***
	CSE Orientation	0.360	0.102	0.300***
Model 3				
	Parental Support 12 mo	0.262	0.137	0.138
	Parental Rejection 12 mo	0.248	0.101	0.186*
	CSE Ethnicity	0.454	0.100	0.374***
	CSE Orientation	0.124	0.129	0.103
	Internalized Homophobia	-0.144	0.050	-0.291**

N=125, * = Significance at the 0.05 level, **= Significance at the 0.01 level, ***=Significant at the 0.001 level

Table 7. Parental reactions and mental health outcomes

	2	3	4	5	6	7	8
1.Parental Support 12 mo	-0.20*	-0.06	0.31***	-0.08	-0.02	-0.04	-0.00
2.Parental Rejection 12 mo	--	0.53***	-0.16	0.37***	0.26**	0.35***	0.30**
3.Parental Rejection Lifetime		--	-0.09	0.46***	0.44***	0.50***	0.41**
4.Life Satisfaction			--	-0.29**	-0.04	-0.19*	-0.15
5.Depression Symptoms				--	0.62***	0.91***	0.70**
6.Anxiety Symptoms					--	0.90***	0.69**
7. Psychological Distress						--	0.77***
8.Stress Symptoms							--

N=125, * = Significance at the 0.05 level, **= Significance at the 0.01 level, ***=Significance at the 0.001 level

Table 8. Hierarchical regression predicting distress symptoms

Variable		B	SEB	Beta
Model 1				
	Parental Support 12 mo	0.19	0.52	0.03
	Parental Rejection 12mo	1.51	0.37	0.36***
Model 2				
	Parental Support 12 mo	0.44	0.52	0.07
	Parental Rejection 12mo	1.51	0.36	0.36***
	CSE Ethnicity	-0.73	0.38	-0.19
	CSE Orientation	-0.81	0.38	-0.21*
Model 3				
	Parental Support 12 mo	0.02	0.53	0.00
	Parental Rejection 12mo	1.12	0.39	0.26**
	CSE Ethnicity	-0.21	0.40	-0.05
	CSE Orientation	-0.21	0.39	0.05
	Internalized Homophobia	0.67	0.19	0.43
	Blendedness	0.28	0.35	0.09
	Harmony	0.29	0.22	0.13

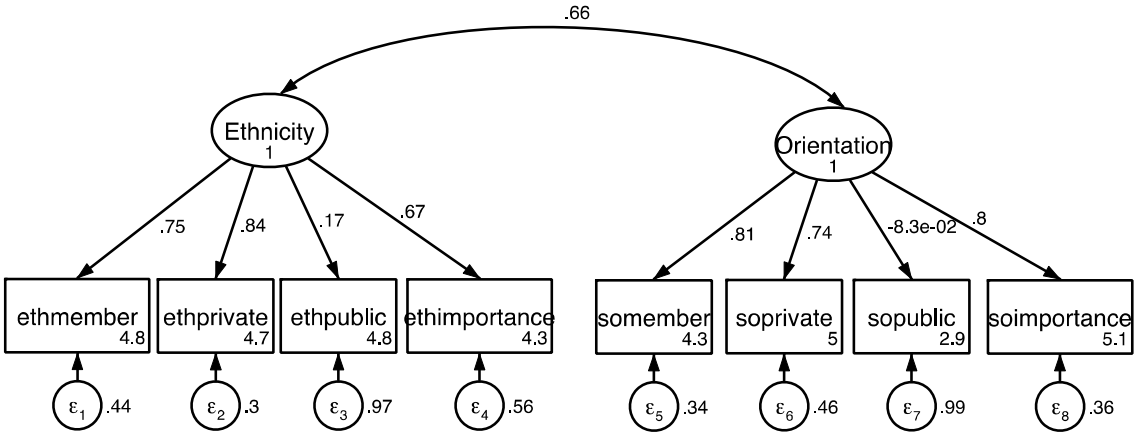
* = Significance at the 0.05 level, **= Significance at the 0.01 level,
***=Significant at the 0.001 level

Table 9. Hierarchical regression predicting life satisfaction

Variable		B	SEB	Beta
Model 1				
	Parental Support 12 mo	0.17	0.05	0.29**
	Parental Rejection 12mo	-0.04	0.04	-0.11
Model 2				
	Parental Support 12 mo	0.16	0.05	0.27**
	Parental Rejection 12mo	-0.04	0.04	-0.09
	CSE Ethnicity	0.10	0.04	0.26**
	CSE Orientation	-0.03	0.04	-0.09
Model 3				
	Parental Support 12 mo	0.14	0.06	0.24**
	Parental Rejection 12mo	-0.04	0.04	-0.09
	CSE Ethnicity	0.10	0.04	0.25*
	CSE Orientation	-0.02	0.05	-0.05
	Internalized Homophobia	0.01	0.02	0.07
	Blendedness	0.01	0.04	0.03
	Harmony	0.01	0.02	0.06

N=125, * = Significance at the 0.05 level, **= Significance at the 0.01 level

Figure 1a. Confirmatory Factor Analysis of CSE dimensions



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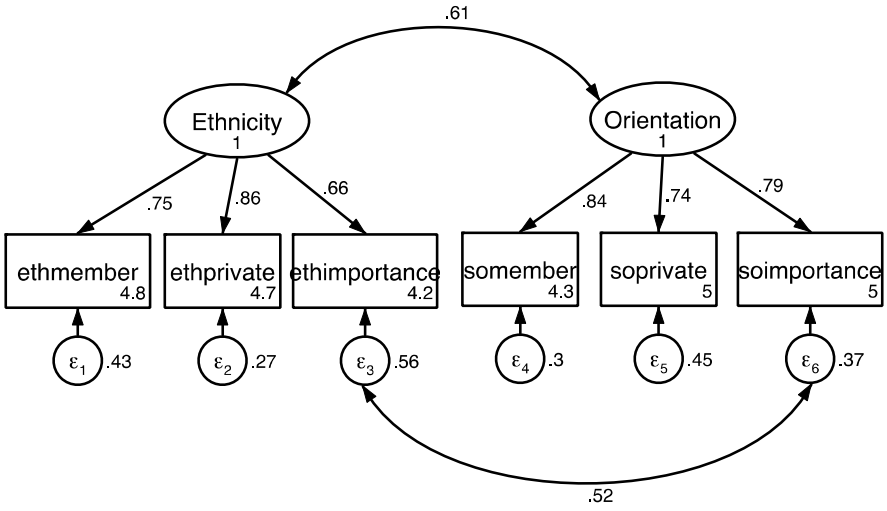

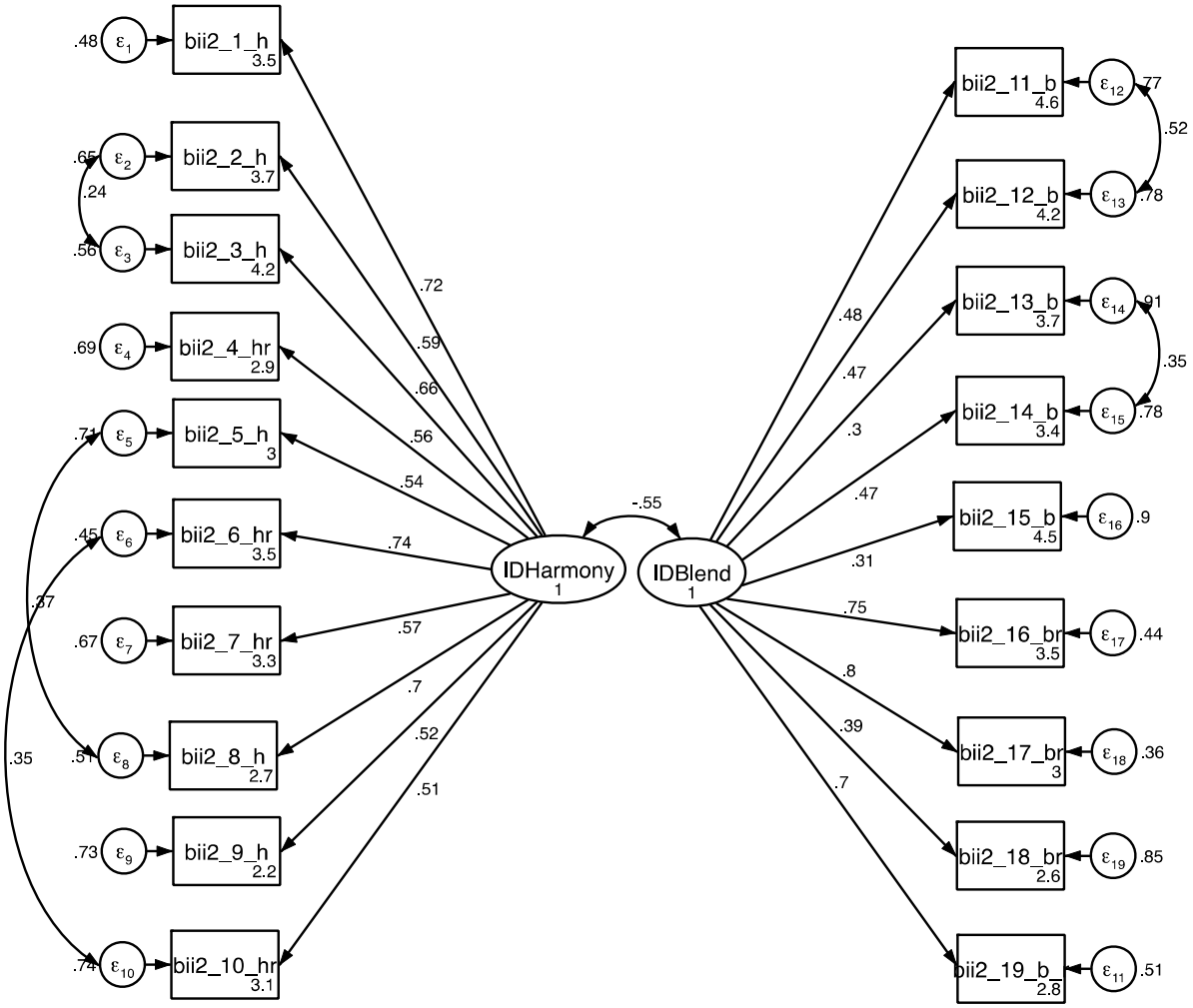
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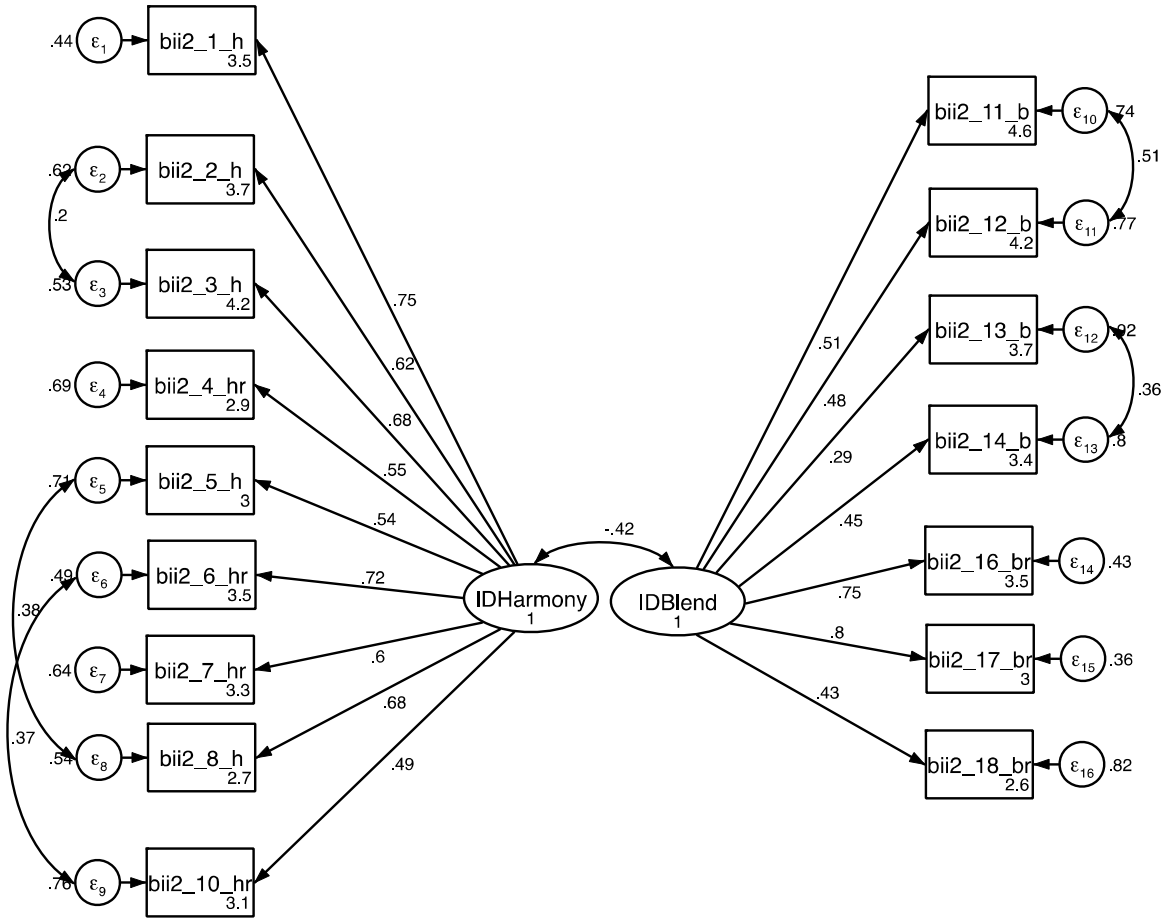
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