Asian-American LGBs’ Identity, Discomfort in Racial/Ethnic Community, & Well-Being

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Introduction

- Asian American racial/ethnic communities are typically an important source of psychological support and social capital for Asian Americans (Jang et al., 2015; Portes & Rumbaut, 2006; Tran, 1987).

- However, due to high degrees of homophobia in Asian-American communities (Chung et al., 2006; Operario et al., 2008; Szymanski & Sung, 2013), Asian-American sexual minority individuals face the possibility of being marginalized within their own racial/ethnic communities and experiencing discrimination.
Multiple qualitative studies regarding Asian-American sexual minorities have voiced the complexity of being both Asian American and a sexual minority:

“To be gay almost means that you have to reject that part of [Asian] culture that’s kind of been ingrained. We’re told not to make as much noise, not to rock the boat. And being gay, you need to stand up for yourself a lot of times in the world. And sort of being Asian and gay, ... you feel like it’s that much harder”

(Operario et al., 2008, p. 453)

Theoretical frameworks regarding the dual identity formation of Asian-American sexual minorities (Chung & Katayama, 1998; Chung & Szymanski, 2006; Gock, 1992) generally agree that this dual identity development progresses toward accepting both identities as important parts of one’s self, as opposed to considering one more important than the other.
It seems likely that experiences of discomfort in one’s racial/ethnic community will vary depending on where the individual is in terms of dual identity development:

- e.g., An individual who does not think that their sexual identity is important to them → they may experience less discomfort in their hetero-normative racial/ethnic community
The Present Study

- Address the gaps in literature:
  1. Little is known about how Asian-American sexual minorities’ negative experiences in their racial/ethnic communities may affect the health and well-being of these individuals.
  2. It is currently unknown how the dual identity development process of Asian American sexual minorities may influence associations between negative experiences in their racial/ethnic community and individual well-being.
Hypotheses

**H1** More individual experiences of discomfort in racial/ethnic communities due to sexual orientation will be negatively associated with self-reported general health

**H2** Low positive affect will mediate the association in hypothesis 1

**H3** The indirect effect (from H2) will be significantly stronger for those who have reached dual identity importance
Sample*

- Asian American sexual minority adults ($n = 298$)
- Age
  - Mean = 30.6 years old ($SD = 9.8$)
  - Range: 18-69 years old
- Biological sex
  - 52.5% female, 47.5% male
- Sexual orientation
  - 24.5% lesbian, 39.6% gay, 16.1% queer, 11.4% bisexual, 8.4% other
- Ethnicity
  - Top 4: Filipino (22.2%), Chinese (13.8%), Japanese (6.7%), and Taiwanese (6.0%).
  - Multi-ethnic (8.1%)
  - Multi-racial (24.5%)
- 66.2% U.S. born
- 55.6% bachelor’s degree or higher

*Source of data: Social Justice Sexuality Project (http://socialjusticesexuality.com; Battle, Pastrana, & Daniels, 2010).
# Measures

<table>
<thead>
<tr>
<th>Dual Identity Development (Dual ID yes/no group)</th>
<th>1 (&quot;not important at all&quot;) to 6 (&quot;extremely important&quot;)</th>
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</thead>
<tbody>
<tr>
<td>(1) Do you feel that your sexual orientation is an important part of your identity?</td>
<td>1 (&quot;not important at all&quot;) to 6 (&quot;extremely important&quot;)</td>
</tr>
<tr>
<td>(2) Do you feel that your racial/ethnic status is an important part of your identity?</td>
<td>1 (&quot;not important at all&quot;) to 6 (&quot;extremely important&quot;)</td>
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<thead>
<tr>
<th>Discomfort in Racial Ethnic Community due to Sexual Orientation</th>
<th>1 (&quot;never&quot;) to 6 (&quot;always&quot;)</th>
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<tbody>
<tr>
<td>How often have you felt uncomfortable in your racial or ethnic community because of your sexual identity?</td>
<td>1 (&quot;never&quot;) to 6 (&quot;always&quot;)</td>
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<tr>
<th>Positive Affect</th>
<th>1 (&quot;never&quot;) to 4 (&quot;most of the time&quot;)</th>
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<tr>
<td>Over the past week, how often have you felt:</td>
<td>1 (&quot;never&quot;) to 4 (&quot;most of the time&quot;)</td>
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<tr>
<td>(1) that you were just as good as other people; (2) hopeful about the future; (3) happy; (4) you enjoyed life?</td>
<td>1 (&quot;never&quot;) to 4 (&quot;most of the time&quot;)</td>
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<th>General Health</th>
<th>1 (&quot;poor&quot;) to 5 (&quot;excellent&quot;)</th>
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<tr>
<td>In general, would you say that your health is:</td>
<td>1 (&quot;poor&quot;) to 5 (&quot;excellent&quot;)</td>
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Analyses

- **Software**
  - Mplus (ver. 7.4.)

- **Tests of hypotheses**
  - H1: Significance of direct effect \( (c) \) tested via multiple regression analysis
  - H2: Significance of indirect effect \( (ab) \) tested using 95% CI generated from 5,000 bootstrap samples
  - H3: Significance of difference between two groups’ indirect effects \( (a_1b_1 - a_2b_2) \)
    tested via multigroup mediation analysis with 5,000 bootstrap samples
Results

- Preliminary Analyses
  - Group differences between dual ID yes & no:
    - Dual ID yes group: experienced significantly more discomfort in their racial/ethnic community ($t = 2.74, df = 183.18, p = .007$)
    - No significant differences in low positive affect and self-reported general health
Test of H1
- Direct effect was significant ($c = -0.130, p < 0.001; R^2 = 0.062$)

Test of H2
- Indirect effect was significant ($ab = -0.054, 95\% CI [-0.09, -0.03]$).

Results (cont’d)

Discomfort in Racial/Ethnic Community

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<th>Low Positive Affect</th>
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<td>$0.117^{***}$</td>
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<th>Self-Reported Health</th>
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<td>$-0.458^{***}$</td>
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<tr>
<th>Discomfort in Racial/Ethnic Community</th>
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<tr>
<td>$-0.076^{<em>}$ ($-0.130^{</em>**}$)</td>
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$p < .05$, **$p < .01$, ***$p < .001$

Control variables (level of education & birthplace) have been omitted for clarity.
Results (cont’d)

- Test of H3
  - Dual ID importance: Yes
    - $a_1 b_1 = -0.072, SE = 0.018, [-0.12, -0.04]
  - Dual ID importance: No
    - $a_2 b_2 = -0.011, SE = 0.026, [-0.07, 0.04]
  - Difference between the indirect effects ($a_1 b_1 - a_2 b_2$) were not significant
    - 95% CI [-0.13, 0.02]
    - 90% CI [-0.11, -0.01]

*p < .05, **p < .01, ***p < .001
Experiences of discomfort in racial/ethnic communities may have a negative effect on Asian American sexual minorities’ general health via increasing low positive affect (one of the key aspects of depressive disorders)  
- ...and this may vary depending on the individual’s dual identity development.

→ *Progressing in dual identity development may come with challenges to the individual’s well-being*
Mental health professionals with Asian American sexual minority clients need to be mindful that the psychological process of accepting and integrating one’s own identities (which is commonly encouraged and considered a positive thing), could potentially lead to new challenges for their clients.

Continuing community level interventions to increase openness and acceptance in Asian American communities can increase the health and well-being of Asian American sexual minorities by providing a better environment for them to thrive.