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Identity, Stress, and Resilience in Lesbians, Gay Men, and Bisexuals of Color

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Abstract

The author addresses two issues raised in Moradi, DeBlaere, and Huang's Major Contribution to this issue: the intersection of racial/ethnic and lesbian, gay, and bisexual (LGB) identities and the question of stress and resilience. The author expands on Moradi et al.'s work, hoping to encourage further research. On the intersection of identities, the author notes that LGB identities among people of color have been construed as different from the identities of White LGB persons, purportedly because of an inherent conflict between racial/ethnic and gay identities. The author suggests that contrary to this, LGB people of color can have positive racial/ethnic and LGB identities. On the question of stress and resilience, hypotheses have suggested that compared with White LGB individuals, LGB people of color have both more stress and more resilience. The author addresses the competing hypotheses within the larger perspective of minority stress theory, noting that the study of stress and resilience among LGB people of color is relevant to core questions about social stress as a cause of mental disorders.

Keywords

LGBT; dimensions of diversity; race/ethnicity; health psychology; content

Moradi, DeBlaere, and Huang (2010 [this issue]) and *The Counseling Psychologist* are to be commended for devoting a Major Contribution to concerns of lesbian, gay, and bisexual (LGB) people of color. As the authors show, knowledge about these populations suffers from a paucity of research but a plenitude of stereotypes and misconceptions, including, as they note, the notion "that LGB people of color do not exist or are so few in number that their presence or absence does not need to be made explicit" (p. 324). The authors' aim, to "move the experiences of LGB people of color from the margins to the center" (p. 325) of psychological research, is well served. The Major Contribution provides a summary of current knowledge, a review of methodological issues, and a discussion of an important conceptual question regarding stress and resilience among LGB people of color.

In this reaction piece, I address two issues raised by the authors: the intersection of racial/ethnic and LGB identities and the question of stress and resilience. In addressing each of these issues, I try to expand on Moradi et al.'s (2010 [this issue]) work by highlighting new ideas in an attempt to encourage further research on these important topics. I first discuss LGB identities among people of color, noting that contrary to many misconceptions, LGB

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people of color can have positive racial/ethnic and LGB identities and form strong affiliations to both communities. Second, I discuss the question of risk versus resilience. The question the authors highlight is whether, compared with White LGB individuals, LGB people of color face greater risk because of their double minority status or whether they are more resilient because of it. I attempt to place this question within the larger perspective of stress theory, noting that the study of risk and resilience among LGB people of color is relevant to core questions about social stress as a cause of mental disorders.

The Intersection of Racial/Ethnic and LGB Identities

As Moradi et al. (2010 [this issue]) note, despite the presence of LGB people of color in the LGB community in the United States throughout the history of the gay rights movement, misconceptions and, at times, stereotypes about LGB people of color have portrayed them as an outsider group with no or little commonalities with a supposedly mainstream—by which is usually meant White—LGB community. This discourse developed out of beliefs that either LGB people of color are excluded from the mainstream LGB community, or that LGB people of color have such different sexual identities (or no identities at all) that the gay movement is alien to them. (Much of the research on this topic, including my own, has focused on Black and Latino LGB minorities; I will therefore use examples related to these populations). For example, *machismo* and *the down low* have been described as unique social cultural phenomena explaining, respectively, Latino and Black men's sexuality as something that is incompatible with or even antithetical to Western ideas of sexuality and to the gay liberation movement in the United States. Such ideas are often promoted by the mass media in sensationalized accounts; for example, an episode of *The Oprah Winfrey Show* was devoted to the risk for Black straight women due to down low men, ignoring similar phenomena among Whites, on one hand, and gay-identified Black men on the other hand (Boykin, 2005).

Of course, in this discourse simple truths are lost: First, Blacks and other racial/ethnic minorities in the United States do not really form a different culture; they are very much surrounded by, contribute to, shape, and are affected by mainstream American culture (also an overly simplified signifier), so the notion of a gay community is not alien to them. Second, many if not most LGB people of color in the United States are there and were raised in the same culture as their White counterparts. Third, even among immigrants to the United States, many tend to acculturate and adopt local social-cultural norms (Bianchi, Zea, Poppen, Reisen, & Echeverry, 2004; Chng, Wong, Park, Edberg, & Lai, 2003). Fourth, the gay liberation movement has had a great impact on cultures across the world, where LGB identities and identity-based rights organizations have been formed (Altman, 2004). This is not to deny that local cultures matter in the analysis of LGB populations or to diminish subcultural differences and maybe even clashes with White American culture (Battle & Crum, 2007; Fieland, Walters, & Simoni, 2007; Kimmel & Yi, 2004). But we should be aware that cultural differences among LGB racial/ethnic populations in the United States could be easily exaggerated.

Another misconception about LGB people of color concerns the management of racial/ethnic versus LGB identities. A prominent view is that racial/ethnic identities clash with LGB identities, leading to “warring selves” in LGB persons of color (Meyer & Ouellette, 2009). (Again, most of this work describes the experiences of Black LGB individuals.) In part, this view is an extension of the exaggerated belief that racial/ethnic cultures are at odds with White American culture. Some such beliefs rely on racist ideology, for example, that Blacks are more primitive and closer to nature than Whites (Collins, 2005). There is also an important history of U.S. identity politics that contributes to this: In the context of the civil rights and gay liberation movements of the 1960s and 1970s, Black LGB persons were

confronted with a false dichotomy of allegiances. In an article titled “Are You Black First or Are You Queer?” Conerly (2001) suggested that Black and gay identities had been viewed as competing. Thus, Black-identified gays had to subdue their gay identities. A “Black first” identity was equated with loyalty to Black civil rights causes, but gay-identified Blacks were seen as assimilationists who had abandoned, if not betrayed, their Black roots (Johnson, 1982).

However, this view of a conflict between the Black civil rights movement (and the Black identity constructions that both formed and were formed by it) and gay identities of Black LGB persons ignores a rich history of Black LGB communities. As Moradi et al. (2010 [this issue]) note, Blacks have taken part in the mainstream gay and lesbian liberation movement, and Black LGB persons developed thriving LGB communities within their Black communities. For example, Harlem in New York City had a rich, if not always visible, gay network at least since the Harlem renaissance of the 1920s (Hawkeswood, 1996). Against the conflict view, Collins (2005) described an intersection between race and sexual identities that shares a political struggle, writing, “Developing a progressive Black sexual politics requires examining how racism and heterosexism mutually construct one another” (p. 89). This work has been taken up by many current Black leaders, including such prominent figures as Coretta Scott King, Archbishop Desmond Tutu, Reverend Jesse Jackson, and Reverend Al Sharpton, indicating, and leading toward further, significant changes in the Black community (Banerjee, 2006; “Tutu Stops Short,” 2004).

Researchers have sometimes reinforced the view that racial/ethnic and LGB identities are in conflict by using study instruments that in fact force people to dichotomize their identities or choose between racial/ethnic and LGB identities. But more recently, research on identity has shown that people can hold several, even seemingly conflicting identities while maintaining a coherent unified sense of the self (McAdams, 1997; Singer, 2004). When my colleagues and I studied racial/ethnic and LGB identities in Project STRIDE, we used quantitative and qualitative instruments that could capture complex identity structures without forcing false dichotomies (Meyer & Ouellette, 2009; Narvaez, Meyer, Kertzner, Ouellette, & Gordon, 2009; Stirratt, Meyer, Ouellette, & Gara, 2008).¹ On the basis of the literature we reviewed, we expected to find identity conflict expressed by our Black and Latino respondents. Indeed, like others, we found that compared with Whites, more Black and Latino respondents identified as bisexual, and they were less likely than Whites to disclose their LGB identities. But contrary to our expectations, we found that our sample of Black and Latino LGB individuals did not differ significantly from Whites in how they managed their LGB identities. For example, we found similar patterns of LGB social support utilization: White heterosexuals (both men and women) and lesbians and bisexual women (across race/ethnicity) relied on their families for support with major needs (such as help with large sums of money), but gay and bisexual men relied on other LGB individuals for such support (Frost & Meyer, 2008). The significance of this finding is not only that the men relied on other LGB individuals but also that there were no racial/ethnic differences in LGB support utilization for the sexual minority men or women. When we asked respondents about the relative importance of their racial/ethnic and LGB identities using innovative measures, racial/ethnic minorities told us that both identities were important (for Whites, racial/ethnic identity was less important than sexual identity; Stirratt et al., 2008).

We also used qualitative analysis to assess the idea that LGB identity collides with Black identity and with an affiliation with the Black community and culture. Our interviewers

¹For methodological reasons related to the study aims, Project STRIDE included only Black and Latino racial/ethnic minorities along with White LGB persons and heterosexuals. For a description of Project STRIDE's methodology, see <http://www.columbia.edu/~im15/index.htm>.

asked probing questions to get to the purported identity clash, but time and again they were rebuffed by the respondents. More often than not, men and women, bisexual- and gay/lesbian-identified, and younger and older respondents rejected the idea of identity conflict. They did not deny the stress of homophobia, especially homophobia in the Black church, but they clearly differentiated between the external sources of stress and internal identity cohesiveness. Our Black respondents perceived rejection and homophobia in their social environments: family, friends, religious figures, and the community at large. But that rejection did not lead them to doubt their own identities. Sometimes they chose to deal with homophobia by swallowing frustration or anger to protect relationships with family and churches; at other times they chose to move to more accepting churches. Some chose to stand up and demand acceptance in their families and communities, and others contemplated doing so.

As Huang, Brewster, Moradi, Goodman, Wiseman, and Martin (2010 [this issue]) suggested, we need to learn more about LGB people of color. This is even more pressing regarding minorities other than Blacks and Latinos, about which we know even less than we do about Black and Latino LGB persons. However, when approaching LGB populations of color, researchers should recognize that just as there are differences and distinctions from White LGB communities, there are many commonalities and convergences. Stereotypes and misconceptions, even if they may have a kernel of truth, should not guide our thinking about LGB people of color. It is important for researchers to be sensitive to unique community norms, values, and habits (including, e.g., different identity labels used by LGB people to describe themselves). At the same time, it is important to recognize that U.S.-based racial/ethnic minority LGB people are not positioned outside the identity politics and identity cultures that characterize the American society. Identity terms and LGB culture and community are just as important for understanding White LGB individuals as they are for understanding LGB people of color (Young & Meyer, 2005).

Stress and Resilience

A significant part of their Major Contribution is Moradi, Wiseman, DeBlaere, Goodman, Sarkees, Brewster, and Huang's (2010 [this issue]) examination of stress and resilience in racial/ethnic minority LGB persons. The study of stress and resilience has been central to our theoretical understanding of the mental health and well-being of LGB individuals (Meyer, 2003b). The literature on LGB people of color describes two hypotheses, which Moradi et al. refer to as risk and resilience. But the two hypotheses cannot be easily reconciled: One or the other is more correct, or there are some other conditions that need to be taken into account. Because much of this research has focused on Black LGB persons, I will again use that example, but the conceptual issues—if not the specific stress and resilience processes—are similar in other LGB minority populations and, as I will show later, in heterosexual racial/ethnic minorities. The risk hypothesis states that compared with White LGB individuals, LGB people of color are exposed to greater stress. They have excess stress because they are exposed to stress related to both homophobia and racism (this has also been called the *double jeopardy* hypothesis). In addition, because of rejection from both their communities of origin and the mainstream—again, often described as White—LGB community, Black LGB persons receive less support than White LGB persons. In contrast, the resilience hypothesis states that in part because of their experiences with racism prior to coming out, Black LGB individuals are inoculated against the effects of stress related to homophobia and may actually fare better than LGB Whites. A similar but slightly different way of stating this is that Black LGB persons have greater capacity to cope with the minority stress they experience than do LGB Whites.

Moradi, Wiseman, DeBlaere, Goodman, Sarkees, Brewster, and Huang (2010 [this issue]) cleverly tested these hypotheses by proposing that competing results patterns would emerge if one or the other hypothesis were true. Specifically, looking at White versus non-White LGB persons, they tested whether perceived heterosexist stigma, internalized homophobia, and sexual orientation concealment were higher and whether perceived stigma was more strongly associated with internalized homophobia among LGB people of color (supporting the stress hypothesis) or among Whites (supporting the resilience hypothesis). Thus, they claim, looking at these results patterns would lead us to have more confidence in one or the other hypothesis. After examining the results patterns, Moradi et al. concluded that they are generally consistent with the resilience hypothesis. But, as the authors note, their results should not be the final word on the question of risk and resilience. Further research must delve into this question with greater precision and depth for us to fully understand this issue. Indeed, this is an important issue for researchers to address. The answers we give these questions would help counseling psychologists and other clinicians work with their clients more effectively. But also, this research has important implications for social stress theory in general: Understanding risk and resilience could help researchers calibrate their theory of social causes of mental health problems (Schwartz & Meyer, in press).

Reflecting on the general stress theory might help put the question about risk and resilience among LGB people of color in a larger context. As I have suggested previously (Meyer, 2003a, 2003b; Meyer, Schwartz, & Frost, 2008; Schwartz & Meyer, in press), at the core of stress theory is a simple premise: Members of minority groups are disadvantaged in multiple ways in society. Unique stressors—which do not affect members of advantaged groups, such as those related to prejudice—place added burden on members of minority (or, more generally, *disadvantaged*) groups. Thus, through both structural and interpersonal routes, prejudice causes members of disadvantaged social groups to experience greater burdens (e.g., poorer educational systems, exposure to neighborhood pollutants, life events due to discrimination) and have fewer resources (e.g., discordant values and norms, such as heterosexism, barriers in access to coping and support resources) than members of advantaged groups. As a causal theory of mental disorders and well-being, the minority stress argument goes further to suggest that this unique stress causes mental health problems, leading people in disadvantaged social positions to have higher rates of mental disorders. This follows the epidemiological logic that says that if an exposure causes a disease, then a larger proportion of people who are exposed (e.g., smokers) will develop the disease (e.g., lung cancer) than people who are unexposed. Applied to the mental health of LGB people, this leads us to hypothesize that if stress is a cause of disorders, then LGB people, who are exposed to unique minority stressors, will have a higher incidence of disorders than heterosexuals. This minority stress hypothesis seems to be supported; several studies and a meta-analysis of large-scale studies showed that, as predicted, LGB individuals had more mood, anxiety, and substance-use disorders than heterosexuals (Meyer, 2003b).

But the theory is not as well supported when looking at LGB people of color. My coauthors and I found that, as hypothesized, Black and Latino LGB persons are exposed to greater stressors and have less support and resources than LGB and heterosexual Whites (Meyer, Schwartz, et al., 2008). But contrary to minority stress predictions, and contrary to the idea of double jeopardy, LGB people of color do not have more mental disorders than LGB Whites (Meyer, Dietrich, & Schwartz, 2008). Interestingly, the pattern we found for Black and Latino LGB individuals is also found for Blacks in the general U.S. population. Contrary to minority stress hypotheses, Blacks do not have a higher prevalence of psychiatric disorders than Whites in the general population (Kessler, Berglund, Demler, Jin, & Walters, 2005; Kessler et al., 1994; Robins & Regier, 1991). If, as we know, Blacks are exposed to greater stress, and if, as we believe, stress causes mental health problems, then why do Blacks in the United States, both LGB and heterosexual, not have a resultant excess

in disorders compared with Whites? We cannot yet answer this question (Williams & Earl, 2007), but one explanation that researchers often raise is that resilience among Black populations reduces their risk. Thus, although Moradi, Wiseman, DeBlaere, Goodman, Sarkees, Brewster, and Huang (2010 [this issue]) did not directly assess mental health outcomes, the competing hypotheses they tested are part of a larger question and have significance pertaining to the very core of social stress theory. To explore the resilience hypothesis more thoroughly than Moradi et al. could do with their data, we need greater specification of how resilience may be implicated in the causal relationship of stress and mental health.

Resilience is a phenomenon that cannot be directly observed; we can only infer that a person is resilient by observing his or her adaptive functioning in the context of risk (Masten, 2007). There are several ways to conceptualize resilience: First, because of a sense of mastery, resilient people may be unthreatened by stressors they know they can handle, so they may perceive less stress than less resilient people. In this case resilience is protective even before the onset of stress: It affects the appraisal of stress (Lazarus & Folkman, 1984). Second, resilience can protect people by inoculating them against stress because of strengths they have. In this sense, resiliency means having qualities that can fend off the impact of stress. This could be a sense of mastery and control, or any other innate or acquired personal predispositions or characteristics of their wider environment that can help in coping with stress (Dohrenwend, 1998). In statistical terms, in this view resilience modifies the relationship between stress and health outcomes. Third, a different approach views resilience as having a direct effect on health outcomes. Resilience here is a resource that on its own (i.e., regardless of stress exposure) has mental health benefits (Wheaton, 1985). For example, having supportive social networks can have mental (and physical) health benefits regardless of stress exposure (Berkman & Syme, 1979).

Each view of resilience has a different implication for stress theory. Most important here is the argument that resilience explains the consistent findings in U.S. population studies that despite the excess in stress among Blacks, they do not have higher rates of most mental disorders. This is contrary to the minority stress hypothesis, which predicts that greater stress leads to higher rates of disorders. According to the resilience argument, because Blacks have good coping facilities and skills (including not only personal but also community-wide coping resources), their coping overcomes the potential negative effects of stress. Although this argument is appealing, as Schwartz and Meyer (in press) argued, this explanation is antithetical to stress theory, so it cannot be offered as an explanation in support of stress theory. This is because stress theory proposes that disadvantaged groups are disadvantaged not only by greater exposure to stress but also by greater barriers to resources. But the resilience hypothesis suggests the opposite: that Blacks have greater resources than Whites to such an extent that these resources defend them against the potential damaging effects of stress related to racism. Even if we ignored this limitation, can we really claim that social stressors such as racism and homophobia are true stressors if this stress is attached to a complete remedy in the form of resilience? These questions are significant because they point to some inconsistencies in social stress theory. This is a deficiency that muddies our understanding of the stress-illness relationship. Only with further research that is nuanced and explicitly tests various resilience processes can we begin to address these questions.

Conclusions

Moradi et al.'s (2010 [this issue]) Major Contribution provides resources to help psychologists in thinking about the experiences of LGB people of color. Clearly more needs to be done, but two issues are worth highlighting. My discussion of resilience and stress

theory points to the importance of exploring nuances of what we call *resilience*. These nuances can provide insight into the strengths and challenges that LGB people of color experience, and inform theory and practice. An important aspect of resilience that has not received sufficient attention is the distinction between individual- and group-level resources. Both clinicians and researchers should remember that great personal resources are not sufficient to cope with minority stress (Meyer, 2003b). Minority stressors require group-level resources because only the group can repair or replace societal prejudicial norms and values (e.g., about concepts of family and intimacy), and only the group can promote affirmative social support, role models, and so on (Crocker & Major, 1989). The availability and use of group-level resources are important to counter societal stressors related to prejudice, for example, by reducing internalized homophobia and improving well-being (Frost & Meyer, 2009; Kertzner, Meyer, Frost, & Stirratt, in press).

It is also important to note that in thinking about such resources of LGB people of color, researchers, counselors, and policy makers must remember that both the racial/ethnic and LGB communities are relevant. Neither community should be conceived as more significant for a person: LGB people of color are at the intersection of identities related to race/ethnicity and sexual orientation, and this intersection creates a new unified identity that cannot be split. As I showed above, we must move beyond—and help clients and others move beyond—the “Are you Black first or are you queer?” option that has been central to thinking about sexual orientation and race/ethnicity.

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Biography

Ilan H. Meyer is deputy chair for MPH programs and an associate professor in the Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University. His areas of research include stress and illness in minority populations, particularly the relationships of minority status, minority identity, prejudice and discrimination, and mental health outcomes in sexual minorities and the intersection of minority stressors related to sexual orientation, race/ethnicity, and gender.

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