

ABSTRACT

Title of Dissertation: INTERSECTIONAL EXPERIENCES,
STIGMA-RELATED STRESS, AND
PSYCHOLOGICAL HEALTH AMONG
BLACK LGB COMMUNITIES

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Contemporary theories of stigma-related stress (Hatzenbuehler, 2009; Krieger, 2014; Meyer, 2003) suggest that marginalized populations face chronic experiences of prejudice and discrimination due to their minority statuses—and that these stressful events undermine psychological health. Research based on this perspective typically (a) focus on one aspect of identity (e.g., sexual orientation) in isolation from other salient aspects of identity (e.g., race), (b) test temporal theories of discrimination and health using cross-sectional study designs, and (c) focus on experiences of stigmatization, overlooking the potential role of positive, identity-supportive experiences in mental health. The present study uses daily diary methods to explore the prevalence and day-to-day correlates of intersectional experiences (IEs) in a sample of 131 Black lesbian, gay, and bisexual (LGB) individuals. Every evening for one week, participants reported both

negative and positive IEs from the last 24 hours, and completed measures of identity conflict, rumination, and affect. Across 849 combined study days, participants described 97 negative IEs (11.4% of days) and 263 positive IEs (31.0% of days). Multilevel regression was used to test concurrent and temporal relations between daily IEs and mood—as well as the mediating roles of identity conflict and rumination—at the within-person and between-person levels. Negative IEs were associated with identity conflict and negative affect at both the within- and between-person levels, and negative rumination at the within-person level only. Positive IEs predicted positive rumination and positive affect (but not identity conflict) at the within- and between-person levels. Results indicated that identity conflict mediated the concurrent association between negative IEs and negative affect (but not between positive IEs and positive affect) at both levels of analysis. Negative rumination mediated the concurrent association of negative IEs and negative affect at the within-person level (but not the between-person level). The study also produced a significant indirect path from positive IEs to positive affect, mediated through positive rumination, at both levels of analysis. No direct or indirect lag-effects were demonstrated in which IEs predicted next day outcomes. This microlongitudinal investigation is among the first to quantitatively capture the prevalence and day-to-day correlates of intersectional experiences among LGB people of color.

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PSYCHOLOGICAL HEALTH AMONG BLACK LGB COMMUNITIES

by

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“There is no such thing as a single-issue struggle, because we do not live single-issue lives.”

— Audre Lorde, 1984

Chapter 1: Manuscript

Introduction

Everyday life is peppered with meaningful experiences—positive and negative, mundane and monumental—each with the possibility to cause stress, build strength, or trigger an emotional reaction. For people with marginalized identities, some of these daily events are directly related to their stigmatized status. Such daily experiences may be adverse, such as experiencing discrimination based on race (Hoggard, Byrd, & Sellers, 2012; O’Hara, Armeli, Scott, Covault, & Tennen, 2015) or sexual orientation (Mohr, 2016; Swim, Johnston, & Pearson, 2009), but may also be affirming, such as finding one’s marginalized status to be reflected in or supported by others (Beals, Peplau, & Gable, 2009; Frable, Platt, & Hoey, 1998; Mohr & Sarno, 2016; Saenz, Ngai, & Hurtado, 2006).

An impressive array of studies have demonstrated links between perceived discrimination and health risks among marginalized populations, such as people of color, women, and sexual minorities (for a review, see Pascoe & Smart Richman, 2009). Albeit less studied, scholars have also begun to examine the role of identity-supportive experiences in protecting against negative health risks associated with stigma—and potentially bolstering psychosocial well-being (Beals et al., 2009; Mohr & Sarno, 2016). Taken together, these literatures have highlighted the salience of social identity in shaping the everyday experience and health of individuals holding marginalized group statuses (Hatzenbuehler, Phelan, & Link, 2013; Krieger, 2012; Meyer & Northridge, 2007).

Some individuals hold multiple stigmatized identities (e.g., Black sexual minorities), placing them in a position of relative subordination within two larger marginalized populations (Purdie-Vaughns & Eibach, 2008). Whereas the field of

psychology has advanced the scientific understanding of daily identity-related experiences among Black and LGB populations, respectively (Hoggard, Byrd, & Sellers, 2015; Swim et al., 2009), little quantitative research has examined how race and sexual orientation jointly shape the everyday experiences of LGB Black Americans (Szymanski & Meyer, 2008; Zamboni & Crawford, 2007). Scholars interested in the mental health of Black sexual minorities have called for increased scholarship that takes into account multiple aspects of identity and interlocking systems of oppression, to better understand the relations between stigma and psychosocial outcomes among this double minority population (Bowleg, 2013; Szymanski & Meyer, 2008). The present quantitative study is designed to address this research gap by examining the daily experiences of LGB Black Americans, with a focus on experiences simultaneously related to individuals' racial and sexual orientation identities. The main hypotheses focus on links among these experiences and daily distress, as well as the possible mediating role of identity conflict and ruminative processes.

Why Are Experiences of Stigma Unhealthy?

Within the field of psychology, it was once believed that certain stigmatized groups (e.g., LGB people, Black people) were inherently prone to pathology or disease (Gilman, 1985). Contemporary social scientists have developed alternative theories to explain higher rates of mental and physical health problems among certain marginalized populations. By connecting theoretical tenets from two historically separate literatures—stress theory (Lazarus & Folkman, 1984) and stigma scholarship (Goffman, 1963)—psychologists often now view the poorer mental health of many marginalized

communities as normative responses to environmental stressors and structural oppression (American Psychological Association, 2012). Today, studies of stigma-related stress not only help to contextualize mental health disparities between majority and marginalized groups (Hatzenbuehler et al., 2013; Williams & Mohammed, 2009), but are also used to explore how discrimination explains variance in psychological health within marginalized populations (Feinstein, Goldfried, & Davila, 2012; Mays & Cochran, 2001).

Conceptual models focusing on the well-being of racial minorities (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000) and sexual minorities (Hatzenbuehler, 2009; Meyer, 2003) have highlighted processes that explain links between stigma-related events in one's environment (i.e., distal stressors) and mental health. Some have suggested that elevations in general psychological processes mediate links between discrimination and mental health (Clark et al., 1999; Hatzenbuehler, 2009). Consistent with this view, research has demonstrated that daily elevations in anti-LGB distal stressors correspond to elevations in rumination, emotion suppression, and negative mood (Hatzenbuehler, Dovidio, Nolen-Hoeksema, & Phills, 2009). It has also been theorized that living in a hostile, discriminatory environment triggers internal, group-specific stress processes related to the individual's minority status (i.e., proximal stressors), including expectations of rejection and internalized stigma (Meyer, 2003). Between-persons research among LGB people suggests that proximal stressors may mediate the relation between distal stress and mental health (Feinstein et al., 2012; Szymanski & Ikizler, 2012; Velez, Moradi, & Brewster, 2013), but the within-person level effects of these mediation pathways remain poorly understood.

Intersectional Perspectives on Stigma-Related Experiences

Scholarship on stigma has increasingly reflected a concern with the psychological experience of individuals who experience multiple forms of subordination (Grzanka, 2014; Szymanski & Meyer, 2008; Zamboni & Crawford, 2007). Arguably the most popular and influential theory in this area is intersectionality, a framework born out of black feminist thought and critical race theory proposing that forms of oppression (e.g., racism, patriarchy, heterosexism) are interlocking and inseparable, and thus, should be considered simultaneously (Collins, 1990; Crenshaw, 1991). Scholars working from this perspective argue that critical information is lost when less holistic analytic approaches are adopted, and suggest that intersectional frameworks offer a more accurate and nuanced understanding of the lived-experience of individuals with multiple marginalized identities (Bowleg, 2013; Sarno, Mohr, Jackson, & Fassinger, 2015). Intersectional perspectives have experienced an increasing presence in various scientific disciplines, including psychology, albeit slowly and not always referred to by name (Bowleg, 2008; Cole, 2009).

Intersectional theory was originally developed to highlight the unique legal vulnerabilities of Black women resulting from a legal justice system that prioritizes the experiences of White people and men (Crenshaw, 1991). However, the theory has expanded beyond the original focus on women of color to encompass other groups facing multiple forms of oppression, such as Black sexual minorities and LGB people of color more generally (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Bowleg, 2013; Sarno et al., 2015). Research grounded in intersectional theory suggests that Black LGB people endure unique stereotypes (Wilson et al., 2009), manage their identity in specific

ways (Bowleg, Burkholder, Teti, & Craig, 2008; Grov, Bimbi, Nanin, & Parsons, 2006), and experience identity development milestones that are different in type or sequence as compared to other racial groups (Dubé & Savin-Williams, 1999; Wilson, 2008).

This discussion suggests that research on Black people and LGB people, respectively, may not fully capture the unique experiences of stress, risk, and resilience among those who are both Black and LGB (Bowleg, 2008; DeBlaere, Brewster, Sarkees, & Moradi, 2010; J. A. Lewis, Grzanka, Alvarez, Liang, & Neville, 2016). To investigate such areas of uniqueness, it may be necessary to expand contemporary stigma-related stress frameworks to encompass the complexities associated with the intersection of their racial and sexual minority identities (Balsam et al., 2011; Fukuyama & Ferguson, 2000; Moradi, Wiseman, et al., 2010). One strategy for incorporating this complexity into research is to consider distal stressors that simultaneously engage a person's racial and sexual orientation identities. For the purpose of this study, I refer to such stressors as negative *intersectional experiences* (IEs). Negative IEs can be defined as distal stigma-related stressors—whether smaller-scale or major life events—that arise due to one's unique combination of social identities.

Negative IEs can manifest in the lives of Black sexual minorities in a number of ways. For example, Black LGB people may face unique stereotypes related to the intersection of their identities. Black sexual minority women—particularly gender non-confirming Black lesbians (e.g., butches)—may be accused as reinforcing notions that Black women are unfeminine (Collins, 1990) and face pejorative characterizations that blend racism, misogyny, and homophobia (e.g., Black bulldagger; Moore, 2006). Black gay and bisexual men may be assumed to be *on the down low*, a phrase typically applied

to Black men who have sex with men, but do not disclose this sexual behavior and identify as heterosexual (Ford, Whetten, Hall, Kaufman, & Thrasher, 2007; Meyer, 2010).

Additionally, research suggests that Black sexual minorities experience distinct forms of stigma, including discrimination within the (majority White) LGB community and the (majority heterosexual) Black community (Battle, Cohen, Warren, Ferguson, & Audam, 2002; Icard, 1985). Within the mainstream LGB community, Black sexual minorities report experiencing racism and microaggressions (Balsam et al., 2011; Icard, 1985), western cultural values and Eurocentric standards of beauty (Loiacano, 1989; Mao, McCormick, & Van de Ven, 2002), and sexual objectification (Teunis, 2007; Wilson et al., 2009). In one study, 65% of sexual minority men of color reported experiencing stress due to experiences of racism within the gay community (Han et al., 2015). Within the Black community, Black LGB people may face rejection and alienation, religious persecution, and pressure to conform to culturally normative gender expectations (Battle & Crum, 2007; Icard, 1985; Meyer, 2010; Morales, 1989; Wilson, 2008). Finally, Black sexual minorities may be at risk for experiencing invisibility and tokenism—not only within the larger Black and LGB communities, respectively, but also within general society and its institutions (Battle & Crum, 2007; Purdie-Vaughns & Eibach, 2008).

Research suggests negative IEs may predict psychological health. Balsam and colleagues (2011) created a measure of LGBT people of color microaggressions, including three subscales: racism in LGBT communities, heterosexism in racial minority communities, and racism in dating and close relationships. Perceived stress and depression were each positively associated with the full LGBT people of color microaggressions scale, as well as heterosexism in racial minority communities and

racism in dating and close relationships (but not by racism in the LGB community). In other research, racism in LGB communities demonstrated positive associations with identity conflict, sexual risk behavior, and engagement and pride in one's racial community, but not in one's sexual minority community (Han et al., 2015; Sarno et al., 2015).

Similar to research on perceived racism or perceived heterosexism (Mohr, 2016; Paradies, 2006), this paper adopts a subjective view of distal stressors. This perspective suggests that assessing whether one *perceives* an event to be discriminatory is of greater utility than objective measures of discrimination in the prediction of stress and health risk (Meyer, 2003). Focusing on the subjective appraisals of stigma may be particularly important among Black LGB individuals, who likely face situations in which it is not obvious whether they are being targeted due to their race, sexual orientation, neither identity, or a combination of the two marginalized statuses. Research suggests that this phenomenon, known as attributional ambiguity, may hold unique significance among individuals with multiple marginalized identities (King, 2003; Major, Quinton, & McCoy, 2002).

Mediating Links Between Distal Events and Psychological Distress

As previously discussed, past research suggest that proximal stressors may mediate links between stigma and mental health (Feinstein et al., 2012; Szymanski & Ikizler, 2012; Velez et al., 2013), but group-specific mediators have not been conceptualized from an intersectional perspective. One experience that may represent an intersectional form of proximal stress among Black LGB people is social identity conflict. Many scholars have discussed the idea that race and sexual orientation may feel

dissonant within the lives of Black LGB people (Battle & Crum, 2007; B. Greene, 1997a; Icard, 1985; Wilson, 2008). Morales (1989) argued that LGB people of color may be vulnerable to experiencing *conflicts in allegiances*, an experience in which a person perceives that their racial identity and sexual orientation are incompatible. Identity conflict is theorized to be triggered by negative IEs (Icard, 1985; Wilson, 2008) and to cause distress (e.g., worry about betraying one community or the other; Morales, 1989).

Although discussed regularly in clinical and theoretical literature on LGB people of color (American Psychological Association, 2012; Icard, 1985; Wilson, 2008), social identity conflict among LGB people of color has received remarkably little empirical investigation. Sarno and colleagues (2015) created a measure of racial/sexual identity conflict for LGB people of color. Identity conflict was positively associated with experiences of racism within LGB communities and perceived maternal heterosexism (but not perceived paternal heterosexism). However, due to sample size limitations, the study did not include race-specific analyses (e.g., of Black LGB people). Further, this study did not aim to test theories of stigma-related stress and thus, did not assess psychological distress.

The psychological mediation framework proposes that distal stress and psychopathology are mediated by general stress processes, such as rumination (Hatzenbuehler, 2009). Characterized by passive, compulsive, and repetitive focus on one's symptoms of distress (or the circumstances surrounding the distress), rumination is a self-focused state theorized to play a salient role in the lives of stigmatized individuals (Hatzenbuehler, Dovidio, et al., 2009). Research has demonstrated that marginalized individuals may be more prone to rumination after stressful experiences as compared to

their heterosexual counterparts (Hatzenbuehler, Mclaughlin, & Nolen-Hoeksema, 2008) and that ruminative processes mediate daily relations between distal stressors and psychological distress among Black Americans and LGB individuals, respectively (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009). However, once again, such relations have not been examined among multiple minority populations, who may have unique experiences to ruminate over, such as negative IEs.

The Present Study

The primary aim of this investigation is to use an intersectional perspective to examine within-person relations between IEs and psychological well-being among Black LGB individuals, as well as potential mediators of these relations. This study addresses numerous limitations in the literature on stigma and health. The overwhelming majority of stigma-related stress research focuses on stressors related to a single aspect of identity (e.g., racial minority status) in isolation of other stigma-related identities (e.g., sexual minority status), providing little knowledge about distal stressors related to multiple marginalized identities simultaneously (Balsam et al., 2011; Battle & Crum, 2007; Yip, Kiang, & Fuligni, 2008). By applying an intersectional theory to the study of stigma-related stress, this study helps to bridge two relatively separate literatures. What little research exists on this topic is disproportionately qualitative in nature (Bowleg, 2008; Goode-Cross & Tager, 2011; Hunter, 2010). Despite the obvious contribution of such works, quantitative and mixed-methods research can complement and corroborate qualitative findings on Black LGB individuals (Else-Quest & Hyde, 2016a).

The present study's microlongitudinal approach also mitigates a number of limitations present in past research and adds to a growing interest in the daily variation of

stigma-related stress processes (Eldahan et al., 2016; Hoggard et al., 2015). Most stigma-related stress investigations test study variables from an individual differences perspective and rely upon a cross-sectional design (Mohr & Sarno, 2016; Pascoe & Smart Richman, 2009). Such investigations neglect the ebb and flow of identity-related experiences and thus, are unable to test concurrent or temporal relations between variables over time (Moradi, Mohr, Worthington, & Fassinger, 2009). Finally, many studies require participants to quantify distant stigma-related events. Such methods may be vulnerable to retrospective memory bias, as the impact of smaller, isolated, or repeated incidents may be forgotten or minimized over time (Beals et al., 2009; Swim, Hyers, Cohen, & Ferguson, 2001).

The first set of study hypotheses concerns the most basic tenet of stigma-related stress theories: Distal stigma-related experiences increase mental health risk (Hatzenbuehler, 2009; Meyer, 2003). This proposition has been examined with respect to race and sexual orientation at the within-person level (Hoggard et al., 2015; Swim et al., 2009), although not in samples of Black LGB people. The present study examined within-person concurrent and temporal associations between these variables in a sample of Black sexual minorities, with a focus on negative experiences simultaneously related to racial identity and sexual orientation identity. Thus, I examined hypotheses 1 and 2 below. Here, and throughout this section, study hypotheses are offered in pairs because each within-person relation being investigated was examined in two ways: one focusing on concurrent associations (Hypotheses 1, 3, 5) and another testing temporal associations (Hypotheses 2, 4, 6).

Hypothesis 1. Among Black LGB people, negative IEs will be positively associated with same day psychological distress (relative to other days).

Hypothesis 2. Among Black LGB people, negative IEs will be positively associated with next day psychological distress (controlling for current day distress).

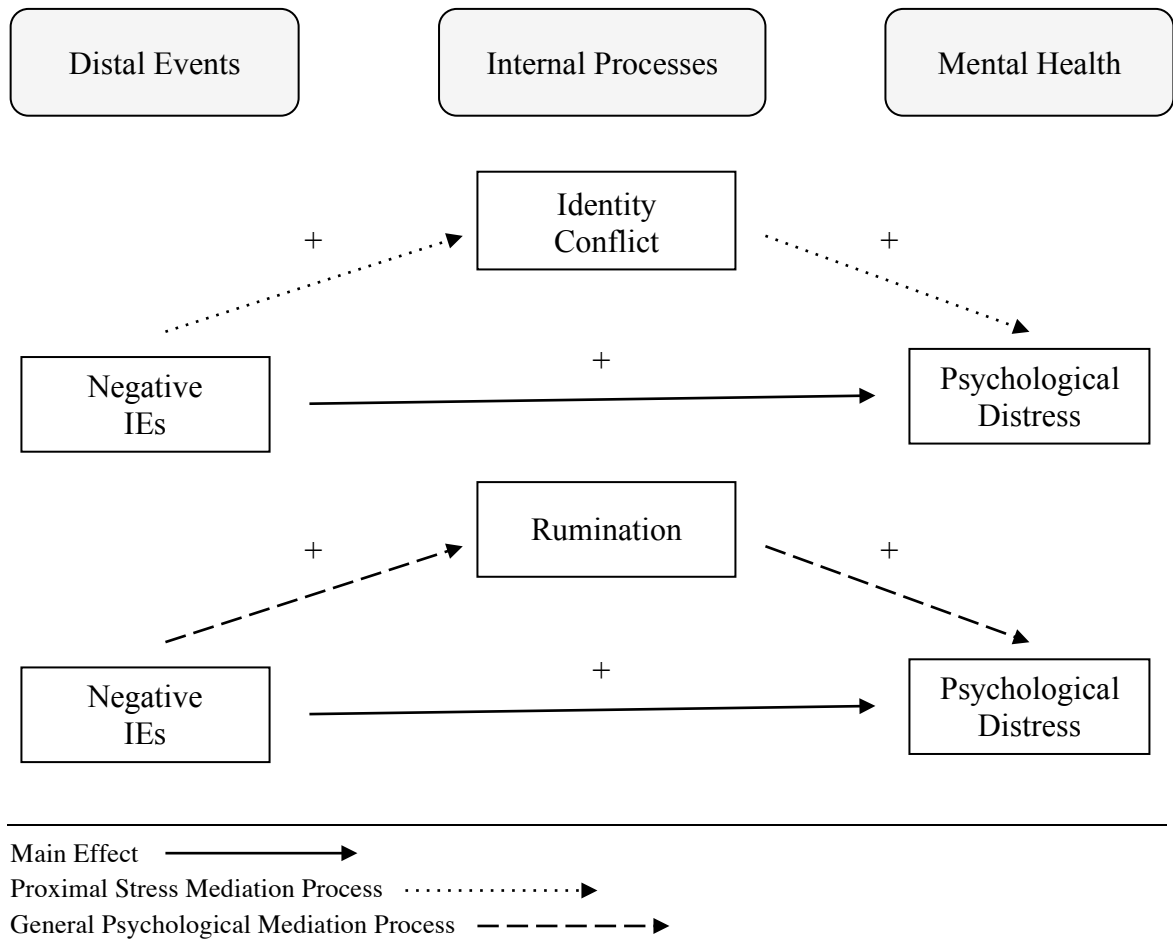
Research suggests that structural and interpersonal discrimination may trigger proximal stressors (Meyer, 2003) and multiple investigations support the notion that these group-specific processes can mediate the relations between distal stressors and mental health (Feinstein et al., 2012; Hatzenbuehler, 2009; Szymanski & Ikizler, 2012; Velez et al., 2013). As reviewed previously, there is reason to believe that social identity conflict may mediate the relation between IEs and mental health among Black LGB individuals. Though no research has examined racial/sexual identity conflict over time, increasingly scholars are conceptualizing internal identity-related cognitions and identifications as dynamic states that change in form and prominence across time and context (Eliason & Schope, 2007; Meyer, 2003). Thus, I tested the following two within-person mediation hypotheses (see Figure 1):

Hypothesis 3. Among Black LGB people, (a) negative IEs will be positively associated with same day identity conflict (relative to other days) and, in turn, (b) identity conflict will be positively associated same day psychological distress (relative to other days). In short, it is hypothesized that (c) identity conflict will mediate the concurrent association between negative IEs and psychological distress.

Hypothesis 4. Among Black LGB people, (a) negative IEs will be positively associated with identity conflict, and, in turn, (b) identity conflict will be positively associated with next day psychological distress (controlling for current day distress). In short, it is hypothesized that (c) identity conflict will mediate the temporal association between negative IEs and next day psychological distress.

Although rumination has been shown to mediate links between distal stressors and psychological distress among Black and LGB people, respectively (Hatzenbuehler, Nolen-Hoeksema, et al., 2009), this model has not been tested among Black LGB people

Figure 1. Intersectional Mediation Models of Negative IEs and Psychological Distress



or examined within an intersectional framework. Thus, mirroring the hypotheses above, rumination will also be tested as a mediator of the concurrent and temporal associations between negative IEs and psychological distress (see Figure 1):

Hypothesis 5. Among Black LGB people, (a) negative IEs will be positively associated with same day rumination (relative to other days) and, in turn, (b) rumination will be positively associated same day psychological distress (relative to other days). In short, it is hypothesized that (c) rumination will mediate the concurrent association between negative IEs and psychological distress.

Hypothesis 6. Among Black LGB people, (a) negative IEs will be positively associated with rumination, and, in turn, (b) rumination will be positively associated with next day psychological distress (controlling for current day distress). In short, it is hypothesized that (c) rumination will mediate the temporal association between negative IEs and next day psychological distress.

Research suggests that positive identity-related experiences predict decreases in identity concerns (e.g., self-stigma) at the between- and within-person levels—and increases in mood at the between-person level (Mohr & Sarno, 2016). That said, research on the role of positive identity-related experiences in mental health is limited. Even less developed is research on positive events that are intersectional (e.g., feeling pride while at an event for queer people of color, meeting a Black same-gender loving role model). To contribute to this little researched area, six exploratory analyses were conducted on positive IEs, mirroring the above hypotheses on negative IEs. Specifically, I will examine whether positive IEs predict concurrent and temporal change in positive affect, and will test identity conflict and positive rumination (the positive alternative to negative rumination) as possible mediators of these associations.

Although this study was designed to examine relations at the within-person level, similar hypotheses could be made at the between person-level. Recent daily diary studies (e.g., Mohr & Sarno, 2016) testing hypotheses at both between- and within-person levels uncovered unexpected findings that would have been difficult to predict a priori, including relations that were significant at the between-person level, but not the within-person level (and vice versa). Also, due to little knowledge about negative and positive IEs, providing results at both the within- and between-person levels may help contribute to an underdeveloped area of inquiry. Thus, a series of exploratory analyses will test all aforementioned hypothesized relations at the between-person level.

Finally, due to the lack of research on IEs, basic aspects of intersectional experiences were explored (e.g., frequencies of positive and negative IEs, bivariate correlations between positive and negative IEs, the stability of identity conflict over time).

Methods

Participants

The sample consisted of 131 Black LGB-identified individuals, ranging from age 18 to 71 ($M = 31.4$, $SD = 11.6$). All participants indicated their sexual orientation by selecting one of the following three checklist categories: lesbian ($n = 42$; 32.1%), gay ($n = 55$; 42.0%), and bisexual ($n = 34$; 26.0%). Notably, 83 participants (63.0%) indicated one or more additional sexual orientation labels that they identify with, the most common of which were queer ($n = 42$; 32.1%), same-gender loving ($n = 17$; 13.0%), homosexual ($n = 9$; 6.9%), and pansexual ($n = 5$; 3.8%). Gender representation was as follows: 70 female (53.4%), 50 male (38.2%), 1 transgender female-to-male (0.8%), and 10 individuals (7.6%) who identify with a non-binary gender label, such as genderqueer, gender fluid, androgynous, or agender.

In addition to identifying as Black/African American, 23 participants (17.6%) indicated having at least one secondary racial/ethnic identification, including (categories not mutually exclusive): 2 Asian American/Pacific Islander (1.5%), 11 Latinx/Hispanic (8.4%), 1 Middle Eastern (0.8%), 3 Native American/American Indian (2.3%), and 13 White/European American (9.2%). Participants included 59 students (45.0%) and 70 non-students (53.4%); 2 respondents (1.5%) did not specify their student status. Highest education completed was as follows: 8 completed high school (6.1%), 1 completed Technical/Vocational Training (0.8%), 32 completed some college (24.4%), 10 achieved

an Associate's degree (7.6%), 43 achieved a bachelor's degree (32.8%), 31 achieved a graduate degree (23.7%), 4 achieved a professional degree (3.1%), and 2 did not specify their highest level of education (1.5%).

Procedure

This study and the corresponding recruitment protocol were approved by the internal review board (IRB) of University of Maryland, College Park. Participants were recruited between July 2013 and December 2017. Two methods of recruitment were used. First, participants from a previous cross-sectional study of identity-related experiences among Black LGB students (conducted by this author) were invited to participate in this daily diary investigation as a paid follow-up study. These students were originally recruited via groups related to race and/or sexual orientation on college campuses within the United States (U.S.). Recruitment was supplemented by contacting leaders of Black- and LGBTQ-related community organizations, student clubs, and virtual groups within the U.S., who then posted my study announcement on their electronic mailing lists, blog/message boards, and social media outlets. When required, IRB approval was obtained at the universities at which recruitment occurred.

Email solicitations stated that our research team was looking for Black LGB people to participate in a weeklong study concerning the ways daily experiences impact their well-being. Recipients were informed that inclusion criteria for the study included (a) being 18 years of age or older, (b) currently living within the U.S., (c) identifying as Black or African American, and (d) identifying as LGB. Further, the email clarified that those who do not live in the U.S. can participate if they are currently enrolled as a full- or part-time student at a college or university located within the U.S. (or have been enrolled

in such an institution within the last six months). Recipients were informed that participation involves completing a brief online survey about one's experience over the past 24 hours, once a day for up to seven days. Finally, they were informed of the compensation protocol, described in greater detail below. Individuals interested in the study were sent an eligibility quiz to ensure they meet inclusion criteria. Those who met these requirements received an email to schedule their study period.

This study used a daily diary format in which participants log onto a brief Internet survey once daily for seven consecutive days to respond to survey measures. On each day prior to termination, research assistants sent participants daily messages with individualized survey links at 6pm Eastern Daylight Time (EDT) when the daily survey opened. The message requested that they complete the survey shortly before heading to bed (the survey link remained active until 5:59am EDT the following day). On the first day of participation, participants completed an online informed consent process and demographic questionnaire before completing the main study measures. This main survey section was designed to be completed every evening. In the current sample, the majority of the daily surveys (80%) were completed in less than 20 minutes ($M = 14$ minutes and 6 seconds). If a respondent failed to complete a survey, a modified reminder email was sent the day after, noting that they missed a survey day and encouraging them to participate the following day. If a participant did not respond for three consecutive days, they received an email reminding them that missing five surveys disqualifies them from further participation in the study. If five survey days were missed, an email was sent to terminate participation and process compensation.

To encourage participation in this weeklong survey, respondents earned \$1 per survey for completing the first five surveys, and \$5 per survey for completing the sixth and seventh surveys. On a participant's final survey day, they encountered post-survey items (e.g., processing compensation, opportunities to provide feedback on survey experience). To process compensation, participants were asked to click a link to be taken to a survey that is completely disconnected from the main surveys. On this new survey, respondents submitted their name and mailing address if they wished to be paid and were given the opportunity to decline payment (e.g., if not comfortable providing identifying information).

Measures

Daily diary surveys first featured measures of affect, rumination, and identity conflict over the previous 24 hours. Participants then encountered a series of questions related to daily experiences over the past 24 hours, assessing: (a) positive intersectional experiences, (b) negative intersectional experiences, (c) positive non-intersectional experiences, and (d) negative non-intersectional experiences. See the appendices to review the main study measures (Appendices A-E), filler measures (Appendices F and G), and control measures (Appendices H and I) that are described below.

Psychological health variables. Twenty-four items from the Positive and Negative Affect Scale—Expanded Form (Watson & Clark, 1994) were used to measure negative affect (this study's psychological distress variable) and positive affect, respectively. Each day, participants indicated how they "felt during the last 24 hours" by responding 16 negative emotions (e.g., scared, nervous, alone) and 8 positive emotions (e.g., happy, bold, joyful) on a fully anchored scale ranging from 1 (*very slightly or not at*

all) to 5 (*extremely*). Item responses were averaged to determine participant scores, with higher scores indicating a stronger affective experience. Watson and Clark (1994) reported extensive evidence supporting the reliability of positive and negative subscale scores. In the present study, Cronbach's alpha coefficients for positive affect and negative affect were .94 and .92, respectively. An array of validity evidence has accrued for these scales based on predicted associations with similar measures and convergence between self-reports and peer-reports of affect (Crawford & Henry, 2004; Watson & Clark, 1994). Daily reports of positive and negative affect have demonstrated expected respective relations with same day identity salient events (Mohr & Sarno, 2016). In other investigations, daily reports of negative affect have demonstrated positive relations to same day experiences of heterosexism and internalized homophobia (Eldahan et al., 2016; Mohr, 2016). Past studies have used negative affect scores to assess psychological distress (e.g., Hatzenbuehler, Dovidio, et al., 2009), as studies have demonstrated convergence among measures of mood and established measures of depression (Hughes & Kendall, 2009; Watson & Clark, 1992).

Identity conflict. The 6-item Conflicts in Allegiances Scale (Sarno et al., 2015) was used to evaluate the proposed proximal intersectional identity stressor: identity conflict between one's Black and LGB identities. Participants responded to items (e.g., "I felt little or no conflict between my Black identity and my identity as LGB") on a fully anchored 7-point rating scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The six item scores were averaged to create participants' daily identity conflict score, with higher scores representing a greater level of dissonance between their racial and sexual identities. Cronbach's alpha was .86 in the instrument development study and .84

in the present investigation. Validity of the Conflicts in Allegiances Scale has been supported through positive associations with measures of racism within LGB communities and indicators of sexual orientation identity strength (e.g., outness to family, sexual orientation affective pride, sexual orientation behavioral engagement; Sarno et al., 2015).

Negative and positive IEs. Two separate measures were created to assess negative IEs (distal stressors) and positive IEs (distal supports). For each, participants first indicated whether they “experienced any [positive/negative] events or situations over the last 24 hours that were related in some way to being both Black and LGB.” Participants were asked to consider “both minor, everyday experiences as well as more intense, major events.” If endorsed, participants were asked to briefly describe the event in five sentences or less, explaining (a) why they consider the event to be [positive/negative] and (b) why it is related to being both Black and LGB. In each case, if multiple positive IEs or multiple negative IEs occurred in the last 24 hours, participants were instructed to describe only the event that had the biggest impact on them. Inspection of respondents’ IEs revealed that some daily events did not, as described, appear consistent with the definition of an IE put forth in this study (e.g., the experience did not involve both race and sexual orientation). As a result, three raters familiar with intersectional theory and identity-related experiences among LGB people of color were asked to rate each participant-identified IE on a fully anchored 5-point rating scale ranging from 0 (*very certain it is not intersectional, no substantial doubts*) to 5 (*very certain it is intersectional, no substantial doubts*). Rater responses for each IE described by participants were averaged. Interrater reliability of these ratings was estimated with

the intraclass correlation coefficient (ICC), using a two-way random effects absolute agreement model (Shrout & Fleiss, 1979). Estimated reliability was .85 for the averaged ratings of the negative IEs and .93 for averaged ratings of the positive IEs. When the average rater score was 0, the experience was not coded as an IE in the final data set; all other responses were coded as IEs (0 = *no IE reported*, 1 = *IE reported*). This resulted in the recoding of 2 of the 99 reported negative IEs (2.0%) and 13 of the 276 reported positive IEs (4.5%) to 0 (*no IE reported*).

Negative and positive rumination. A slightly modified version of the 8-item Negative and Positive Work Rumination Scale (NAPWRS; Frone, 2015) was used to assess negative and positive ruminative thoughts each day. The language of the original scale items (e.g., “How often do you replay negative work events in your mind even after you leave work?”) was adapted to remove references to work and to reflect the desired focus on the current day (e.g., “Today, how often today did you replay positive events in your mind?”). Participants responded to four negative rumination items and four positive rumination items on a fully anchored 4-point rating subscale ranging from 1 (*often*) to 4 (*never*). The items were reverse scored and averaged to create participants’ daily negative and positive rumination scores, with higher scores representing elevated levels of rumination. Cronbach’s alpha coefficients were .91 for negative rumination and .86 for positive rumination in the instrument development study (Frone, 2015) and were .94 and .92, respectively, in the present investigation. The Negative Work Rumination subscale was demonstrated to be positively correlated with measures of negative affect, emotionally unpleasant work, and heavy alcohol use. The positive subscale has been

shown to be positively associated positive affect and negatively associated with emotionally unpleasant work and heavy alcohol use (Frone, 2015).

Filler measures. If participants did not endorse having a positive or negative IE, the survey was designed to automatically skip sections in which they would describe the event and respond to event-related items. Due to concerns about incentivizing the non-endorsement of such items, filler measures were included in attempt to require near equivalent time/energy expenditure for all participants. When participants had either no positive or no negative intersectional experiences to describe, participants encountered a corresponding question about positive or negative affect, respectively: “Of the environments that you spent time in during the last 24 hours, which made you feel the most [positive/negative]?” (sample responses: neighborhood, school, work). This question was followed with one open response (“In five sentences or less, briefly describe why spending time in this environment made you feel the most [positive/negative]?”) and three multiple-choice questions concerning perceived contextual variables related to the environment: (e.g., “In the environment you selected above, which identity felt more central to the way others saw you? For example, which did you think they were most focused on?”).

Control variables. This survey included potential covariates to control for extraneous variance in outcome variables. Because time-related linear trends can occur as the result of repeated daily measurements (Ong, Fuller-Rowell, & Burrow, 2009), day of participation was coded (1 for first day, 2 for second day, etc.) to control for this variable at the within-person level. In the temporal within-person models, previous day scores of outcome variables (positive and negative affect, respectively) and mediators (identity

conflict, positive rumination, and negative rumination, respectively) were included, so that within-person findings could be interpreted in terms of change in the outcome from the previous day.

Dichotomous variables were created indicating the daily occurrence of positive and negative events unrelated to participants' race and sexual identity (0 = *did not occur*; 1 = *did occur*), which permitted us to control for a general propensity for positive and negative experiences. These types of events were assessed in a manner similar to the assessment of IEs. For example, participants were asked about the occurrence of "negative events or situations over the last 24 hours that were unrelated to being both Black and LGB." Again, they were encouraged to consider both minor and major events, and were asked to focus on the event that had the biggest impact on them, if multiple applicable events occurred that day. It was noted that, in addition to responses that are totally unrelated to racial identity and sexual orientation (e.g., slipping on ice and injuring one's back), responses could also include experiences that involved race but not sexual orientation (e.g., hearing a racist remark in a context unrelated to sexual orientation) or involving sexual orientation but not race (e.g., seeing something homophobic on TV, with no salient racial component). Participants endorsing any such events were then asked for a brief description of the event, explaining why the experience was positive or negative.

Statistical Analyses

Sample size considerations. The sample size needed to detect mediated effects is greater than that required to detect bivariate associations, and sample sizes in published studies with tests of mediation often are insufficient (Fritz & MacKinnon, 2007). Further,

as noted by Bolger and Laurenceau (2013), guidelines proposed for determining the needed sample size to achieve adequate statistical power in tests of indirect effects (e.g., Fritz & MacKinnon, 2007) are not informative for studies using multilevel designs, such as the present study. In multilevel research using a daily diary design, the power to detect mediated effects depends on multiple factors, including sample size, the number of observations per participant, the size of the intraclass correlation coefficient (ICC), and the expected effect size. Published work in this area has not yet offered much to guide researchers in determining the sample size and sampling frequency needed to achieve adequate statistical power. Preacher, Zhang, and Zyphur (2010) published a simulation study on power to detect a multilevel mediated effect. However, they focused on models with a 2-1-1 design (i.e., with a predictor measured at Level 2, and with a mediator and outcome measured at Level 1), which differs from the 1-1-1 model that is the focus of the current study. In short, published work to date does not offer a strong basis for determining the needed sample size or sampling frequency for this investigation.

A cursory examination of daily diary multi-level studies focusing on identity-related experiences may offer some information regarding what sample sizes are normative for such investigations. The sample size and sampling frequency of such studies focusing on race-related experiences among racial/ethnic minority populations include a 2-1-1 investigation of 47 Asian-American college students over 15 days (mean number of surveys completed not reported; Son & Shelton, 2011) and a 2-1-1 investigation of 174 Black doctoral students and graduates over 14 days ($M = 10.33$ days; Ong et al., 2009). Examples of mediation studies focusing on stigma related to sexual orientation were also identified, including three 1-1-1 investigations: 61 participants over

7-10 days ($M = 8.57$ days; Mohr & Sarno, 2016), 82 participants over 7-10 days ($M = 8.61$ days; Mohr, 2016), and 102 participants over 14 days ($M = 12$ days; Beals et al., 2009). It is difficult to draw conclusions about the necessary sample size from these studies, as they vary in important ways that may impact power (e.g., expected effect size, ICC). However, each of these studies successfully detected mediation effects at $p < .05$ level or below, including the 1-1-1 study of 61 participants over 7-10 days (Mohr & Sarno, 2016), which is perhaps the most conceptually similar to the present study due to similarities in sampling frequency, multilevel design, and variables included (e.g., negative identity-related experiences, negative affect). This suggests that the present weeklong study of 131 Black LGB people may be sufficient to detect within-person indirect effects in 1-1-1 multilevel mediation models.

Data analysis. Links between IEs, identity conflict, rumination, and psychological health variables could potentially exist at both the within-person level (Level 1) and between-person level (Level 2). To examine relations at both levels, a traditional two-level multilevel model was used (Snijders & Bosker, 2012). Each predictor variable from the daily diary was decomposed into within-person and between-person components that were then entered into the multilevel regression. The within-person component was created by centering the predictor at the mean for each person, whereas the between-person component was created by calculating the person-level mean of the predictor. This approach yields what Preacher, Zyphur, and Zhang (2010) refer to as the *unconflated multilevel model*, i.e., a model that disentangles effects at the two levels of analysis. The within- and between-person components were entered as simultaneous predictors in each model. Covariates also were included in each model. Day

of participation was entered as a predictor in the Level 1 portion of each model (after within-person centering the variable). For events unrelated to identity (used as covariates), within-person and between-person versions of the variables were created in the manner described above concerning the main study variables.

To test the hypothesized mediated effects, the multilevel regression model described above was extended to a simple multilevel path analysis (Krull & MacKinnon, 2001). For each mediation model, the paths from IEs to the mediator (path *a*), mediator to affect (path *b*), and IEs to affect (path *c'*) were estimated at both the within-person and between-person levels of analysis. The indirect level at each level of analysis is estimated by calculating the product of the coefficients for paths *a* and *b*. The normal theory test of these indirect effects is vulnerable to bias because of the nonnormal distribution of the product of the two paths. An alternative to this test is the estimation of 95% confidence intervals (CIs) using the Monte Carlo method, which has been found to perform comparably with other methods (e.g., nonparametric bootstrap, distribution of product) and—in contrast with other methods—is easily executed with multilevel data (Preacher & Selig, 2012). These CIs were computed for the present study using an online utility developed by (Selig & Preacher, 2008).

Nonnormality and missing data were handled using robust full information maximum likelihood estimation. Analyses were conducted with Mplus software (Version 7.1; Muthén & Muthén, 2013).

Results

Participants described a variety of positive and negative IEs across 849 total study days. In Table 1, a diverse sample of participant descriptions of negative IEs and positive IEs

are presented to represent the range of IEs described in the study. To better understand the frequency of negative IEs and positive IEs, the proportion of study days on which such events were reported was calculated. Negative IEs were reported on 97 study days (11.4% of total days) and positive IEs were reported on 263 study days (31.0% of days). The intraclass correlation coefficient (ICC) was estimated for the main continuous variables. In the present study, the ICC can be interpreted as the proportion of variance due to differences between people (or, alternatively, to consistency within persons). Conversely, $(1 - \text{ICC})$ can be interpreted as the proportion of variance due to differences within a person from day-to-day (plus measurement error). As indicated in Table 2, the ICCs for identity conflict (.55), positive rumination (.55), and negative affect (.51) indicate that nearly half the variance in these variables—45%, 45%, and 49%, respectively—was due to within-person fluctuations from day-to-day and error. The relatively low ICC for negative rumination (.29) indicated that a sizable proportion of variance was due to differences within a person from day-to-day. Conversely, that the majority of the variance in positive affect was due to consistency within persons ($\text{ICC} = .65$), meaning only 35% of variance was due to daily within-person fluctuations. For further descriptive statistics of main study variables, see Table 2.

Bivariate Correlations

Bivariate correlations were obtained from a standardized version of a multilevel model in which all of the main variables were allowed to covary (see Table 2). Positive and negative IEs were positively correlated at the between-person level, suggesting that individuals who experience more positive IEs also experience more negative IEs. However, this finding was not present at the within-person level, suggesting that

Table 1

Sample Participant Descriptions of Daily Negative and Positive Intersectional Experiences (IEs)

Negative IEs	Positive IEs
<p>I call my grandmother every Monday, and usually this involves some sort of obscuring of my activities at school, specifically given that I saw my girlfriend and spent a lot of time with her and her family this weekend. When my grandma asked me what I had done, I had to lie about it even though I had a great time with my girlfriend's family and would've liked to share those good experiences with my family, as well.</p> <p>After work I decided to stop by a bar on my way home in center city in the "Gayborhood". I went to one place, ran into a friend, and hung around for a bit when I realized that I was being pretty much completely ignored. I felt invisible and undesirable in a bar consisting of mostly cis-gendered white gay males. This wasn't the first time I'd felt this way, but I always hope that it will be different. I don't know if a gay spot catering to POC would be a solution, but sometimes I wonder.</p> <p>I was a bit upset and disturb [sic] after watching a show in which a gay person of color was unexpectedly killed. It brought to mind how often those in our community who are also POC are killed, and if I'll ever be killed for being a black, gay, woman (something I think about from time to time). Media representation is a large aspect of my field of interest so when something happens related to it it's easy for my mind to get sucked into thinking about it a lot.</p> <p>I had my second couples therapy session with a white therapist and my white partner. Many racially loaded topics came up be the therapist didn't bring up the racial components and I didn't feel like I had space to point them out.</p>	<p>I had several really positive text interactions today with friends who are both Black and LGBT. In them we were able to connect by making jokes with one another which were mostly funny given our social positioning as members of intersecting groups. Something that simple is usually enough to make a good day just slightly better.</p> <p>I have recently started talking to another Black girl who is bisexual. I'm very happy we are interested in each other [...]. I have issues dating white women (not sure if they're racist) and many Black women I know are not queer, so my dating pool tends to be limited. But this gives me hope.</p> <p>I was just very proud to discuss the intersectionality of the experiences of black and LGBT people. I had this conversation with my grandmother, and she explained about her gay friends experiences in the 1960s and 1970s in New York and New Jersey.</p> <p>Saw an adult film involving a masculine black woman, as well as another masculine woman of color. I have been searching for films like these for a while now, so I was very happy I found it. The movie was shot in a way that was affirming and validating of sex acts involving Black Queer Women and did not seem objectifying at all.</p> <p>I had a great conversation today with my friend who was integral to my coming out process several years ago. He modeled being black, gay, academically on point, and a Varsity athlete - all of those things I also was but hadn't until that point seen someone I could relate to on so many levels. It was nice to reconnect with him after not really talking in the past year.</p>

Note. POC = people of color. LGBT = Lesbian, Gay, Bisexual, and Transgender. Cisgender = term used to describe the gender of individuals for whom their gender identity aligns with the sex they were assigned at birth.

reporting a negative IE on a given day was unrelated to whether a positive IE was also reported on that day (or vice versa). Inspection of within-person associations revealed a number of significant relations between negative IEs, hypothesized mediators (identity conflict, negative rumination), and psychological distress (negative affect). As hypothesized, negative IEs were positively associated with identity conflict, negative rumination, and negative affect. Also, both hypothesized mediators—identity conflict and negative rumination—were positively associated with negative affect. These relations were also found at the between-person level, with one exception: The association between negative IEs and negative rumination was not found to be significant at the between-person level.

Though no formal hypotheses were made for positive IEs, the correlates of this variable generally conformed to expectations. Positive IEs were positively associated with positive rumination and positive affect at the within- and between-person levels. Regarding the potential mediators, positive rumination (but not identity conflict) was associated with positive affect in the expected direction at both levels of analysis.

Multilevel Mediation Models Linking IEs and Affect

Eight multilevel indirect effects based on concurrent associations among variables were tested. First, in separate analyses, identity conflict and negative rumination were each tested as a potential mediator of the association of negative IEs and negative affect. Similarly, identity conflict and positive rumination were each tested as a potential mediator of the association between positive IEs and positive affect. These four indirect effects were tested at the within- and between-person levels, resulting in eight potential concurrent indirect effects.

Table 2

Univariate and Bivariate Descriptive Statistics for Main Variables

Variable	<i>M</i>	<i>SD</i>	<i>ICC</i>	Possible range	Observed range	1	2	3	4	5	6	7
Negative IEs	0.12	.16	—	0.00-1.00	0.00-0.71	—	.26**	.22*	.02	-.05	.37***	-.02
Positive IEs	0.32	.25	—	0.00-1.00	0.00-1.00	.09	—	-.01	.15	.25*	-.02	.30***
Identity Conflict	2.06	1.03	.55	1.00-7.00	1.00-5.06	.22***	.04	—	.31**	.00	.30**	-.11
Negative Rumination	2.30	.53	.29	1.00-4.00	1.00-3.75	.17*	.06	.11	—	-.04	.51***	-.27*
Positive Rumination	2.82	.61	.55	1.00-4.00	1.00-4.00	-.03	.14**	-.05	-.03	—	-.19	.63***
Negative Affect	1.51	.46	.51	1.00-5.00	1.00-3.17	.26***	.04	.18**	.26**	-.24***	—	-.21**
Positive Affect	2.87	.90	.65	1.00-5.00	1.07-5.00	-.11**	.14***	.01	-.13*	.44***	-.20***	—

Note. IEs = Intersectional events. Means and standard deviations reflect daily variables aggregated to the person level. Within-person correlations are below the diagonal; between-person correlations are above the diagonal.

* $p < .05$. ** $p < .01$. *** $p < .001$.

In a separate set of analyses, the four within-person indirect effects were also examined in a temporal manner, in which the direct and indirect relations between IEs and next day affect were examined. When testing the mediators, there was a choice to be made regarding whether the given mediator score should come from the same day as (a) the predictor (e.g., negative IEs) or (b) the next day outcome (e.g., negative affect). Both versions were tested and generated identical outcomes: contrary to hypotheses, no time-lagged analyses yielded significant results. Thus, the results in this section will focus on the eight concurrent mediation models.

Mediation of the link between negative IEs and negative affect. Concurrent relations between negative IEs and negative affect—as well as the mediating roles of identity conflict and rumination—were analyzed at the within- and between-person levels. Findings for each of the models are included as a part of Figure 2 and described separately below, starting with the model featuring identity conflict and moving to the model featuring negative rumination.

Model for identity conflict. Mirroring the pattern of bivariate correlations presented above, the hypothesized main effect between negative IEs and negative affect emerged at both levels of analysis. At the between-person level, it was found that participants who had the highest levels of negative affect across days were more likely than others to report negative IEs. Further, reflecting a within-person effect, participants had higher than usual levels of negative affect on days featuring negative IEs.

As expected, negative IEs were also predictive of identity conflict at the between- and within-person levels. At the between-person level, it was found that participants who

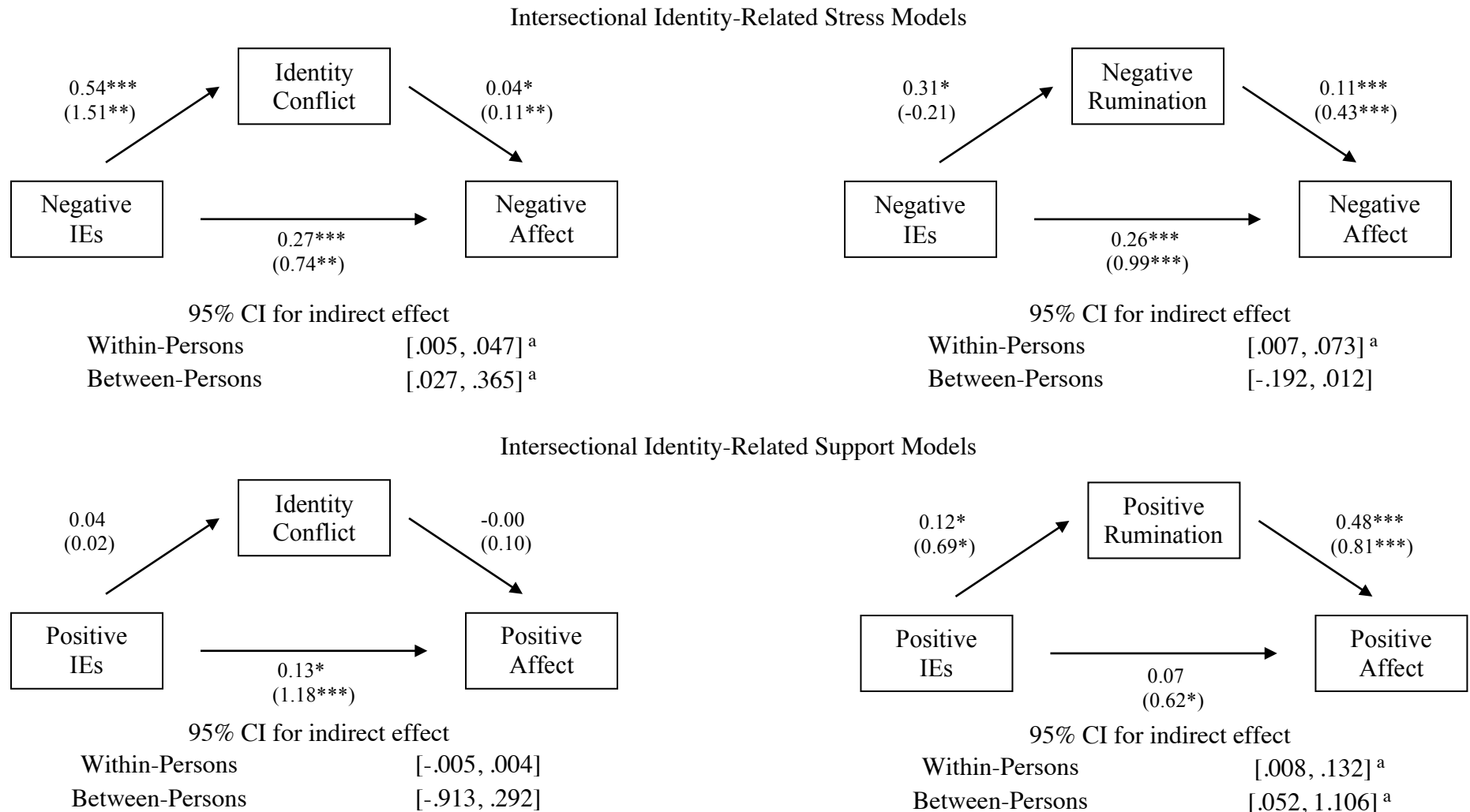
had the highest levels of identity conflict across days were more likely than others to report negative IEs. Further, reflecting a within-person effect, participants had higher than usual levels of identity conflict on days featuring negative IEs. As hypothesized, relations between identity conflict and negative affect emerged at both levels of analysis as well. At the between-person level, it was found that participants who had the highest levels of identity conflict also had the highest levels of negative affect. Further, reflecting the within-person effect, participants had higher than usual levels of negative affect on days featuring higher levels of identity conflict.

Finally, whether negative IEs indirectly influence variation in negative affect through their association with identity conflict was tested at the between- and within-person levels. Results demonstrated an indirect effect: Identity conflict mediated the concurrent daily association between negative IEs and negative affect at the within-person level (but not the between-person level).

Model for Negative Rumination. The pattern of associations between negative IEs and negative affect were the same as those found in the model for identity conflict. In short, associations between these variables were found—in the expected directions—at the within- and between-person levels.

The association between negative IEs and rumination was found at the within-person level (but not the between-person level). In other words, participants had higher than usual levels of negative rumination on days featuring negative IEs. However, contrary to expectation, participants who had higher numbers of negative IEs across days were not more likely than others to report greater negative rumination overall. As hypothesized, relations between negative rumination and negative affect emerged at both levels of

Figure 2. Within- and Between-Person Level Direct and Indirect Effects of Intersectional Events (IEs) on Affect



Note. Unstandardized coefficients from multilevel path model linking intersectional events (IEs), rumination, and affect. For each pair of coefficients, those on top are from the within-person model (Level 1) and those on the bottom in parentheses are from the between-person (Level 2) model. All models included day of study and general positive and negative experiences as covariates. Indirect effect estimates are unstandardized. CI = Confidence interval.

^a CI does not include zero, indicating a significant indirect effect.

analysis. At the between-persons level, it was found that participants who had the highest levels of negative rumination also had the highest levels of negative affect. Further, reflecting the within-persons effect, participants had higher than usual levels of negative affect on days featuring higher levels of negative rumination.

The hypothesis that IEs indirectly influence variation in negative affect through their impact on negative rumination was also tested. Results demonstrated an indirect effect in which negative rumination mediated the concurrent association between negative IEs and negative affect when examined day-to-day (within persons), but not over the course of the study (between persons).

Mediation of the link between positive IEs and positive affect. In this study, all analyses were examined using positive variables in an exploratory fashion. Thus, concurrent relations between positive IEs and positive affect—as well as the mediating roles of identity conflict and positive rumination (i.e., savoring)—were analyzed at the within- and between-person levels. Findings for each of the two models are described separately below, starting with the model featuring identity conflict and moving to the model featuring positive rumination.

Model for identity conflict. A main effect between positive IEs and positive affect emerged at both levels of analysis. At the between-person level, it was found that participants who were more likely than others to report positive IEs had higher levels of positive affect across days. Further, reflecting a within-person effect, participants had higher than usual levels of positive affect on days featuring positive IEs.

Positive IEs were not predictive of identity conflict at the between and within-person levels. In short, participants who had the highest identify conflict across days were

not disproportionately different in their tendency to report positive IEs. Further, participants did not report lower than usual levels of identity conflict on days featuring positive IEs. In this model, no association emerged between identity conflict and positive affect at the between- or within-person levels. A mediation model in which positive IEs indirectly influence variation in positive affect through its association with identity conflict was also tested. Indirect effects were not detected at the between- or within-person levels.

Model for positive rumination. An association between positive IEs and positive affect was found at the between-person level (but not the within-person level). Participants who had the highest levels of positive IEs across days were more likely than others to report positive affect. However, participants did not endorse higher than usual levels of positive affect on days featuring positive IEs.

Relations between positive IEs and positive rumination emerged at both levels of analysis. In other words, participants who were more likely than others to report positive IEs had higher levels of positive rumination across days. Also, at the within-person level, participants had higher than usual levels of positive rumination on days featuring positive IEs. Positive rumination was associated with positive affect at both levels of analysis as well. At the between-person level, it was found that participants who had higher levels of positive rumination also had increased levels of positive affect. Further, participants had higher than usual levels of positive affect on days featuring elevated positive rumination.

Finally, whether positive IEs indirectly influence variation in positive affect through their association with positive rumination was tested at the between and within-person levels. Results demonstrated an indirect effect at both levels. Positive rumination

mediated the concurrent associations between positive IEs and positive affect when examined day-to-day (within-persons) and over the course of the study (between persons).

Discussion

Despite decades of valuable scholarship concerning links between minority status, everyday experiences, and mental health (Krieger, 2014; Pascoe & Smart Richman, 2009) certain areas of inquiry remain underdeveloped in the study of identity-related health outcomes. For instance, investigations focusing on the association between discrimination and distress have had a tendency to focus on one category of identity and oppression (e.g., sexual orientation, homophobia) in isolation from other aspects of identity and systems of oppression (e.g., race, racism). Additionally, research on stigmatized populations has—somewhat understandably—been characterized by a relative focus on links between negative (but not positive) identity-related events and mental health. Finally, because the majority of research on stigma-related stress processes is cross-sectional (Paradies, 2006; Pascoe & Smart Richman, 2009), we know little about the relationships among discrimination, stress processes, and mental health over time. As a result, further research is warranted regarding (a) intersectional identity-related events, (b) supportive identity-related events, and (c) concurrent and temporal relations between everyday experiences, intrapersonal processes, and mental health. The present study contributes to the emerging literatures aiming to address these gaps in knowledge.

Despite substantial research on the deleterious effects of racism and heterosexism, respectively (Bostwick, Hughes, Boyd, West, & McCabe, 2014; Mays & Cochran, 2001; Paradies, 2006; Williams, Neighbors, & Jackson, 2003), little research exists that examines how racism and heterosexism jointly shape the everyday experiences of Black

sexual minorities (Goode-Cross & Tager, 2011; Hunter, 2010). As a result, research about the nature, prevalence, and impact of intersectional stressors among individuals with multiple marginalized identities remains underdeveloped. This investigation may be the first to estimate the frequency of everyday intersectional variables among members of an LGB racial minority group. When looking only at experiences related to both one's race and sexual orientation, the present study suggests that positive events occur at almost three times the rate of negative events. The positive skew of IEs is consistent with research on non-intersectional identity-related events (e.g., experiences related to sexual orientation; Mohr & Sarno, 2016) and non-identity-related events (Gable & Haidt, 2005).

This investigation may also be the first to estimate the stability of identity conflict related to race and sexual orientation among LGB people of color. Although identity conflict has been theorized as a stable, trait-like construct representing an identity development stage among LGB racial/ethnic minorities (Morales, 1989), this investigation demonstrated that this construct has a substantial within-person component and that this unstable component may vary as a response to daily IEs.

The present study is among the first to adapt minority stress theory (Meyer, 2003) and the psychological mediation framework (Hatzenbuehler, 2009) by replacing single-identity distal and proximal stress variables with intersectional constructs. Supporting past research (Balsam et al., 2011), the present study's conceptualization of intersectional distal stress—negative IEs—predicted psychological distress at the between-person level, above and beyond the frequency of other negative daily events. The study is likely the first to also demonstrate such intersectional effects at the within-person level, suggesting that Black sexual minorities experience greater negative affect on the days when they

encounter intersectional distal or proximal stressors. This study may also be the first to use an intersectional variable—identity conflict—as a proximal minority stress process. In the present study, identity conflict was found to predict negative affect at the between- and within-person level. These modifications build upon the work of other researchers, who have adapted the minority stress model—which typically focuses on sexual orientation—to successfully model the unique distal and proximal minority stress processes of other groups (e.g., transgender individuals; Breslow et al., 2015). Study findings suggests that continued efforts to retrofit stigma-related stress models to better reflect the unique stressors faced by intersectional populations may be fruitful.

In recent years, there has been increasing attention to the need to elucidate the pathways by which stigma “gets under the skin” and links to mental health (Hatzenbuehler, 2009). This raises the question: Through which pathways to IEs predict affect? In the present study, the intersectional proximal stress variable (identity conflict) helped explain the daily relationship between negative IEs and psychological distress. Although this study was not designed to make causal claims, these results support the possibility that negative IEs increase one’s sense of identity conflict, and both factors jointly increase negative affect. This study adds to the growing body of minority stress literature demonstrating that not only do distal and proximal stress processes predict health independently, but also that links between distal stress and psychological health are mediated by proximal stressors (Feinstein et al., 2012; Szymanski & Ikizler, 2012; Velez et al., 2013).

The second mediator tested (rumination) was found to mediate the relationship between daily negative IEs and negative affect at the within-person level. In other words,

the relationship between negative IEs and negative mood is explained by an increase in the amount that Black LGB people ruminate about negative aspects of their life. This intersectional finding builds upon past research demonstrating that, among Black and LGB populations, respectively (Hatzenbuehler, Dovidio, et al., 2009; Hatzenbuehler, Nolen-Hoeksema, et al., 2009), negative identity-related events predict psychological distress and this relationship is mediated by ruminative processes.

Very few intersectional studies examining daily stress among Black LGB populations also examine the daily experiences that promote resiliency and identity-related support. This investigation is likely the first to quantitatively study the relations between positive IEs and psychological well-being. The present study's conceptualization of supportive intersectional experiences (positive IEs) was correlated with positive affect at the within- and between-person levels. These results suggest that identity-related support may be as important as identity-related stress in understanding the lived-experience and psychosocial well-being of Black LGB people. In a recent daily diary study of sexual minorities, two multilevel path models were presented featuring positive identity-salient experiences with heterosexuals and positive identity-salient experiences with LGB people (Mohr & Sarno, 2016). In both models, each type of identity-salient experience predicted positive affect (above and beyond other positive daily events) at the within-person level, but not the between-person level within. In the present study, positive IEs demonstrated a slightly different pattern of effects, predicting positive affect above and beyond other positive daily events at (a) the within-person level (in the mediation model featuring identity conflict, but not the mediation model featuring

rumination) and (b) the between person level (in both mediation models). Future research is warranted to account for this variation in study findings.

This investigation is likely the first to quantitatively study the relations between positive IEs and identity conflict. Here, findings did not mirror the negative IE model (i.e., identity conflict did not mediate the daily relationship between positive IEs and positive affect). One possible explanation is that identity conflict is the one variable in this study for which there was no mirror image (i.e., no variable reflecting the same construct but with a positive valence). It could be that including a positive version of identity conflict (e.g., identity integration) in this model may have yielded greater predictive power within the positive IE model. A second possibility is that identity conflict may operate similarly to another self-referential psychological variable—low self-esteem—which (a) has stable and unstable components and (b) may be more greatly predicted by daily negative events than positive events (Greenier et al., 1999; Kernis, 2005). If identity conflict operates similarly, it follows that negative IEs would more readily increase one's sense of conflict than positive IEs would decrease it.

Though not central to the main study hypotheses, the finding that negative and positive IEs were positively correlated at the between-person level (but not the within-person level) may be of interest. These findings build upon results demonstrated by Mohr and Sarno (2016) who, in their study of negative and positive identity-related experience with LGB and heterosexual others, found that certain pairs of identity salient experiences were correlated at the between-person level, but not the within person-level (others were correlated at the within-person level, but not the between person-level). There are many potential explanations for the fact that some individuals may be more prone to report IEs,

as was found in the present study. Certain Black LGB individuals may have more or less daily experiences that are intersectional based on the relative diversity of their social environments, their level of “outness” as a sexual minority, etc., thus affording some individuals greater opportunities to have an IE of any kind. Alternatively, some individuals may simply be more familiar with and attuned to the concept of intersectionality, and thus may be more likely to appraise daily events as intersectional regardless of valence. Finally, the configuration of an individual’s racial and sexual orientation identities may explain this between-person association. In an analysis of 50 in-depth interviews with Black gay men, Hunter (2010) identified a number of ways this population conceptualizes their racial/sexual identity. For example, a subsection of respondents viewed their dual minority status through an *interlocking identities* framework. To these interviewees, their race and sexual orientation “were signified as united identities for the individual, often expressed as ‘Blackgay’” (Hunter, 2010, p. 85). As opposed to individuals who compartmentalize their social identities (Roccas & Brewer, 2002), individuals with a highly integrated racial/sexual identity may be predisposed to have positive and negative IEs, due to the increased salience of this identity intersection.

One benefit of microlongitudinal methods is the ability to test the relations between variables over time, which provides useful information about the direction of associations. Although links between discrimination and next day psychological distress have been demonstrated in studies focusing on race alone (Torres & Ong, 2010), no such temporal relations were detected in the present intersectional study. Although this could mean that no such time-lag associations exist, there are other possible explanations. For

example, it could be that the time-lag associations exist, but did not endure long enough (at a high enough level) to be captured by the next days' survey. One research study found that Black American college students experienced increases in depressive symptomatology when a race-related stressful event occurred, followed by a gradual decline in depressive symptoms over the next two days (Hoggard et al., 2015). Thus, it could be that the duration of intersectional stress is shorter, meaning a higher frequency of measurement (e.g., every 8-12 hours) may have been necessary to detect the temporal relationships between variables. Alternatively, it is possible that IEs are not associated with broad psychological variables such as next day negative or positive affect, but rather, produce lag-effects related to specific emotions (e.g., sadness, pride). For example, the aforementioned studies that have demonstrated a temporal association focused specifically on depressive symptomatology. Future research is warranted to elucidate precisely why lag-effects were not demonstrated in the present study.

Study Limitations

Although efforts were taken to recruit a diverse sample for this study, it may not represent the full spectrum of Black LGB people. The study was not designed to generate a nationally representative sample. Thus, the study did not sample uniformly across the country. The cultural and demographic make-up of any overrepresented states could influence the frequency, appraisal, and impact of positive or negative IEs. Additionally, systemic forms of oppression in certain geographies (e.g., hate crimes legislation, anti-LGBT policies) have been shown to predict aspects of psychological well-being among sexual minorities (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Lastly, the final sample was predominantly cisgender (i.e., not transgender or non-binary). Although it is

not clear how study results may differ for Black sexual minority individuals who identify as transgender or with a non-binary gender identity, research suggests that such populations often face unique minority stressors and distinct mental health outcomes (Breslow et al., 2015).

Outreach for this study occurred through relevant student groups and community organizations, many of which were related in some way to race, sexual orientation, or both. Individuals belonging to identity-related groups likely, on average, view their social identities as more salient than those who do not have such affiliations. Regarding the influence of IEs, it is not clear whether such affiliations would increase individuals' sensitivity to IEs (e.g., due to increased salience of their minority statuses) or decrease individual's sensitivity to IEs (e.g., because such individuals have greater identity-related social support). Similarly, for individuals recruited from organizations or community events relating to both one's race and sexual orientation (e.g., Atlanta Black Pride Festival), it is unclear whether such individuals are attracted to such safe havens because they have an elevated sense of identity conflict, or whether such individuals have lower levels of identity conflict because of their tendency to access similar others, which may facilitate identity integration.

Despite the merits inherent in the methodological approach of this study, it is not without its limitations as well. First, all significant study findings were limited to variables measured concurrently. Thus, although analyses were based on the idea that experiences influence daily identity and affect, the observed associations may reflect effects in the reverse direction (e.g., affect influencing IEs). This study also tested associations between variables measured on different days. Even if this study had

detected temporal effects, such observed results would not be sufficient to confirm causation, as it would be unclear whether they are due to a third variable (i.e., a confound; Bolger & Laurenceau, 2013). Additionally, this study was limited to data collection one time per day, which limits the ability to detect dynamic variables that fluctuate within a 24-hour period.

The manner in which IEs were captured in this investigation may have influenced findings in a number of ways. First, positive or negative IEs—as well as general positive or negative experiences, which were used as control variables—were captured in a dichotomous fashion. Thus, this study was not designed to capture whether multiple IEs occurred in a single day and thus, the potentially additive or multiplicative effect of experiencing numerous IEs remains unknown. Second, participants were required to describe positive and negative IEs, but were not given a space to label events that included both positive and negative elements. A review of participant descriptions offers examples of both positive and negative IEs that could be understood as mixed (e.g., a Black heterosexual family member stating that being gay is a sin, followed by another family member intervening in an LGB-affirming manner). This study is unable to determine whether or how IEs that are not easily categorized as good or bad are distinct from IEs that are uniformly positive or negative.

Additionally, it is unclear how collecting information about positive IEs influenced data collection about negative IEs. Whether reporting on intersectional or non-intersectional daily events, items about positive events were always asked first. This is notable, as some researchers have raised the question as to whether assessing positive identity-related events can alter the experience of reporting negative identity-related

events and daily distress (Flanders, 2015). For example, answering positive items may have reduced the likelihood that participants endorsed negative items—either because the positive affect associated with the initial response may have caused them to minimize or overlook a negative IE or because fatigue caused by describing a positive IE decreased their motivation to carefully consider and describe an additional event. However, any such effect was likely minimal, as no negative association between positive and negative events was demonstrated in the study.

The present investigation relied on participants to self-report IEs. Although there are many merits to relying on a subjective assessment of identity-related stress (Jackson, 2017; Meyer, 2003), there can be unintended problems with this method of data collection. For example, it is possible that IEs may have occurred without participants' awareness. It is also possible that participants got better at identifying intersectional experiences over the course of the study—e.g., completing the study each evening may have primed participants to more easily notice IEs, more readily seek IEs, or more likely appraise events in an intersectional manner. Although analyses controlled for day of participation to mitigate the potential impact of such training effects (e.g., controlling for day of participation), it is still possible that this study operated as unintentional intervention by attuning Black LGB people to intersectionality and thus, influencing the frequency and correlates of intersectional events.

Finally, although this study gathers information concerning the dual, interconnected impacts of race and sexual orientation, other identity intersections were not examined. Scholars focusing on intersectional research methods have criticized treating potentially heterogeneous groups as homogeneous, known as the *lumping error*

(Else-Quest & Hyde, 2016b). For example, this study combined various sexual minority identities (e.g., lesbian, gay, bisexual, queer) into a single group, ignoring the potential for in-group differences. Further, this study hones in on one intersection within the study population (i.e., race and sexual orientation), while ignoring other potentially salient identities (e.g., religion, HIV status, socioeconomic status). For example, the present investigation was not designed to capture or model the unique stress processes experienced by Black sexual minority women who—in addition to experiencing racism in the LGB community and homophobia in their racial/ethnic community—may experience sexism and misogyny in both groups and face a number of unique intersectional stereotypes (J. A. Lewis & Neville, 2015; Moore, 2006).

Directions for Future Research

The present study's findings highlight intriguing directions for future research. This investigation examined direct and indirect relationships between IEs and affect. Future research may build upon the current study by encompassing additional outcome variables. For example, one might seek to gain more nuance in the relationships between negative IEs and negative affect—and positive IEs and positive affect—by assessing the relations between these respective IEs and more specific mood states (e.g., joy, pride, anger, loneliness). Additionally, future research may examine whether aspects of well-being demonstrated to be associated with racism or homophobia, respectively (e.g., anxiety, depression, substance use; Paradies, 2006; Pascoe & Smart Richman, 2009; Williams et al., 2003) are similarly predicted by negative IEs. Such research may illuminate whether IEs predict different outcomes or produce different effect sizes

concerning associations between stigma and distress, as compared to negative daily events based on racism or homophobia alone.

Identity conflict is likely only one of many unique proximal stressors faced by LGB people of color. Future research is needed to identify additional internal identity-related stressors that resonate with the experience of this population to build a more robust model of intersectional stigma-related stress. For example, scholars have suggested that sexual minority people of color may feel invisible within the larger LGB community (Frost & Meyer, 2012). Purdie-Vaughns and Eibach (2008) labeled the experience of being a minority in multiple communities—and thus, frequently overlooked, poorly represented, and misunderstood—as *intersectional invisibility*. A similar concept—*cultural homelessness*—was popularized within research on multiracial populations. In short, individuals who feel culturally homeless are said to “share a sense of not belonging and not being accepted as members by any existing group because of their uniqueness; for them, all groups are out-groups” (Vivero & Jenkins, 1999, p. 12). Applied to the present study population, it is not difficult to imagine how experiencing minimal representation, conflicting social group norms, and pervasive discrimination within the larger Black or LGB communities could leave Black sexual minorities feeling on the margins of their in-groups. Thus, constructs such as intersectional invisibility or cultural homelessness may be ripe for study as proximal stressors among LGB people of color in future investigations.

Additionally, because this study suggests that there are many types of positive IEs and negative IEs, future research may work to examine the differential prevalence and impact of various categories of IEs. For example, regarding negative affect, it is possible

that negative IEs featuring discrimination (e.g., perceiving racism in the LGB community, perceiving homophobia in the Black community) are associated with specific affective states (e.g., anger, fear, shame), whereas negative IEs focusing on invisibility (e.g., situations in which you felt misunderstood, invisible, or isolated because you are both Black and LGB) predict different aspects of psychological distress (e.g., sadness, loneliness). To provide another example, specific behaviorally-based positive IEs, such as feeling at ease being culturally Black around non-Black LGB people (e.g., in appearance, mannerisms, interests, cultural traditions), may do more toward integrating one's racial identity and sexual orientation than cognitive-based positive IEs (e.g., receiving subtle or direct messages that the LGB community is racially diverse).

Further inquiry may also illuminate differences in the frequency or associations of negative and positive IEs among Black LGB people within various subgroups, based on factors such as age, gender, religion, geography, or education level. For example, IEs with both positive and negative elements (e.g., experiencing homophobia within one's Black church community, and having a bystander intervene), may be more positively appraised by Black LGB elders, who may view such IEs as symbolizing progress in comparison to their past experiences. Finally, research aiming to identify factors that may buffer the relationship between negative IEs and emotional distress may help guide community interventions to decrease intersectional stigma-related stress. In line with the present study, such research may include potential moderators that are intersectional in nature (e.g., number of Black LGB friends, intersectional identity strength) or those that represent general psychological processes (e.g., affect regulation, coping strategies).

Future microlongitudinal research may help identify the temporal relations between variables found to be associated within this study. This design could, for instance, be used to examine whether IEs are linked to changes in mood and vice versa. Further, building on the principals of ecological momentary assessment (Shiffman, Stone, & Hufford, 2008; Stone et al., 1998), future research may aim to collect real-time data on IEs by increasing the frequency of data collection (e.g., three times per day) or adopting an *event sampling* methodology (Reis, Gable, Reis, & Judd, 2000) in which participants report intersectional events as they occur. Such methodological modification may maximize ecological validity and help generate new knowledge regarding the microprocesses that link daily IEs and health among Black LGB individuals, over time.

Furthermore, just as experimental research has helped corroborate the assumed causal link between discrimination—based on racial identity and sexual orientation, respectively—and psychological distress (Paradies, 2006; Pascoe & Smart Richman, 2009), such approaches can help demonstrate the effects of intersectional stigma-related stress. For instance, lab-based experimental research could be used to simulate IEs (e.g., video clips of a Black person displaying anti-LGB rhetoric or an LGB person displaying racist viewpoints) to clarify causal links within the intersectional stigma-related stress process proposed in this study—and offer a basis of comparison to stress related to racial identity or sexual orientation alone. Such research may also allow scholars to assess whether negative IEs set into motion a process of biological and physiological responses (e.g., compromised immune function, increased cortisol production, elevated cardiovascular activity), many of which have been associated with perceived racism (Lepore et al., 2006; Merritt, Bennett, Williams, Edwards, & Sollers, 2006; Wyatt et al.,

2003) and are known to correlate with downstream physical and mental health outcomes (Mays, Cochran, & Barnes, 2007; Pachankis, 2015).

The notion that being in a position of relative subordination within two larger marginalized populations may represent a unique form of stress—above and beyond adding up the stress attributable to the various minority statuses—may have important implications for other social groups. Most obvious may be this study’s applicability to LGB individuals of other racial minority backgrounds (e.g., Asian, Latinx, Middle Eastern) and people of color with sexual orientations and gender identities that were not the focus of this study (e.g., Black asexual people, Black transgender and non-binary individuals). This study may also lead to research on the daily experiences of other identity intersections (e.g., sexual orientation and religion) or quantitative investigations examining the intersection of three or more forms of oppression simultaneously (e.g., racism, classism, transphobia). In addition to providing a framework to study other identity intersections, this research may also encourage the study of other groups with unique identity-related stressors. One such example is individuals with *border identities* (e.g., multiracial, bisexual/pansexual, non-binary gender), for whom unique stressors have been identified, but the theoretical models needed to assess the impact of such stress processes remain underdeveloped (Callis, 2014; Dyar, Feinstein, & London, 2015; Root, 1996).

Implications for Clinical Practice

By adopting an intersectional, microlongitudinal approach, this study joins a growing area of stigma aiming to understand the experiences of intersectional stress and support among Black LGB people with greater nuance. Thinking about stigma-related

stress and support from an intersectional perspective could help guide clinical and community interventions aiming to support the well-being of individuals with multiple marginalized identities.

This study underscores the potential value of psychotherapists adopting an intersectional approach to working with Black LGB individuals. Clinicians and scholars have long been interested in the ways in which aspects of sociocultural identity inform clients' presenting concerns, psychotherapy process, and clinical outcomes, including Black American clients (Carter, 1995) and sexual minority clients (Malyon, 1981; Pachankis, 2015), respectively. However, even as models for culturally competent clinical care have become more numerous and have evolved to acknowledge that some populations juggle multiple marginalized identities (Fung & Lo, 2016; Hays, 2016), the majority of frameworks for multiculturally-affirming clinical practice fail to provide any substantive consideration of (a) how identities and systems of oppression interlock in the lives of clients and (b) why this interaction might be relevant to psychotherapy process and outcome (Grzanka & Miles, 2016). The present study findings support growing calls for clinicians to consider how seemingly distinct aspects of identity (e.g., race, sexual orientation) and subjugation (e.g., racism, heterosexism) combine to inform the lived-experience and psychosocial well-being of LGB people of color (American Psychological Association, 2012; Greene, 1997a).

The present study findings also underscore the dynamic nature of identity-related psychological variables. Historically, clients struggling with identity-related mental health concerns were often conceptualized in a stage model framework (Cass, 1979; Troiden, 1979), and despite criticisms, such frameworks remain influential today (Eliason

& Schope, 2007). Such models can lead clinicians to focus on helping clients to progress through identity development stages. However, stage models suggest a relatively stable view of identity-related concerns, which are thought to change—slowly and steadily—over time. The present study joins a small body of research (Eliason & Schope, 2007; Mohr & Sarno, 2016; Mustanski, Kuper, Greene, & Greene, 2013) suggesting that identity-related variables (e.g., identity conflict) may not be as static as once conceptualized, and instead, may ebb and flow from day-to-day based on daily events. Shifting towards viewing identity as somewhat dependent upon daily events—rather than static—opens up new intervention possibilities, such as helping individuals consider ways to minimize the number of negative, stress-inducing IEs in their daily life and working to reduce the impact of negative IEs on identity-related variables (e.g., increasing coping behavior).

Similar to scholars of minority health, psychotherapists likely disproportionately focus on reducing stigma-related stress, overlooking the possible benefits of increasing positive, identity-affirming experiences among individuals from marginalized backgrounds. Although this study was not designed to examine the experiences reported by participants, a cursory examination of IE descriptions underscores the importance of validating IEs to the daily experience and well-being of Black LGB people. Individuals made direct reference to the meaningfulness of literature by and/or about Black LGB people (e.g., Audre Lorde, James Baldwin), the importance of Black LGB representation in art, media, and politics, enjoying safe and inclusive spaces (e.g., LGBTQ-affirming churches, racially-inclusive LGBTQ nightclubs), and valuing intersectional spaces that cater to LGB racial minorities (e.g., queer people of color organizations, community

events for Black lesbians). Individuals invested in supporting the well-being of LGB people of color may consider ways to increase the frequency of their positive IEs.

Many participants noted that they found the study participation valuable, informative, and therapeutic. This unintentional result of the study may inform clinical interventions in the future. First, despite having IEs, individuals possessing multiple marginalized identities may not have the language or a theoretical framework to assess the impact of intersectional forces on their lives. It has been suggested that Black Americans who better understand the dynamics and potential deleterious impact of the racial bias they face, may be better able to cope with such experiences (Sue, Capodilupo, & Holder, 2008). If so, clinicians may play a critical role in helping Black sexual minorities understand the basic theory of intersectionality and apply it to various life events. Additionally, this study offered participants an opportunity to write about IEs, which multiple participants reported enjoying. Research suggests that expressive writing about minority stressors can be therapeutic for sexual minorities who have had severe stressors (Pachankis & Goldfried, 2010). Writing may also help facilitate the savoring of positive IEs.

Conclusion

Over the past half-century, social scientists have worked to examine the roles of social identity and stigma in the everyday lives of marginalized populations, including racial and sexual minority individuals. This literature has helped inform theoretical models and empirical studies that illuminate pathways between identity-related experiences and psychological distress among LGB individuals and Black Americans, respectively (Clark et al., 1999; Hatzenbuehler, 2009; Meyer, 2003). However, despite

calls for increased psychological research focusing on individuals holding multiple minority identities (Goff, Thomas, et al., 2008; Moradi, DeBlaere, et al., 2010), there is little research aimed at investigating the unique, intersectional relations between identity, stress, and health among Black sexual minorities, and LGB people of color more generally. Knowledge related to identity-supportive experiences and examinations of associations between identity-salient events and mental health over time are also underdeveloped.

The present study findings demonstrate the benefits of using intersectional theory to modify existing theoretical frameworks in order to elucidate the mechanisms influencing the everyday lives of individuals holding multiple stigmatized identities. This investigation is possibly the first to quantitatively capture the prevalence and day-to-day correlates of intersectional events among Black LGB individuals—and to test elements of minority stress theory (Meyer, 2003) and the psychological mediation framework (Hatzenbuehler, 2009) using intersectional distal and proximal stressors. By beginning to recalibrate existing stigma-related stress frameworks to reflect the nuanced, intersectional daily lives of Black LGB people, the present study raises intriguing possibilities for future stigma-related stress scholarship. Such research could help strengthen current clinical and community interventions aimed to support the inclusion, resiliency, and psychosocial well-being of LGB people of color.

Chapter 2: Literature Review

Over the past half-century, social scientists have worked to examine the roles of social identity and stigma in the everyday lives of marginalized populations, including racial and sexual minority individuals. This literature has helped inform theoretical models and empirical studies that illuminate pathways between identity-related experiences and psychological distress among LGB individuals and Black Americans, respectively (Clark et al., 1999; Hatzenbuehler, 2009; Meyer, 2003). Such studies have focused on how psychological health may be triggered by everyday stressors related to race (Broudy et al., 2007; Hoggard et al., 2012; O'Hara et al., 2015) and sexual orientation (Mohr, 2016; Swim et al., 2009). Researchers have also begun to explore the role of everyday supportive identity-related experiences, such as finding one's marginalized status to be reflected in or embraced by others (Beals et al., 2009; Frable et al., 1998; Mohr & Sarno, 2016; Saenz et al., 2006).

Despite the growth of research concerning the interrelations between stigma, stress, and health (Paradies, 2006; Pascoe & Smart Richman, 2009; Williams et al., 2003), groups that may face unique or compounded forms of stigma-related stress have received less attention (Balsam et al., 2011; J. A. Lewis, Mendenhall, Harwood, & Hunt, 2013). For example, little research exists that examines how race and sexual orientation jointly shape the everyday experiences of Black sexual minorities (Goode-Cross & Tager, 2011; Hunter, 2010), or LGB people of color more generally (Hayes, Chun-Kennedy, Edens, & Locke, 2011; Sarno et al., 2015). Greater understanding of how daily identity-related stressors and supports function in the lives of Black LGB individuals—and

influence aspects of psychological well-being—may offer insight into differences in mental health risk and resiliency within Black LGB communities.

Intersectional theory (Collins, 1990; Crenshaw, 1991) challenges researchers to consider the pitfalls of analyzing single aspects of identity (e.g., race) in isolation of other potential salient identities (e.g., gender, SES, sexual orientation). Instead, intersectional theorists argue that seemingly distinct aspects of identity and oppression are interwoven and mutually constitutive—and the ways that these interconnected elements influence the individual may illuminate important aspects of experience and well-being (Bowleg et al., 2008; Grzanka, 2014; Purdie-Vaughns & Eibach, 2008). This framework has become an increasingly popular approach to the psychological study of Black LGB individuals (Bowleg, 2013) and LGB people of color more generally (Sarno et al., 2015). However, despite calls for increased psychological research among individuals holding multiple stigmatized identities (Goff, Thomas, & Jackson, 2008; Moradi, DeBlare, & Huang, 2010; Szymanski & Meyer, 2008), the literature on stigma-related stress has developed without much attention to the concurrent, intersectional experiences of racial and sexual orientation prejudice faced by LGB people of color (Szymanski & Meyer, 2008).

This literature review will discuss each of the aforementioned theoretical frameworks, relevant research contributions, and notable gaps in these areas of scholarship. The content is organized into four sections, each striving to review, integrate, and at times, critique scholarship in topic areas related to the proposed dissertation project. The first introduces the reader to the foundational concepts of social identity and stigma. Here, I will review contemporary scholarship on identity development, offer a concise review of the changing conceptualization of stigma, and discuss how these

concepts relate to the lived-experience of racial and sexual minority populations. In the second section, I will continue this focus on identity and stigma, focusing on the experience of Black LGB communities. For example, I will discuss scholarship related to Black LGB identity development and apply theories of multiple minority identity conceptualizations to Black sexual minorities. In the third section, I review the literature exploring links between negative identity-related experiences (e.g., discrimination) and psychological well-being. Here, I will special attention to frameworks that examine pathways between social identity, stigma, stress, and mental health—particularly those commonly applied to racial and sexual minority populations. The fourth section will discuss the emergence of intersectional theory in psychology and discuss how it has been utilized to understand the experiences of Black sexual minorities, and LGB people of color more generally. In this section, I will also review theoretical and empirical contributions that explore Black LGB individuals' experience of intersectional events and stressors. Each component of this literature review will be concluded with a section that highlights gaps and limitations in the area of study. The one exception to this is the first section, which serves as a primer on foundational concepts (e.g., social identity, social stigma) and related terminology (e.g., microaggressions), rather than a rigorous review of studies. Thus, the conclusion section for this content area will not include a discussion of research gaps.

Introduction to Social Identity and Intergroup Stigma

For many individuals, membership in culturally meaningful social categories (e.g., race, gender, sexual orientation, religion) is a salient aspect of daily life. While some identity-related interactions are benign, others may hold great significance in the

lives of individuals with stigmatized identities. The below sections will introduce the reader to the concepts of social identity and stigma. In addition to providing definitions, when relevant, explanations and examples will be offered as they apply to race and sexual orientation.

Social Group Identities

Social identity is a term typically used to describe the component of an individual's self-concept derived from their self-identification within culturally meaningful categories (e.g., race, gender, sexual orientation; Ashmore, Deaux, & McLaughlin-Volpe, 2004; Tajfel & Turner, 1979). Self-identification within a given social category (e.g., Black, bisexual, women), the meanings group members ascribes to their identity (e.g., pride, shame, indifference), and the influence of a given social identity on one's self concept, are determined by a multitude of factors (Eliaison & Schope, 2007; Phinney, 1992). That said, individuals belonging to the same social identity group (e.g., Black Americans) are assumed to share certain aspects of culture, lived-experience, and power—thus, there are both individual and collective elements to social identities (Ashmore et al., 2004; Thoits, Virshup, Ashmore, & Jussim, 1997). And yet, individuals are not born with an awareness of their social identifications. Rather, through experience and knowledge acquisition (e.g., from parents, media, past experiences), many social identities may emerge as salient aspects of one's overall identity (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Phinney, 1992) and important shapers of how one views themselves and others in daily situations (Downie, Mageau, Koestner, & Liodden, 2006; Goffman, 1963; Mohr & Sarno, 2016).

Like most cultures, different identities are ascribed differential levels of power and privilege within the U.S. context (Dovidio, Major, & Crocker, 2000; Goffman, 1963; Purdie-Vaughns & Eibach, 2008). Here again, it is through experiential and didactic learning that individuals may come to understand the systems of advantage and disadvantage that operate in their social environment (e.g., White supremacy, heterosexism, patriarchy). Certain collective identities represent dominant groups (e.g., White Americans, heterosexuals, males) and experience privileges—both tangible and intangible—within the U.S. context (McIntosh & Cyrus, 1988; Neville, Worthington, & Spanierman, 2001; Simoni & Walters, 2001; Wilson, 2008). Comparatively, membership in marginalized or minority social groups (e.g., Black Americans, bisexuals, transgender individuals) face marked disadvantages and stigmatization (Eberhardt, Davies, Purdie-Vaughns, & Johnson, 2006; Goff, Eberhardt, Williams, & Jackson, 2008; Hatzenbuehler, McLaughlin, et al., 2010; Herek, Chopp, & Strohl, 2007).

Many scholars have worked to categorize various types of stigmatized social identities. For example, Goffman (1963) proposed that socially undesirable attributes could be separated into three types: *blemishes of character* (e.g., mental illness, homosexuality, unemployment), *abominations of the body* (e.g., physical deformities, visible manifestations of disease), and *tribal memberships*, which are often transmitted through familial lineages (e.g., non-European ethnic ancestry, non-Western religious beliefs, disgraced family name). Although contemporary scholars continue to acknowledge these three categories of exclusion (Major & O'Brien, 2005), researchers today note that this typology may be flawed, as there is no evidence that the experience

of these stigmas are distinct and some stigmatized identities (e.g., being overweight) can fit into two categories (Crocker, Major, & Steele, 1998).

Other researchers have tried to categorize stigmas based on their relationship to various descriptive dimensions (Crocker et al., 1998; Jones, Farina, & Markus, 1984). For example, Jones and colleagues (1984) identified six dimensions of stigmatized identities, each thought to shape the way that stigma impacts social interactions: course, disruptiveness, aesthetic qualities, origin, peril, and concealability. Individuals may hold identities that differ on a single dimension. Black LGB individuals hold a racial identity that is typically readily visible, whereas their sexual orientation may be concealable within interpersonal interactions (Quinn, 2006). These differences may have implications regarding how these identities impact the individual in everyday life, including aspects of stigma-related stress (reviewed later in this literature review).

Contemporary Understandings of Social Stigma

With linguistic roots in ancient Greece, the term *stigma* was re-popularized in the 1960s by sociologist, Erving Goffman, who defined stigma as an attribute, behavior, or trait that signifies inferiority and effectively reduces an individual “from a whole and usual person to a tainted, discounted one” (1963, p. 3). Goffman posited that the presence of a socially unfavorable attribute sparks negative interpersonal and institutional social processes—such as demonization, discrimination, and the use of stigma based-slurs for invalidation—each of which hold tangible consequences for the holders of the socially undesirable attributes. Although contemporary stigma scholars continue to ground their research within Goffman’s framework (Crocker et al., 1998; Frost, 2011; Meyer, 2003;

Pachankis, 2007), the literature on stigma and related processes have grown substantially over the past 50 years (Major & O'Brien, 2005).

Today, stigmatization is understood to be a process of degradation and invalidation that targets individuals whom either possess or are believed to possess a social identity that is devalued within a specific social context (Crocker et al., 1998). This conceptualization is the product of the evolution of stigma theory, with stigma researches both extending and departing from Goffman's initial framework (Frost, 2011). One shift concerns which specific part of the stigmatization process is termed stigma. In Goffman's (1963) framework, stigmas are qualities or characteristics located upon or within an individual—in other words, stigma referred to the social devalued attribute itself. Frost (2011) describes a historical shift in the discourse on stigma that “moved the source of stigma out of the bodies and identities of the stigmatized and placed the origins of stigma at the societal level” (p. 824). Using this conceptualization among Black LGB people, it can be said that stigma is not the attribute situated within the individual (e.g., being black, endorsing same-sex attraction) but rather is understood to be a social process of marginalization (e.g., racism, homophobia) that targets individuals based on such attributes.

A related change can be seen in the fact that most contemporary identity theorists emphasize that stigma is a social construction that reflects the ideological norms of a given society (Dovidio et al., 2000; Major & O'Brien, 2005). The context-specific nature of stigma is evidenced by the fact that the groups targeted by stigmatization and the intensity of the stigmatization faced, have changed over time and differ between cultures (Jones et al., 1984). One can see the influence of this conceptual shift in the

popularization of the phrase *social stigma*, which is often used interchangeably with the term stigma (e.g., Crocker & Major, 1989; Frost, 2011). The understanding that stigma may manifest differently across different context and interactions—and that these manifestations may have different consequences—has led scholars to study the experience of stigma among Black LGB people within various contexts, such as predominantly White colleges and universities (Goode-Cross & Tager, 2011).

Third, there has been a shift in what constitutes stigma (Dovidio & Gaertner, 1998; Glick & Fiske, 1996). Older scholarship on stigma predominantly focused more explicit stereotypes, conscious prejudices, and overt acts of discrimination (Goff, Eberhardt, et al., 2008). However, discrimination and prejudiced attitudes have become less socially acceptable—and by many accounts, less common (Bobo, 2001; Pascoe & Smart Richman, 2009; Schuman, Steeh, & Bobo, 1985). As a result, contemporary stigma research has shifted in focus from more monumental manifestations of hate to smaller, less conscious forms of bias (Balsam et al., 2011; Dovidio & Gaertner, 1998). Indeed, a growing proportion of stigma scholarship on Black Americans and LGB populations concern implicit biases, subtle insults, and unconscious behaviors experienced by these marginalized populations. Scholars have coined new terms to highlight these insidious forms of racism (e.g., modern racism, symbolic racism, aversive racism; Dovidio & Gaertner, 1998), and homophobia (e.g., modern heterosexism, modern homonegativity; Morrison & Morrison, 2002; Walls, 2008).

Stigma Based on Race and Sexual Orientation

Social stigma is multidimensional. Contemporary stigma scholarship (Carter, 2007; Hatzenbuehler et al., 2014; Williams & Mohammed, 2009) suggests that stigma

may impact different spheres of life (e.g., institutional, interpersonal, internalized), be applied to different social categories (e.g., race, gender, sexual orientation, class), occur in different forms (e.g., stereotypes, prejudice, discrimination, oppression), manifest in different contexts (e.g., home, school, work, neighborhood) and influence various interactions (e.g., family, friends, employers, police officers, strangers). Negative-identity related experiences can also occur in relative isolation from others (Hoggard et al., 2012), such as when one is engaging with art, media, social networking sites, or is simply reflecting upon their personal life. An increasing amount of research is aimed to understand the variety of ways that marginalized communities' experience stigma in their lived-experiences—and how people anticipate, cope with, or are harmed by such negative identity-related incidents. Below are brief descriptions of four manifestations of stigma, including information about how these experiences relate to racial and sexual minorities.

Stereotypes. Cognitive associations or generalizations about a social group are what are referred to as stereotypes. Stereotypes can be positive or negative and are often automatic or unconscious in nature (Cox & Devine, 2015; Kay, Day, Zanna, & Nussbaum, 2013). In the U.S. context, Black Americans are often associated with being lazy, unintelligent, athletic, poor, musical, and as having an propensity for criminality, aggression, and violence (Eberhardt, Goff, Purdie, & Davies, 2004; Goff, Eberhardt, et al., 2008). Some stereotypes are attributed to Black men or Black women, respectively (e.g., Black women as welfare queens; Harris-Perry, 2011; J. A. Lewis et al., 2013), whereas others may be applied more universally to Black Americans. Sexual minorities face numerous stereotypes as well, also often varying based on gender. For example, gay men are stereotyped as feminine and fashionable (Cox & Devine, 2015), lesbians as angry and

masculine (Blashill & Powlishta, 2009), and bisexual people are thought to be confused about their sexual orientation and unable to practice monogamy (Israel & Mohr, 2004).

Prejudice. Prejudice can be understood as a negative feeling or attitude—whether conscious or unconscious—towards members of a specific social identity group (Goff, Eberhardt, et al., 2008; Herek et al., 2007). Many metrics of racial prejudice suggest that although anti-Black stigma has declined over the past fifty years (Bobo, 2001; Schuman et al., 1985), Black Americans continue to endure racial bias (Eberhardt et al., 2004; Goff, Jackson, Di Leone, Culotta, & Ditomasso, 2014). Both explicit and implicit measures of racial attitudes suggests a preference for White people over Black people, as well as for light-skin over dark-skin (Nosek et al., 2007). Social psychological research supports the presence of negative biases towards both Black children and adults (Goff et al., 2014; Nosek et al., 2007). Similarly, LGB people continue to face negative attitudes and challenges to their legitimacy, despite a broader trend toward the public acceptance of LGB people and relationships in the U.S. (Hicks & Lee, 2006; Mcveigh & Diaz, 2009; Steffens, 2005). Hatzenbuehler and colleagues (2014) found that LGB individuals residing in communities with higher levels of anti-gay prejudice had a higher risk of mortality than those in more LGB-accepting communities.

Discrimination. Discrimination encompasses biased actions (e.g., verbal harassment, physical violence, hiring preferences) taken toward an individual or group because of an aspect of their perceived social identity (Herek, 2009). A wealth of literature has documented the pervasiveness of racial discrimination and homophobia among Black and LGB populations, respectively. One study found that 24.6% of Black Americans and 21.4% percent of LGB respondents reported experiencing discrimination

over the past year (McLaughlin, Hatzenbuehler, & Keyes, 2010). Although reports of discrimination among Black American has been shown to differ between investigations (15-85% across studies; Hoggard et al., 2015; Kessler, Mickelson, & Williams, 1999; Krieger & Sidney, 1997), much research suggests that racial discrimination may be a relatively commonplace experience among Black Americans. For instance, one study found that 55% of Black college students experienced one or more racist incidents in a two-week period (Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). Sexual minority Americans continue to be among the most common targets of harassment and violence in the country (Herek, 2009). In a study of 6,209 LGBT young people's experiences in middle and high school, 74.1% reported experiencing verbal harassment over the last year due to their sexual orientation and 16.5% reported being physically assaulted (Kosciw, Greytak, Palmer, & Boesen, 2014). Though less prevalent, LGB adults suggest ongoing experiences of harassment, discrimination, and violence in adulthood (Herek, 2009; Huebner, Rebhook, & Kegeles, 2004).

One subarea of research on discrimination that has been applied to LGB people of color is research on *microaggressions*, which are momentary verbal, environmental, or behavioral expressions that communicate rejection, hostility, slights, or insults toward individuals from marginalized backgrounds (Balsam et al., 2011). These subtle everyday indignities can be unconscious or intentional (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977; Sue et al., 2007). Microaggressions have been broken down into three types: (a) microassaults, which are typically deliberate verbal or nonverbal attacks, (b) microinsults, subtle communications that are demeaning or insensitive towards one's marginalized group, and (c) microinvalidations, actions that negate or nullify the thoughts, feelings, or

experiences of stigmatized group members. Such microaggressions—and their consequences—have been identified and studied among people of color (Sue et al., 2007) and sexual minorities (Nadal et al., 2011).

Oppression. Oppression is the process by which biased ideology and a pervasive imbalance of power influences societal institutions (e.g., health, education, legal, housing) resulting in disadvantages and systemic disenfranchisement among marginalized social groups members (Hatzenbuehler et al., 2014; Hatzenbuehler, McLaughlin, et al., 2010; Williams & Collins, 2001; Williams & Mohammed, 2009). Power is central to oppression in a way the differentiates it from the previously mentioned manifestations of stigma: Although theoretically any individual may hold a stereotype, harbor prejudice, or act in a discriminatory manner towards another individual, oppression occurs when such manifestations are embedded and enacted on a systemic level due to a societal power differential (Carter, 2007; Herek et al., 2007).

Although less extensive than research focused on interpersonal discrimination and health, some theoretical and empirical scholarship has worked to highlight the relationship between systemic oppression and health outcomes (Hatzenbuehler, McLaughlin, et al., 2010; Williams & Williams-Morris, 2000). For example, Williams and Collins (2001) argue that racial bias in housing not only causes racial segregation, but also sets the stage for the financial and physical health disparities existing between Black and White Americans (Williams & Collins, 2001). One study examined how state-level anti-LGB policies relate to changes in psychiatric disorders between two time periods: 2001–2002 and 2004–2005 (Hatzenbuehler, McLaughlin, et al., 2010). The study found that residing in states that banned same-sex marriage between the study time

points was related to elevations in mood disorders, alcohol use disorders, and psychiatric comorbidity. Participants in these states also demonstrated a substantial elevation in generalized anxiety disorder between study time points (248.2% increase). Those residing in states without constitutional amendments demonstrated no significant increase in these psychiatric disorders.

Conclusion

In recent decades, the social sciences have experienced advances in the conceptual understanding of social identity and the development of theory on stigma. These two broad areas of research are at the foundation of this project, which involves the complex interaction between external stigma-related events and internal identity-related experiences among Black LGB individuals as they navigate their everyday lives as double minorities. The terms included in this section—particularly those related to the various manifestations of stigma (e.g., stereotypes, prejudice, microaggressions)—will allow for a more nuanced discussion of stigma throughout the literature review. Though reviewed separately above, these areas of research are interconnected in many ways. For example, identity research suggests that how a Black individual relates to his or her racial identity (e.g., identity strength) may predict how they perceive, and are impacted by, social stigma (Banks & Kohn-Wood, 2007; Burrow & Ong, 2010; Neblett & Roberts, 2013).

Black LGB Individuals, Identity Development, and Dual Stigmas

Social scientists have worked to illuminate how multiple identities relate to one another. One theoretical framework emerging from this scholarship is that of social identity complexity (Roccas & Brewer, 2002), which describes four configurations

related to an individual's subjective sense of the overlap between the various groups in which they simultaneously belong. This framework suggests various ways in which an individual's various identities may integrate or compete in defining the individual. The four types (i.e., intersection, dominance, compartmentalization, merger) can be applied to Black sexual minorities to understand the different ways this population may conceptualize their identity, and can be corroborated by the growing body of qualitative research on Black LGB people (Bowleg, 2008, 2013; Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Goode-Cross & Tager, 2011).

Consider the first identity structure: *intersection* (Roccas & Brewer, 2002). In this identity configuration, the Black LGB individual sees his or her social group to predominantly include only those with both the same racial and sexual identities, and may not always feel aligned with or connected to the larger Black community or LGB community. This identity conceptualization can be identified in qualitative responses, such as this study participant:

“For me it is never a matter of gay or Black, or Black and gay, it is more of a gay Black thing. My life is a struggle on both ends so much that it is silly to even identify myself on either end... and you know what, I refuse to choose between the two, because they work together in a way that's different. Because I am not White, my gay experience is different, and because I am gay my Black experience is more complex. It is impossible to associate myself along either line. In order for me to understand myself I've had to place my understanding of myself in a way that helps me consider both gay and Black at the same time” (Hunter, 2010, p. 85).

Alternatively, for many individuals certain identities are more central to their overall self-concept than others; this describes the social identity complexity structure known as *dominance*. There is no consensus among Black LGB people regarding whether their racial or sexual identity is more significant to their self-identity. However, scholarship suggests that, as compared to the sexual minority community, the Black community may be more commonly conceptualized as the dominant reference group for Black sexual minorities (Goode-Cross & Tager, 2011; Morales, 1989), as exemplified by the following participant response:

“I am Black first and always. That’s what people see, and that’s what I deal with. The gay thing is something else. It’s not that I locate it elsewhere, or don’t identify with it. But I choose Black first. Gay is an action, and Black is a way of life. [...] When people are put in jail for no reason, beat on by police, or can’t get a job, it’s for being Black” (Hunter, 2010, p. 87).

The potential fluidity of social identification (Meyer, 2003; Mohr & Fassinger, 2000) allows for a third structure: *compartmentalization*. In this identity conceptualization, different aspects of the self ebb and flow in salience, based on the context (Roccas & Brewer, 2002). The dynamic nature of identity across environments has been studied qualitatively among Black LGB people (Bowleg, 2008; Hunter, 2010). Below, a participant discusses how the relevance of his social identities shifts between various situations and environments:

“When you are at work, you are there to do a job. What you come in with is what you work with. When I come in the people I work with and work for see a Black employee, not necessarily a gay one. At work and in other public settings

expectations are being set based upon what people can see. This is just like how gay works in my personal life. When I am out on a date with another man, or at a small gathering of gay men, that space makes my sexuality work like how my race works when I am at the office. By being on that date or in the small gathering of gay people my sexuality is visible. [...] I recognize that both my identities matter, but I think are best captured if you are aware of the spaces in which they are made to matter” (Hunter, 2010, p. 90).

Finally, in the case of the *merger* identity configuration, social identities are fully integrated into one’s larger self-concept. As evidenced within the following participant response, individuals with this framework feel connected to not only their intersectional identity group, but also their larger social identity groups:

“Well it’s hard for me to separate [my identities]. When I’m thinking of me, I’m thinking of all of them as me. Like once you’ve blended the cake you can’t take the parts back to the main ingredients. I’m a gay man. Also there is something to say about the aspects of being a Black man” (Bowleg, 2013, p. 758).

Individuals in this category see their identities as inseparable, similar to those in the previously described *intersection* structure. However, they see their unique group memberships as a way to connect to many others, rather than only those who share their precise set of identities. Said differently, whereas those meeting the criteria of *intersection* look to their intersectional identities to define their ingroup (e.g., other Black LGB people), those defined by the *merger* would view their ingroup as more

diverse (e.g., Black people, LGB people, Black LGB people) and would engage these various groups without compartmentalizing or prioritizing their identities.

Some research on identity conceptualization has been conducted among Black sexual minority individuals. In an analysis of 50 in-depth interviews with Black gay men, Hunter (2010) found three modes of racial/sexual identity conceptualization: interlocking identities, up–down identities, and public–private identities. Fifty percent of interviewees saw their race and sexual orientation as *up–down identities*, meaning they “privileged one identity over the other, often expressed as ‘Black-then-gay’ or ‘gay-then-Black’” (Hunter, 2010, p. 85). This strategy may be compared to what was termed dominance within the social identity complexity model—and notably was the most common identity conceptualization in this study. Most comparable to the aforementioned compartmentalization identity configuration, Hunter (2010) found that 26% of respondents fell into a model of racial and sexual identification the author termed *public-private identities* (i.e., race was conceptualized as a public identity and sexual orientation was considered a private aspect of the self). Finally, 24% of respondents negotiated their dual minority status through an *interlocking identities* framework. To these respondents, their race and sexual orientation “were signified as united identities for the individual, often expressed as ‘Blackgay’” (Hunter, 2010, p. 85). This model is most akin to the interlocking and merger identity configurations within the social identity complexity model (Roccas & Brewer, 2002).

Black LGB Identity Development

Many researchers have worked to examine how social identities develop, particularly among those who hold a stigmatized identity (e.g., sexual minority, racial minority). For example, over the last 50 years, many scholars have worked to describe the process of sexual orientation identity development among LGB individuals, producing a plethora of sexual minority identity development stage models (for a review, see Eliason & Schope, 2007). Concurrently, a separate body of work was underway to map the steps involved in racial identity development (Atkinson, Morten, & Sue, 1979; Cross Jr., Parham, & Helms, 1991; Phinney, 1989; Poston, 1990). On the one hand, having distinct identity development models for race and sexual orientation is useful: Racial and sexual minority identity development processes feature and emphasize different identity-related milestones. For example, the process of merging one's marginalized identity into their larger self-concept and making it public (i.e., "coming out"), is a common step in many LGB identity development models (Cass, 1979; McCarn & Fassinger, 1996), but is understandably absent in most frameworks related to racial identity development. That said, many theorists have criticized models of minority identity development for focusing on a single social identity, overlooking the unique experience of those with two or more minority statuses (Fukuyama & Ferguson, 2000; Szymanski & Gupta, 2009).

Today, scholars interested in social identity have moved away from conceptualizing identity in a series of progressive stages, as models of identity development often lack empirical support or are tested on very small samples (Eliason & Schope, 2007). However, some scholars have worked to bring to light identity

development processes of individuals facing multiple forms of oppression (Dubé & Savin-Williams, 1999; Morales, 1989; Wilson, 2008). In addition to social identity complexity (Roccas & Brewer, 2002), which examined how individuals conceptualize the various aspects of their social identity, various scholars have constructed models aiming to describe identity development processes among Black sexual minorities (Icard, 1985; Wilson, 2008) or LGB people of color more generally (Morales, 1989). These racial/sexual identity development frameworks will be discussed in greater depth within the section of this literature review focusing on intersectionality.

Unique Intersections of Racial/Sexual Stigma

Previously within this literature review, I reviewed four manifestations of stigma—stereotypes, prejudice, discrimination, and oppression—which one can experience based on race, sexual orientation, or other marginalized social identities. Scholarship has documented that due to holding at least two highly-charged marginalized group identities, Black sexual minorities—and LGB people of color, more generally—experience various forms of interpersonal and institutional bias in the U.S. and many global contexts (Battle & Crum, 2007; Icard, 1985; Wilson et al., 2009).

However, understanding the manifestations of stigma in the lives of Black LGB people may require additional layers of consideration. In addition to facing the general forms of racism and heterosexism experienced by the larger Black heterosexual and White LGB populations (Zamboni & Crawford, 2007), Black sexual minorities may face challenging intersectional experiences (e.g., racism in the LGB community, homophobia in the Black community). Scholarship elucidating the intersectional manifestations of the racial/sexual minority stereotypes, discrimination, microaggressions, and forms of

oppression that target Black LGB people will be further discussed in the final section of this manuscript.

Conclusion and Gaps in Research

In recent decades, the social sciences have experienced advances in frameworks for conceptualizing multiple group memberships and Black LGB identity development. These areas of research allow one to understand numerous forces related to race and sexual orientation that may impact Black LGB individuals as they navigate their everyday lives. For example, it is not difficult to imagine that one's intersectional identity conceptualization (e.g., identifying as "Black-then-LGB" versus 'LGB-then-Black") may influence one's perceptions of discrimination, exposure to various forms of stigma, and potentially, where one turns to cope with oppression.

Despite the aforementioned advances, further research is needed to fully understand how identity development and stigma manifests in the lives of Black LGB individuals. First, little empirical research focuses on LGB Black individuals—especially that which is quantitative in nature. For example, even in studies that include racial and sexual minority participants in the same study (e.g., McLaughlin et al., 2010), findings among LGB people of color in the sample are not typically provided. In cases like this, little can be discerned about the differential experience of discrimination among LGB Black Americans as compared to heterosexual Black people or White sexual minority individuals. Second, many strong contributions to the understanding of LGB people of color have not examined differences between sexual minority racial groups (Morales, 1989; Sarno et al., 2015). This is important as the concerns and experiences of LGB people are known to differ across racial/ethnic subpopulations (e.g., Black, Latino, Asian)

as a result of differences in cultural norms and practices, as well as group differences in experiences of racism and ethnocentrism (Sarno et al., 2015). Thus, further research with increased population specificity is needed to understand how identity and stigma operate in the lives of various LGB racial/ethnic populations.

Such data are needed, as Black sexual minority individuals—and LGB people of color, more generally—may be particularly vulnerable to discrimination because they experience multiple forms of discrimination (Szymanski & Meyer, 2008; Zamboni & Crawford, 2007). Further, the current body of research regarding the prevalence of stigma-related experiences among Black LGB individuals is somewhat equivocal (Meyer, 2003). For instance, some research demonstrates that, as compared to White LGB individuals, Black sexual minorities report less homophobic discrimination (Krieger & Sidney, 1997), whereas other investigations support the notion that Black LGB people face greater sexual minority stressors than their White counterparts (Siegel & Epstein, 1996). Thus, although research has advanced the social scientific understanding of Black and LGB identity and stigma, further research is warranted.

Racial Stigma, Sexual Orientation Stigma, and Mental Health

Social scientists have long been interested in the economic, educational, and political consequences of social identity and societal prejudice. However, as stigma theory and research has developed, contemporary psychologists have begun to give greater attention to the study of the ways minority status—and the stigma it confers—relate to mental health (Major & O'Brien, 2005; Paradies, 2006). Arguing against the once prevailing assumptions that certain stigmatized identities (e.g., LGB identity, Black identity) were inherently related to pathology or disease (Gilman, 1985), contemporary

social scientists have developed alternative theories to explain higher rates of mental and physical health problems among certain marginalized populations, often framing them as normal responses to environmental stressors and structural oppression (American Psychological Association, 2012).

This shift in theory spurred the proliferation of theoretical models developed to test the mechanisms through which stigma predicts psychological health (Pascoe & Smart Richman, 2009). In support of these frameworks, many empirical studies have illuminated predictive links and pathways between negative racial and sexual orientation-related stigma and psychological health (Mays & Cochran, 2001; Paradies, 2006; Pascoe & Smart Richman, 2009). Today, studies of stigma-related stress not only help to contextualize mental health disparities between majority and marginalized groups (Hatzenbuehler et al., 2013; Williams & Mohammed, 2009), but are also used to explore how discrimination explains variance in psychological health within marginalized populations (Feinstein et al., 2012; Mays & Cochran, 2001).

As previously stated, stigma is a culturally bound, socially constructed ideology that is theorized to manifest at three levels (i.e., institutional, interpersonal, internalized; Williams & Mohammed, 2009). Each type of stigmatization is theorized to undermine health among marginalized populations. First, stigma that is embedded at the institutional level of society (i.e., systemic oppression) is thought to influence health by limiting access to resources, restricting socioeconomic mobility, and circumscribing marginalized populations to poor or hazardous living conditions (Krieger, 2001; Williams & Mohammed, 2009). Second, experiences of stigmatization in everyday life (i.e., interpersonal discrimination) may trigger stressful momentary cognitive, emotional,

social, and physiological reactions—which, over time, may cause psychological problems (Clark et al., 1999; Hatzenbuehler, 2009). Finally, systemic and interpersonal experiences of stigma can induce the internalization of negative self-evaluations and about one’s marginalized status, creating a stable experience of self-loathing and inferiority (i.e., internalized racism, internalized homophobia), which may erode one’s mental health (Meyer, 2003; Williams & Mohammed, 2009).

This section will focus on the pathway most germane to this project: how ongoing, stressful experiences of stigma shape the lives of marginalized populations and impact daily psychological well-being. The first section will provide a broad overview of common elements of stigma-related stress models. Next, I will review empirical evidence for theorized pathways between stigma and health, focusing first on racial stressors and then on stressors related to sexual orientation. Finally, a section will be included to identify important gaps in research on stigma-related stress.

Stress, Stigma, and Mental Health

Since the 1980s, there has been a growing interest in the relations between stigma and health (Pascoe & Smart Richman, 2009). Shortly thereafter, and increasingly through the 1990s, stigma researchers began to conceptualize negative identity-related events (e.g., discrimination) as triggers for stress processes (Meyer, Schwartz, & Frost, 2008). By connecting two historically separate bodies of research—stress theory (Lazarus & Folkman, 1984) and stigma scholarship (Goffman, 1963)—this new direction in social scientific scholarship led to a growing body of research linking subjective identity-related experiences and health. Although some of this research has highlighted the ability of negative identity-related experiences (e.g., homophobia, racism) to build unique strengths

and areas of resilience (Bowleg et al., 2003; Crocker & Major, 2003), most research on stigma and well-being focuses on the ways in which interpersonal discrimination, prejudiced attitudes, and stressful microaggressions relate to poorer health outcomes. Emerging research has begun to include the examination of brain structures and neural activity to better understand physiological links between racial discrimination, chronic stress, and mental health (Mays et al., 2007).

The literature investigating ways identity-related experiences influence well-being among Black LGB people is underdeveloped. Further, there are no models specifically constructed to examine stigma-related stress experiences and well-being among LGB people of color more generally. That said, a number of conceptual models of stigma-related stress have arisen to explain and investigate how negative identity-related events relate to stress and health risk among various marginalized populations (Harrell, 2000; Hatzenbuehler, 2009; Krieger, 2014; Meyer, 2003). Reviewing stigma-related stress models focusing on race or sexual orientation—as well as identity non-specific frameworks that illuminate how situational identity-related processes may unfold—may provide context for understanding how stigma-related stress may function in the daily lives of Black sexual minorities.

Reviewing all such theories linking stigma and health is beyond the scope of this literature review. However, though they draw from disparate populations, were derived from separate literatures, and at times, include unique mediating and moderating variables, many contemporary stigma-related stress models share similarities in structure and conceptual underpinnings. The overlap between stigma-related stress theories is, in large part, due to their shared reliance upon the broader literature on stress, appraisal, and

coping (Avison & Gotlib, 1994; Cohen, Janicki-Deverts, & Miller, 2007; Quick, Murphy, & Hurrell Jr., 1992). Most influential among this work may be the stress and coping framework offered by Lazarus and Folkman (1984), which has served as an important theoretical touchstone for contemporary understandings of stigma-related stress (Meyer, 2003). Three common components of stigma-related stress theory are reviewed below, chosen due to their centrality to the study at hand: (a) the role of subjective appraisal in evaluating potentially stressful situations, (b) the role of both major and minor events in triggering stress reactions, and (c) links between external events and internal processes. In each case, I will describe the topic and its roots in stress theory. Then, I will discuss how the each tenet has influenced scholarship on stigma-related stress.

Subjective appraisal of life events. The idea that stress is subjectively constituted by the individual has prevailed in the psychological study of stress (Cohen, Kessler, & Gordon, 1995). Lazarus and Folkman (1984), for example, emphasized that when faced with a potentially stressful stimulus, individuals first appraise it (e.g., Is it relevant to my life? Is it dangerous?) and then determine whether they have the resources to deal with the physical and psychological threats it poses. Thus, two individuals may encounter an identical event but may experience vastly different levels of stress due to different appraisals of the situation and different coping strategies. The takeaway here is that many events are not inherently stressful, but individual differences in one's cognitive understanding of and reactivity to the event can shape, buffer, or deepen one's experience of stress (Bolger & Zuckerman, 1995; Lazarus, 1999). Scholarship suggests that these appraisal processes can occur consciously and unconsciously, cognitively and affectively, and can drive judgment and behavior (Major & O'Brien, 2005).

Influenced by stress theory, contemporary stigma researchers argue that internal stress reactions to a single situation may vary substantially between individuals due to differences in perceptions (e.g., intentional, accidental) and cognitive evaluations (e.g., threatening, benign) that are ascribed to the event (Meyer, 2003). The appraisal process may even influence whether one views an event as positive or negative. For example, one sexual minority person may view an LGB character on a television show as accurate, empowering, and helpful to the advancement of LGB inclusion, whereas another LGB person may view the same character as demeaning, dehumanizing, and a reinforcement of anti-LGB stereotypes. This emphasis on perception, evaluation, and coping in the psychological study of stress has shaped many theories of stigma-related stress and health (Carter, 2007; Frost, 2011; Harrell, 2000; Slavin, Rainer, McCreary, & Gowda, 1991). The biopsychosocial effects of perceived racism model (Clark et al., 1999) and the model of stigma-induced identity threat (Major & O'Brien, 2005) describe how, in a given situation, perceiving an environmental stimuli as stigmatizing (e.g., racist) may trigger heightened stress responses (e.g., psychological processes, physiological reactions). The authors of these models and others (e.g., Harrell, 2000) emphasize that it is one's subjective sense that an event is racist that predicts how the race-related stress process will unfold. For example, Major and O'Brien, describe the sense of identity threat that occurs when "the perceived demands of a self-relevant situation are appraised as exceeding one's perceived resources to meet those demands" (Major & O'Brien, 2005, p. 402)(Major & O'Brien, 2005, p. 402).

The concept of appraisal has influenced methodological approaches to studying stigma-related stress among minority populations. For example, it has been recommended

that researchers allow participants to define the intensity of stigma-related events (Carter, 2007; Williams & Mohammed, 2009). Further, recognizing the importance of appraisal in predicting well-being, many studies authorize racial and sexual minority participants to determine a number of factors related to their lived-experiences, such as whether it was identity-related, how stressful the event was, or why the event was impactful (Fischer & Shaw, 1999; Hoggard et al., 2012; Mohr & Sarno, 2016; Swim et al., 2009; Utsey, Bolden, Lanier, & Williams, 2007).

Minor and major life stressors. Stress theory suggests that stressful events can come in the form of major life events and minor hassles, and that these may have different relations to mental and physical health. Stress scholarship suggests that chronic daily hassles not only predict mental and physical health problems, but may be a better predictor of psychological well-being than acute life events (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981). One theory that has gained some empirical support is the notion that daily hassles may mediate the relation between critical life events and psychological well-being (e.g., depressive symptoms; Stefanek, Strohmeier, Fandrem, & Spiel, 2012). Finally, the general stress literature suggests that daily hassles can accumulate and undermine health (S. Taylor, 1999).

Like general stressors, stigma-related events vary substantially with regard to the intensity or seriousness of the identity-related situation or stimuli. For example, some experiences related to race or sexual orientation, may be characterized as minor daily hassles (e.g., a Black person being stared at with suspicion; a sexual minority person overhearing a joke about LGB people; Swim et al., 2003, 2009). Other experiences tend

to be categorized as major life events—these are usually unambiguous, high stakes experiences that are appraised as negative with relative consistency (e.g., experiencing an anti-LGB or anti-Black hate crime; Bostwick et al., 2014; Carter, 2007). As research has begun to uncover the deleterious effects of subtle discrimination—and as overt acts of prejudice have become less common (Bobo, 2001; Goff, Steele, & Davies, 2008; Schuman et al., 1985)—researchers have increasingly included chronic identity-based hassles in models of stigma-related health (Carter, 2007; Major et al., 2002; Pascoe & Smart Richman, 2009; Williams et al., 2003). Current studies on perceived discrimination and health tend to assess stigma-related experiences in a manner that includes both everyday hassles and life events (Williams & Mohammed, 2009).

Many scholars interested in understanding links between stigma-related stress and health have included these two broad classes of stressors within conceptual models. For example, the multicultural model of stress (Slavin et al., 1991) worked to highlight and account for experiences of mundane extreme environmental stress (Peters & Massey, 1983), which notes that the lives of Black Americans are peppered with “constant threat and actual periodic occurrences of intimidation, discrimination, or denial because of race” (p. 196). Thus, in their model of stigma-related stress, they name two types of stressful events: major events and minor events. Multiple theories of stigma-related stress also note how these categories of negative identity-related events may work together (Clark et al., 1999; Slavin et al., 1991). For example, Clark and colleagues (1999) argue that experiencing chronic mundane stigmatization (e.g., microaggressions in the workplace) may deplete one’s resources in such a way that the individual may struggle to deal with

more substantial stigma-related stressors in the future (e.g., experiencing an assault motivated by prejudice).

External events and internal processes. Theoretical and quantitative stress scholarship illuminated a number of potential pathways through which stressors may relate to physical health and psychological well-being (Bovier, Chamot, & Perneger, 2004; Cohen et al., 1995; Johnson & Sarason, 1978; Selye, 2013). For example, Lazarus and Folkman (1984) distinguished distal and proximal stressors, framing social structures as “distal concepts whose effects on an individual depend on how they are manifested in the immediate context of thought, feeling, and action—the proximal social experiences of a person’s life” (p. 321). The idea, therefore, builds upon that of appraisal—once an experience is perceived as exceeding a person’s resources, they experience stress internally. Thus, in addition to being stressful in and of themselves, external events impact health in an indirect manner—filtered through one’s internal cognitions, affective states, and behaviors, which compound the stress of negative experiences (Lazarus & Folkman, 1984).

Mirroring the larger body of scholarship on stress, many stigma-related stress models share the view that individuals from marginalized populations face negative events or stimuli in their environments, which trigger negative internal psychological and physiological stress responses. These internal experiences come in two forms: minority stressors and general psychological health processes. Minority stress theory (Meyer, 2003) proposes a process by which external events influence health among LGB people. The basic idea is that sexual minority individuals face negative stigma-related events in one’s environment (i.e., distal stressors) such as anti-LGB violence, rejection, and

discrimination. These experiences may trigger *proximal stressors*, which can be understood to be “stressors unique to minority group members” such as chronic expectations of discrimination based on minority status, concealment of one’s stigmatized identity, and the internalization of negative societal attitudes about one’s group (Meyer, 2003, p. 8). Research from this perspective argues that there are unique processes by which marginalized populations experience stress—and as will be reviewed in the next section, highlights how this may account for differences between and within populations.

In his seminal work on minority stress, Meyer (2003) suggests that proximal stressors may mediate the relations between distal stressors and mental health—but this discussion is brief, lacking in examples, and not well-integrated into his conceptual model. Although some research supports the notion that proximal stressors may mediate the links between distal stress and psychological health risk (Feinstein et al., 2012; Szymanski & Ikizler, 2012; Velez et al., 2013), this area of inquiry is underdeveloped compared to the broad array of studies examining direct paths between minority stress processes (e.g., distal stressors, proximal stressors) and mental health. To borrow an epidemiological term, it remains somewhat unclear how stressful experiences of discrimination, get *embodied* as psychological health risk (Krieger, 2001).

To address this limitation, the psychological mediation framework builds upon the minority stress model by proposing mediating links between distal stressors and psychopathology (Hatzenbuehler, 2009). The framework posits that relations between distal stressors and health among marginalized populations is mediated by elevated levels of general psychological health processes, such as problems with coping and emotion

regulation (e.g., rumination), interpersonal difficulties (e.g., social isolation), and cognitive stressors (e.g., negative self-schemas). The role of general psychological processes has been examined among Black Americans as well, through the biopsychosocial effects of perceived racism model (Clark et al., 1999). This framework argues that, unless adaptively coped with, perceived racism will increase health risk among Black Americans through a number of psychological (e.g., helplessness, lower self-esteem) and biological/physiological pathways (e.g., compromised immune function, increased cortisol production, elevated cardiovascular activity). The implicit argument in these theories is that all people experience internal stress reactions, but marginalized groups face stigma-related distal experiences that compound this health risk.

Empirical Evidence of Stigma-Related Stress and Health

Research on stigma-related stress has used various methodological approaches. First, between-person studies can use stigma-related stress models to examine and explain health disparities between marginalized and dominant social groups (e.g., investigating whether stigma explains differences in mental health between Black and White individuals). Between-person studies have also been used to understand health differences among members of a marginalized group (e.g., examining whether stigma explains differences in psychological distress among Black people). Finally, research may examine the role of stigma-related stress at the within-person level to investigate everyday variation in events and stress processes (e.g., assessing whether daily experiences of stigma predict reports of psychological distress from day to day).

This section will review between- and within-person studies of associations between stigma-related stress and mental health. The first section will focus on the links

between race-related stress and health, with an examination of potential mediators. It will be followed by a section focused on the relation between anti-LGB stigma and psychological distress.

Race-related stressors and health. Paradies (2006) conducted systemic review of 138 quantitative population-based studies of self-reported racism and health. In this study, health was defined broadly to include positive and negative mental health outcomes, positive and negative physical health outcomes, health-related behaviors (e.g., substance use, smoking), and other factors. Negative mental health was the most commonly studied outcome (72% of all studies in the review)—and was most strongly and most consistently associated with self-reported racism, compared to other facets of health. Studies that examined the percentage of variance that self-reported racism explained in health ranged from 4 to 42% (median and mode were 18%). Among investigations utilizing Black Americans as their study population, 218 (52%) of the 419 associations between racism and health examined were significant.

Williams and Mohammed (2009) conducted a review of studies examining the relations between discrimination and health. Building upon earlier reviews (Williams et al., 2003; Williams & Williams-Morris, 2000), the researchers compiled and analyzed 155 studies including tests of the association between a measure of perceived discrimination and an indicator of health (e.g., mental health, physical health, healthcare utilization; Williams & Mohammed, 2009). The review included 41 studies (with a total of 55 variables) related to mental health, including but not limited to, anxiety, depression, schizophrenia, daily mood, homesickness, cognitive impairment, self-esteem, PTSD, and suicidal ideation. The authors concluded that, “almost without exception, studies of

discrimination and mental health find that higher levels of discrimination are associated with poorer mental health status” (Williams & Mohammed, 2009, p. 3). However, it is important to note that most studies on stigma and health continue to be cross-sectional in nature, which prohibits researchers from drawing conclusions about causality or direction of influence (Moradi et al., 2009; Pascoe & Smart Richman, 2009).

Some scholarship has examined changes in stigma and psychological health over time. Studies that examine stigma and mental health over time, have supported the notion that perceived discrimination predicts a later increase in psychological health risk. For example, longitudinal studies have demonstrated temporal associations between discrimination and psychosocial outcomes, such that perceived racism precedes increases in depressive symptoms (Brody et al., 2006; M. L. Greene, Way, & Pahl, 2006; Schulz et al., 2006), drug use (Gibbons et al., 2007), violent delinquency (Simons et al., 2006), decreases in self-esteem (M. L. Greene et al., 2006) and cognitive functioning (Salvatore & Shelton, 2007) among Black Americans. These findings hold up among different subgroups of African Americans. For example, looking at two time points of data (five years apart), Schulz and colleagues (2006) found that an increase in everyday perceived discrimination predicted a concurrent increase in self-reported depressive symptoms among Black American women. Providing evidence regarding the temporal nature of stigma and health processes, they also found that perceived discrimination at Time 1 predicted change in depressive symptoms at Time 2 in the expected direction, even after controlling for changes in perceived discrimination. Similarly, Brody and colleagues (2006) found that perceived discrimination was associated with increased conduct

problems and depressive symptoms among Black American youth (ages 10 to 12 at recruitment) over a 5-year period.

Studies of micro-longitudinal data (e.g., daily diary studies) of negative race-related events and health suggest that distal minority stressors (e.g., perceived discrimination) lead to elevations in marginalized people's levels of proximal minority stress and psychological distress at the between-person and within-person levels. Two studies by Hoggard, Byrd, and Sellers (2012, 2015) examined daily racial and nonracial stressful events among Black American college students. The first study (Hoggard et al., 2012) found that racial and nonracial events were appraised similarly with regard to how taxing and stressful they are—and participants felt similarly successful in coping with both. However, the study results demonstrate that, after experiencing a race-related stressful event, participants employed “less planful problem solving and more confrontive, ruminative, and avoidance coping strategies” than they do for nonracial stressors (Hoggard et al., 2012, p. 329). The second study examined person-level lagged associations between (a) negative racial events and negative non-racial events on a given day and (b) depressive symptomatology that same day, one day later, and two days later (Hoggard et al., 2015). Contrary to expectations, racial stressors did not have a significantly greater or more prolonged impact on depressive symptom scores as compared to general stressors. Individuals experienced similar increases in depressive symptomatology when either event-type occurred, followed by a gradual decline in depressive symptoms over the next two days.

Further evidence of the direction of influence between racial discrimination and stress can be found in laboratory studies that expose racial minorities to analogues of

racist events and examine reactivity. In one study conducted by Lepore and colleagues (2006), researchers examined Black and White women's reactivity to three conversations about three hypothetical scenarios: a racial stressor (i.e., being accused of shoplifting), a nonracial stressor (i.e., experiencing airport delays) and a control (i.e., giving a campus tour). Compared to White women, the Black women exhibited higher mean diastolic blood pressure reactivity in response to the racial stressor than in response to the nonracial stressor and lower heart rate during recovery following the racial stressor than during recovery following the nonracial stressor. At the within group level, Black women who made racial attributions to the racial stressor had increased systolic blood pressure as compared to Black women who did not make racial attributions (Lepore et al., 2006). Studies have found that race-related stressors also predict stress reactions among Black males, including diastolic blood pressure scores among adult Black men (Merritt et al., 2006) and predictors of cardiovascular events among Black male adolescents (e.g., large arterial elasticity; Clark, Benkert, & Flack, 2006).

Sexual orientation-related stressors and health. The notion that negative experiences related to sexual orientation may cause stress and undermine health has been demonstrated via numerous empirical studies. Similar to research on racial discrimination and stress, scholars have examined links between stigma and health at the between-person and within-person levels. At the between-person level, some research suggests that stigma endured by LGB people helps explain mental health disparities between marginalized and dominant sexual orientation groups (Meyer, 2003). Mays and Cochran (2001) found that, although sexual minority populations demonstrate higher rates of psychiatric disorders as compared to heterosexuals, this disparity is attenuated when

controlling for differences in perceived discrimination. Another investigation examined childhood gender role nonconformity and childhood harassment to explain elevations in suicidality among LGB populations as compared to their heterosexual counterparts (Plöderl & Fartacek, 2005). As hypothesized, the researchers found both childhood gender role nonconformity and childhood harassment to be higher among LGB people—and controlling for these variables diminished links between sexual minority status and suicidality. Research has also examined links between general psychological processes in understanding health disparities among LGB people. For example, one study found that positive alcohol expectancies and social norms, mediated the positive relationship between sexual minority identity and alcohol consumption (Hatzenbuehler, Corbin, & Fromme, 2008).

Studies have also examined whether higher levels of stigma-related stress—and the resulting increase in minority stressors (e.g., internalized homophobia)—explain variability in mental health outcomes among sexual minorities. Utilizing a minority stress framework, studies have demonstrated links between minority stressors and various mental health problems, such as depression, anxiety, substance abuse, loneliness, PTSD symptoms (Balsam, Beadnell, & Molina, 2013; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Kuyper & Fokkema, 2010; Lehavot & Simoni, 2011; Szymanski, 2009; Szymanski & Sung, 2010). Between-persons investigations also support the notion that distal stressors may be mediated by proximal minority stress processes, such as perceived discrimination and internalized homophobia (Szymanski & Ikizler, 2012; Velez et al., 2013) and general psychological processes, such as rumination, social support, and social isolation (Hatzenbuehler, Hilt, & Nolen-Hoeksema, 2010; Hatzenbuehler, Nolen-

Hoeksema, et al., 2009). A study by Feinstein and colleagues (2012) used path analysis to demonstrate that a proximal minority stressor (i.e., internalized homonegativity) and a general psychological variable (i.e., rejection sensitivity) are both significant mediators of the relation between experiences of discrimination and symptoms of depression and social anxiety among gay men and lesbians. Research also suggest the proximal stress and general psychological stress variables are correlated (Feinstein et al., 2012; Hatzenbuehler, Dovidio, et al., 2009). For example, in a study of LGB individuals, Hatzenbuehler and colleagues (2009) demonstrated a positive relationship between implicit internalized homophobia (proximal stress variable) and psychological distress was fully mediated by rumination (general psychological health variable).

A number of studies of sexual minorities have collected person-level data to examine whether fluctuations in everyday experiences of discrimination contribute to daily changes in psychological well-being. Swim, Johnston, and Pearson (2009) utilized daily diary data to measure the relations of daily hassles (both those perceived to be related and unrelated to heterosexism) and psychological well-being among sexual minority individuals. Results suggested that anti-LGB related hassles increased negative affect (i.e., anger, anxious mood). One study collected data on LGB stigma-related stressors, emotion regulation strategies, and affect over the course of ten days (Hatzenbuehler, Dovidio, et al., 2009). The investigation found that daily elevations in sexual orientation discrimination corresponded to elevations in rumination, emotion suppression, and negative mood. As with research on race-related stressors, these studies of stigma-related stress among LGB individuals suggests that proximal stressors vary from day-to-day in response to distal stressors related to one's sexual minority status.

To further investigate how identity-related stress experiences influence psychological processes, Eldahan and colleagues (2016) examined daily minority stress experiences (sample item: “today, being gay/bisexual stressed me out”), positive mood, negative mood, and anxious mood among gay and bisexual men (p. 831). Results suggested identical links between daily minority stress experiences and affect at the between- and within-person levels: Proximal minority stress, was negatively related to positive mood and positively related to negative and anxious mood. Mohr and Sarno (2016) used daily diary methods, to assess daily identity-related events (i.e., among LGB people, among heterosexuals), proximal stressors (i.e., expectations of rejection, internalized homophobia), and mood (i.e., positive, negative) over 7-10 consecutive days. Notably, this study not only included negative identity-salient experiences, but also positive events related to one’s sexual orientation. Here, results at the within- and between-person levels were divergent. For example, the links between negative identity-related events and mood were not significant at the between-person level, but were at the within-person level. The study also demonstrated that, on days with positive identity-related experiences, respondents reported higher than usual levels of positive affect. Conversely, people experienced higher than usual levels of negative mood on days with negative identity related experiences. Internalized homophobia mediated the relations between positive events with heterosexuals and positive affect and negative affect, respectively. Expectations of rejection mediated these same relations, as well as those between positive events with LGB people and both positive and negative affect (Mohr & Sarno, 2016).

Conclusion and Gaps in Research

As scholarship on stigma has evolved, there has been an increasing focus on the links among stigma, stress, and health. Building upon classic literature on stress, appraisal, and coping (Lazarus & Folkman, 1984), the proliferation of theory and research on stigma-related stress has been far-reaching. This work has provided an alternative to past theories that explained health disparities by pathologizing marginalized communities, helped redefine stigma as a public health concern (Boehmer, 2002; Krieger, 2001; Meyer & Northridge, 2007), and inspired research clarifying the mechanisms through which stigma influences health among marginalized populations. This research is applicable to the lives of Black LGB people, who are situated within two groups that endure social stigma in the U.S. context.

However, an important gap remains for those holding both racial and sexual minority statuses. Although empirical research has offered credibility to the idea that health is inversely related to perceived racism (Lepore et al., 2006; Pascoe & Smart Richman, 2009) and perceived homophobia (Meyer, 2003; Meyer, Dietrich, & Schwartz, 2008), there is little research aimed at investigating the unique relations between identity, stress, and mental health risk among individuals with Black and LGB identities. Despite calls for increased research among individuals holding multiple minority identities (Goff, Thomas, et al., 2008; Moradi, DeBlaere, et al., 2010), research focusing on such populations remains scant. For example, even among investigations examining links between stigma and health that assess multiple forms of stigmatization (e.g., racism and heterosexism) the results for each form of stigmatization are often analyzed separately (Hatzenbuehler, Nolen-Hoeksema, et al., 2009; Pascoe & Smart Richman, 2009). Thus, it

is not often clear if or how results differ among those with multiple marginalized identities, such as LGB Black people.

Thus, beyond extrapolating from studies focusing on Black or LGB people, respectively, little is known about the unique experiences and consequences of racism and homophobia among Black LGB people (Zamboni & Crawford, 2007). As will be reviewed in the next session, even less developed is the body of research that takes an intersectional approach to stigma-related stress by examining how identities and systems of oppression interlock to create unique identity-related experiences for Black LGB populations.

Intersectional Experiences of Stigma-Related Stress and Support

As psychological scholarship on stigma has matured, new areas of focus and inquiry have emerged. One burgeoning area concerns the psychological experience of individuals who hold multiple marginalized identities and experience multiple forms of subordination (Cole, 2009; Grzanka, 2014). Arguably the most popular and influential theory in this area is intersectionality, a framework born out of black feminism and critical race theory that proposes that systems of categorization (e.g., race, gender, sexual orientation) and forms of oppression (e.g., racism, patriarchy, heterosexism), are interlocking, inseparable, and thus, should be considered simultaneously (Collins, 1990; Crenshaw, 1991). Scholars working from this perspective argue that critical information is lost when less holistic analytical approaches are adopted—and suggest that intersectional frameworks offer a more accurate and nuanced means to understand the experiences of multiple minorities (Parent, DeBlaere, & Moradi, 2013; Sarno et al., 2015).

Intersectional theory initially worked to highlight the ways in which Black women were differentially vulnerable in the legal justice system. Kimberlé Crenshaw (1991) coined the term to highlight the ways in which legal protections and analysis based on feminist discourse (which implicitly prioritizes Whiteness) and anti-racist discourse (which implicitly prioritizes maleness) did not inherently address the unique, mutually constitutive experiences, needs, and barriers of Black women. The argument here is that focusing on one category of analysis (e.g., race), overlooks critical intersectional ingroup differences (e.g., based on gender). Though born out of Black feminism (Else-Quest & Hyde, 2016a), intersectional perspectives have experienced increasing appeal in other fields, including psychology, albeit slowly and not always referred to by name (Bowleg, 2008; Cole, 2009).

Intersectionality has also expanded beyond the original focus on women of color to encompass other groups facing multiple forms of oppression, such as LGB people of color (Balsam et al., 2011; Bowleg, 2008; Parent et al., 2013; Sarno et al., 2015). More specifically, intersectional theory has elucidated many unique aspects of the Black LGB experience. For example, scholarship grounded in intersectionality suggests that Black sexual minorities face unique stereotypes (Wilson et al., 2009), manage their identity in specific ways (Bowleg et al., 2008; Grov et al., 2006), and experience identity development milestones that are different in type or sequence as compared to other racial groups (Dubé & Savin-Williams, 1999; Wilson, 2008). Scholars interested in the health and well-being of Black sexual minorities and LGB people of color more generally have called for increased scholarship that takes into account multiple aspects of identity and interlocking systems of oppression, to better understand the relations between stigma and

psychosocial outcomes among such populations (Bowleg, 2013; Szymanski & Meyer, 2008).

What Is (and Isn't) Intersectionality?

With the proliferation of intersectionality as a framework, there has become some question as to what exactly constitutes an intersectional perspective in the psychological domain (Else-Quest & Hyde, 2016b; Reisen, Brooks, Zea, Poppen, & Bianchi, 2013). Although some variance among researchers exists, generally, intersectionality demands that one's theory and methods frame questions and assess variables in a manner that reflects the idea that social categories and systems of oppression are interlocking and mutually constitutive (i.e., not independent and additive). This is typically achieved by relying upon hypotheses and methods that "simultaneously consider the meaning and consequences of multiple categories of identity, difference, and disadvantage" (Cole, 2009, p. 170).

With this in mind, it is important to identify two overlapping, but not equivalent, bodies of literature: (a) scholarship on individuals with multiple minority identities and (b) scholarship relying on intersectional theory and study design. This distinction is worth making because most research on populations with multiple minority identities does not rely on intersectional theory, at least in its strictest form. For example, a number of studies of Black LGB people examine general psychosocial processes (e.g., depression, everyday unfair treatment) without positing that results arise from their unique social position as racial and sexual minorities (e.g., Peterson, Folkman, & Bakeman, 1996). Other studies may examine how a single form of stigma (e.g., racism, homophobia) predicts stress and health among individuals with multiple minority identities (T. T.

Lewis et al., 2006; Sandfort, Melendez, & Diaz, 2007; T. R. Taylor et al., 2007). Both types of research increase knowledge about health among individuals with multiple minority identities. However, what sets the intersectional perspective apart is that this framework does not simply assess the psychosocial outcomes of individuals with multiple minority identities, but also considers whether and how these outcomes are produced by the unique combination of their social identities—and the interlocking nature of the oppressions they therefore face.

Else-Quest & Hyde (2016a, 2016b) suggest three criteria scholars can consider to establish whether research adheres to core tenets of intersectional theory. First, the work must inquire about the “experience and meaning of simultaneously belonging to multiple intertwined social categories” (p. 157). Second, this analysis must “explicitly theorize or analyze how power and inequality are rooted in, fostered by, or perpetuated by membership in multiple social categories ” (p. 158). Finally, the scholars argue that an intersectional approach should attend to the fact that identities and oppression are not simply objective properties of the individual, but that these categories and axes of power are “fostered and perpetuated by social contexts,” and thus, are fluid and dynamic in nature (p. 158).

Thus, an intersectional approach is but one of multiple lenses through which one can interpret the experience of individuals with multiple minority identities (Thoma & Huebner, 2013). This is true even among studies that examine multiple forms of oppression within the same study. For example, intersectional models may be distinguished from additive models, which assume that various aspects of identity-related experience (e.g., racism, heterosexism) can be assessed independently and summed to

identify the cumulative impact of multiple forms of stigma (Bowleg, 2013; Reisen et al., 2013). It may also be juxtaposed against the theory of prominence (also referred to as the primary oppression perspective), which suggests that stigma-related stress may operate in an all or nothing fashion, such that “with regard to various health outcomes, the combination of two or more forms is not significantly worse than the effects of just one of the stressors” (Thoma & Huebner, 2013, p. 405). Intersectional theorists highlight the limitations of prominence and additive models—as well as single identity analyses—arguing that the nuanced components of one’s experience that are due to the specific overlap of identities are lost in these approaches (Bowleg, 2013; Collins, 1990).

Stigma-Related Stress Among Multiple Minority Populations

Although scholarship on stigma-related stress (Arbona & Jimenez, 2013; Meyer, 2007) and intersectionality (Bowleg, 2008; Cole, 2009) are rapidly growing, work at the junction of these two areas remains underdeveloped. Despite calls for increased research among individuals holding multiple minority statuses (Goff, Thomas, et al., 2008; Moradi, DeBlaere, et al., 2010; Szymanski & Meyer, 2008), substantially less attention has been given to the unique stressors faced by those with multiple marginalized identities. Indeed, although research suggests that compromised mental health is predicted by race-related stressful events (Carter, 2007; Clark et al., 1999; Lepore et al., 2006) and sexual orientation-related stressful events (Herek et al., 2007; Meyer, 2003; Meyer, Dietrich, et al., 2008), these parallel bodies of literature have developed without much attention to the concurrent, intersectional experience of racial and sexual orientation oppression faced by LGB people of color (Szymanski & Meyer, 2008).

Some scholarship supports the idea that Black LGB people may have elevated levels and unique experiences of stigma-related stress, and face unique psychological health risks due to their dual minority status (Battle & Crum, 2007; Morales, 1989). What little research exists in this arena can be divided based on whether it adopts an additive, multiplicative (i.e., interactionist), or intersectional perspective within the study design and/or analytic approach (Else-Quest & Hyde, 2016b). The majority of quantitative studies on LGB people of color have tested the effects of multiple minority stressors using the additive and interactive models (Sarno et al., 2015), and such investigations offer valuable information regarding the experiences of stigma and stress among racial/sexual minorities. Also, reviewing such works can help clarify the boundaries of research that adopts an intersectional perspective. Thus, before focusing on research taking an intersectional approach, the below section reviews scholarship in which non-intersectional approaches are used to examine the experience of stigma and stress among Black sexual minorities, and LGB people of color more generally.

Non-Intersectional Approaches to Multiple Minority Stress

Theoretical and qualitative scholarship suggest that holding a greater number of stigmatized identities leads to elevated levels of stigma, and thus, increased psychological stress (Bowleg et al., 2003; B. Greene, 1997b). Some quantitative studies of LGB people of color have aimed to examine the question of whether double minorities face “double jeopardy” with regard to stress and health risk (Hayes et al., 2011, p. 117)—and if so, whether the increased risk is incremental or multiplicative (Szymanski & Meyer, 2008; Thoma & Huebner, 2013).

Most studies investigating whether facing both racial discrimination and sexual orientation discrimination confers greater stress adopt an additive model. One such investigation found that, among racial minority students, holding a sexual minority identity was related to increased psychological distress (Hayes et al., 2011). However, the converse was not true: racial identity was not predictive of distress among sexual minority students. Meyer and colleagues (2008) examined psychological distress levels among a sample that was diverse with regards to race (Black, Latino, White) and sexual orientation (LGB, heterosexual). They hypothesized that “each disadvantaged social status will be related to an increment in exposure to stress related to the unique prejudice and stigma attached to it” (p. 6). Results demonstrated that racial minority status conferred more stress across each of the five outcome variables: everyday discrimination, prejudice-related stressful events, stressful life events, chronic strain, and expectations of stigma. LGB status was associated with three stress outcomes: prejudice-related stressful events, acutely stressful life events—and, specifically among sexual minority women—expectations of stigma. The Black LGB participants demonstrated “appreciably and significantly more stress” across all five stress outcomes, as compared to the reference sample of White heterosexual men, but also to the White LGB sample (p. 11). Results demonstrated no differences between Black and White sexual minorities with regard to homophobic prejudice, but Black LGB participants reported greater exposure to racial prejudice in the forms of life events and everyday racial discrimination. The authors did not report analyses of differences between the heterosexual racial minority and LGB racial minority subgroups. Also, this study is limited because negative experiences

related to race and sexual orientation were not measured directly—instead, minority identity was used as a proxy for stigma.

Zamboni and Crawford (2007) utilized an additive model to examine minority stress processes among Black sexual minority men. In this study, stigma-related experiences were assessed—and the researchers tested the separate associations of racial or homophobic discrimination on psychological health outcomes. They found that although racial discrimination and gay bashing were each positively related to sexual problems, the relation was fully mediated by psychiatric symptoms for racial discrimination but only partially mediated by psychiatric symptoms for sexual orientation discrimination. In this study, the authors found that only racial discrimination added to the prediction of sexual problems in the regression analysis.

In attempt to examine relations beyond the additive model, some studies have aimed to examine the interaction of race and sexual orientation variables in predicting psychological outcomes. In two cross-sectional studies of Black sexual minority women, Szymanski and colleagues aimed to test additive and interactionist approaches to stigma-related stress among Black sexual minority women (Szymanski & Gupta, 2009; Szymanski & Meyer, 2008). The first study found that racist and heterosexist events were positively associated with psychological distress (Szymanski & Meyer, 2008). However, contrary to hypothesis, only racist events uniquely predicted psychological distress and the interaction of racist and heterosexist events did not predict psychological distress. In the second study, researchers examined the additive and interactive influence of internalized racism and internalized heterosexism on psychological distress (Szymanski & Gupta, 2009). Internalized heterosexism, but not internalized racism, predicted

psychological distress. Also, interaction of internalized racism and internalized heterosexism was not a significant predictor of either mental health variable.

Thoma and Huebner (2013) included additive and interactive tests of racial and sexual orientation discrimination on depression, suicidal ideation, and substance abuse among Black LGB adolescents. They found that both stigma-related stressors are uniquely and positively associated with depressive symptoms. However, different trends arose for other mental health variables. For example, although both racial and sexual orientation discrimination were associated with suicidal ideation, it was homophobia, but not racism, that demonstrated unique prediction. When it came to the prediction of substance use, racist discrimination was positively and uniquely associated with marijuana use, but was not associated with smoking, frequency of alcohol use, and binge drinking. Perceived anti-LGB discrimination was not associated with any of the substance use variables. The interaction of racial and sexual orientation discrimination was significant for only one variable: marijuana use. The researchers found that, when perceived racial discrimination was low (i.e., 1 SD below the mean), perceived sexual orientation discrimination predicted marijuana use.

Interactionist approaches occupy a liminal space between additive and intersectional perspectives. In short, interaction analyses do more than summing one's experiences, instead, looking at how multiple facets of identity or experience interplay to create outcomes. However, because the facets of experience are measured separately, rather than assessed simultaneously through intersectional assessment methods, they may not get to the essence of one's intersectional experience. Thus, researchers examining interactive effects among multiple minority groups have stated that measures designed

from an intersectional standpoint “are needed to capture the unique combination of racism and heterosexism to facilitate investigations on the relationship [...] of external and internalized oppressions and psychological distress” among Black LGB individuals (Szymanski & Meyer, 2008, p. 105).

Intersectional Stigma-Related Stress Among LGB People of Color

Thus far, this review has been focused upon scholarship that adopts the perspective that dual minority statuses have an additive or multiplicative impact on stress and psychological health. However, as reviewed previously, intersectional theory suggests that the experience of being Black and LGB is different than the mere sum of its parts. Researchers adopting this perspective advocate for the experiences of individuals with multiple marginalized identities to be measured in a manner that takes various forms of oppression into account simultaneously (e.g., how racial identity informs experiences of sexism and heterosexism), rather than using analytical strategies to examine additive or multiplicative effects of singular forms of identity (e.g., racism + homophobia + sexism). In fact, from an intersectional standpoint, one might argue that individuals with certain combinations of identities face unique distal and/or proximal stressors, thus warranting their own model of stigma-related stress.

Although scholars focusing on stigma-related stress cite the importance of intersectional frameworks and acknowledge that some populations juggle multiple marginalized identities (Krieger, 2014; Meyer, 2003), contemporary models do little to illuminate how interlocking forms of stigmatization interact to influence stress and psychological well-being. Based on intersectional theory, it is likely that the unique experiences of Black LGB people are obscured in traditional, non-intersectional models.

By simultaneously creating conceptual models encompassing multiple aspects of identity (e.g., Black identity, LGB identity) and the interactive impact of dual stigma-related stressors (e.g., racism, homophobia), new unique threats to well-being can be better understood (e.g., racism within the LGB community, homophobia within the Black community). Moreover, research focusing on the everyday experiences of Black LGB people has the potential to increase knowledge regarding if and how stigma-related stress models apply to individuals with multiple marginalized identities.

Also, there is a dearth of empirical research on the relations between intersectional variables and mental health among Black sexual minority individuals (or LGB people of color more generally). The limited research examining intersectional variables among LGB people of color demonstrate a positive relation between negative intersectional experiences and negative health outcomes (Balsam et al., 2011; Han et al., 2015). This finding aligns with research on other populations theorized to face intersectional biases, such as women of color (Crenshaw, 1991; J. A. Lewis et al., 2013). For example, research focused on the cognitive appraisals of Black women facing negative evaluations demonstrated that attributing the evaluation to both racism and sexism was associated with stress reactions (King, 2005). Additionally, research suggests that gendered racial microaggressions are positively associated with psychological distress (J. A. Lewis & Neville, 2015).

In many theories of stigma-related stress, unique minority stressors in one's environment (i.e., distal stressors) have been theorized to trigger harmful internal processes (e.g., group specific stressors, general psychological processes), which erode mental health (Harrell, 2000; Hatzenbuehler, 2009; Meyer, 2003). In the below sections, I

will review three variables that may help explain experiences of stigma-related stress and health among Black LGB populations: intersectional distal stressors, social identity conflict, and rumination. Throughout, I will offer evidence of why these variables may account for variability in minority stress and general stress processes among Black LGB people.

Black LGB distal stressor: Intersectional experiences. In many theories of stigma-related stress (Hatzenbuehler, Nolen-Hoeksema, et al., 2009; Meyer, 2003), distinct marginalized social groups are theorized to face corresponding types of distal events (e.g., Black Americans experience distal stressors based on their racial minority status, LGB people endure distal stressors based on their sexual minority status). To apply such models to Black LGB people, it may be necessary that variables be included that account for the fact that Black sexual minorities must navigate not only the distinct daily life challenges presented by racial and sexual prejudice (Zamboni & Crawford, 2007), but also the unique complexities associated with the intersection of their racial and sexual minority identities (Balsam et al., 2011; Fukuyama & Ferguson, 2000; Moradi, Wiseman, et al., 2010; Sarno et al., 2015). For example, Black sexual minority men may face stereotypes related to their race (e.g., being seen as thugs; Wilson et al., 2009) and related to their sexual identity (e.g., being seen as HIV positive; Battle & Crum, 2007). However, they may also face stereotypes related to the intersection of their identities, such as being assumed to be “on the down low,” a phrase typically applied to Black men who have sex with men, but do not disclose this sexual behavior and identify as heterosexual (Ford et al., 2007; Meyer, 2010).

Distal stressors may be conceptualized as intersectional in at least two ways, differentiated by the manner in which the oppressions interlock to influence one's experience. First, experiences of one type of oppression (e.g., racism) may influence how one experiences another type of oppression (e.g., heterosexism). For example, it has been argued that holding both a racial and sexual minority identity may afford Black LGB people some forms of resilience, as one's past experiences enduring and persevering identity-related challenges may build confidence and coping skills (Bowleg et al., 2003; Meyer, 2010; Moradi, Wiseman, et al., 2010). To offer a second example, one study found that racial minority identity strength was positively related to social identity conflicts only among participants with low sexual minority identity strength (Sarno et al., 2015). These theoretical and empirical works demonstrate how experiences of stigma may be interlocking within the lives of Black sexual minorities.

Most germane to the current project is a second way to conceptualize intersectional distal stressors: as negative events in one's environment in which one's race and sexual orientation are simultaneously implicated. These intersectional distal stressors may be a familiar experience for sexual minority people of color, in part due to experiences of racial prejudice within LGB communities and sexual orientation prejudice within one's racial/ethnic community (Balsam et al., 2011; Morales, 1989; Ramirez-Valles, 2007). Such experiences are inherently intersectional because axes of power related to race and sexual orientation are both involved, interlocking to shape the event. Thus, these specific examples may be referred to as intersectional ingroup discrimination because one identity is under threat by the perpetrator(s) of discrimination, while another salient identity is shared with the perpetrator. Intersectional ingroup discrimination may

occur concurrently with general experiences of racism outside of the LGB community and heterosexism beyond the individuals' racial/ethnic community. Due to its relevance to the proposed dissertation study, scholarship that highlights how race and sexual orientation can be simultaneously active in a single situation will be prioritized within this literature review.

Few measures exist to capture how race and sexual orientation interlock to create unique experiences for Black LGB people. As a result, research concerning the differential psychological impact of intersectional ingroup discrimination versus traditional outgroup discrimination is underdeveloped. Research suggests that intersectional variables predict aspects of psychological health and positive identity-related variables. Balsam and colleagues (2011) conducted a three-part study to develop and validate a psychometrically sound instrument to measure LGBT people of color microaggressions. The final instrument includes three subscales, each demonstrating adequate reliability and validity: racism in LGBT communities, heterosexism in racial minority communities, and racism in dating and close relationships. Perceived stress and depression were each positively associated with the full LGBT people of color microaggressions scale, as well as heterosexism in racial minority communities and racism in dating and close relationships (but not by racism in the LGB community). In a study conducted by Sarno and colleagues (2015), the researchers created a psychometrically sound instrument to assess racism in LGB communities defined as "the extent to which LGB people of color believe they (or members of their cultural group) are treated or viewed poorly within LGB communities because of their culture" (p. 5). The measure was positively related to social identity conflict. Racism in LGB

communities also predicted behavioral engagement and affective pride in one's racial community, but not in one's sexual minority community.

Literature suggests that Black sexual minority individuals may face overt intersectional ingroup discrimination. For example, Black LGB people may have race-related experiences that are unique from Black heterosexual individuals due to challenges feeling included within the larger LGB community due to their racial group membership. Scholarship has identified various ways in which Black sexual minorities may face prejudice and anti-Black hostility within the LGB community, including racism and microaggressions (Balsam et al., 2011; Icard, 1985), western cultural values and Eurocentric standards of beauty (Loiacano, 1989; Mao et al., 2002), invisibility and tokenism (Battle & Crum, 2007; Purdie-Vaughns & Eibach, 2008), and sexual objectification (Teunis, 2007; Wilson et al., 2009). Research suggests that LGB people of color may face stigma within dating relationships, LGB nightclubs, and LGB organizations (Balsam et al., 2013; Battle et al., 2002; Han et al., 2015; Icard, 1985). Thus, Black sexual minority people may feel that LGB identity—and the broader queer sociopolitical movement—is a White, middle-class phenomenon. As a result, they may feel that, by identifying as LGB, they would be disavowing their Black identity, community, and culture of origin (Harper, Jernewall, & Zea, 2004; Meyer, 2010; Sarno et al., 2015).

Black LGB people may face unique stereotypes within the LGB community based on the combination of their racial and sexual identities. For example, many scholars have studied the pervasive sexual stereotypes associated with Black men who have sex with men (Calabrese, Rosenberger, Schick, & Novak, 2015; Wilson et al., 2009). A qualitative

study of sexual minority men who use the internet to identify sexual partners examined the sexual stereotypes that Asian, Black, Latino, and White men who have sex with men (MSM) hold about potential sexual partners of various races, as well as how they feel they are perceived by MSM of other racial groups (Wilson et al., 2009). Results suggest that Asian, Latino, and White MSM stereotype Black sexual minority men to have large penises and prefer to be the insertive rather than receptive partner during anal intercourse. Further, many non-Black MSM racial groups assumed that Black MSM are sexually dominant (e.g., aggressive, thugs) and disproportionately good in bed. Not surprisingly, Black MSM expressed an awareness of these pervasive sexual expectations—and some of them reported experiencing them from other Black MSM during sexual encounters.

In a study of Black, Latino, and Asian/Pacific Islander MSM, researchers examined how experiences of racism within the sexual minority community relate to sexual risk (Han et al., 2015). Participants completed a measure capturing whether they experience racism within the gay community—and whether these experiences are deemed stressful. The vast majority of the sample (84%) reported experiencing racism in the gay community. More specifically, 65% of participants reported experiencing stress due to racism within the gay community, 19% experienced racism within the gay community, but did not find it stressful, and 16% reported not experiencing racism within the gay community at all. The stress attributed to racism within the gay community was positively associated with the likelihood of engaging in unprotected anal intercourse among the sample—and this predictive link did not differ between racial groups.

Black sexual minorities not only report experiencing intersectional ingroup discrimination when engaging the (majority White) LGB community, but also in their

experience within the (majority heterosexual) Black community (Battle et al., 2002; Icard, 1985). Research suggests that same-sex attraction may be viewed as violating Black/African American cultural and religious traditions, particularly those related to gender roles (Bridges, Selvidge, & Matthews, 2003; B. Greene, 2000; Nadal et al., 2015). As a result, select members of the Black heterosexual community view LGB rights and identities as a White or Eurocentric phenomenon (Herek & Capitanio, 1995; Icard, 1985). Black LGB people may also face homophobia in their racial communities in the form of rejection and alienation, religious persecution, and pressure to conform to culturally normative gender expectations (Battle & Crum, 2007; Icard, 1985; Meyer, 2010; Morales, 1989; Wilson, 2008).

Relatedly, intersectional theory suggests that Black sexual minority individuals may be at risk for experiencing invisibility—not only within the general society and its institutions (e.g., media, government), but also within the mainstream Black and LGB communities, respectively (Cho, Crenshaw, & McCall, 2013; Purdie-Vaughns & Eibach, 2008). Identity-related stress research suggests that feelings of invisibility serve as a form of stigma-related stress. One way invisibility becomes stressful is that it may result in a feeling of cultural homelessness. Popularized within research on multiracial populations, individuals who feel culturally homeless are said to “share a sense of not belonging and not being accepted as members by any existing group because of their uniqueness; for them, all groups are out-groups” (Vivero & Jenkins, 1999, p. 12). Applied to racial/sexual minorities, one can imagine how feelings of invisibility and discrimination may leave Black LGB people feeling that neither the larger Black or LGB communities can be considered home.

The distress that comes from being a minority in multiple communities—and thus, overlooked and poorly represented—has been discussed in intersectional literature. Purdie-Vaughns and Eibach (2008) discussed the experience of being a non-prototypical member of multiple social groups:

“According to our model, ethnic minority gay men, ethnic minority women, and white lesbian women are examples of people with intersecting subordinate identities. Such individuals tend to be marginal members within marginalized groups. This status relegates them to a position of acute social invisibility” (Purdie-Vaughns & Eibach, 2008, p. 381).

The authors discuss the various stressful, intersectional disadvantages of belonging to multiple minority groups (e.g., distorted or minimal representation in historical narratives, being misunderstood and mischaracterized by mainstream populations, being neglected by advocacy groups, navigating anti-discrimination laws written based on single-identity frameworks). Interestingly, Purdie-Vaughns and Eibach also discuss the advantages of intersectional invisibility—namely, they suggest that prototypical subordinate-group members may face more direct oppression than those who are non-prototypical, because people with multiple marginalized identities do not fit dominant stereotypes (e.g., heterosexual Black men are the primary target of Black stereotypes, not Black heterosexual women or Black sexual minorities). Also, they argue that prototypical members are offered less leeway to defy systems of oppression.

Black LGB proximal stressor: Identity conflict. As previously discussed, scholarship on links between stigma and health outcomes can be divided into two broad categories (Hatzenbuehler, 2009). Whereas some models focus on general psychological

processes, the minority stress model emphasizes the role of group-specific processes (i.e., internal stress processes related to the individual's minority status) in the well-being of marginalized populations. Though rarely stated explicitly, it is worth noting that proximal stressors are not just minority-specific (e.g., applicable to marginalized populations, but not majority populations), but also may be population- or identity-specific (e.g., different marginalized groups may face unique proximal stressors). For example, identity concealment is often discussed as a proximal stressor among sexual minority individuals, due to the often indiscernible nature of sexual orientation (Jackson & Mohr, 2016). These specific identity management concerns are less commonly conceptualized as stressors among those holding marginalized identities that are not as easily concealable, such as cisgender (i.e., non-transgender) women and Black Americans (Pachankis, 2007; Quinn, 2006).

If proximal stress processes can be population-specific, what unique psychological experiences of proximal stress might be most applicable to Black LGB populations? Many scholars have highlighted the unique identity development processes experienced by Black sexual minority individuals (Dubé & Savin-Williams, 1999; Rosario, Schrimshaw, & Hunter, 2004). One theme within the scholarship on Black LGB identity development concerns identity conflict and integration among this population (I. Crawford, Allison, Zamboni, & Soto, 2002; Icard, 1985; Pitt, 2010). For example, Wilson proposed a dynamic-ecological model of identity formation and conflict among bisexual Black men, in which identity conflict is defined as “the experience a person may have in which they perceive one or more of their identities to have value-orientations, cultural beliefs, and/or levels of stigmatization that are inconsistent with those of another

identity that is salient to their overall self-concept” (Wilson, 2008, p. 796). This model applies intersectional thinking to the ecological perspective of identity formation (Bronfenbrenner, 1979, 1995), which suggests that individual-level identity development is a dynamic, interactive process influenced by the broader contextual forces that influence the individual and shape his or her life (e.g., social networks, community norms, sociopolitical factors). For instance, Wilson proposes that the prioritization of disclosure (e.g., “coming out”) among the mainstream, majority White, sexual minority population, may be at odds with the community norms and coping strategies of many Black LGB people. As an example, if Black sexual minority individuals lose the support of their family members and other Black community connections when coming out as LGB, they sacrifice a vital system that could help them cope with anti-Black racism (Wilson, 2008).

In a separate identity development model for racial/sexual minorities, Morales (1989) proposed a stage model of identity development acknowledging the internal tension created within LGB people of color due to competing loyalties to and the irreconcilable group values of their larger racial and sexual orientation groups. The framework includes five phases. First, in the *denial of conflicts* state, the LGB person of color minimizes the reality of the stigma they face as a racial minority, instead maintaining a belief that they receive equal treatment in society. In this stage, sexual orientation may be undefined—and if a sexual minority identity has been developed, it will be perceived simply as a matter of personal lifestyle or sexual preference rather than a barrier to acceptance. The second phase, *bisexual versus gay/lesbian*, refers to how LGB people of color label their sexuality as their sexual identity formulates. Morales posits that the LGB person of color may have a tendency to label their sexual orientation

as bisexual, rather than gay or lesbian, even if his or her sexual practices are exclusively same-sex in nature.

The third state is *conflicts in allegiances*, in which the LGB person of color begins to feel torn between their established racial identity and emerging sexual minority status. This distress facilitates the compartmentalization of these seemingly incompatible groups and is accompanied by anxiety over prioritizing one community over the other. In the fourth state, *establishing priorities in allegiances*, Morales argues that experiences of stigma and exclusion within the larger LGB community cause a primary identification to the racial/ethnic community to prevail. Affectively, this state is characterized by antagonism towards the sexual minority community for enacting intersectional ingroup discrimination. Finally, the LGB person of color enters a process of *integrating the various communities*, in which reconciling these separate social identity domains becomes a priority. In working to integrate these minority statuses, the LGB person of color becomes aware of the limited community options for them as racial and sexual minorities, facilitating feelings of fear and loneliness (Morales, 1989).

For reasons previously discussed, stage models are no longer the predominant manner used to conceptualize identity processes among marginalized populations. Nonetheless, many of the topics discussed in Morales' (1989) stage theory may hold promise in understanding how stress manifests intersectionally among Black LGB people. For example, his model highlights the salience of identity conflict, the experience of distress resulting from an individual's perception that two aspects of their identity (e.g., race and sexual orientation) are incompatible and must be kept separate. While it has been noted that not all Black LGB people will face identity conflicts (Meyer, 2010;

Wilson et al., 2009), dissonance between racial identity and sexual orientation has been considered a developmental hurdle to be overcome by some Black sexual minorities (I. Crawford et al., 2002; Icard, 1985; Pitt, 2010).

Although research on this topic is minimal, what qualitative and quantitative scholarship suggests is that identity conflict is a stressor among many Black LGB people (I. Crawford et al., 2002; Icard, 1985; Sarno et al., 2015; Vu, Choi, & Do, 2011). In Morales' (1989) theory, intersectional ingroup discrimination is theorized to cause negative affect among LGB people of color. For example, he suggests, "there are feelings of anger and rage stemming from their experiences of rejection by the gay community because of their ethnicity" (Morales, 1989, p. 213). Second, he suggests that such experiences of rejection fuel an internal process of identity conflict, leading to distress. For example, within the theory, it is noted that one's feeling of identity conflict may be accompanied by worry about betraying one community or the other. If one considers identity conflict to be an internal stress process (i.e., proximal stressor) that is preceded by negative experiences of perceived discrimination (i.e., distal stressor) and followed by psychological distress, it may represent an example of intersectional minority stress.

Although discussed regularly in clinical and theoretical literature on LGB people of color (American Psychological Association, 2012; Icard, 1985; Wilson, 2008), the experience of identity conflict has received remarkably little empirical investigation. Quantitative research on identity conflict among LGB people of color has suffered from measurement problems. Crawford and colleagues (2002) conducted an empirical investigation of the relationship between identity integration (the inverse of identity conflict) and psychological functioning among LGB people of color. The researchers

measured the identity integration variable in a manner that did not adequately capture the intersectional nature of Black/LGB identity conflict. The researchers calculated identity integration by doing a median split on participants' scores on the Multi-Group Ethnic Identity Measure (Phinney, 1992) and the Gay Identity Scale (Waldo, Hesson-McInnis, & D'Augelli, 1998), asserting that individuals who score above the median on both identity measures have an integrated identity. However, having a strong sexual orientation identity and racial identity may not necessarily suggest that one has integrated these aspects of the self. For example, in light of Morales' (1989) framework, an alternate interpretation of these scores is that being high in both racial and sexual identity may reflect increased conflict, rather than integration, as an LGB person with strong ties to both their racial and sexual orientation communities may feel strong—and thus, conflicting—allegiances to both groups.

Addressing a number of these limitations, Sarno and colleagues (2015) created a psychometrically sound measure of conflicts in allegiances—and investigated it in relation to experiences of parental heterosexism, racism in LGB communities, outness, and facets of racial and sexual orientation group identity. Most germane to this investigation, the study demonstrated a positive association between identity conflict and experiences of racism within LGB communities and perceived maternal heterosexism, respectively (but not perceived paternal heterosexism). However, due to sample size limitations, the study does not allow for race-specific analyses (e.g., of Black LGB people). Further, this study did not aim to test theories of stigma-related stress and thus, did not assess psychological distress.

Black LGB general psychological process: Rumination. In his work on the psychological mediation framework, Hatzenbuehler discusses the need for a more nuanced understanding of how stigma-related stress “gets under the skin,” noting that stress alone is not sufficiently illuminating of the pathway between stigma and psychopathology (Hatzenbuehler, 2009, p. 708). Thus, instead of focusing on ways that distal stress and proximal stress undermine mental health risk—a hallmark of minority stress theory—the psychological mediation framework proposes that distal stress and psychopathology are mediated by general stress processes. One such stress response is emotion regulation, understood to be the “conscious and nonconscious strategies we use to increase, maintain, or decrease one or more components of an emotional response” (Gross, 2001, p. 215).

Rumination is a common emotional regulation strategy. Characterized by passive, compulsive, and repetitive focus on one’s symptoms of distress—or the life-events or circumstances surrounding the distress—rumination is theorized to play a salient role in the lives of stigmatized individuals (Hatzenbuehler, Dovidio, et al., 2009; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Research has demonstrated that sexual minority individuals may be more prone to rumination after stressful events as compared to their heterosexual counterparts—and that this increased ruminative process mediates the relationship between sexual orientation and symptoms of depression and anxiety (Hatzenbuehler, McLaughlin, et al., 2008). The increased risk for rumination among marginalized populations may be explained by experiencing greater stigma-related stressors earlier in life, as rumination has been shown to be higher in populations known to have faced stress in the past (Hatzenbuehler, Hilt, et al., 2010). For example, one study

of bereaved gay men demonstrated that those who perceived danger due to being gay, had an increased tendency to ruminate and elevations in depressive symptoms, over time (Hatzenbuehler, Hilt, et al., 2010). Rumination may also be elevated among marginalized groups because distal stressors increase vigilance, which engenders a self-focused state (Hatzenbuehler, Hilt, et al., 2010). Hypervigilance is theorized to mediate stress and identity management processes among Black Americans and LGB populations, respectively (Jackson & Mohr, 2016; Mays et al., 2007; Pachankis, 2007).

One study examined the relationship between distal stigma-related stressors and psychological distress over a 10-day period. The researchers also examined the mediating role of rumination among Black Americans and LGB individuals over the course of the study. Among both Black and LGB individuals, respectively, negative identity-related events predicted psychological distress and this relationship was mediated by ruminative processes (Hatzenbuehler, Nolen-Hoeksema, et al., 2009). Mediation may also occur between proximal stress processes and psychological distress. For instance, one study found that rumination fully mediated the relation between self-stigma (in this case, internalized homophobia) and mood over the course of 10 days (Hatzenbuehler, Dovidio, et al., 2009).

Conclusion and Gaps in Research

Intersectionality has proved itself to be a useful theory in the psychological study of identity, stigma, stress, and health. Investigations adopting an intersectional approach have brought to light findings that would be otherwise overlooked by single-identity frameworks (Bowleg, 2013; J. A. Lewis & Neville, 2015; Sarno et al., 2015). However, the integration of intersectionality into psychology is in its infancy—and the limitations

of the current body of psychological research adopting an intersectional perspective are numerous. First, though small, what research exists in this area is disproportionately qualitative in nature (Bowleg, 2013; Bowleg et al., 2003; Hunter, 2010). Despite the methodological challenges involved in infusing intersectionality into quantitative and mixed-methods investigations (DeBlaere et al., 2010; Else-Quest & Hyde, 2016a), such undertakings are needed to further elucidate the rich qualitative findings concerning Black sexual minority experience and well-being.

Additionally, quantitative research adopting an intersectional perspective may treat potentially heterogeneous groups as homogeneous, known as the *lumping error* (Else-Quest & Hyde, 2016b). In many valuable contributions to the scholarship on dual racial/sexual orientation identities, researchers combine various racial minority groups, obscuring the ways in which differences in culture, stigma, and lived-experience may moderate results (Hayes et al., 2011; Sarno et al., 2015). Finally, intersectional theory has focused on the negative impact racism and heterosexism have on the lived-experience of Black sexual minority people. For example, very few intersectional studies examining daily stress among Black LGB populations also examine the factors that may promote resiliency and buffer against health risk among this population (Bowleg et al., 2003) and positive intersectional experiences are rarely discussed.

Appendices

Appendix A: Positive and Negative Affect Scale—Expanded Form ¹

Using the following items, indicate how you have felt during the last 24 hours.

	<i>Very Slightly or Not At All</i>	<i>A Little</i>	<i>Moderately</i>	<i>Quite A Bit</i>	<i>Extremely</i>
Nervous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerful:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry at self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissatisfied with self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bold:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scornful:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightened:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joyful:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disgusted with self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Only the items selected for use in this study are included.

Appendix B: Measures to Assess Positive and Negative Rumination

Today, how often today did you...

	Often	Sometimes	Rarely	Never
...find yourself preoccupied with positive aspects of your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...think back to good things that happened to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...keep thinking about the positive things that happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...replay positive events in your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, how often today did you...

	Often	Sometimes	Rarely	Never
...find yourself preoccupied with negative aspects of your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...think back to bad things that happened to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...keep thinking about the negative things that happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...replay negative events in your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C: Conflicts in Allegiances Scale

These questions focus on the relationship between your Black identity and your identity as lesbian, gay, or bisexual. Please indicate the extent to which these statements describe your experience during the last 24 hours.

During the last 24 hours...

...I felt little or no conflict between my Black identity and my identity as LGB.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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...I could not seem to integrate being LGB with being a member of my racial group.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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...It was easy for me to be both LGB and a member of my racial group.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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...I separated my LGB and Black identities.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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...I felt like I was betraying either Black people or LGB people.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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...I felt as if my sense of Black identity was at odds with my LGB identity.

<i>Strongly Agree</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Strongly Disagree</i>
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Appendix D: Measures to Assess Negative IEs

Take a moment and reflect upon whether you experienced any **NEGATIVE** events or situations over the last 24 hours that were **RELATED** in some way to being both Black and LGB. Consider both minor, everyday experiences as well as more intense, major events.

Can you think of a negative event like this from today?

- ☐ Yes
- ☐ No

In five sentences or less, briefly describe one negative event or situation that you experienced in the last 24 hours that relates to your identity as a Black/LGB person. If you experienced more than one negative event in the last 24 hours that was related to being both Black and LGB, please choose the one that had the biggest impact on you. In this description, please be sure to explain why the experience was negative and state why it is related to being both Black and LGB.

--

Keeping the event you described above in mind, please respond to the following items.

To what extent did this situation have an impact on your day?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent did you continue to think about the situation after it happened?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix E: Measures to Assess Positive IEs

Take a moment and reflect upon whether you experienced any **POSITIVE** events or situations over the last 24 hours that were **RELATED** in some way to being both Black and LGB. Consider both minor, everyday experiences as well as more intense, major events.

Can you think of a positive event like this from today?

☐ Yes

☐ No

In five sentences or less, briefly describe one positive event or situation that you experienced in the last 24 hours that relates to your identity as a Black/LGB person. If you experienced more than one positive event in the last 24 hours that was related to being both Black and LGB, please choose the one that had the biggest impact on you. In this description, please be sure to explain why the experience was positive and state why it is related to being both Black and LGB.

--

Keeping the event you described above in mind, please respond to the following items.

To what extent did this situation have an impact on your day?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent did you continue to think about the situation after it happened?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F: Filler Measure if Negative IEs Not Endorsed

Of the environments that you spent time in during the last 24 hours, which made you feel the LEAST positive?

- ☐ Work place
- ☐ Home
- ☐ Religious institution
- ☐ Neighborhood
- ☐ School
- ☐ Other (please specify)

Keeping the environment you selected above in mind and focusing only on the last 24 hours, please respond to the following items.

In five sentences or less, briefly describe why spending time in this environment made you feel the least positive?

In the environment you selected above, which identity felt more central to the way you saw yourself? For example, which did you feel more aware of?

- ☐ Your Black identity
- ☐ Your LGB identity
- ☐ Both your Black and LGB identities equally
- ☐ Neither your Black nor LGB identity
- ☐ I am not sure

In the environment you selected above, which identity felt more central to the way others saw you? For example, which did you think they were most focused on?

- ☐ Your Black identity
- ☐ Your LGB identity
- ☐ Both your Black and LGB identities equally
- ☐ Neither your Black nor LGB identity
- ☐ I am not sure
- ☐ I did not interact with anyone in the environment

In the environment you selected above, how would you describe the race and sexual orientation of the people you interacted with?

- ☐ Most shared both my race and sexual orientation
- ☐ Most shared my sexual orientation, but not my race
- ☐ Most shared my race, but not my sexual orientation
- ☐ Most did not share my race or my sexual orientation
- ☐ I did not interact with anyone in the environment

Appendix G: Filler Measure if Positive IEs Not Endorsed

Of the environments that you spent time in during the last 24 hours, which made you feel the MOST positive?

- ☐ Work place
- ☐ Home
- ☐ Religious institution
- ☐ Neighborhood
- ☐ School
- ☐ Other (please specify)

Keeping the environment you selected above in mind and focusing only on the last 24 hours, please respond to the following items.

In five sentences or less, briefly describe why spending time in this environment made you feel the most positive?

In the environment you selected above, which identity felt more central to the way you saw yourself? For example, which did you feel more aware of?

- ☐ Your Black identity
- ☐ Your LGB identity
- ☐ Both your Black and LGB identities equally
- ☐ Neither your Black nor LGB identity
- ☐ I am not sure

In the environment you selected above, which identity felt more central to the way others saw you? For example, which did you think they were most focused on?

- ☐ Your Black identity
- ☐ Your LGB identity
- ☐ Both your Black and LGB identities equally
- ☐ Neither your Black nor LGB identity
- ☐ I am not sure
- ☐ I did not interact with anyone in the environment

In the environment you selected above, how would you describe the race and sexual orientation of the people you interacted with?

- ☐ Most shared both my race and sexual orientation
- ☐ Most shared my sexual orientation, but not my race
- ☐ Most shared my race, but not my sexual orientation
- ☐ Most did not share my race or my sexual orientation
- ☐ I did not interact with anyone in the environment

Appendix H: Control Measure to Assess Negative Non-Intersectional Events

Take a moment and reflect upon whether you experienced any **NEGATIVE** events or situations over the last 24 hours that were **UNRELATED** to being both Black and LGB. Consider both minor, everyday situations as well as more intense, major events.

Events can fall into three categories: (1) events that are unrelated to your race or sexual orientation, such as flunking a test or getting into an argument with a close friend or family member, (2) events that are related to your race but not to your sexual orientation, such as hearing a racist remark or seeing something on TV that made you feel negative about being Black, or (3) events that are related to your sexual orientation but not to your race, such as hearing a homophobic remark or seeing something on TV that made you feel negative about being LGB.

Can you think of a negative event like this from today?

- ☐ Yes
- ☐ No

In five sentences or less, briefly describe one negative event or situation that you experienced in the last 24 hours that does NOT specifically relate to your identity as a Black/LGB person. If you experienced more than one negative event in the last 24 hours that was unrelated to being both Black and LGB, please choose the one that had the biggest impact on you. In this description, please be sure to explain why the experience was negative.

--

Keeping the event you described above in mind, please respond to the following items.

To what extent did this situation have an impact on your day?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent did you continue to think about the situation after it happened?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I: Control Measure to Assess Positive Non-Intersectional Events

Take a moment and reflect upon whether you experienced any **POSITIVE** events or situations over the last 24 hours that were **UNRELATED** to being both Black and LGB. Consider both minor, everyday situations as well as more intense, major events.

Events can fall into three categories: (1) events that are unrelated to your race or sexual orientation, such as receiving an A on a test or participating in a hobby you love, (2) events that are related to your race but not to your sexual orientation, such as attending a fun Black community event or seeing something on TV that made you proud to be Black, or (3) events that are related to your sexual orientation but not to your race, such as attending a fun LGB-oriented event or seeing something on TV that made you proud to be LGB.

Can you think of a positive event like this from today?

☐ Yes

☐ No

In five sentences or less, briefly describe one positive event or situation that you experienced in the last 24 hours that does NOT specifically relate to your identity as a Black/LGB person. If you experienced more than one positive event in the last 24 hours that was unrelated to being both Black and LGB, please choose the one that had the biggest impact on you. In this description, please be sure to explain why the experience was positive.

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Keeping the event you described above in mind, please respond to the following items.

To what extent did this situation have an impact on your day?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent did you continue to think about the situation after it happened?

<i>To a little extent</i>		<i>To some extent</i>		<i>To a great extent</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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