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On the protective role of identification with a stigmatized identity: Promoting engagement and discouraging disengagement coping strategies

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Abstract

We examined the mechanisms by which ingroup identification impacts well-being in stigmatized groups. Studies 1–3a were conducted among gay people in Europe and North America. Among gay people, the results suggest identification with homosexuals protected well-being via a decrease in self-group distancing (Studies 1–3a, $N = 1,055$). Other coping strategies were associated with identification but had no relationship with well-being. Identification was positively related to engagement coping strategies (i.e., collective action, group affirmation and ingroup support), and negatively related to disengagement strategies (i.e., ingroup blaming and avoidance of discrimination). Study 3b examined these mechanisms among Black Americans ($N = 203$). Again, identification was positively related to engagement coping, and negatively to disengagement; however, only collective action (positively) predicted well-being. Results are discussed in terms of how the effectiveness of different strategies for coping with stigma will differ depending on features of the intergroup context, such as the level of permeability of intergroup boundaries.

KEYWORDS

coping, discrimination, identification, identity-protection, self-group distancing, well-being

1 | INTRODUCTION

Discrimination is a pervasive experience that harms psychological well-being (Lick, Durso, & Johnson, 2013; Pascoe & Smart Richman, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014). Previous research has shown that one way for members of stigmatized groups to deal with the aversive experience of discrimination is by increasing group identification (Branscombe, Schmitt, & Harvey, 1999; Schmitt & Branscombe, 2002). Indeed, group identification can buffer the negative impact of discrimination on psychological well-being (Kertzner, Meyer, Frost, & Stirratt, 2009; Smith & Silva, 2011). In the present research we examine potential coping mechanisms through which identification with a stigmatized group increases psychological well-being.

According to Social Identity Theory (SIT, Tajfel & Turner, 1979, 1986), members of stigmatized groups confronted with discrimination can try to cope by distancing themselves from the stigmatized group (Derks, Van Laar, Ellemers, & De Groot, 2011; Derks, Van Laar, & Ellemers, 2016), or by reinforcing their group membership (Derks, Scheepers, Van Laar, & Ellemers, 2011; Tajfel & Turner, 1979; see also Van Laar et al., 2019, for a synthesis). These two opposite responses echo the classical distinction made by work on stress and coping between disengagement and engagement strategies, respectively (e.g., Miller & Kaiser, 2001). Whereas engagement coping strategies are aimed at gaining control over the stressful event and are known to be protective of psychological well-being (Outten, Schmitt, Garcia, & Branscombe, 2009), disengagement strategies refer to attempts to avoid or minimize

the stressful events and are typically negatively related to psychological well-being (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Miller & Kaiser, 2001; but see Napier, Suppes, & Bettinsoli, 2020, in this issue, for when disengagement involves denial of discrimination).

In order to better grasp the mechanisms through which increased identification protects group members' well-being, we identified a series of (dis)engagement coping strategies aimed at dealing with the threat stemming from membership in a stigmatized group. In four studies we examined the extent to which identification with a stigmatized group is linked to different coping strategies, and the extent to which these strategies are related to well-being. Generally, we predicted that group identification would be positively related to the use of engagement coping strategies and negatively to disengagement strategies. In addition, engagement and disengagement coping should be positively and negatively related to well-being, respectively (Outten & Schmitt, 2015; Outten et al., 2009; Utsey, Ponterotto, Reynolds, & Cancelli, 2000).

1.1 | Perceived discrimination, group identification and well-being

Various theoretical models highlight that perceived discrimination constitutes a major stressor that has a negative impact on the physical and psychological health of stigmatized individuals (Bourguignon, van Cleempoel, Collange, & Herman, 2013; Hatzenbuehler, 2014; Herek, Gillis, & Cogan, 2009; Major, Dovidio, & Link, 2018; Meyer, 2003). Empirical research supports this idea (for meta-analyses see Paradies, 2006; Pascoe & Smart Richman, 2009; Schmitt et al., 2014). For example, Schmitt et al. (2014) found that perceived discrimination was associated with decreased personal self-esteem, life satisfaction, depression and anxiety, and these relationships were found for a variety of types of stigma, including sexual orientation and race.

Discrimination is often perceived as unjustified, representing a form of social exclusion of the individual due to their group membership (Dovidio & Gaertner, 1996). As such, the experience of discrimination brings with it both an *individual* threat because of the exclusion experience involving the self and a *collective* threat due to the fact it makes salient the devaluation of one's ingroup within society (Branscombe, Ellemers, Spears, & Doosje, 1999; Schmitt & Branscombe, 2002b). The Rejection-Identification Model (RIM, Branscombe, Schmitt, et al., 1999; Schmitt & Branscombe, 2002a) proposes that perceived discrimination triggers awareness of belonging to a stigmatized group, which results in an increase in ingroup identification (Branscombe, Schmitt, et al., 1999; Jetten, Branscombe, Schmitt, & Spears, 2001). Findings from various studies, both correlational (Branscombe, Schmitt, et al., 1999; Giamo, Schmitt, & Outten, 2012; Ramos, Cassidy, Reicher, & Haslam, 2012) and experimental (Badea, Cassidy, Boza, & Ramos, 2011; Jetten et al., 2001; Leach, Rodriguez-Mosquera, Vliek, & Hirt, 2010). support the notion that perceived discrimination can increase identification with the stigmatized group.

This increase in identification resulting from perceived discrimination can have positive consequences for the individual's psychological well-being (Kertzner et al., 2009; Smith & Silva, 2011). In the face of social exclusion, identification with one's equally stigmatized peers satisfies a need for inclusion (Maner, DeWall, Baumeister, & Schaller, 2007; Timeo, Riva, & Paladino, 2019; Wesselmann, Wirth, & Bernstein, 2017) by providing a psychological link with other similar people. The positive relationship between identification and psychological well-being has been found among sexual minorities (e.g., Doyle & Molix, 2014; Kertzner et al., 2009), racial/ethnic groups (e.g., Branscombe, Schmitt, et al., 1999; Giamo et al., 2012) and women (Bourguignon, Seron, Yzerbyt, & Herman, 2006; Redersdorff, Martinot, & Branscombe, 2004).

However, despite its being a relatively robust finding, the reasons for this positive relationship between identification and psychological well-being are still relatively under-studied (for exceptions see Outten & Schmitt, 2015; Outten et al., 2009). We address this issue by examining the extent to which ingroup identification might foster or inhibit different strategies for coping with discrimination.

1.2 | Identification and coping strategies in response to discrimination

Broadly speaking, members of stigmatized groups have two types of strategies for coping with discrimination. They can turn to their ingroup and rely on the collective resources that group membership offers (Drury, Cocking, Beale, Hanson, & Rapley, 2005; Molero, Fuster, Jetten, & Moriano, 2011; Wright, Taylor, & Moghaddam, 1990) or they might try to evade discrimination either by escaping potentially discriminatory situations or by dissociating themselves from their stigmatized group (Derks, Van Laar, & Ellemers, 2007). As discussed earlier, these two types of strategies reflect the established distinctions in coping research between strategies implying engagement *with* versus disengagement *from* stressors (e.g., Miller & Kaiser, 2001). While engagement refers to responses that are oriented toward the sources of stress and/or managing one's emotions or thoughts about the stressor (problem solving or seeking social support), disengagement coping refers to responses that are oriented away from the stressor or from one's emotions or thoughts (withdrawal or denial) (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000).

According to SIT, high levels of identification lead individuals to think and act in ways that promote their group's interests (Branscombe, Fernández, Gómez, & Cronin, 2012). This increased sense of shared identity resulting from perceived common experiences of discrimination, should therefore be associated with increased preference for coping with discrimination centered on the group and its members (Branscombe & Ellemers, 1998). Three types of engagement coping strategies that are likely to be fostered by embracing one's stigmatized identity include affirmation of group membership, collective action and seeking ingroup support. Affirmation of group membership involves affirming one's stigmatized identity through one's

actions and/or words by, for example, proudly displaying aspects of the stigmatized identity or positively talking about it to others (Tobin, Holroyd, Reynolds, & Wigal, 1989). This strategy is more likely to be used by highly identified group members (Derks, Van Laar, Ellemers, & De Groot, 2011; Sherman, Kinias, Major, Kim, & Prenovost, 2007). Collective action refers to attempts to work collectively to improve the status of the ingroup in society. Studies with racial minorities have found that people who more strongly identify with their ingroup are more likely to endorse collective action as viable means of coping with racial discrimination (Outten & Schmitt, 2015; Outten et al., 2009, see also van Zomeren, Postmes, & Spears, 2008). Finally, seeking out support from ingroup members is another important way of coping as similar others share perspectives and emotional experiences related to discrimination (Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). Past studies have found that the more members of stigmatized groups identify with their ingroup the more likely they are to believe that they can receive support from ingroup members (e.g., Gaudet & Clément, 2005; Outten et al., 2009).

Conversely, identification should discourage the use of disengagement strategies. Three common types of disengagement coping include self-group distancing, avoidance of discrimination and ingroup blame. Self-group distancing occurs when members of stigmatized groups try to improve their personal position by trying to leave their ingroup (psychologically or physically) in order to be accepted by the dominant group (Derks et al., 2016). Prior research has shown that low-identified stigmatized group members are more likely than highly identified ones to deal with threats to their group status by increasing self-group distancing (Derks et al., 2016; Ellemers, Spears, & Doosje, 1997). Besides distancing themselves from the stigmatized identity, group members can also disengage by proactively avoiding situations in which they believe discrimination is likely to occur (Butler & Gaynor, 2008; Pettigrew, 1964; Swim, Cohen, & Hyers, 1998; Tobin et al., 1989). For instance, some gay men and lesbians report that quitting their job is a viable way to respond to potentially having to experience bigotry in the workplace (Chung, Williams, & Dispenza, 2009). Because, compared to highly identified group members, low identifiers are more prone to avoid threats to their group membership (Cohen & Garcia, 2005), group identification should be negatively related to avoidance coping. Finally, members of stigmatized groups might blame their ingroup for its devalued position in society, and this way, protect the self (Major, Kaiser, O'Brien, & McCoy, 2007). Furthermore, ingroup blaming is likely to be deterred by group identification. Supporting this idea, past research has found that compared to low-identifiers, high-identifiers require more evidence to believe that their group is blameworthy (Miron, Branscombe, & Biernat, 2010).

1.3 | Coping and well-being

Engagement coping strategies should be positively associated with well-being. First, concerning affirmation of group identity, according to self-affirmation theory (Steele, 1988), the integrity of the individual can be maintained via actively affirming central aspects of their self-concept. Past research suggests that when people experience a threat to their collective self, affirming group identity has a protective function by reducing defensive responses and bolstering psychological resources to protect well-being (Derks, Van Laar, & Ellemers, 2006; Derks, Van Laar, et al., 2011; Sherman et al., 2007; Spencer-Rodgers, Major, Forster, & Peng, 2016; Van Laar et al., 2019). Second, merely thinking about members of one's social group working together to reduce inequality has been linked to positive feelings and empowerment (Drury et al., 2005). Indeed, research with racial minorities and HIV-positive individuals has found that greater endorsement of collective action in response to discrimination is associated with greater physical and psychological well-being (Molero et al., 2011; Outten & Schmitt, 2015; Outten et al., 2009). Finally, regarding ingroup support, believing that one can receive social support from similar others has been found to be associated with greater self-esteem and reduced psychological distress (Gaudet & Clément, 2005; Sattler, Wagner, & Christiansen, 2016).

Although disengagement coping strategies might allow individuals to avoid the negative outcomes associated with having a stigmatized identity (for example, Napier et al., 2020), they are typically accompanied by a series of negative effects (e.g., Van Laar, Bleeker, Ellemers, & Meijer, 2014). First, at the group level, by dissociating themselves from their ingroup, stigmatized individuals arguably participate in the validation of the negative image of the group. Self-group distancing is also linked to less willingness to strive for equality, therefore contributing to the maintenance of the (low) status quo (Derks, Van Laar, Ellemers, & Raghoe, 2015). At the intra-group level, individuals who distance themselves from their ingroup tend to be judged negatively—often being perceived as disloyal—and as a consequence, lose social support that is fundamental for coping with a stigmatized identity (Gaines, 2001; Haslam, Jetten, O'Brien, & Jacobs, 2004; Van Laar et al., 2014). The derogatory terms of Bounty and Oréo addressed to Black Americans who adopt "White" behaviors by ingroup members illustrate this phenomenon well (Derks et al., 2015; Fordham & Ogbu, 1986). Thus, the strategy of self-group distancing appears to be detrimental for ingroup members in much the same way as disengagement coping is generally negatively related to psychological well-being (Compas et al., 2001; Miller & Kaiser, 2001; Outten & Schmitt, 2015). Avoidance of discrimination is also associated with increased psychological distress, as having to avoid potential mistreatment can trigger experiences of social exclusion (Butler & Gaynor, 2008). Finally, blaming one's ingroup for their devaluation by broader society implies that an individual perceives their group as a liability. This is inherently disempowering for the self and may lead to negative feelings like resentment and sadness (David & Okazaki, 2006).

1.4 | Overview of the present research

The focal goal of the present research is to examine the impact of ingroup identification coping strategies dealing with discrimination,

and how different coping strategies are related to the psychological well-being (personal self-esteem and life satisfaction) of stigmatized group members. We examined these relationships across four studies with two types of stigmatized groups: gay and Black people.

First, in line with the RIM we expected discrimination to be negatively associated with well-being and this negative relation to be suppressed by increased identification with the stigmatized group. Second, in line with SIT (Tajfel & Turner, 1979, 1986), ingroup identification will be associated with positive well-being. Third, because individuals who identify with their stigmatized group are more likely to think and act in ways that promote their group's interests (Haslam & Reicher, 2006; Tajfel & Turner, 1979), we expect that identification would be positively related to engagement coping strategies and negatively related to disengagement coping strategies. Fourth, engagement and disengagement coping should be positively and negatively associated with well-being, respectively. Finally, the differential use of (dis)engagement coping should explain the protective function that identification has on well-being. In a more exploratory tone we were also interested in which strategies were most strongly related to well-being and how these links might vary across groups.

The first three studies (Studies 1–3a) were conducted with samples of gay people (gay men and lesbians). The fourth study was conducted with a sample of Black people.[1] We sampled gay people because this group membership allowed us to examine a wide range of strategies. Indeed, this represents a concealable group membership, and as such the psychological availability of disengagement strategies involving avoidance of the group membership might make these individuals especially vulnerable to these (potentially) detrimental coping strategies. On the other hand, when a stigmatized identity is highly visible—as it typically is for racial minorities—it should be psychologically harder for individuals to distance themselves from the group, as there is less possibility to hide group membership. Thus, examining these coping processes also among Blacks in North America (Study 3b) allowed us to assess the generalizability of these processes. Given that Black identity is typically non-concealable, we expected that disengagement strategies, such as self-group distancing, would be less psychologically viable for members of this stigmatized group, relative to coping strategies that involve engaging with one's group identity, which are typically more beneficial for well-being.

Across the four studies we examined the effect of identification on a series of strategies. The first two studies focused on self-group distancing, affirmation of ingroup identity and collective action. The last two examined self-group distancing and collective action, and extended our model to ingroup support, ingroup blaming and avoidance of experiences of discrimination. We operationalized well-being through self-esteem and life satisfaction.

2 | STUDY 1

Study 1 focused on engagement coping in the shape of affirmation of ingroup identity and on disengagement through self-group distancing.[2] We predicted that identification should be positively associated with affirmation of ingroup identity and negatively associated with self-group distancing. Group affirmation should, in turn, positively predict personal self-esteem, and self-group distancing negatively predict personal self-esteem (Derks et al., 2016; Derks, Van Laar, et al., 2011). Additionally, in line with previous research we also expected perceived discrimination to be negatively related to personal self-esteem and positively related to group identification, and identification to be positively associated with self-esteem (Branscombe, Schmitt, et al., 1999; Schmitt & Branscombe, 2002). We predicted a serial mediation in which perceived discrimination increases identification, which in turn increases affirmation of identity and decreases self-group distancing. Finally the two coping strategies should impact personal self-esteem, positively and negatively, respectively.

2.1 | Method

2.1.1 | Participants and procedure

Data was collected online using LimeService. Participants were recruited from Facebook groups and gay associations (e.g., Couleur Gay) across France and Luxembourg (e.g., La Cigale) and were invited to, freely and without remuneration in exchange, participate in a study entitled "Survey on belonging and well-being" (Koc, 2016). One-hundred and ninety-four gay people (61 lesbians and 133 gay men; M_{age} = 30.24; SD = 8.70) completed a survey containing measures of group identification, the two coping strategies, personal self-esteem and life satisfaction (other measures included in the survey are summarized in the Appendix S1). Participants were asked to provide their age, gender, ethnicity and sexual orientation.

Since it is hard to estimate sample size for structural equation models using latent variables and given the difficulties of sampling these disadvantaged groups, we adopted a pragmatic approach to determining appropriate sample sizes. We tried to reach at least a minimum of 190 participants in each sample. In a standard regression, using four variables (in our studies at least three predictors or more) to give 95% power to detect a small to medium effect size (f^2 of .10) with a critical p-value of .05, we needed at least 191 participants. All samples met this criterion. In terms of the structural model, according to Boomsma (1982), a sample size of 100 or more is usually acceptable for modelling latent variables with three or more

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[1]We use the term "Black" rather than African American throughout the article because our sample consisted of Black people from across Canada and the U.S. In Canada, the preferred label for racial designation among Black people is Black Canadian (see Boatswain & Lalonde, 2000). In the U.S. both African American and Black are accepted labels (American Psychological Association, 2010).

[2]Self-group distancing might be measured by different indicators such as seeking to distance oneself physically and psychologically from one's stigmatized group, describing oneself through the typical stereotypical traits associated with the dominant group or by denying the existence of discrimination against one's group (Derks et al., 2015; Van Laar et al., 2019). In this article we will mainly focus on the first strategy, namely physically and psychologically distancing oneself from one's group.

indicators per factor. Our current sample size comfortably met this criterion.

2.1.2 | Measures

Means, standard deviations, reliabilities and correlations between measures are presented in Table 1. Unless stated otherwise all variables were answered using scales from 1 (strongly disagree) to 7 (strongly agree).

Perceived personal discrimination
Perceived discrimination was measured using seven items adapted from Bourguignon, Yzerbyt, Teixeira, and Herman (2015) (e.g., "As a homosexual, I have personally experienced discrimination").

Group identification
Group identification was measured using 11 items adapted from Bourguignon et al. (2006) and Leach et al. (2008) (e.g., "I identify with the group of homosexuals").

Coping strategies
Participants responded to three items concerning a general self-group distancing measure that we created for this study (e.g., "As a homosexual, I want to distance myself from other homosexuals") and to four items for the affirmation of gay membership measure that were created for the study (e.g., "I don't miss an opportunity to talk about my sexual orientation").

Psychological well-being
Psychological well-being was assessed using the 10 items from the Rosenberg Self-Esteem inventory (Rosenberg, 1979) (e.g., "On the whole, I am satisfied with myself").

2.2 | Results

To ensure that our measures for identity-related constructs tapped onto their hypothesized constructs with no overlap, we ran an exploratory factor analysis (EFA) with oblimin rotation using JAMOVI. We found a clear pattern for three factors: identification, self-group distancing, and group affirmation. Items loaded onto their own factors and did not raise concern for cross-loadings (i.e., highest cross-loading was .306 for self-distancing item loading onto identification). One item in the identification scale did not significantly load onto any factors; so we dropped it from the subsequent analysis (see Appendix S1 for the factor loadings).

Next, using MPLUS 8.3 (Muthén, 2018), we ran a confirmatory factor analysis (CFA) using all variables to ascertain whether the indicators loaded onto their respective factor and whether each factor was distinct from the others. We modeled five correlated latent factors for perceived discrimination, identification, self-group distancing, group affirmation, personal self-esteem, and an uncorrelated

method factor that loaded onto every item fixed at 1 to account for acquiescent responding (Welkenhuysen-Gybels, Billiet, & Cambré, 2003). An uncorrelated method factor was used to ensure that positively and negatively worded items do not simply cluster into separate factors due to their wording. This model showed poor fit to the data, according to Kline's (2005) criteria: $\chi^2(550) = 1,168.28$, $p < .001$; comparative fit index (CFI) = 0.82; root mean square error of approximation (RMSEA) = 0.08 (90% CI: [0.07, 0.08]); standardized root mean square residual (SRMR) = 0.09. Moreover, one indicator in the perceived discrimination measure did not significantly load onto the hypothesized factor. We removed this item and reran the analysis. Although all the items significantly loaded onto their hypothesized factors, the model fit still was not sufficient. Next, we inspected the modification indices and allowed some residuals within factors to covary with one another to account for common antecedents.[3] The final model showed acceptable fit: $\chi^2(507) = 842.68$, $p < .001$; CFI = 0.90; RMSEA = 0.06 (90% CI: [0.05, 0.07]); SRMR = 0.08; all indicators loaded significantly ($|\beta s| \geq .431$, $p < .001$). The measurement model provided further evidence that different items represented the constructs, they were separate from one another, and there was no concern for overlap. Items and standardized factor loadings are reported in Table S1 of the Appendix S1.

To test the hypothesized relationships among our variables, we used structural equation modeling with these latent factors using perceived personal discrimination as the predictor, ingroup identification as the first mediator, and self-group distancing and group affirmation as the second set of mediators, and modeled direct and indirect paths from all four variables onto personal self-esteem. Since previous factor correlations were modeled as paths and no other variables were added to the model, the number of degrees of freedom in the model did not change, and the model fit remained the same as above.[4]

As seen in Figure 1, as predicted, perceived discrimination significantly positively predicted identification ($\beta = .26$, $p = .001$) and negatively predicted personal self-esteem ($\beta = -.20$, $p = .031$), but not group affirmation ($\beta = .12$, $p = .114$) and self-group distancing ($\beta = .15$, $p = .071$). Identification, however, significantly predicted both group affirmation ($\beta = .28$, $p = .001$) and self-group distancing ($\beta = -.83$, $p < .001$) but not personal self-esteem ($\beta = -.36$, $p = .144$). Finally, group affirmation did not predict personal self-esteem ($\beta = .02$, $p = .789$), whereas self-group distancing significantly predicted personal self-esteem ($\beta = -.63$, $p = .002$). We then inspected the indirect effects checking 95% bootstrapped confidence intervals with 1,000 resamples. Only two significant indirect effects from perceived discrimination to personal self-esteem were significant. One was a negative indirect effect through

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[3]We allowed ten residual covariances: five within the self-esteem measure, four within the identification measure, and one within the perceived discrimination measure.

[4]Apart from the measurement models, all the models were fully saturated in terms of the relationships among variables, and all the paths were retained in all analyses across four studies.

		M	SD	α	1	2	3	4
1	Discrimination	3.32	1.39	.70	—			
2	Identification	4.16	1.29	.90	.27***	—		
3	Self-distance	3.23	1.34	.66	.04	−.51***	—	
4	Affirmation	3.09	1.42	.78	.18*	.33***	.10	—
5	Self-esteem	5.86	0.92	.85	−.19**	.05	−.23**	−.04

TABLE 1 Means, standard deviations, and correlations for Study 1; N = 194

*p < .05 ; **p < .01; ***p < .001.

self-group distancing (β = −.09, BCa CI [−0.35, −0.002]), and the second one was the predicted positive indirect effect through identification and self-group distancing (β = .12, BCa CI [0.03, 0.39]). In line with previous research, higher perceptions of personal discrimination were related to higher self-group distancing and in turn to lower personal self-esteem. However, personal discrimination was positively related to identification, which then was related to lower self-group distancing and in turn higher personal self-esteem.[5]

2.3 | Discussion

Study 1 partially supported our hypotheses. First, as proposed by the RIM (Branscombe, Schmitt, et al., 1999; Schmitt & Branscombe, 2002), the perception of personal discrimination was both negatively associated with personal self-esteem and positively with identification as a gay person. Moreover, as expected, identification was negatively linked to self-group distancing and positively to affirmation of the stigmatized identity.

Concerning self-group distancing, this strategy increased with perceptions of personal discrimination and was negatively related to personal self-esteem. Furthermore, the negative indirect effect of personal discrimination on personal self-esteem through an increase in self-group distancing was significant. However, the second indirect effect nuances this first conclusion by underlining the protective role played by identification among gay individuals (see also Doyle & Molix, 2014). Indeed, the more participants perceived personal discrimination based on sexual orientation, the more they identified with their stigmatized group. This increase in identification was accompanied by a *decrease* in self-group distancing. This indirect effect suggests that identification as a gay man or lesbian can prevent people from distancing from their ingroup. Given the negative effect of self-group distancing on self-esteem, these results suggest that identification as a gay person can protect personal self-esteem by preventing individuals from engaging in a dysfunctional coping strategy. Affirmation of ingroup identity, despite being positively predicted by identification, did not predict personal self-esteem.

3 | STUDY 2

Study 2 had two main goals. First, we aimed to replicate the results of Study 1 with personal self-esteem and another measure of psychological well-being, namely, life satisfaction (Outten & Schmitt, 2015). Also, in addition to affirmation of identity and self-group distancing coping strategies, we added collective action as a third coping strategy.

3.1 | Method

3.1.1 | Participants and procedures

Data was collected online using LimeService as in Study 1. Participants were recruited from Facebook groups in Belgium and were invited to participate, freely and without remuneration, in a study about homosexuality. Five-hundred and sixty gay people (209 lesbians and 350 gay men, M_{age} = 29.50; SD = 8.83) completed a survey containing our dependent measures. Participants were also asked to provide their age, gender, ethnicity and sexual orientation (this study is part of a larger survey including other measures that are summarized in the Appendix S1).

3.1.2 | Measures

Means, standard deviations, reliabilities and correlations between measures are presented in Table 2. Unless stated otherwise all variables were answered using scales from 1 (Strongly disagree) to 7 (Strongly agree).

Perceived personal discrimination
Perceived personal discrimination was measured using eight items adapted from the scale using by Schmitt, Branscombe, Kobrynowicz, & Owen, 2002) and Bourguignon et al. (2015) (e.g., "As a homosexual person, I have personally experienced discrimination").

Group identification
Group identification was measured using 15 items adapted from Bourguignon et al. (2006) and Leach et al. (2008) (e.g., "I identify with the group of homosexuals").

[5]We also tested for the moderating effect of gender in Studies 1, 2 and 3 as gay men and lesbians might experience these processes differently. Multi-group path analysis did not yield any significant differences between constrained and unconstrained models for Study 1 ($\Delta\chi^2$(9) = 9.11, p = .427), Study 2 ($\Delta\chi^2$(17) = 26.54, p = .065) and Study 3 $\Delta\chi^2$(17) = 21.95, p = .187. This shows that gender did not moderate the effects.
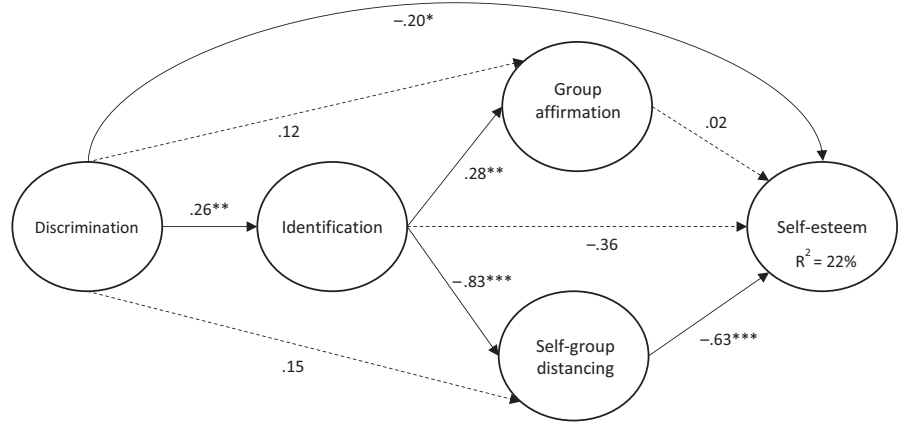
TABLE 2 Means, standard deviations, and correlations for Study 2; $N = 560$

		M	SD	α	1	2	3	4	5	6
1	Discrimination	3.67	1.60	.87	—					
2	Identification	4.51	1.25	.92	.15***	—				
3	Self-distancing	2.92	1.19	.68	.06	−.47***	—			
4	Affirmation	3.99	1.35	.74	.05	.35***	−.33***	—		
5	Collective Action	3.72	1.61	.81	.26***	.51***	−.26***	.24***	—	
6	Self-esteem	5.86	0.97	.86	−.19***	.14**	−.21***	.13**	.01	—
7	Life satisfaction	5.07	1.36	.91	−.13**	.19***	−.28***	.25***	.07	.52***

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

Coping strategies

Participants responded to six items for the self-group distancing measure created for this study (e.g., "I would appreciate being distinguished from other homosexuals"; "My greatest wish would be to be heterosexual"), to the four same items of Study 1 for affirmation of gay identity, and to four items concerning collective action intentions (e.g., "I want to organize protests for the rights of homosexuals").

Psychological well-being

Psychological well-being was assessed using two measures: (1) the Rosenberg Self-Esteem inventory (Rosenberg, 1979) and (2) five items from Diener, Emmons, Larsen, and Griffin's (1985) Satisfaction with Life Scale (e.g., "I am satisfied with my life").

3.2 | Results

Similar to Study 1, we first ran an EFA to ensure that our measures for identity-related constructs mapped onto their hypothesized constructs and there was no overlap. We found a clear pattern for four factors: identification, self-group distancing, group affirmation, and collective action. Items loaded onto their own factors and the highest cross loading was −.382; a self-distancing item loading onto affirmation factored negatively. However, we believe this was due to the acquiescence bias, which we controlled for in

the CFA using an uncorrelated method factor (see Appendix S1 for the factor loadings).

Next, we ran a CFA with seven correlated latent factors for perceived personal discrimination, identification, group affirmation, self-group distancing, collective action, personal self-esteem, life satisfaction, and an uncorrelated method factor to account for acquiescent responding. This model showed poor fit to the data: $\chi^2(1,202) = 4,009.02$, $p < .001$; CFI = 0.81; RMSEA = 0.07 (90% CI: [0.06, 0.07]); SRMR = 0.06. Two indicators in the perceived personal discrimination measure had very low factor loadings $|(\beta s| \leq .154)$ Accordingly, we removed those two items and reran the analysis (see Tabachnick & Fidell, 2007). However, the model fit still was not sufficient. We inspected the modification indices and allowed some residuals within factors to covary with one another within the same factor to account for common antecedents. The final model showed acceptable fit: $\chi^2(1,091) = 2,310.93$, $p < .001$; CFI = 0.92; RMSEA = 0.05 (90% CI: [0.04, 0.05]); SRMR = 0.06, and all indicators loaded significantly ($|\beta s| \geq .22$, $p < .001$). As in Study 1, the measurement model provided evidence that each construct was distinct. Items and standardized factor loadings are reported in Table S2 of the Appendix S1.

As in Study 1, we used structural equation modeling with these latent factors using personal discrimination as the predictor, group identification as the first mediator, group affirmation and collective action and self-group distancing as the second set of mediators, and modeled direct and indirect paths from all four variables onto

self-esteem and life satisfaction. The model fit remained the same as above since no other variables were added to the model.

As seen in Figure 2, perceived personal discrimination significantly predicted identification ($\beta = .15$, $p = .002$), collective action ($\beta = .21$, $p < .001$), self-group distancing ($\beta = .17$, $p < .001$), and personal self-esteem ($\beta = -.16$, $p = .006$), but not group affirmation ($\beta = .02$, $p = .590$) or life satisfaction ($\beta = -.08$, $p = .186$). Identification significantly predicted collective action ($\beta = .55$, $p < .001$), group affirmation ($\beta = .41$, $p < .001$) and self-group distancing ($\beta = -.80$, $p < .001$), but did not significantly predict personal self-esteem or life satisfaction (both $ps > .05$). Group affirmation significantly predicted life satisfaction ($\beta = .14$, $p = .033$), but not personal self-esteem ($\beta = -.01$, $p = .886$); collective action did not significantly predict personal self-esteem ($\beta = -.08$, $p = .260$) or life satisfaction ($\beta = -.07$, $p = .294$); and finally self-group distancing significantly predicted personal self-esteem ($\beta = -.36$, $p = .008$) and life satisfaction ($\beta = -.43$, $p = .003$). We then inspected the indirect effects checking 95% bootstrapped confidence intervals with 1,000 resamples, and there were four significant indirect effects from personal discrimination to personal self-esteem. Similar to Study 1, there were significant negative indirect effects from personal discrimination through self-group distancing on personal self-esteem ($\beta = -.06$, BCa CI [−0.15, −0.02]) and on life satisfaction ($\beta = -.07$, BCa CI [−0.17, −0.02]). Moreover, as predicted, we found two positive indirect effects from personal discrimination through identification and self-group distancing on personal self-esteem ($\beta = .04$, BCa CI [0.01, 0.12]) and on life satisfaction ($\beta = .05$, BCa CI [0.02, 0.14]).

Finally, although there was a positive link between group affirmation and life satisfaction, the confidence intervals contained zero for the indirect effects on life satisfaction from perceived personal discrimination through identification and group affirmation ($\beta = .01$, BCa CI [0.00, 0.03]) and from perceived personal discrimination through only group affirmation ($\beta = .00$, BCa CI [−0.01, 0.03]).

3.3 | Discussion

Study 2 replicated and extended Study 1. Perceived personal discrimination was negatively related to both measures of well-being

and positively to ingroup identification. Group identification was again positively related to the two engagement strategies (i.e., group affirmation and collective action) and negatively related to disengagement (i.e., self-group distancing). We replicated the indirect effect of self-group distancing on the relationship between identification and personal self-esteem and extended it to life satisfaction. Again, affirmation of group identity did not predict personal self-esteem and despite being positively related to life satisfaction, did not explain the relationship between identification and life satisfaction given that the indirect effect was not significant. Finally, in line with previous research collective action was positively predicted by identification (Van Zomeren et al., 2008) but was not related to either measure of well-being.

4 | STUDY 3

Studies 1 and 2 shed light on the role of engagement and disengagement strategies in accounting for the relationship between group identification and psychological well-being, while considering the relationships that these variables have with perceived personal discrimination. In both studies, self-group distancing proved to be a reliable mediator of the relationship between identification and well-being. Against our expectations, neither affirmation of group identity nor collective action was associated with increased well-being for gay people. These two strategies were however positively predicted by identification.

Studies 3a and 3b attempted to deepen our understanding of the roles that different engagement and disengagement strategies play in the relationship between group identification and well-being among stigmatized groups. First, they again examine engagement strategies through collective action and extend these strategies to ingroup support. Ingroup support was included here as previous research has systematically and robustly showed the mediating role of this variable in the relationship between identification processes and well-being (Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018; Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005; Steffens, Jetten, Haslam, Cruwys, & Haslam, 2016).
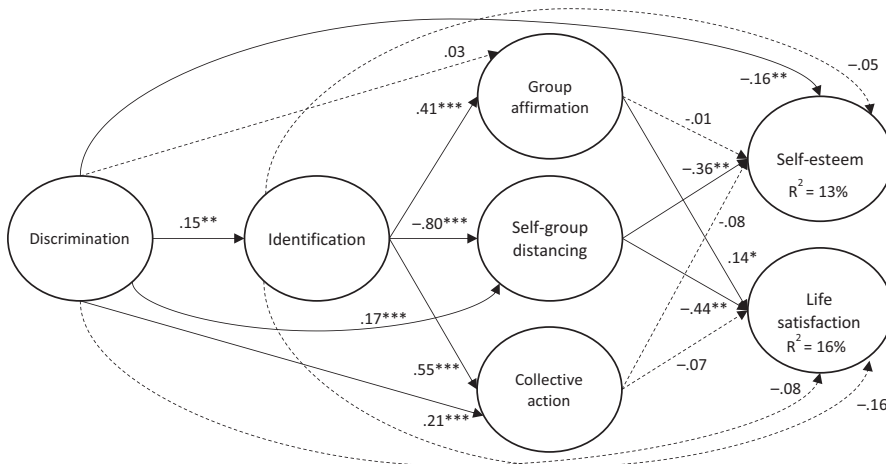
FIGURE 2 Sequential mediation model results from Study 2 predicting self-esteem and life satisfaction from discrimination through identification (first mediator), and group affirmation, self-group distancing, and collective action (parallel mediators). Solid lines represent significant paths, and dashed lines represent non-significant paths. *$p < .05$, **$p < .01$, ***$p < .001$

Additionally, in order to examine the added value of self-group distancing in our model, we extended disengagement to two other strategies, namely, avoidance of discrimination, and ingroup blame. In other words, including avoidance and ingroup blame allowed us to investigate whether the implications of self-group distancing might differ when controlling for two additional common disengagement strategies for coping with stigma (Gaudet & Clément, 2005; Major et al., 2007; Miller & Kaiser, 2001).

Second, and perhaps more importantly, we examined these coping processes with two different social groups: gay people in North America (Study 3a) and Black people (Study 3b) in North America. We believed a comparative study was warranted, because while some theoretical models of coping with stigma acknowledge that stigmatized groups can differ in terms of which coping strategies are most likely to be employed (e.g., Meyer, 2003), rarely have researchers conducted studies comparing coping processes across multiple stigmatized groups.

Similar to Studies 1 and 2 we expected group identification to be positively related to engagement coping strategies and negatively related to disengagement coping strategies for both gay and Black people. Again, we expected that engagement coping strategies (i.e., collective action and ingroup social support) would have positive relationships with well-being, whereas disengagement coping (i.e., avoidance of discrimination, ingroup blame and self-group distancing) would have positive relationships with well-being.

Because, to our knowledge, this is the first study to examine these five coping strategies as potential mediators of the relationship between group identification for gay people and Black people, we did not have a firm set of a priori predictions about which specific coping strategies would be significant mediators for both groups. However, given that the most notable way in which sexual minority and racial minority groups differ is the degree to which their identities are concealable, we anticipated that distancing from the group would be a more important predictor of well-being for gay people than for Blacks. As passing and concealment of identity are more feasible for gay people than for Black people, we expected gay people to be more susceptible to the psychological costs of this distancing strategy. Additionally, precisely because it is difficult for Black people to conceal their racial identity it seems more likely that strategies aimed at engaging with one's group identity might be more important predictors of well-being for Black people.[6]

4.1 | Method

Study 3a and Study 3b had the same method so we combined the presentation of the Method section.

4.1.1 | Participants and procedure

Data was collected online using Remark Web Survey software (Version 4.0; Gravic, 2016). Participants were recruited from Facebook groups and online organizations across Canada and the U.S. that serviced those stigmatized populations. There were 504 participants in total; 301 gay people (100 lesbians and 201 gay men) and 203 Black people (138 females and 65 males) completed a survey containing measures of ingroup identification, five coping strategies[7] (i.e., avoidance of discrimination, ingroup blame, self-group distancing, collective action and ingroup support), personal self-esteem and life satisfaction (this study is part of a larger survey including other measures that are summarized in the Appendix S1). The mean age of the gay sample was 35.2 years of age (SD = 15.2), whereas the mean age of the Black sample was 35.1 years of age (SD = 14.2).

All participants had the opportunity to participate in a lottery draw (one $150 award and two $50 awards for each sample). Gay people were asked about coping with sexual orientation discrimination, whereas Blacks were asked about coping with racial discrimination. Participants were asked to provide their age, gender, race/ethnicity and sexual orientation.

4.1.2 | Measures

Means, standard deviations, reliabilities and correlations between measures are presented in Table 3 (a and b). Unless otherwise stated all response scales ranged from 1 (strongly disagree) to 7 (strongly agree).

Group identification
Group identification was measured using Cameron's (2004) 12-item measure of group identification (e.g., "In general, the fact that I am gay/lesbian/Black is an important part of my self-image").

Coping strategies
Participants responded to four items for avoidance of discrimination (e.g., "I generally avoid situations where I might be discriminated against"), ingroup blame (e.g., "Gays/Lesbians/Blacks have to accept some blame for the negative treatment that they face"), self-group distancing (e.g., "I can try not to act like a typical gay/lesbian/Black person so that I might be treated better by others in society") and collective action (e.g., "By working together, gays/lesbians/Blacks can help make prejudice against us unacceptable") and to eight items concerning ingroup support (e.g., "When I encounter discrimination,

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[6]Studies 3a and 3b were part of an independent line of research by a different lab. This explains why the measures are slightly different and why perceived discrimination was not measured in the last two studies. The core issues addressed were however the same. Given this overlap we combined the four studies in the same article.

[7]Studies 3a and 3b also included other measures that are not reported here, including other coping-related items, most of which were exploratory (e.g., ingroup humour, ingroup emotional expression). The full questionnaire and data are publicly available (https://osf.io/vc9uh/). The coping measures we chose to include in this article are those which in an EFA held together as distinct and interpretable factors, were included in Studies 1 and 2, and have received considerable attention in the minority stress and coping literature.

TABLE 3 (a) Means, standard deviations, and correlations for Study 3a; N = 301. (b) Means, standard deviations, and correlations for Study 3b; N = 203

		M	SD	α	1	2	3	4	5	6	7
(a)											
1	Identification	5.40	1.08	.77	—						
2	Avoidance	3.92	1.15	.61	−.16**	—					
3	Blame	1.98	1.15	.75	−.24***	.15**	—				
4	Self-distancing	3.29	1.83	.66[i]	−.35***	.29***	.36***	—			
5	Collective Action	6.15	0.89	.72	.30***	−.02	−.28***	−.25***	—		
6	Support	5.25	1.28	.88	.43***	−.06	−.33***	−.29***	.45***	—	
7	Self-esteem	5.37	1.35	–	.29***	−.12*	−.18**	−.40***	.23***	.30***	—
8	Life satisfaction	5.23	1.37	.88	.25***	−.14*	−.18**	−.32***	.12*	.30***	.51***
(b)											
1	Identification	5.90	0.95	.86							
2	Avoidance	3.05	1.54	.88	−.15*						
3	Blame	2.35	1.28	.71	−.23**	.16*					
4	Self-distancing	2.66	1.81	.60[a]	−.30***	.20**	.44***				
5	Collective Action	6.32	0.74	.63	.27***	−.05	−.09	−.17*	—		
6	Support	5.71	1.11	.81	.38***	.03	−.20**	−.40***	.32***	—	
7	Self-esteem	5.85	1.23	–	.30***	−.18*	−.28**	−.28***	.31***	.23*	—
8	Life satisfaction	5.55	1.21	.90	.38***	−.06	−.22	−.27***	.27***	.29**	.54***

[a]The reported value is Pearson's correlation coefficient as there were only two items in the scale.

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

I try to get advice from other gays/lesbians/Blacks about what to do").

Psychological well-being

Psychological well-being was assessed using two measures: (1) a single-item global self-esteem measure ("I have high self-esteem") by Robins, Hendin, and Trzesniewski (2001) and (2) four items adapted from Diener et al. (1985) Satisfaction with Life Scale (e.g., "In general, I am quite satisfied with how my life is going"). Response scales ranged from 1 (not at all true of me) to 7 (very true of me).

4.2 | Results for factor analyses Studies 3a and 3b

Similar to Studies 1 and 2, we ran an EFA to ensure that our measures for identity-related constructs tapped onto their hypothesized constructs and there was no overlap. Although all coping strategies loaded well on their respective hypothesized factors, the identification items loaded unsystematically (across three original factors or under a single identification factor) and did not replicate the original factor structure. This was still the case when we conducted an EFA only on the identification scale. For consistency with Studies 1 and 2 and other widely used identification scales (e.g., Leach et al., 2008), we decided to conduct EFAs for Studies 3a and 3b only by keeping positively worded identification items. Most importantly, recent empirical work shows that negatively (i.e., disidentification) and positively worded items (i.e., identification) load onto different factors

and correlate only moderately (e.g., Becker & Tausch, 2014). These results clearly showed the hypothesized solution in both studies and resulted in six factors: identification, collective action, ingroup support, avoidance of discrimination, ingroup blame, and self-group distancing. Items loaded onto their own factors and the highest cross loadings were .26, an identification item loading onto collective action factor in the gay sample, and .26, a collective action item loading onto self-group distancing factor in the Black sample. The two negatively worded self-group distancing items and one ingroup support item did not significantly load onto any factors (ps > .05). Thus, we also dropped those three items along with negatively worded identification items for the rest of the analyses for Studies 3a and 3b.

4.3 | Main results of Study 3a

Next, we added the items for life satisfactions into the model and ran a CFA for the gay sample with seven correlated latent factors for identification, collective action, ingroup support, avoidance of discrimination, ingroup blame, self-group distancing, life satisfaction, and an uncorrelated method factor. This model showed slightly less than acceptable fit to the data especially in terms of CFI value: $\chi^2(412) = 858.59$, $p < .001$; CFI = 0.89; RMSEA = 0.06 (90% CI: [0.05, 0.07]); SRMR = 0.06. Next, we inspected the modification indices and allowed two residual covariances between identification indicators. The final model showed acceptable fit: $\chi^2(410) = 762.65$, $p < .001$; CFI = 0.91; RMSEA = 0.05 (90% CI: [0.05, 0.06]); SRMR = 0.06; all

indicators loaded significantly ($|\beta s| \geq .26$, $p < .001$). Items and standardized factor loadings are reported in Appendix S1, and means, reliabilities and correlations are reported in Table 3.

We used structural equation modeling with these latent factors using identification as the predictor, collective action, self-group distancing, avoidance of discrimination, ingroup blame, and ingroup support as parallel mediators, and life satisfaction and the single item of personal self-esteem as the outcome variables. The model fit was acceptable: $\chi^2(434) = 828.90$, $p < .001$; CFI = 0.91, RMSEA = 0.06 (90% CI: [0.05, 0.06]); SRMR = 0.06.

As seen in Figure 3, identification significantly predicted all of the coping strategies: collective action ($\beta = .39$, $p < .001$), ingroup support ($\beta = .59$, $p < .001$), avoidance of discrimination ($\beta = −.31$, $p < .001$), ingroup blame ($\beta = −.39$, $p < .001$), and self-group distancing ($\beta = −.57$, $p < .001$). As for the outcomes, identification did not significantly directly predict personal self-esteem ($\beta = .10$, $p = .336$) or life satisfaction ($\beta = .04$, $p = .685$). As for the mediators, only self-group distancing significantly predicted both personal self-esteem ($\beta = −.35$, $p < .001$) and life satisfaction ($\beta = −.32$, $p < .001$); and social support significantly predicted only life satisfaction ($\beta = .20$, $p = .024$). We then inspected the indirect effects checking 95% bootstrapped confidence intervals with 1,000 resamples, and there were only two significant indirect effects: from identification through self-group distancing to personal self-esteem ($\beta = .20$, BCa [CI 0.09, 0.41]) and from identification through self-group distancing to life satisfaction ($\beta = .19$, BCa [CI 0.08, 0.34]).

4.4 | Main results of Study 3b

Similar to Study 3a, we ran a CFA using the same items and factors. This model showed good fit to the data: $\chi^2(412) = 427.71$, $p < .001$; CFI = 0.94; RMSEA = 0.04 (90% CI: [0.03, 0.05]); SRMR = 0.06. Items and standardized factor loadings are reported in Table S3 of the Appendix S1, and the means, reliabilities and correlations are reported in Table S4.

To test the hypothesized relationships among our variables, we constructed a mediation model as in Study 3a. The model fit was acceptable: $\chi^2(436) = 604.14$, $p < .001$; CFI = 0.94, RMSEA = 0.04 (90% CI: [0.04, 0.05]); SRMR = 0.06.

As seen in Figure 4, identification significantly predicted all of the coping strategies: collective action ($\beta = .40$, $p < .001$), ingroup support ($\beta = .57$, $p < .001$), avoidance of discrimination ($\beta = −.19$, $p = .019$), ingroup blame ($\beta = −.38$, $p < .001$) and self-group distancing ($\beta = −.44$, $p < .001$). As for the outcomes, identification significantly predicted life satisfaction ($\beta = .29$, $p = .003$), but not personal self-esteem ($\beta = .19$, $p = .053$). As for the mediators, only collective action significantly predicted both personal self-esteem ($\beta = .27$, $p = .003$) and marginally life satisfaction ($\beta = .18$, $p = .059$). We then inspected the indirect effects checking 95% bootstrapped confidence intervals with 1,000 resamples, and there was only one significant indirect effect: from identification through collective action to personal self-esteem ($\beta = .11$, BCa CI [0.02, 0.28]). The indirect effect of identification through collective action on life satisfaction was not significant ($\beta = .07$, BCa CI [−0.01, 0.26]).
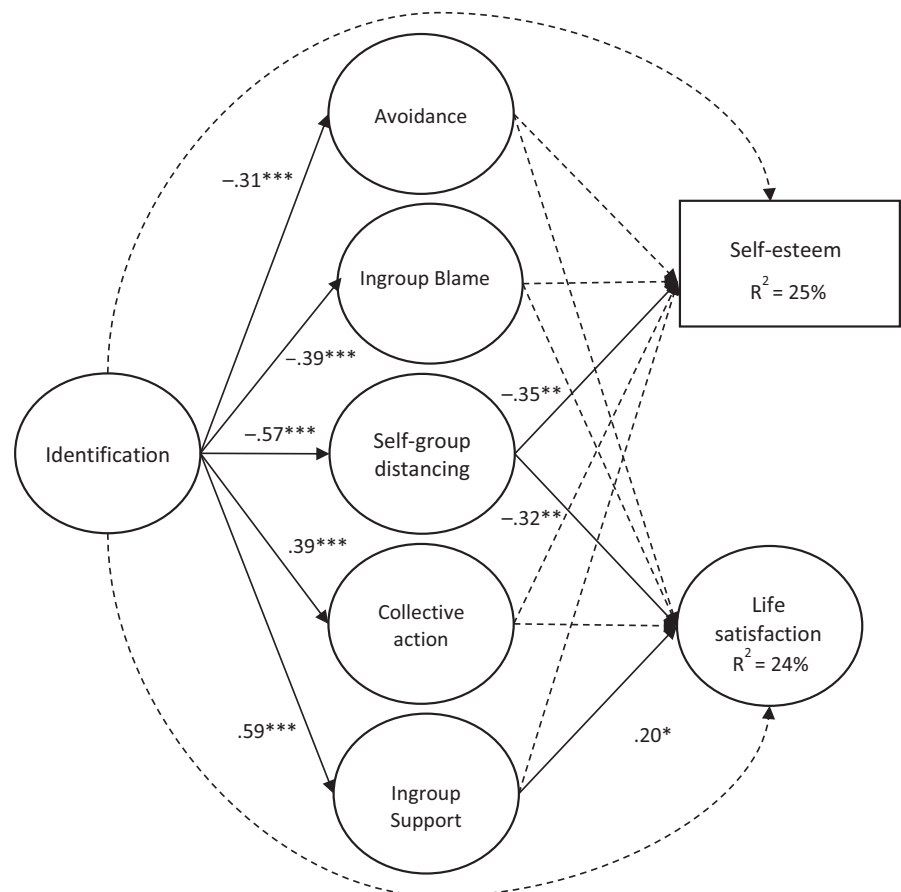
FIGURE 3 Sequential mediation model results from Study 3a predicting self-esteem and life satisfaction from identification through self-group distancing, avoidance, blame, collective action, and support (parallel mediators). Solid lines represent significant paths, and dashed lines represent non-significant paths. *$p < .05$, **$p < .01$, ***$p < .001$
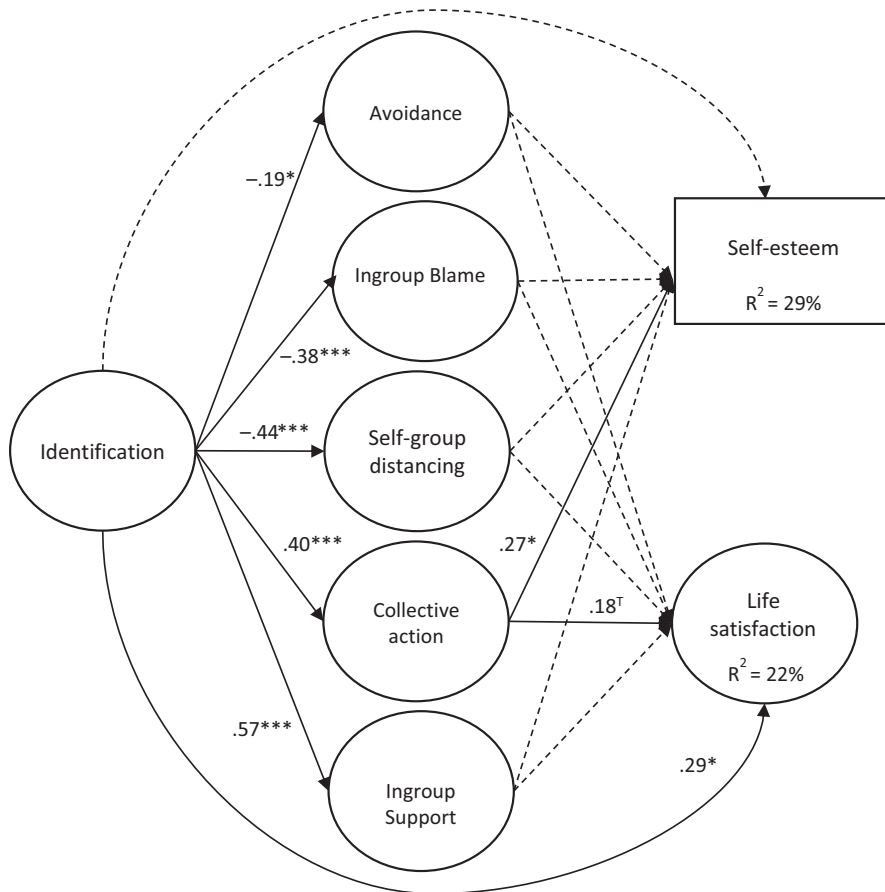
FIGURE 4 Sequential mediation model results from Study 3b predicting self-esteem and life satisfaction from identification through self-group distancing, avoidance, blame, collective action, and support (parallel mediators). Solid lines represent significant paths, and dashed lines represent non-significant paths. Note: $*p < .05$, $**p < .01$, $***p < .001$, $^{T} = .059$

4.5 | Discussion of Studies 3a and 3b

Studies 3a and 3b allowed us to consolidate a series of results observed in our two previous studies. A first major result was that identification was again positively related to engagement strategies and negatively to disengagement strategies in both studies. However, the two studies showed quite a different pattern of results when it came to the link between different coping strategies and well-being. Study 3a replicated the previous studies with gay participants in showing that only self-group distancing strategy predicted well-being for both personal self-esteem and life satisfaction and successfully accounted for the positive link between identification and well-being. In Study 3b, with Black participants, only collective action was (positively) related to the two measures of well-being and accounted for the positive effect of identification on personal self-esteem. These findings allow for a refinement of our understanding of how strategies for coping with discrimination predict well-being across different stigmatized groups and open new directions for research.

5 | GENERAL DISCUSSION

The present studies aimed to better understand the processes underlying the protective role of identification with a stigmatized group on well-being (Branscombe, Schmitt, et al., 1999; Haslam et al., 2018; Rimé, 2009). Across four studies, we examined multiple processes that might account for the positive relationship between group identification and well-being. In particular we measured coping strategies of engagement (i.e., affirmation of the stigmatized identity, collective action and ingroup support) and disengagement (i.e., self-group distancing, avoidance of discrimination and ingroup blame). To our knowledge, these are the only studies examining these strategies simultaneously (i.e., examining the specific effects of each of these strategies while controlling for others).

We had generally predicted that identification's positive relationship with well-being should be explained by its positive association with engagement and negative association with disengagement, which in turn should have a positive and negative relation with well-being, respectively. As predicted, we found identification with the stigmatized ingroup to be negatively associated with disengagement strategies (aimed at avoiding stressors) and positively associated with engagement ones (aimed at confronting the stressors) in all four studies. However, the relationship between different engagement and disengagement strategies and well-being was more specific to the strategy and group than predicted.

The most consistent finding in our studies concerns the mediating role of self-group distancing in the link between identification and well-being in the gay and lesbian samples. Among these samples, *only* self-group distancing was systematically (negatively) associated with well-being (Studies 1, 2 and 3a). No other strategy predicted

well-being, and the positive effect of identification on well-being was mediated by a decrease in self-group distancing. In other words, our results suggest that, for gays and lesbians, ingroup identification protects well-being through discouraging individuals from engaging in coping that is destructive for well-being, that is, from distancing themselves from the stigmatized ingroup.

Interestingly, we did not find this negative link between self-group distancing and well-being in Study 3b. In line with previous research with Black Americans (Outten et al., 2009), only collective action showed a (positive) link with well-being and mediated the effect of identification on well-being. Further inspection of the data also revealed that the two groups differed in preference for self-group distancing and collective action at the mean level. Whereas gays and lesbians showed a higher preference for self-group distancing than Blacks, the opposite was true for collective action. In sum, our findings suggest that both the preference for and the effects of different coping strategies on well-being depend on the type of stigmatized identity at stake.

We predicted a generalized positive and negative effect of engagement and disengagement on well-being, respectively. It is worth mentioning that across studies, first-order correlations generally showed that all the strategies were related to well-being in the predicted direction. This means therefore that self-group distancing for gays and lesbians and collective action for Blacks were the *strongest* predictors of well-being, but not necessarily that the other coping strategies have no effect at all. Potentially, with bigger samples these effects might emerge, although they may still be relatively weaker compared to self-group distancing and collective action.

These results raise a series of questions related to the effects (and lack thereof) of different coping strategies on well-being for different groups: why is self-group distancing related to well-being among gay people and not Blacks? And, why is collective action related to well-being among Black people and not gay individuals?

One possible explanation for the differences between the groups concerns the concealability of stigma. Compared to Blacks, group membership tends to be more concealable for gay people (Meyer, 2003). Perhaps, the possibility of hiding one's group membership brings with it an increased perception of permeable intergroup boundaries, that is, the possibility of individual mobility and access to the benefits of belonging to an advantaged group. According to SIT, the more disadvantaged group members perceive intergroup boundaries as permeable, the more likely they are to engage in attempts at individual mobility (Tajfel & Turner, 1979; Taylor & McKirnan, 1984). Conversely, and in line with results obtained in the Black sample, the more disadvantaged groups perceive intergroup boundaries as impermeable the more likely they are to engage in collective action in order to change their lower status (Ellemers, 1993; Richard & Wright, 2010; Tajfel & Turner, 1979; Taylor & McKirnan, 1984; Wright et al., 1990), particularly when intergroup differences are perceived as illegitimate (Ellemers, Wilke, & van Knippenberg, 1993).

By not revealing their sexual orientation, gay and lesbian people can pose as members of the higher status heterosexual group,

whereas this is not often the case for Black people (Meyer, 2003). Thus, it is not surprising that gay people are more likely to use self-group distancing than Black people. In contrast, for Black people the difficulty of concealing their group membership should be related to high levels of perceived impermeability of intergroup boundaries and this could explain why relative to gay people they favor collective action.

Regarding the effects of permeability on well-being, some work has examined the positive effects that permeability might have on the effectiveness of coping strategies employed in response to stigma (Garstka, Schmitt, Branscombe, & Hummert, 2004), showing that both permeable and impermeable contexts can positively affect well-being by different processes (Bourguignon et al., 2015). Specifically, it has been argued that permeable contexts trigger intra-group comparisons in which individuals might perceive they are better off than other group members. Impermeable contexts, in turn, promote intergroup comparisons, therefore directing the individual towards the group and, as a consequence, enabling group members to benefit from higher social support and feelings of belonging.

Research suggests that although concealing sexual orientation is accompanied by a series of benefits such as avoiding discrimination and stigmatization (D'augelli & Grossman, 2001; Pachankis, Cochran, & Mays, 2015; Riggle, Rostosky, Black, & Rosenkrantz, 2017), it is also accompanied by a series of disadvantages that are known to have a significant weight in deteriorating health (Frable, Platt, & Hoey, 1998). One reason for this is the detrimental effect of having to manage, and in this case constantly lie about, an important dimension of one's identity (Major & Gramzow, 1999) that can lead to a sense of inauthenticity (Riggle et al., 2017). In addition, having to constantly conceal a stigmatized identity might lead to increases in rumination and rebound effects that mentally overload individuals (Smart & Wegner, 2000).

In addition to this cost in terms of image management, concealment deprives the stigmatized individual of opportunities to benefit from ingroup social support. The perceived availability of social support from other gay people has been found to be a strong buffer against the psychological distress associated with victimization (Ryan, Legate, Weinstein, & Rahman, 2017; Ueno, 2005). In addition, social support might bring other benefits in terms of engaging in social sharing of emotions associated with the experience of discrimination (Rimé, 2009).

Another possible explanation of the differences found between gay people and Black people are differences in stigma-related socialization. In the words of esteemed psychiatric epidemiologist Ilan Meyer (2003), "LGB individuals do not have the benefit of growing up in a self-enhancing social environment similar to that provided to Blacks in the process of socialization. Experiences with positive racial identity may be protective . . . indirectly, by facilitating self-protective mechanisms associated with stigma." In other words, the socialization experiences of Black people, on average, not only lend themselves to strong group identification, but also to the enactment of effective coping strategies. Gay and lesbian children on the other hand, are less likely to receive positive

socialization messages that encourage them to identify and engage with their ingroup (Butler & Gaynor, 2008). This lack of positive socialization, coupled with the high likelihood of experiencing physical violence due to their sexual orientation (see Healey, 2007; Lick et al., 2013), are two of the primary reasons why many gay men and lesbians choose to conceal their identity, or choose not to be "out". Gay men or lesbians who are not "out" are more likely to try to pursue individual mobility or try to pass as heterosexual (Meyer, 2003). As reviewed before, such concealment can to lead to negative consequences for well-being (Riggle et al., 2017).

In contrast to the experience for most gay men and lesbians, it has long been the norm for Blacks to socialize their children to take pride in their collective identity, as well as their collective struggles against White oppression (e.g., the civil rights movement; Brown & Lesane-Brown, 2006). Indeed, for Blacks, receiving messages about the legacy of collective struggles during childhood is associated with greater resiliency in response to perceived discrimination in adulthood (Brown & Tylka, 2011). Therefore, it is not too surprising that among Black Americans, appraisals of collective action have been found to be vital in accounting for the relationship between identification and psychological well-being (Outten & Schmitt, 2015; Outten et al., 2009). As such, it makes sense that in our study collective action had the strongest association with well-being among Blacks.

Finally, it is worth acknowledging the possibility that part of the reason why we found different patterns of results for gay and Black participants could stem from measurement differences across the four studies. As mentioned earlier, the first two studies (Studies 1 and 2) and the last two studies (Studies 3a and 3b) were conducted independently by separate research labs. This is why the coping strategies we assessed varied across studies and why different items were used to measure constructs like group identification, self-group distancing and collective action. While it is encouraging that in each of the three studies with gay participants we found evidence that a reduction in self-group distancing contributed to the positive effect of group identification on well-being, it is still unclear what role measurement differences had on our overall pattern of results. For example, would the results from Study 3b, which suggest that collective action is an important mediator of the relationship between group identification and self-esteem, be the same if the collective action measure from Study 2 was used instead? Also, to the degree that there is some overlap between items measuring different constructs (in wording), the results need to be taken with some caution. Admittedly, we are here at the heart of extremely fine-grained theoretical distinctions that, while necessary to better understand psychological mechanisms, are often difficult to measure and disentangle using self-report tools.

reflects private acceptance of societal stigma against homosexuality. Not surprisingly, researchers have found that internalized homonegativity predicts lower self-esteem and higher levels of depression and anxiety among LGB people (e.g., Bahamondes-Correa, 2016; Herek et al., 2009). Future studies might investigate whether at least some of this negative relationship with well-being is mediated through processes of (dis)identification and self-distancing. Indeed, among LGB people, internalized homonegativity is negatively linked to the degree to which people are "out" *and* to their affective connection to their sexual minority community (Herek et al., 2009). Thus, it is possible that the internalized homonegativity undermines well-being in part by reducing identification and increasing distancing.

In addition, internalized homonegativity could change the implications of perceptions of discrimination by altering appraisals of legitimacy, as discrimination perceived as legitimate is more harmful to well-being (Crocker, Cornwell, & Major, 1993) and more likely to lead to disidentification (Jetten, Schmitt, & Branscombe, 2013). Internalized homonegativity might attenuate or reverse an otherwise positive link between perceived discrimination and group identification, as well as exacerbate the negative relationship between those experiences and well-being.

In addition, the present results have important implications for understanding the point of view of stigmatized individuals belonging to different groups. This is crucial for devising effective social policies that can help counteract the negative effect of discrimination on the physical and mental health of stigmatized individuals (Major et al., 2018; Schmitt et al., 2014). The physical and mental health of stigmatized individuals can be considered as an important public health problem. In the face of discrimination, stigmatized individuals develop and implement coping strategies in order to protect their well-being (Allport, 1954; Crocker & Major, 1989; Leach & Livingstone, 2015). In line with previous research our findings highlight group identification as a particularly effective response to protect the psychological well-being of stigmatized individuals (Branscombe, Schmitt, et al., 1999). However, coping strategies might be a double-edged sword. If, on the one hand, certain coping strategies might protect the *individual's* well-being, they might, at the same time, indirectly contribute to the maintenance of the status quo and therefore of inequality and the pervasiveness of discrimination (Leach & Livingstone, 2015). This is for example the case of coping consisting of minimizing the devaluation of the ingroup (Bahamondes, Sibley, & Osborne, 2019; Suppes, Napier, & van der Toorn, 2019) or of denial of discrimination. Indeed, Napier and colleagues (2020, this issue) found that while denying discrimination against one's group may have positive effects on well-being, it appears to do so by increasing system-justification.

5.1 | Future directions and implications

A first important avenue for future research that can provide more concept clarity in this domain is to integrate our findings with the substantial literature on internalized homonegativity among LGB people. Internalized homonegativity (or internalized homophobia)

5.2 | CODA

Our results suggest that the coping strategies that different groups use to cope with discrimination affect well-being of members of stigmatized groups in different ways. These results provide a better understanding of how to improve stigmatized individuals' well-being.

However, the present results also constitute food for thought on how coping strategies used by members of stigmatized groups might actually be (dys)functional for both the individual and social change. Indeed, for social change to happen, we need the active mobilization of the disadvantaged as a means to create awareness of inequality among the powerful (Teixeira, Spears, & Yzerbyt, 2020). Only then can we get to a world in which no individual needs to find their own way of coping with discrimination because this stressor no longer exists in people's lives.

CONFLICT OF INTEREST

TRANSPARENCY STATEMENT

Data for the first two studies can be accessed at https://osf.io/zc3ay/ and data for the last two studies can be accessed at https://osf.io/vc9uk/.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.