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## Who We Are is Who I Am: Collective Continuity and Socialization Processes for LGBTQ+ Emerging Adults

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**Who We Are is Who I Am: Collective Continuity and Socialization Processes for LGBTQ+  
Emerging Adults**

By

Kit Turner

Accepted in Partial Completion  
of the Requirements for the Degree  
Master of Science

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Kit Turner

05/03/2022

**Who We Are is Who I Am: Collective Continuity and Socialization Processes for LGBTQ+ Emerging Adults**

A Thesis  
Presented to  
The Faculty of  
Western Washington University

In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Science

by  
Kit Turner  
May 2022

## Abstract

One way of understanding the way that society and culture influence identity development is through an examination of collective continuity. Intergenerational socialization from in-group members could be one way that collective continuity develops. However, LGBTQ+ individuals are less likely to receive such socialization from their primary caregivers, and it is unknown how often they may have access to LGBTQ+ elders outside the family of origin. This study sought to examine what kinds of socialization primary caregivers and LGBTQ+ elders engage in, how they differ from each other, and how that socialization relates to collective continuity, identity, and psychological functioning. LGBTQ+ emerging adults were recruited from both an undergraduate participant pool and from an online research survey platform. Participants responded to close-ended survey measures and, if they had an LGBTQ+ elder in their life, provided narrative responses about a socialization experience with that elder. Results showed LGBTQ+ emerging adults experiencing three major types of socialization from caregivers and elders, including identity disapproval, personal affirmation, and cultural affirmation. Socialization was not directly related to collective continuity, but identity disapproval was related to worse psychological functioning while personal and cultural affirmation were related to positive LGBTQ+ identity and psychological functioning. Implications for LGBTQ+ youth identity development and their need for LGBTQ+ elders are discussed.

## Acknowledgements

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## Introduction

A central task emphasized by many theorists of identity development is developing a sense of one's self as being persistent across time and context – a sense of personal continuity (Erikson, 1963; McAdams et al., 2006; Pasupathi et al., 2007). While early identity theorists emphasized the importance of societal influences on an individual (e.g., Erikson, 1950), many empirical approaches to identity development that followed have largely focused on the *intrapsychic* processes (e.g., Marcia, 1980; Meeus et al., 1999; Waterman, 1982). More recently, some developmental theorists have returned to Erikson's original emphasis on self *and* society, pushing the field to recognize the centrality of society and culture to identity development (e.g., Fish & Syed, 2018; Hammack, 2008; McAdams & Pals, 2006; McLean & Syed, 2015; Nelson & Fivush, 2004; Rogers et al., 2021). One approach to understanding the role of society that is analogous to personal continuity, is the concept of *collective continuity*. Like personal continuity, which is defined as understanding the self through time, collective continuity is defined as understanding the culture and history of *one's group* through time, which facilitates feeling like part of a larger collective with an enduring narrative (Haraldsson & McLean, 2021; Sani et al., 2007). Further, by centering the history and culture of one's group, we can gain an understanding of both the self and society (Fish & Syed, 2018; Rogers et al., 2021). Importantly, the development of a sense of collective continuity may be especially important for those who are marginalized and minoritized within the larger society (Jetten & Wohl, 2012). Understanding one's culture and history can act as a buffer for prejudice and discrimination by creating a sense of belonging (Fish & Syed, 2020; Jones & Neblett, 2016; Parmenter et al., 2020b). The focus of the present thesis project is to engage in an exploratory and descriptive investigation of the

development of collective continuity with the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community.

### **Personal and Collective Continuity**

Personal continuity is widely considered to be a critical part of identity development (e.g., Erikson, 1963; Pasupathi et al., 2007). Healthy identity development necessitates a perception of the self as being persistent across time, despite the obvious physical and psychological changes that occur throughout the lifespan (Pasupathi et al., 2007; Sani et al., 2007). This perception of continuity occurs in at least two ways. First, individuals may identify essential parts of their self that they believe remain consistent through time. Second, individuals may view the self as changing in some ways, but that these changes are meaningfully integrated into one's identity (Pasupathi et al., 2007; Sani et al., 2007). In other words, the changes make sense, and such sense-making preserves a sense of continuity. Developing this sense of personal continuity has been linked to mental health and well-being, with severe cases of a lack of personal continuity associated with suicide (Chandler et al., 2003).

Despite the attention that personal continuity has received in the literature, there has been less attention to how collective continuity may contribute to its development. By looking beyond the self and identifying with a temporally persistent collective – experiencing a sense of collective continuity – an individual may experience personal continuity as well (Sani et al., 2007; Sani et al., 2008; Smeeke & Verkuyten, 2014). Although personal identity includes one's perceptions about characteristics that make them unique, collective identity is more focused on perceptions of characteristics that one shares with a larger group (Ashmore et al., 2004). However, the two are also entwined, as personal identity directly relates to how one views oneself as being similar to other in-group members, while noticing differences with out-group

members (Camilleri & Malewska-Peyre, 1997). Additionally, as with personal continuity, collective continuity has been linked to mental health and well-being (Sani et al., 2008), and a lack of collective continuity is associated with higher suicide rates (Chandler et al., 2003; Hallett et al., 2007). Finally, this identification with social groups is also built by the intergenerational transmission of the values, culture, history, and traditions of a group, which creates a sense of collective continuity (Sani et al., 2007), highlighting the importance of socialization in this important developmental task.

### **Developing Continuity: The Role of Socialization**

Broadly, socialization is defined as helping youth to understand the society or group in which they are living, and how to fit in and belong to that society or group, such as learning the language, appropriate behavior, history, and norms of the group (Camilleri & Malewska-Peyre, 1997). Socialization practices are known to be important for a range of developmental outcomes, such as affective self-regulation, prosocial behavior, and the internalization of moral values (Grusec & Davidov, 2010; Vinik et al., 2013). There are many sources of socialization (Camilleri & Malewska-Peyre, 1997), including media (e.g., Bond, 2018), advertising/marketing (e.g., Tuten, 2006), teachers and schools (e.g., Loyd & Gaither, 2018), religious organizations (e.g., Russell, 2002), and peers (e.g., Loyd & Gaither, 2018; Russell, 2002). However, *primary caregivers*<sup>1</sup> receive a good deal of attention in the literature as the principal agents of socialization due to their long-term proximity to, and investment in, their children (Grusec & Davidov, 2010).

Specific to the present investigation, Camilleri and Malewska-Peyre (1997) argue that socialization processes are directly linked to personal and collective identity development. In

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<sup>1</sup> Primary caregiver is used instead of “parent” throughout this document to reflect that families are often diverse beyond only biological parents raising children

terms of personal continuity, primary caregivers help children construct their sense of self and self-continuity through collaborative reconstruction of the child's past experiences (see Fivush et al., 2006), eventually leading to the emergence of explicit causal links between past events and the self in adolescence (Pasupathi et al., 2007). This ability to connect the past with the present self increases into adulthood, ultimately generating the sense of a temporally continuous identity.

Like personal continuity, collective continuity involves identifying characteristics of a social group that are essential and unchanging, while also seeing changes in the group's history as being causally and meaningfully connected (Sani et al., 2007). This understanding is thought to be achieved primarily through the intergenerational transmission of stories, language, and cultural artifacts of one's group (Chandler et al., 2003; Hallett et al., 2007; Haraldsson & McLean, 2021). As primary caregivers talk to their children about their group, children begin to form a mental picture of themselves and of others, internalizing the parts of this information that allow them to identify with a particular social group or groups (Hughes et al., 2006). In short, caregiver socialization about the self and one's group facilitates the development of a personal and collective identity, which is the critical psychosocial task of adolescence and emerging adulthood (Arnett, 2000; Erikson, 1968), and productive engagement with this task is associated with a host of positive psychosocial outcomes (Ashmore et al., 2004; Piquart & Pfeiffer, 2020).

Although identity development is important for all youth, there are some populations for whom understanding one's group is an especially important part of identity development. More specifically, marginalized group identities are more central to personal identity than majority group identities. For example, children who are marginalized by virtue of their race or ethnicity, rate their race/ethnicity as more important to their identity than do white children (Ghavami et al., 2016). Part of this is thought to be because minoritized and marginalized individuals are, by

definition, considered to be deviating from “normal” societal expectations (McLean et al., 2017). For example, whiteness is broadly considered to be the norm in United States culture, thereby leaving Black and other racially minoritized individuals in a position where they must explore their racial/ethnic identity more than white individuals (Loyd & Gaither, 2018). Part of this exploration is necessitated by the barrage of negative messages marginalized and minoritized individuals receive. From middle childhood through adolescence, individuals placed in the margins by dominant society – broadly defined – become increasingly aware of their group’s lower social status, and stereotypes surrounding one’s group are not only noticed from a young age, but often incorporated into one’s identity (Ghavami et al., 2016). Given the challenges that marginalized and minoritized individuals face from the messages and socialization of the *out-group*, *in-group* socialization becomes an especially important factor in buffering these negative messages.

### **In-Group Socialization for Marginalized and Minoritized Groups**

The focus of this project is on LGBTQ+ youth, yet there is very little known about LGBTQ+ socialization processes (Toomey et al., 2018), or about the development of LGBTQ+ identities in the context of a collective (Parmenter et al., 2020a). In fact, the primary literature on socialization for marginalized and minoritized groups comes from the literature on racial and ethnic socialization (RES). Thus, I draw from the RES literature, discussing points of overlap, before turning to the specifics of the LGBTQ+ community<sup>2</sup>.

There are two key findings from the extant RES literature relevant to the current investigation. First, socialization of collective identity in ethnically and racially marginalized

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<sup>2</sup> Race/ethnicity and LGBTQ+ identity are discussed separately here for reasons of clarity in explaining possible similarities and differences in socialization processes between identity domains, but many LGBTQ+ individuals are also people of color. Such intersectional identities may have their own unique challenges and strengths, which is addressed further in the discussion section below.

groups is associated with positive outcomes, such as higher self-esteem (Umana-Taylor et al., 2009), better psychological and school adjustment (Rivas-Drake et al., 2014), greater overall well-being and better stress coping (Jones & Neblett, 2016), and fewer depressive symptoms and overall negative adjustment (Jones & Neblett, 2016; Rivas-Drake et al., 2014). Second, RES primarily occurs from members within the same social group (usually parents/primary caregivers).

RES socialization has three primary components: messages of pride, preparation for bias from out-group members, and messages about the values of self-worth and egalitarianism (Jones & Neblett, 2016). The first two components - developing a sense of pride and connection to one's group (e.g., knowing about important historical figures), and understanding the risks that come with one's identity and how to ameliorate those risks (e.g., what to do when stopped by the police) – are likely to be particularly important to other marginalized groups, such as LGBTQ+ youth. However, the third component of egalitarianism may not translate for the LGBTQ+ population. In RES, egalitarianism is conceptualized as equality that can exist between all racial groups (i.e., multiple minority groups as well as the majority group; Jones & Neblett, 2016). Items assessing RES egalitarianism include questions about racial/ethnic groups the reader does not belong to such as, “[Have your parents] encouraged you to read books about other racial/ethnic groups?” (Hughes & Johnson, 2001). Such items are not likely to translate to an LGBTQ+ population, as it is obvious that LGBTQ+ individuals have read books about people who are not LGBTQ+. In fact, it is likely that *most* of the books and media consumed by LGBTQ+ youth are about non-LGBTQ+ people. In short, the primary components of RES socialization that I expected to translate to LGBTQ+ youth center on messages of pride and

preparation for bias, which are part of the story of what it means to be a part a particular group, as told by that group (see also Fish & Counts, 2020).

The reason that these messages of pride and preparation for bias are likely to be important to LGBTQ+ youth is that they also experience high rates of stereotyping, discrimination, bias, and microaggressions as a result of their marginalized position in society (Glaesser & Patel, 2016). These experiences include increased rates of physical, emotional, and sexual abuse (Kecojevic et al., 2012), and increased violent crime victimization (Cramer et al., 2012). The high minority stress that the LGBTQ+ population experiences is associated with a host of negative outcomes, including mental/physical health problems, premature death (Glaesser & Patel, 2016), and 2.5 times higher suicide rates than heterosexual peers (King et al., 2008). Thus, as with ethnic and racial minority youth, such negative messaging demands a response, which in the RES literature rests on the importance of in-group socialization about both the preparation for such bias, as well as the messages of pride to develop the collective continuity that buffers these negative messages. Indeed, although socialization and collective continuity have not specifically been assessed for LGBTQ+ youth, several studies have linked more resilient outcomes for LGBTQ+ individuals to connection with in-group members and feelings of belonging within their community (e.g., Asakura, 2016; Russell, 2002).

However, when considering the LGBTQ+ population, there is one major difference in socialization for this group when compared to race/ethnicity: LGBTQ+ individuals are more likely to be socialized during critical identity development periods (childhood and adolescence, in particular) by significant others, such as primary caregivers, who are *not* a part of their group

(see also Bond, 2018). Put simply, most LGBTQ+ youth are likely to be raised by primary caregivers who are not LGBTQ+ themselves<sup>3</sup>.

A parallel literature on transracial adoption suggests some challenges of being raised by outgroup members. For example, many transracial adoptees report being less comfortable with and proud of their racial/ethnic identities compared to same-race adoptees (Lee, 2003). A substantial number of transracial adoptees report wishing that they were a different race (20%), or that they are ashamed of their race (3%; Lee, 2003). This same review found that about half of the parents of transracial adoptees tried to engage in cultural socialization during childhood, but this number decreased in adolescence. The children of the few parents who did actively promote their child's culture saw improved racial/ethnic identity development, as well as better psychological adjustment.

These results suggest that even supportive primary caregivers of LGBTQ+ youth may be unlikely to engage in the cultural socialization needed for collective continuity. Indeed, it may be that LGBTQ+ individuals are more likely to teach their caregivers about LGBTQ+ culture rather than the other way around (e.g., “conflict education work”; Reczek & Bosley-Smith, 2021). Finally, family and peers can also be a source of tension and conflict for LGBTQ+ people in terms of identity acceptance and affirmation (Parmenter et al., 2020a; Reczek & Bosley-Smith, 2021; Russell, 2002). When considering primary caregivers in particular, up to 12% of LGBTQ+ individuals are forced to cut intergenerational ties with their family or suppress/hide their LGBTQ+ identities in order to maintain a relationship with non-affirming caregivers (Reczek & Bosley-Smith, 2021).

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<sup>3</sup> While the focus of this paper is on primary caregivers, it is notable that LGBTQ+ youth may receive socialization messages from sources besides primary caregivers, such as the internet (Russell, 2002) and media (Bond, 2018), sources of socialization that can often be problematic as well (Bond, 2018; Diamond, 2005).



Given the challenges that may exist in the family of origin, and the low likelihood that primary caregivers are ingroup members, the present study will not only examine socialization with primary caregivers, but also whether youth have relationships with or access to LGBTQ+ elders, whether these elders provide any socialization, and how such socialization compares to the reports of socialization from primary caregivers. Recent data suggest that such intergenerational contact is desired, and when it occurs, is associated with positive psychosocial functioning (Weststrate & McLean, in press). There are no data of which we are aware, however, that examines what this kind of socialization looks like, which is one of the aims of the present project.

However, such interactions come with their own complexities as there is evidence of generational differences in collective identity and continuity among LGBTQ+ individuals (Barsigian et al., 2020; Cohler & Hammack, 2006; Ghaziani, 2011; Weststrate & McLean, 2010). Younger generations of LGBTQ+ people may struggle to share a cohesive collective identity with older LGBTQ due to the rapid political and social changes that have occurred in recent years. For example, Weststrate & McLean (2010) observed that older generations of LGB-identified individuals reported greater influence from external, primarily political and historical, events (e.g., Stonewall, AIDS crisis). Younger cohorts did not share this grounding of self in collective events, but instead focused on more personal experiences (e.g., coming out). Therefore, I seek to address whether this intergenerational socialization is occurring, and, if so, what it looks like.

In sum, in-group intergenerational socialization is critical for the communication of positive messages to facilitate development of collective continuity (see Weststrate, 2021), a central component of healthy identity development for marginalized and minoritized groups, and

to combat negative messaging. However, for LGBTQ+ youth, socialization from primary caregivers may take the form of positive *or* negative messages, given their likely outgroup status. And although the *degree* to which they are receiving in-group socialization is uncertain, it was expected that it would be relatively more positive in nature. Finally, LGBTQ+ youth have been largely left out of the current conversation on the development of collective continuity, a growing area of research. Thus, these data add to this growing accumulation of knowledge about the importance of intergenerational contact in the development of collective continuity.

### **Present Study**

Due to the many unknown factors relating to intergenerational LGBTQ+ socialization and collective continuity, the present project was designed to be exploratory and descriptive in order to fill in some of the gaps in the literature before developing models of potential mechanisms (Scheel et al., 2021). My first aim was to examine how much different socialization agents (i.e., primary caregivers, LGBTQ+ elders) are engaging in different types of socialization (positive and negative). I included an examination of primary caregivers and LGBTQ+ elders to examine differences in (presumed) out-group versus in-group socialization. I also examined how negative and positive socialization were associated with meaningful potential outcomes, such as personal continuity, collective continuity, queer identity, and well-being. Finally, my larger approach was a strengths-based one, so I also examined what experiences of positive socialization look like for this population. Indeed, while we know that a subjective sense of connection or belonging to the LGBTQ+ community can be associated with positive outcomes (Frost & Meyer, 2012; Meyer, 2003; Parmenter et al., 2020a; Salfas et al., 2018), we know next to nothing about what that connection or belonging really looks like or how it develops.

In the present study, I assessed types of socialization (e.g., negative and positive) using some items adapted from RES literature and some newly developed items, which were grounded in the messages that LGBTQ+ individuals often receive about their identity. I examined socialization from primary caregivers and LGBTQ+ elders, if applicable. Finally, in the hopes of understanding more about intergenerational socialization, I asked participants to report a narrative of an experience of such socialization, and examined if and how such experiences were narrated as connected to the self.

Importantly, I decided to only recruit participants in emerging adulthood for three reasons. First, emerging adulthood is recognized as generally being an important period for identity development (e.g., Arnett, 2000; Schwartz et al., 2013), with many highly studied developmental milestones, such as serious romantic relationships and career choice, occurring in this time period. Second, research suggests that emerging adulthood is an important time for LGBTQ+ individuals specifically, as identity exploration for both gender and sexuality continue, or even begin or increase, well into emerging adulthood (Ghavami et al., 2016; McLean et al., 2017; Morgan, 2013). Finally, because identity exploration is a defining feature of emerging adulthood (Arnett, 2000) and identity changes are easier to detect in young people (Seidman, 2002), this is an ideal age range to observe personal and collective LGBTQ+ identity development in action.

### **Research Questions and Hypotheses**

The first research question of this project focused on what kind(s) of socialization LGBTQ+ emerging adults reported experiencing from their primary caregiver. As described in the methods section, the way I addressed this question depended in part on an exploratory factor analysis of the survey items that were adapted and developed for the present purposes. Broadly, I

did not have expectations about whether there would be more or less positive or negative socialization from primary caregivers because I expected a good deal of variability (e.g., some participants would report highly positive socialization experiences, and some would report highly negative experiences). However, I did expect that primary caregivers would engage in less socialization about pride (such as knowledge about culture and history), compared to general affirmation of one's identity.

The second research question focused on what kind(s) of socialization LGBTQ+ emerging adults report experiencing from their LGBTQ+ elders (if applicable), and in comparison to primary caregivers. Overall, I expected more positive socialization from elders compared to negative socialization. I also expected that elders would engage in more positive socialization compared to primary caregivers, and that this difference would be especially prominent for positive socialization about community pride (e.g., cultural and historical socialization).

The third research question focused on whether reported socialization experiences were associated with personal and collective continuity. I hypothesized that more positive socialization would be related to greater continuity. More specifically, I expected that cultural information/pride would be associated with greater collective continuity. Additionally, one unplanned analysis was conducted after a last-minute decision to add in another survey measure (Sani et al., 2007). This measure was added to the survey after formal pre-registration, but prior to the start of data collection. Because of unforeseen issues of statistical power (described below), this measure was added to formal analyses in order to help address this research question.

The fourth and final research question focused on whether socialization experiences were related to meaningful potential outcomes related to psychological functioning. I expected that more positive socialization would be related to better well-being and positive identity.

## **Method**

### **Participants**

Emerging adults (age 18-25) identifying as LGBTQ+ were recruited from an undergraduate research participation pool, serving primarily students taking general education credits, or students who are not yet declared psychology majors (SONA,  $n = 246$ ), and from an online research recruitment platform aimed at providing researchers access to a more diverse pool of research participants, in terms of demographics such as age, race, and education status (Prolific,  $n = 128$ ). SONA participants were compensated with course credit, and Prolific participants were compensated at a rate of \$10 per hour. Participants who did not meet study inclusion criteria were removed from analyses, either because they were under age 18 or over age 25 (SONA,  $n = 5$ ; Prolific,  $n = 1$ ), or did not identify as LGBTQ+ (SONA,  $n = 27$ ; Prolific,  $n = 24$ ). Per my pre-registered plan, participants who completed less than 75% of the survey were also excluded from analyses (SONA,  $n = 1$ ; Prolific,  $n = 7$ ). This left a final SONA sample size of 213, and a final Prolific sample size of 96. See Table 1 for sample demographics.

The two samples were initially collected with the intention of replication. Using the software G\*Power (Faul et al., 2007), to detect a Cohen's D effect size of .3, with alpha set to .0125 to correct for number of t-tests, and power set to .80, it was determined that I would need a minimum of 128 participants per sample. However, many of our planned analyses required that those participants report having an LGBTQ+ elder in their life, which was not the case (SONA,  $n = 96$ ; Prolific,  $n = 35$  had elders). Since I would have been extremely underpowered in trying to

detect effects, I decided to combine the two samples rather than use them for replication, as replicating underpowered results is not wise, and combining them provides the needed sample size of participants who had elders ( $n = 131$ ). This left a final combined sample size of 309.

## Measures

**Demographics.** Participants reported demographic information (Appendix A) including age, race/ethnicity, gender identity, sexual identity, subjective SES for participants and their family of origin, caregiver education level, and what kind of area they grew up in. Participants were also asked their age of first coming out to another person about their LGBTQ+ identity.

**Socialization.** Participants were asked a series of questions designed to assess what socialization activities their primary caregivers have engaged in (see Appendix B). First, participants indicated who their primary caregiver was growing up (i.e., mom, dad, or other), followed by whether their caregiver is aware of their LGBTQ+ identity and, if so, how old the participant was when their caregiver first found out about their LGBTQ+ identity. Participants then indicated whether or not their caregiver has ever engaged in each of a list of 33 different socialization activities (10 negative; 23 positive), and, if so, how frequently they have been engaged in during the participant's lifetime using a 5-point Likert-type scale, with 1 being Never and 5 being Very Often. Socialization activities listed include a range of negative (e.g., "Used LGBTQ+ slurs when you were around"), and positive (e.g., "Talked to you about important people or events in LGBTQ+ history") items. Some positive socialization items were adapted from the pride and preparation for bias subscales of a widely used Racial/Ethnic Socialization Scale (Hughes & Johnson, 2001) for use with an LGBTQ+ population<sup>4</sup>. The negative items and remaining positive items were created for the purpose of this project, drawing from common

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<sup>4</sup> As discussed earlier, items assessing egalitarianism were not adapted as they did not translate to this population.

socialization messages that LGBTQ+ individuals may receive (e.g., general identity affirmation, microaggressions).

After answering questions about caregiver experiences, participants then indicated if they had any LGBTQ+ elders in their life. If they did, they then indicated whether or not the elder had engaged in the same list of activities as used for caregivers.

Once participants finished the ratings of socialization activities, they were given the following narrative prompt:

Thank you for answering those questions about your experiences with your parent(s)/caregiver(s) and other elders. We would now like you to take a moment to think about a particular memory that you can share with us. We are interested in how LGBTQ+ youth learn about the history, traditions, and values of their community and how they fit into that community. In particular, we are interested in how younger people learn about the LGBTQ+ community from older generations within the community.

Can you think of a time when someone from the LGBTQ+ community of an older generation (someone more than 20 years older than you) shared something about the LGBTQ+ community that helped you to better understand your community and/or how you fit into it? This could be a personal experience of the elder, a cultural or historical event important to your community, or a story about the values, traditions, or behaviors of your community, or anything else that helped you to understand your community and your place in it.

Please think of a specific event – a specific moment in time when you had a conversation in which an elder shared such knowledge with you. Please be specific about who the elder was, when this happened, what was shared, how you responded, and what it meant to you then and now.

If you have not had such an experience, can you think for a moment and tell us what you think it would mean to have such a conversation with an elder in your community.

Participants who reported that they did not have any LGBTQ+ elders in their life were provided with a separate narrative prompt (see Appendix B) that was not examined for the present purposes.

**Personal and collective continuity.** The socialization memory narratives provided in response to the prompt were coded for the presence of personal and collective continuity using Syed and Nelson's (2021) Self-Event and Group-Event Connections coding system. Self-event

connections were coded when a narrator made an explicit connection between a particular event and change or stability in the self, and are an assessment of personal continuity (e.g., Pasupathi et al., 2007). Group-event connections were coded when a narrator made an explicit connection between a particular event and their understanding of a social group (i.e., those who identify as LGBTQ+), an assessment of collective continuity. Table 2 shows a narrative example of each type of code<sup>5</sup>.

Reliability for narrative coding was established using Syed and Nelson's (2015) guidelines. I served as the master coder, and trained one research assistant who served as a reliability coder. Following a discussion of the conceptual meaning of the codes, we practiced coding a small number of narratives together and discussed disagreements. The master coder coded all participant narratives about experiences with LGBTQ+ elders ( $n = 123$ ), and the reliability coder coded about one third of the narratives ( $n = 40$ ). Cohen's kappa indicated acceptable reliability for both self-event connections ( $k = .76$ ) and group-event connections ( $k = .74$ ).

**LGBTQ+ Identity Measures.** The Identity Affirmation and Identity Centrality subscales of the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011) (Appendix C) were combined to assess overall positive LGBTQ+ identity, with acceptable reliability ( $\alpha = .88$ ). Responses to items were on a 6-point Likert-type scale of agreement, ranging from 'Strongly Disagree' to 'Strongly Agree'. Example items include, "I am glad to be an LGBTQ+ person" (Identity Affirmation subscale) and "My LGBTQ+ identity is a central part of my overall identity" (Identity Centrality subscale).

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<sup>5</sup> We did not code for stability and change within these connections, as is commonly done, because we did not have theoretical questions about the type of connection, only whether or not they were present.



To assess identity as a member of the group, I used the Membership subscale of the Psychological Sense of LGBT Community Scale (PSOC; Lin & Israel, 2012) (Appendix D). It is a 5-point Likert-type scale, ranging from ‘Never’ to ‘Always.’ It asks participants: “How often do you feel...” followed by items such as “...that you are a member of the LGBTQ+ community?” This measure also showed good reliability in the dataset ( $\alpha = .94$ ).

**Psychological Functioning.** I measured psychological functioning using the Satisfaction with Life Scale (SWLS; Diener et al., 1985) (Appendix F) and the Depression and Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995) (Appendix E). The SWLS is a 12-item measure with which participants indicate their agreement on items using a 1-7 Likert-type scale, ranging from ‘Strongly Disagree’ to ‘Strongly Agree.’ An example item is, “In most ways my life is close to my ideal.” DASS is a 21-item scale that participants indicate how much each item applied to them over the past week on a 0-4 Likert-type scale, ranging from ‘Did Not Apply to Me at All’ to ‘Applied to Me Very Much or Most of the Time.’ Sample items include, “I couldn’t seem to experience any positive feeling at all” and “I felt I was close to panic.” Both measures showed good reliability (SWLS,  $\alpha = .90$ ; DASS,  $\alpha = .93$ ).

**Perceived Collective History.**<sup>6</sup> Because of the small number of participants who had any connections in their narratives, we decided to also address the relationship between socialization and collective continuity with an adapted survey measure of perceived collective history (PCH; Sani et al., 2007) (Appendix G). The decision to add this measure was made after our initial pre-registration, so we did not have planned analyses below; we include this measure in our correlational analyses. The PCH is a 12-item measure for participant level of agreement on

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<sup>6</sup> This measure is called the Perceived Collective Continuity Scale in the original publication. However, we refer to it here as perceived collective history because it differs somewhat from our conceptualization of collective continuity as necessarily including the self in relation to the group’s history. The items on this scale assess if participants think the group has a continuous history, but not whether they feel connected to or a part of that history.

statements about LGBTQ+ shared history using a 1-7 Likert-type scale, ranging from ‘I Totally Disagree’ to ‘I Totally Agree.’ An example item is, “LGBTQ+ history is a sequence of interconnected events.” This measure had acceptable reliability in the dataset ( $\alpha = .80$ ).

**Other Measures and Survey Questions.** The survey also included additional measures and open-ended survey questions that are not included in analysis for this project; all additional measures and questions can be seen in Appendix H.

### **Procedure**

Participants first viewed and signed an informed consent form. They then completed two pre-screening questions to confirm their age and LGBTQ+ identity; if a participant indicated they were not actually between 18 and 25 and identifying as LGBTQ+, the survey ended. Participants who passed the pre-screening questions then completed questions about demographic information. Participants were then directed to indicate the one person who was most involved raising them (i.e., their primary caregiver), and answered questions about their primary caregiver’s gender and sexual identities, whether their caregiver knows about the participant’s LGBTQ+ identity, and (if applicable) how old the participant was when their caregiver first knew, then finished by completing the socialization measures about their primary caregiver. Participants then reported whether or not they had an LGBTQ+ elder in their life, and whether or not that person had talked to them about their LGBTQ+ identity. Participants who reported having an elder then responded to a narrative prompt to provide a memory of an event with the LGBTQ+ elder, and answered both Likert-type and open-ended questions about that event, and completed the socialization measure about the LGBTQ+ elder. Participants who did not have an elder were given an alternative prompt to consider what it might mean to them if they could have an LGBTQ+ elder in their life, and did not complete the supplementary

questions about their narrative or the socialization measure. Participants were then asked if they had other important socialization agents for their LGBTQ+ identity (e.g., friends, teachers, etc.). Finally, they completed several open-ended questions about the narrated event and what parts of the LGBTQ+ community they most identify with, and surveys to measure LGBTQ+ collective history, LGBTQ+ identity, and psychological functioning. Participants recruited through SONA were given the option of providing contact information for possible follow-up interviews to be used in future research. The survey ended with a debriefing form.

## Results

### Exploratory Factor Analysis

Participants completed 33 items related to LGBTQ+ identity socialization. For the purposes of factor analysis, only the responses to these items about primary caregivers were used as there were not enough participants who completed all items for LGBTQ+ elders, which would have led to an underpowered analysis. Bartlett's test of sphericity indicated that the observed data had enough shared variance for exploratory factor analysis ( $X^2(378) = 5051.57, p < .001$ ). After examining the raw data for outliers (described below), an exploratory factor analysis was conducted for the 33 items using maximum likelihood factoring. A promax rotation was used to allow for correlated factors and to explain maximal variance. The overall KMO measure of sampling adequacy was .92. Three factors emerged using parallel analysis to compare eigenvalues to what was expected with randomly generated data and were above simulated eigenvalues upon the examination of a scree plot (see Figure 1). The total percent of the observed variance explained by the three factors was 50% (Factor 1 = 19%; Factor 2 = 19%; Factor 3 = 12%). The first factor was labeled *identity disapproval*, the second factor was labeled *cultural affirmation*, and the third factor was labeled *personal affirmation*. Items #17 and #27 did

not load on to any factor above .40 and so were removed from the factor analysis first. Items #21 and #26 showed high uniqueness ( $> 0.80$ ) and so were also removed from the factor analysis. After the removal of items #21 and #26, item #32 no longer loaded onto any factor and was removed from the analysis. As shown in Table 3, each remaining item had a factor loading of at least .40 on its respective factor, with no loadings above .40 on other factors. Table 4 shows the correlation matrix of factors after oblique factor rotation. Two tests of model fit indicated that the final factor model had acceptable model fit (TLI = .87; RMSEA = .07, 90% CI [.07-.08]), and all three emergent factor subscales had acceptable reliability (identity disapproval,  $\alpha = .85$ ; cultural affirmation,  $\alpha = .87$ ; personal affirmation,  $\alpha = .93$ ).

### **Preliminary Analyses**

All measures were examined for outliers and distribution normality via tests of skewness. There were few outliers, and those that were present did not appear to be participant error, so were included in analyses. Tests of skewness revealed three variables (identity disapproval and cultural affirmation for primary caregivers, and identity disapproval for LGBTQ+ elders) over the traditional cut off points of  $\pm 1$  (see Table 5). Per the pre-registration I had intended to subject them to logarithmic transformations. However, transforming those particular data would mean comparing those means with untransformed variables that were not skewed, thus changing the scale. Further recent arguments suggest that the use of logarithmic transformations for some statistical tests, such as t-tests, is an outdated technique that does not necessarily address the problem in an ideal manner, and often introduces new concerns into the data (Feng et al., 2014). Finally, a close examination of the means and standard deviations of the variables of concern suggested that the skew in these data is “real” skew – that is, the skewness did not appear to be an artifact of measurement error or participant errors, such as social desirability effects, but

rather was evidence of real phenomena being experienced and reported by the participants. For example, Table 5 shows that identity disapproval was exceedingly unlikely from elders (i.e., a minimum of 1 and maximum of 2 on the 5-point scale). In short, the skew seems to be an accurate reflection of the story that is being told by these data, so I do not report analyses with transformed variables, instead placing more emphasis on the examination of measures of central tendency and variance to interpret the data. Finally, I ran the *t*-tests reported below using all transformed variables, including those that were not skewed, and the results were the same.

Table 5 shows means and standard deviations by sample for caregiver socialization, elder socialization, perceived collective history, identity affirmation/centrality, LGBTQ+ sense of community, and measures of psychological functioning, as well as frequencies for the number of connections made in narratives. Independent *t*-tests comparing means between samples for these measures showed statistically significant differences in sample means for identity affirmation/centrality, satisfaction with life, personal and collective socialization (from primary caregivers only), and number of connections. Given these sample differences, and consistent with an updated pre-registration, we conducted ANCOVAs controlling for sample for RQ1-3. Results were relatively consistent between analyses and so I report the originally planned *t*-test results without controlling for sample (results from the ANCOVAs can be found in Appendix I); results that were inconsistent when controlling for sample will be noted below and interpreted with caution. For RQ4, partial correlations controlling for sample are also reported in Appendix I, and zero-order correlations are reported here. For all *t*-tests and correlations reported below, I used the Holm method to adjust alpha to correct for the number of tests.

Additionally, although narratives about LGBTQ+ elders were coded for both self-event and group-event connections described above, there were very few connections of either type

present in the narratives. Per pre-registration, I needed at least 25 connections of either type of connection to consider it a discrete category for analysis. Because there were so few connections (see Table 5), for the analysis of RQ3 I collapsed this code into a dichotomous categorical variable of participants who 1) had *any* connections in their narratives (self-event, group-event, or both) and 2) participants who had no connections in their narratives.

## **Main Analyses**

*RQ1: Are there differences in the types of socialization from primary caregivers?*

To compare what types of socialization primary caregivers engaged in most frequently, paired samples t-tests were conducted. Results showed that primary caregivers engaged in statistically significantly less identity disapproval socialization than personal affirmation socialization,  $t(308) = 6.16, p = .009$ , with a large effect ( $d = 1.36$ ), and cultural affirmation socialization,  $t(308) = 2.43, p = .048$ , with a large effect ( $d = 1.34$ ). Finally, primary caregivers engaged in statistically significantly more personal affirmation than cultural affirmation,  $t(308) = 7.45, p = .009$ , with a medium effect ( $d = 0.69$ ).

*RQ2: Are there differences in the types of socialization from elders, and in comparison to primary caregivers?*

To assess what types of socialization LGBTQ+ elders engaged in most frequently, I conducted paired samples t-tests comparing elder engagement in each of the three socialization factors. Results indicated that LGBTQ+ elders engaged in statistically significantly less identity disapproval compared to personal affirmation,  $t(130) = 13.71, p = .009$ , with a large effect ( $d = 0.99$ ), and cultural affirmation ( $M = 2.42, SD = 1.18$ ),  $t(130) = 12.64, p = .009$ , with a large effect ( $d = 1.18$ ). However, there was no difference for LGBTQ+ elders' engagement in personal affirmation versus cultural affirmation socialization,  $t(130) = 1.68, p > .05$ .

To assess how LGBTQ+ elders differed in their socialization engagement compared to primary caregivers, we conducted paired samples t-tests<sup>7</sup> comparing the two in each of the three socialization factors. Results comparing elders and caregivers for identity disapproval socialization showed that elders engaged in statistically significantly less identity disapproval socialization than caregivers,  $t(130) = 8.90, p = .009$ , with a large effect ( $d = 0.81$ ). Although the ANCOVA results did not show a statistically significant effect after controlling for sample, the patterns of mean differences are consistent across samples and the effect size is large. Results examining personal affirmation socialization showed no statistically significant difference between elders and primary caregivers,  $t(130) = 1.17, p > .05$ . The ANCOVA results indicated elders engaging in statistically significantly more personal affirmation socialization than primary caregivers, but the patterns of mean differences between samples are inconsistent and differences are fairly small. Finally, examining cultural affirmation, results showed that LGBTQ+ elders engaged in statistically significantly more cultural affirmation socialization than primary caregivers,  $t(130) = 3.09, p = .009$ , with a large effect ( $d = 1.23$ ).

*RQ3: Are the ways socialization experiences are narrated in relation to the self associated with personal and collective continuity?*

To examine the relationship between socialization and continuity, as measured by self-event and group-event connections in narratives, we conducted three independent samples t-tests comparing those who had narrative connections (self, group, or both) with those who did not have any connections across each socialization factor. For these analyses, responses about primary caregivers and LGBTQ+ elders for each socialization factor were combined, as I expected the process to be the same, regardless of socialization agent. There was no statistically

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<sup>7</sup> An error was made in the updated pre-registration saying that we would conduct independent t-tests for this research question, but the correct test is a paired t-test as this variable is within-subjects.

significant difference in identity disapproval for those who had connections ( $M = 1.54, SD = 0.42$ ) compared to those who did not ( $M = 1.38, SD = 0.41$ ),  $t(101) = 1.87, p > .05$ . There was no statistically significant difference in personal affirmation for those who had connections ( $M = 2.46, SD = 0.74$ ) compared to those who did not ( $M = 2.39, SD = 0.86$ ),  $t(101) = 0.46, p > .05$ . Finally, there was no statistically significant difference in cultural affirmation socialization for those who had connections ( $M = 2.31, SD = 0.85$ ) compared to those who did not ( $M = 2.35, SD = 0.90$ ),  $t(101) = .23, p > .05$ .

To further interrogate the potential connection between socialization and continuity, in an unplanned analysis, we examined the correlation between personal collective history (PCH) and three socialization factors. However, PCH was not found to be statistically significantly correlated with identity disapproval, cultural affirmation, or personal affirmation (see Table 5).

*RQ4: Are the ways socialization experiences are narrated in relation to the self associated with psychological functioning (i.e., identity and well-being)?*

Correlations were employed to examine how socialization was related to identity affirmation/centrality, sense of community, and psychological functioning (see Table 5). As with RQ3, I expected the relationship process to be the same regardless of agent, so socialization responses about caregivers and elders were combined. Identity affirmation/centrality was positively correlated with cultural affirmation and personal affirmation, but was not statistically significantly correlated with identity disapproval. Sense of community was positively correlated with cultural and personal socialization, but not related to identity disapproval.

In terms of psychological functioning, depression/anxiety was found to be positively correlated with identity disapproval, but was not related to cultural affirmation or personal



affirmation. Satisfaction with life was negatively correlated with identity disapproval and positively correlated with cultural affirmation and personal affirmation.

## **Discussion**

This study has illuminated some of the major types of socialization that LGBTQ+ youth are likely to experience, the ways in which socialization may differ by primary caregivers and queer elders, and how such socialization is related to identity development and psychosocial functioning. There were meaningful differences in the types of socialization behaviors employed by different agents, but it is important to note at the outset that having access to queer elders was relatively uncommon. Additionally, continuity was not found to be directly associated with socialization, but healthy LGBTQ+ identity, sense of community, and psychological functioning were related to some types of socialization.

### **Types of LGBTQ+ Socialization and Who Uses Them**

I found three types of socialization regarding LGBTQ+ identity. First, some participants reported experiencing socialization related to identity disapproval, such that the socialization agent actively invalidates, devalues, or rejects the target's LGBTQ+ identity through denial, anger, and/or belittling. Second, participants reported socialization centered on personal affirmation, such that the socialization agent affirms and supports the target as an LGBTQ+ person by expressing acceptance and love, while also addressing the possibility that others may not be as supportive of the target's personal identity. Third, socialization of cultural affirmation was reported for socialization agents who engaged in broader discussions of the LGBTQ+ community as a whole, including discussing LGBTQ+ history, culture, and media, encouraging relationships with older community members, and highlighting discrimination and prejudice against LGBTQ+ people.

The possible agents of the socialization that I examined were primary caregivers and LGBTQ+ elders. However, less than half (42%) of the LGBTQ+ emerging adults in this study reported having ever had such an elder in their life. This is important when considering the findings of differential engagement in socialization between primary caregivers and elders. Specifically, LGBTQ+ elders were found to engage in less identity disapproval than primary caregivers, while also providing more cultural affirmation than caregivers. Although the former comparison differed between the ANCOVA and t-test approach, an examination of the range of values for LGBTQ+ elders compared to caregivers shows that elders had a maximum score of 2 on a 1-5 scale, suggesting that they truly are not engaging in meaningful amounts of identity disapproval socialization. Although the mean is still low for primary caregivers, the standard deviation is greater than for elders, suggesting more variability in how caregivers engage in this kind of behavior.

The findings in regard to psychological functioning make it clear why such differences in socialization may matter for LGBTQ+ emerging adults. More experience with identity disapproval was related to higher levels of depression and anxiety, and reduced satisfaction with life. In contrast, more cultural and personal affirmation were both related to more positive LGBTQ+ identity, a greater sense of LGBTQ+ community, lower depression and anxiety scores, and increased satisfaction with life. These results are consistent with RES literature (e.g., Jones & Neblett, 2016; Umana-Taylor et al., 2009), which also shows that positive socialization about one's minoritized identity is related to positive outcomes, while negative messages are associated with increases in psychological distress.

A departure from RES literature, however, lies in the finding that, although primary caregivers engaged in less identity disapproval on average than personal or cultural affirmation,

some participants still reported their out-group caregivers being a source of negative socialization about their LGBTQ+ identity. As discussed above, the RES literature often focuses on family as a source of the intergenerational transmission of positive socialization, but the family and youth are part of the same group. In contrast, 93% of the LGBTQ+ emerging adults who participated in this study reported their primary caregiver as being heterosexual, and 99% reported their primary caregiver as being cisgender. Although it is encouraging that most caregivers are being more affirming than disapproving, there are still many young LGBTQ+ people receiving harmful messages about their identity in their own homes during critical periods of identity development, as documented in the literature (e.g., Ghavami et al., 2016; Reczek & Bosley-Smith, 2021) and in the means and range of identity disapproval from primary caregivers in this dataset (see Table 5).

Importantly, the distinction between personal and cultural affirmation socialization for LGBTQ+ individuals is also a difference from the RES literature, which tends to group socialization concerning constructs like individual pride alongside cultural and historical socialization. Here, we find that they are discrete categories of experience for LGBTQ+ emerging adults. This distinction is also likely to be news for straight, cisgender caregivers who, much like many parents in transracial adoption literature (e.g., Lee, 2003), may not realize that cultural socialization is so beneficial for a child that is minoritized by society. More specifically, just as white primary caregivers may overlook the importance of a child's racial/ethnic identity that is marginalized by society, or adopt a "colorblind" parenting approach that inherently dismisses the struggles that a minoritized child may face, straight and cisgender caregivers may dismiss or not recognize the societal barriers that an LGBTQ+ child experiences, particularly in a historical time period when many believe that society's views of LGBTQ+ individuals have

progressed into a “post-gay era.” However, research studies like this one can help illuminate to caregivers (and scholars) that an understanding of LGBTQ+ culture and history is beneficial, and needed.

### **Socialization and Collective Continuity**

Despite the support for the idea that socialization is important for LGBTQ+ identity and psychological functioning, there was a surprising lack of support for my hypothesis about personal and collective continuity. None of the three types of socialization were associated with the presence of self-event or group-event connections within participant narratives about LGBTQ+ elders, nor were they correlated with perceived collective history. Unfortunately, there was an issue of power within this dataset, not from a lack of overall participant recruitment, but because of the unexpectedly few participants who had an LGBTQ+ elder and who were thus able to provide a narrative to be coded. Further, within the narratives, there were very few self-event or group-event connections present overall. However, there was a high average score on the survey measure of perceived collective history. This may suggest that participants *believe* that a collective LGBTQ+ history exists, but many do not personally feel like a part of it. Specifically, the PCH scale is made up of items such as, “LGBTQ+ people have passed on their traditions across different generations,” and “The main events in LGBTQ+ history are part of an ‘unbroken stream’.” In general, participants endorsed agreement with these and other similar statements the survey, an interesting contrast with the lack of continuity in their narratives. As mentioned previously, however, the PCH scale differs from this paper’s conceptualization of collective continuity in the sense that agreement with the measure’s assertions that the LGBTQ+ community *has* a history does not necessarily mean that the participant feels connected to it.

The disconnect between the emergent socialization factors and either indicator of collective continuity (narrative codes and PCH) could also be due to a missing link in the conceptual model on which this study is based. My hypotheses were based on the idea that socialization would serve as a direct precursor to the development of collective continuity. While the evidence in past literature still suggests there may be a relationship between the two, it is possible that there is a step required in between, such that an LGBTQ+ person needs to first internalize and identify with the history in order to develop a sense of continuity in relation to it. Indeed, a study by Weststrate and McLean (in press) found that the *number* of LGBTQ+ historical events recalled by a participant was not related to their psychosocial identity, but the degree to which they had internalized or valued those events was. This possibility is also in line with the high level of reported PCH but low level of group-event connections in this study, once again suggesting that *knowledge* of LGBTQ+ culture and history does not necessarily predict continuity, but *identification* with that culture and history might.

Another possible explanation for the lack of relation between socialization and continuity is simply time. For many participants, an LGBTQ+ identity is one that is relatively new to them. While other parts of our identities, such as race/ethnicity, are present from birth, most LGBTQ+ individuals reach similar identity milestones, such as self-labeling or socially expressing their minoritized identity, at much later ages (Martos et al., 2015; Zaliznyak et al., 2020). This was also seen in the present data, such that almost 90% of participants with minoritized sexual identities reported recognizing their identity after the age of 10, and over 40% cited first realizations after age 15. Additionally, although the majority of participants reported first realizing their gender identity before the age of 5, a finding that is in-line with the extant developmental literature that suggests most children develop a stable gender identity by about

age 3 (Martin et al., 2002; but see McLean et al., 2017 for a discussion of gender identity exploration beyond this age), many of the gender-diverse participants in this study reported realization much later. Specifically, over 95% of the gender-diverse participants in this study reported an age of realization similar to those reported by those with minority sexual identities (i.e., age 10 or older). In addition to many developing these identities later in life, LGBTQ+ individuals are often still exploring these new identities through emerging adulthood (Ghavami et al., 2016; Martos et al., 2015), and thus may find themselves in only the beginning stages of developing a sense of continuity with the larger collective at this age. Indeed, since LGBTQ+ youth are likely to receive some amount of (negative) socialization about LGBTQ+ individuals prior to recognizing their own LGBTQ+ identity, such identity exploration and connection to the LGBTQ+ community may be slowed by the need to first undo the negative associations created by society. Even LGBTQ+ people in relatively affirming families are often acutely aware that the LGBTQ+ identities are not valued in many spaces, and may need to first come to terms with this disapproval prior to fully understanding their own identity.

### **Limitations**

Although we view this research as making a significant contribution to the present literature on LGBTQ+ identity development and psychological functioning by identifying these types of socialization, their association with psychological functioning, and the lack of intergenerational contact in the community, there are some limitations to this study. First, while this study is developmentally focused, it is cross-sectional in nature, and thus it is impossible to determine directional relationships between the variables of interest. There were also legitimate, unexpected issues of power due to the lack of participants who reported having LGBTQ+ elders, which was an important component to many of our originally planned analyses. Additionally,

although the findings of our socialization items and factor analysis are promising, the socialization survey measure was not designed with true scale development in mind, and thus can be interpreted with some caution for its applicability outside of this dataset. Finally, because the scope of this study was broad, exploratory, and descriptive in nature, we did not specifically recruit a large number of participants with less common or intersectional identities. Specifically, this sample was majority white (76%), cisgender female (62%), and homosexual or bisexual (65%). Because of this, we are limited in our ability to closely analyze or generalize to specific LGBTQ+ subcultures, communities, and intersectional experiences.

Finally, there may have been methodological limitations in how some research questions were addressed. Specifically, it is possible that the lack of self-event and group-event connections captured in participant narratives could have been influenced by the narrative prompt itself. The prompt essentially asked for a socialization memory, and socialization and collective continuity were theoretically connected in the present work. However, it's possible that many people may not remember *specific* socialization events as much as they remember general socialization messages. Additionally, a socialization memory could simply not be the ideal place to assess collective continuity, and there may be future directions to take that could allow for such improved assessment.

### **Future Directions**

Because I was examining a range of relatively unstudied phenomena, there is a need for supplementary qualitative data to further unpack these findings. In particular, there is a need to not only identify participants who have LGBTQ+ elders in their lives, but to examine what positive intergenerational relationships look like. This would allow for us to better understand how LGBTQ+ youth find and interact with LGBTQ+ elders, and the benefits that those

relationships bring. To this purpose, I am adopting a sequential design by conducting follow-up interviews with select participants from this dataset. Interviews will be analyzed with thematic analysis in order to further understand the experiences of LGBTQ+ emerging adults. More specifically, I am interested in addressing how these participants identify with the broader LGBTQ+ community, including what culture and history they are familiar with, where they learned about it, and whether or not they find those aspects of the larger community important to their own identity. Additionally, I am also seeking to understand what their experiences with LGBTQ+ elders look like, including how close their relationships are, what messages and information LGBTQ+ elders are sharing with younger generations, and how LGBTQ+ young people perceive connections and divides between their generation and the generations of their elders.

As mentioned above, it is also possible that the original conceptual model of this study is missing an important component between socialization and collective continuity. In order to test this hypothesis, there is a need for longitudinal research to accurately test a model with internalization as a mediator between socialization and collective continuity. Such research would likely benefit from beginning with a younger developmental period, such as childhood or adolescence, in order to best capture identity change across typical LGBTQ+ identity milestones. Additionally, it could provide an opportunity to find better methodological tools for capturing collective continuity.

Finally, future studies can address some of the limitations of the present study by limiting future study participation to those with LGBTQ+ elders in their life, further developing or refining the present LGBTQ+ socialization measure, and recruiting participants with a wider diversity of LGBTQ+ identities. While I hope to capture some of this need for diverse study of



LGBTQ+ individuals in the interviews described above, prior research has already illustrated how intersectional identities can affect LGBTQ+ individuals. This can include identity conflict or suppression of one's identity due to opposing socialization messages from identity domains that are sometimes at odds with LGBTQ+ identity, such as race/ethnicity or religion (Parmenter et al., 2020a), which is likely to disrupt the development of collective continuity. For example, in a follow-up interview with a participant in the survey portion of this study, this asexual/agender, mixed race participant described their experience of living at the intersections of race and queerness as follows:

“...going from, like, the African American part [of my family] to the white part and how they respond to my very open queerness...it's kind of interesting that, like, the Black side of my family isn't as accepting of me and my queerness and my genderqueerness. But at the same time, it's like, in the queer community, because of your race or skin color, you get excluded from, like, conversations...there is a lot of, like, racism in the community. So it's like you can't win regardless of where you are because there is homophobia in the Black community that was put there by white people...but now the white people are like, 'Oh, we're so progressive, we have a gay friend!' It's like [sarcastically] 'Wow, good job!' But at the same time, they exclude the Black history, or, like, the important history that was made by Black people in our queer community.”

In addition to conflicting identity domains described by this participant, it may be even harder for individuals with intersectional identities to find representation specific to *all* of their identities. Such circumstances likely make it especially important for LGBTQ+ youth to have LGBTQ+ role models who share and can understand, not one, but all of their identities.

### **Conclusion**

More broadly, this project on the development of collective continuity for LGBTQ+ emerging adults is a major contribution to identity development literature, which tends to privilege specific life stages as mile-markers for development (e.g., Erikson, 1968). In contrast, the present research suggests that including more domains of identity increases the level of developmental complexity. More specifically, popular conceptualizations of identity

development theories, such as Erikson's, present identity as a linear, stage-like process, where individuals must tackle each developmental task in order based on their current age. For example, emerging adulthood is often considered the time of learning to develop intimacy with others, both romantic and through friendships. However, such a task is not actually unique to emerging adulthood, but rather is present through much of the lifespan and may reoccur in force at later life stages, such as in response to a divorce (see Syed & McLean, 2017). Further, research outside of this project suggests that some domains of identity may require more exploration, and at different life stages, than others when those domains are subject to inequality and discrimination (e.g., Ghavami et al., 2016; McLean et al., 2017; Rogers, 2020). The results from the present study, then, suggest that marginalized gender and sexual identities (i.e., LGBTQ+ identities) may not fully follow the traditional or expected developmental path. LGBTQ+ youth may develop these identities later in the lifespan, take longer to develop, or need to engage in personal identity exploration *before* collective identity can solidify.

Additionally, we often take common agents of socialization, such as primary caregivers and peers, for granted. We assume that even those placed into the margins by society will be taught what it means to be who they are, based on exposure to others who share their social identities. However, now we see that not everyone has those socialization agents to pass on the meaning of one's identity, and thus the course of identity development shifts. Indeed, while even other scholars in this field have suggested that LGBTQ+ identity is changing, becoming more personal, and less centered in cultural-historical queerness (e.g., Ghaziani, 2011; Seidman, 2002; Weststrate & McLean, 2010), these perspectives lack an acknowledgement that LGBTQ+ identity may be more personal because queer youth are unable to access their culture and are shut out of their history. Even if LGBTQ+ young people read the stories of their people on the

internet or, if they're lucky, in college textbooks – they struggle to find these stories in real life, from real people.

The clearest take-home message from the findings about socialization engagement is that *queer kids need queer elders*. In this study, it was LGBTQ+ elders who were actively engaging in the most cultural affirmation, at about the same rate as they engage in personal affirmation. Additionally, they were not a source of negative socialization about LGBTQ+ identity, but instead provided a safe space for discussion, questions, and exploration of identity. It is unclear from these data what would happen if out-group caregivers actively attempted to engage in similar patterns of socialization. That is, would we see the same associations with identity and well-being when the agents of socialization were out-group members? However, even if we did, queer elders who understand the culture and the community, and who know its history, already exist. Although not a focus here, these relationships would likely be beneficial to LGBTQ+ elders as well, by allowing them to share their own stories and pass along their knowledge to younger generations (Weststrate & McLean, 2021). Developmental psychology literature often views socialization as a unidirectional process, but doesn't always recognize that such experiences are bidirectionally beneficial. In fact, generativity is often considered the prime psychosocial task of midlife adults (Erikson, 1963), and so passing on the stories of past generations is needed for both the socialization agent and the individual being socialized. Further, research also shows that LGBTQ+ people across the lifespan consciously *want* these types of intergenerational relationships with others within their community, even if they don't yet have them (Weststrate & McLean, in press). In sum, queer kids need to know who their queer elders are, because that's who they are, too.

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**Table 1**  
*Demographic Information by Sample*

	SONA ( <i>n</i> = 213)		Prolific ( <i>n</i> = 96)		Combined ( <i>n</i> = 309)	
	N	%	N	%	N	%
<b>Age</b>						
18	69	32	16	17	85	28
19	64	30	13	13	77	25
20	36	17	18	19	54	17
21	18	8	14	15	32	10
22	12	6	18	19	30	10
23	10	5	7	7	17	6
24	2	1	5	5	7	2
25	2	1	5	5	7	2
<b>Race/Ethnicity</b>						
White/Caucasian	183	86	51	53	234	76
Black/African American	9	4	10	10	19	6
Asian/Asian American	19	9	9	9	28	9
Latino/a/x	18	8	27	27	44	14
Native American/Alaskan Native	3	1	1	1	4	1
Native Hawaiian/Other PI	1	1	0	0	1	1
Other	2	1	4	4	6	2
<b>Socioeconomic Status (SES)</b>						
SES Ladder – Self	<i>M</i> = 5.78		<i>M</i> = 4.98		<i>M</i> = 5.53	
1	0	0	2	2	2	1
2	3	1	5	5	8	2
3	16	7	11	11	27	9
4	27	13	15	16	42	14
5	39	18	25	26	64	21
6	57	27	21	22	78	25
7	42	20	14	15	56	18
8	23	11	3	3	26	8
9	6	3	0	0	6	2
10	0	0	0	0	0	0
SES Ladder – Family of Origin	<i>M</i> = 6.36		<i>M</i> = 5.31		<i>M</i> = 6.03	
1	1	1	2	2	3	1
2	4	2	1	1	5	2
3	14	7	15	16	29	9
4	20	9	17	18	37	12
5	16	7	15	16	31	10
6	42	20	13	13	55	18
7	61	29	24	25	85	27
8	37	17	9	9	46	15
9	12	5	0	0	12	4
10	6	3	0	0	6	2

	SONA		Prolific		Combined	
	N	%	N	%	N	%
PC Education						
Some high school, no diploma	3	1	6	6	9	3
High school diploma or equivalent	28	13	24	25	52	17
Trade, technical, or vocational training	5	2	6	6	11	4
Some college, no degree	14	7	12	13	26	8
Associate degree	10	5	1	1	11	4
Bachelor's degree	75	35	26	27	101	33
Master's degree	49	23	12	13	61	19
Professional degree	6	3	4	4	10	3
Doctorate degree	20	10	5	5	25	8
Other	3	1	0	0	3	1
Area grew up in						
Rural	37	17	16	17	53	17
Urban	44	21	30	31	74	24
Suburban	130	61	50	52	180	58
Other	2	1	0	0	2	1
Gender identity						
Woman	132	62	60	63	192	62
Man	27	13	23	24	50	16
Transwoman or transfeminine	1	1	0	0	1	1
Transman or transmasculine	14	6	1	1	15	5
Genderqueer/non-binary	39	18	12	12	51	16
Sexual identity						
Homosexual/Gay/Lesbian	36	17	12	13	48	16
Bisexual	96	45	57	60	153	49
Asexual	13	6	7	7	20	6
Pansexual	25	12	2	2	27	9
Demisexual	4	2	2	2	6	2
Queer	27	12	4	4	31	10
Questioning	8	4	11	11	19	6
Heterosexual/Straight	4	2	1	1	5	2
Age realized gender						
0-5	106	50	50	52	156	50
5-10	24	11	9	9	33	11
10-15	28	13	20	21	48	16
15-20	48	23	13	14	61	20
20-25	6	3	4	4	10	3
Age realized sexuality						
0-5	5	2	3	3	8	3
5-10	19	10	9	9	28	9

	SONA		Prolific		Combined	
	N	%	N	%	N	%
10-15	100	47	28	29	128	42
15-20	76	36	44	46	120	39
20-25	11	5	12	13	23	7
Age of first coming out (if applicable)						
0-5	0	0	2	2	2	1
5-10	7	3	1	1	8	22
10-15	75	35	19	20	94	30
15-20	106	50	43	45	149	48
20-25	15	7	23	24	38	12
PC gender identity						
Woman	188	88	79	82	267	86
Man	25	12	16	17	41	13
Other	0	0	1	1	1	1
PC sexual identity						
Homosexual/Gay/Lesbian	1	1	0	0	1	1
Bisexual	10	5	1	1	12	4
Asexual	1	1	1	1	2	1
Pansexual	3	1	0	0	3	1
Queer	1	1	0	0	1	1
Questioning	2	1	1	1	3	1
Heterosexual/Straight	193	90	93	97	287	93
“Out” to PC						
Yes	150	70	45	47	195	63
No	63	30	51	53	114	37
Age of coming out to PC						
0-5	0	0	2	4	2	1
5-10	8	6	1	2	9	5
10-15	45	32	13	30	58	31
15-20	76	54	25	57	101	55
20-25	12	8	3	7	15	8
Has LGBTQ+ elder						
Yes	96	45	35	36	131	42
No	117	55	61	64	178	58
LGBTQ+ elder has talked about participant’s identity						
Yes	49	51	14	40	63	48
No	47	49	21	60	68	52

*Note.* Included participants identifying as “heterosexual/straight” had minority gender identities. PC = primary caregiver.

**Table 2**

*Narrative Excerpt Examples of Self-Event and Group-Event Narrative Connection Codes*

Narrative Code	0 = Not Present	1 = Present
Self-Event Connection	When my family friend came out as trans when I was young, talking to her she said that she's still the same person just more authentically herself	One time when I was struggling to embrace my sexuality I was talking to an elder who explained to me that everyone else's view of your sexuality meant nothing. Your sexuality is specifically for you and doesn't need to be something that everyone accepts or understands. <i>This helped me so much at the time, I really needed someone to help me create space for myself to truly figure out who I was.</i>
Group-Event Connection	My uncle only spoke distantly about how it was the only space he felt safe and accepted.	Our class talked about the AIDS crisis and I never realized how big of a problem it was and how much of our community from that generation were lost, <i>until we talked about it, I knew it happened, I just hadn't realized how many people it affected.</i>



**Table 3***Factor Loadings and Uniqueness of LGBTQ+ Socialization Items*

Included Items	Identity Disapproval	Cultural Affirmation	Personal Affirmation	Uniqueness
Item 1: "Refused to acknowledge your LGBTQ+ identity?"	0.72			0.43
Item 2: "Gotten angry with you when you talked about your LGBTQ+ identity?"	0.82			0.31
Item 3: "Discouraged you from spending time with other LGBTQ+ people?"	0.74			0.46
Item 4: "Lied about your LGBTQ+ identity to others?"	0.70			0.50
Item 5: "Told you that being LGBTQ+ is unnatural/immoral?"	0.71			0.43
Item 6: "Discouraged you from viewing LGBTQ+ media?"	0.60			0.61
Item 7: "Used LGBTQ+ slurs when you were around?"	0.52			0.74
Item 8: "Made jokes about LGBTQ+ people in front of you?"	0.59			0.63
Item 9: "Told you that you couldn't do something well because of your LGBTQ+ identity?"	0.66			0.59
Item 10: "Avoided conversations about your LGBTQ+ identity?"	0.67			0.45
Item 11: "Told you that they were okay with your LGBTQ+ identity?"			0.91	0.13
Item 12: "Encouraged you to express your LGBTQ+ identity?"			0.49	0.37
Item 13: "Asked questions about your LGBTQ+ identity?"			0.65	0.52
Item 14: "Told you they loved you regardless of your LGBTQ+ identity?"			0.76	0.38
Item 15: "Openly acknowledged you as their LGBTQ+ child to others?"			0.55	0.51
Item 16: "16. Talked to you about others who may try to limit you because you're LGBTQ+?"			0.46	0.69
Item 18: "Told you to avoid another group because of its members' prejudice against your LGBTQ+ identity?"			0.40	0.79
Item 28: "Talked to you about expectations others might have about your abilities because of your LGBTQ+ identity?"			0.45	0.76

**Table 3***Factor Loadings and Uniqueness of LGBTQ+ Socialization Items*

Included Items	Identity Disapproval	Cultural Affirmation	Personal Affirmation	Uniqueness
Item 19: “Talked about something on TV to you that showed discrimination against LGBTQ+ people?”		0.49		0.76
Item 20: “Talked about something on TV to you that showed positive representations of LGBTQ+ people?”		0.64		0.36
Item 22: “Talked to you about unfair treatment against LGBTQ+ people?”		0.50		0.56
Item 23: “Talked to you about successful LGBTQ+ people in the news?”		0.73		0.36
Item 24: “Talked to you about successful historical figures LGBTQ+ people?”		0.83		0.38
Item 25: “Encouraged you to read books or watch movies/TV shows about LGBTQ+ people?”		0.74		0.37
Item 29: “Talked to you about important people or events in LGBTQ+ history?”		0.86		0.36
Item 30: “Watched TV shows or movies or read books about LGBTQ+ people or history with you?”		0.64		0.48
Item 31: “Encouraged you to get to know LGBTQ+ elders?”		0.62		0.51
Item 33: “Encouraged you to learn about LGBTQ+ history?”		0.82		0.34
<b>Removed Items</b>				
Item 17: “Told you that you must be better in order to get the same rewards given to others because of being LGBTQ+?”				
Item 21: “Done or said things to encourage you to keep a distance from people who are not LGBTQ+?”				
Item 26: “Done or said things to keep you from trusting people who are not LGBTQ+?”				
Item 27: “Talked to someone else about discrimination against LGBTQ+ people when you could hear them?”				
Item 32: “Showed support to your LGBTQ+ friends or partners?”				

*Note.* Applied rotation method is promax.

**Table 4***Factor Correlations in LGBTQ+ Socialization Factors*

	Identity Disapproval	Cultural Affirmation	Personal Affirmation
Identity Disapproval	1.00	-0.35	-0.23
Cultural Affirmation	-0.35	1.00	0.73
Personal Affirmation	-0.23	0.73	1.00

**Table 5***Means and Standard Deviations for Survey Measures and Narrative Connection Codes by Sample*

	SONA	Prolific	Combined			
	<i>M</i> (SD)	<i>M</i> (SD)	<i>M</i> (SD)	Min.	Max.	Skew
Perceived Collective History	5.00 (0.64)	5.00 (0.79)	5.00 (0.69)	2.25	6.58	-0.89
Identity Affirmation and Centrality	4.41 (0.94)	4.11 (1.07)	4.32 (0.99)	1.00	6.00	-0.44
Psychological Sense of Community	3.38 (1.15)	3.21 (1.18)	3.33 (1.16)	1.00	5.00	-0.20
Depression and Anxiety	2.11 (0.62)	2.15 (0.67)	2.12 (0.64)	1.00	3.90	0.39
Satisfaction with Life	4.55 (0.98)	3.90 (1.19)	4.34 (1.10)	1.33	6.50	-0.24
Primary Caregiver: Identity Disapproval	1.67 (0.78)	1.85 (0.81)	1.73 (0.79)	1.00	4.30	1.29
Primary Caregiver: Personal Affirmation	2.30 (0.89)	1.99 (0.84)	2.21 (0.89)	1.00	4.00	0.34
Primary Caregiver: Cultural Affirmation	2.00 (0.89)	1.73 (0.66)	1.91 (0.83)	1.00	4.10	1.09
Elder: Identity Disapproval	1.10 (0.17)	1.15 (0.24)	1.11 (0.19)	1.00	2.00	2.35
Elder: Personal Affirmation	2.29 (1.00)	2.34 (0.94)	2.30 (0.98)	1.00	4.25	0.17
Elder: Cultural Affirmation	2.43 (1.20)	2.37 (1.13)	2.42 (1.18)	1.00	4.70	0.55
Connections	Frequency (%)	Frequency (%)	Frequency (%)			
No Connections	48 (66)	13 (43)	61 (59)			
Has Connections	25 (34)	17 (57)	42 (41)			
Self-Event	10 (40)	5 (28)	15 (35)			
Group-Event	5 (20)	11 (61)	16 (37)			
Both	10 (40)	2 (11)	12 (28)			

**Table 6**

*Correlation Matrix of Relationships between LGBTQ+ Socialization Factors, Perceived Collective History, Identity Measures, and Psychological Functioning*

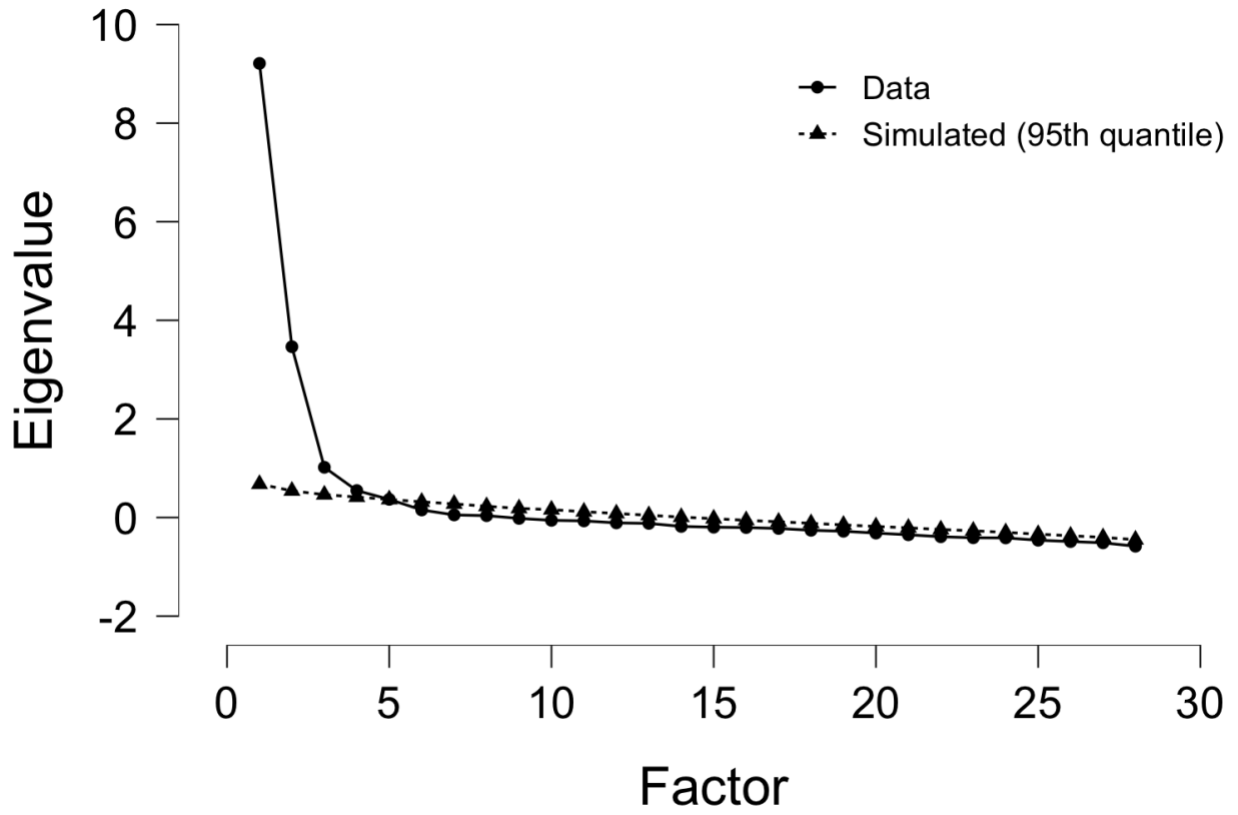
	Identity Disapproval	Personal Affirmation	Cultural Affirmation	Perceived Collective History	Identity Affirmation/Centrality	Sense of Community	Depression and Anxiety
	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
Identity Disapproval	1.00						
Personal Affirmation	-0.26**	1.00					
Cultural Affirmation	-0.29**	0.67**	1.00				
Perceived Collective History	-0.04	0.04	0.05	1.00			
Identity Affirmation/Centrality	0.11	0.32**	0.15**	0.24**	1.00		
Sense of Community	0.10	0.32**	0.14*	0.14*	0.64**	1.00	
Depression and Anxiety	0.23**	-0.03	-0.03	0.10	0.04	-0.08	1.00
Satisfaction with Life	-0.29**	0.24**	0.29**	0.07	0.11	0.13*	-0.08

*Note.* All *p*-values adjusted using the Holm method.

\**p* < .05. \*\* *p* < .01

**Figure 1**

*Scree Plot Comparing Observed LGBTQ+ Socialization Factor Eigenvalues to Simulated Eigenvalues Produced from Randomly Generated Data.*



## Appendix A

### Demographics

1. What is your current age?

2. Which of the following best describes your current gender identity?

Woman

Man

Transwoman

Transman

Genderqueer/non-binary

If the above options do not capture your identity, please specify a term that does

3. Which of the following best describes your current sexual identity?

Homosexual/Gay/Lesbian

Bisexual

Asexual

Pansexual

Queer

Questioning

If the above options do not capture your identity, please specify a term that does

4. At what age did you first realize your gender identity?

5. At what age did you first realize your sexual identity?
6. If applicable, at what age did you first “come out” to someone else about your LGBTQ+ identity? [N/A option]
7. Which of the following best describes your race/ethnicity (check all that apply)?
- Black/African American
  - Asian/Asian American
  - Latino/a/x / Hispanic
  - Native American/Alaskan Native
  - Native Hawaiian/Other Pacific Islander
  - White/European American
- If the above options do not capture your identity, please specify a term that does
8. SES – For both the participant and their family of origin

**Think of this ladder as representing where people stand in the United States.**

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

**Where would you place yourself on this ladder?**

Please place a large “X” on the rung where you think you stand at this time in your life, relative to other people in the United States.





9. Please indicate the highest level of education completed by your parent(s)/primary caregiver(s):

Some high school, no diploma

High school diploma or equivalent

Trade, technical, or vocational training

Some college/university credit, no degree

Associate degree

Bachelor's degree

Master's degree

Professional degree (e.g., law school)

Doctorate degree

Other: \_\_\_\_\_

10. Did you primarily grow up in an area that is generally described as:

Rural

Urban

Suburban

Other: \_\_\_\_\_

## Appendix B

### Identity Socialization

1. The following questions are about the person you felt was your primary caregiver when you were growing up. If you had more than one caregiver, please choose one person to think about when answering these questions – ideally, the person who was most involved in raising you. Who is the caregiver you are thinking of:
  - a. Mom
  - b. Dad
  - c. Other Caregiver, please describe: \_\_\_\_\_

11. To the best of your knowledge, what is your primary caregiver's gender identity?

Woman

Man

Transwoman/transfeminine

Transman/transmasculine

Genderqueer/non-binary

If the above options do not capture their identity, please specify a term that does

12. To the best of your knowledge, what is your primary caregiver's sexual identity?

Homosexual/Gay/Lesbian

Bisexual

Asexual

Pansexual

Queer

Questioning

If the above options do not capture their identity, please specify a term that does

13. Did that primary caregiver know about your LGBTQ+ identity?

- a. Yes
- b. No

14. If yes:

- a. At what age did they know?

15. Please indicate how frequently over the course of your life your primary caregiver engaged in the following activities concerning your LGBTQ+ identity.

In your lifetime, your primary caregiver... 1 Never, 2 Rarely, 3 Sometimes, 4 Often, 5 Very Often

Negative Items

1. Refused to acknowledge your LGBTQ+ identity?
2. Gotten angry with you when you talked about your LGBTQ+ identity?
3. Discouraged you from spending time with other LGBTQ+ people?
4. Lied about your LGBTQ+ identity to others?
5. Told you that being LGBTQ+ is unnatural/immoral?
6. Discouraged you from viewing LGBTQ+ media?
7. Used LGBTQ+ slurs when you were around?

8. Made jokes about LGBTQ+ people in front of you?
9. Told you that you couldn't do something well because of your LGBTQ+ identity?
10. Avoided conversations about your LGBTQ+ identity?

#### Positive Items

11. Told you that they were okay with your LGBTQ+ identity?
12. Encouraged you to express your LGBTQ+ identity?
13. Asked questions about your LGBTQ+ identity?
14. Told you they loved you regardless of your LGBTQ+ identity?
15. Openly acknowledged you as their LGBTQ+ child to others?
16. Talked to you about others who may try to limit you because you're LGBTQ+?
17. Told you that you must be better in order to get the same rewards given to others because of being LGBTQ+?
18. Told you to avoid another group because of its members' prejudice against your LGBTQ+ identity?
19. Talked about something on TV to you that showed discrimination against LGBTQ+ people?
20. Talked about something on TV to you that showed positive representations of LGBTQ+ people?
21. Done or said things to encourage you to keep a distance from people who are not LGBTQ+?
22. Talked to you about unfair treatment against LGBTQ+ people?
23. Talked to you about successful LGBTQ+ people in the news?
24. Talked to you about successful historical figures LGBTQ+ people?

25. Encouraged you to read books or watch movies/TV shows about LGBTQ+ people?
  26. Done or said things to keep you from trusting people who are not LGBTQ+?
  27. Talked to someone else about discrimination against LGBTQ+ people when you could hear them?
  28. Talked to you about expectations others might have about your abilities because of your LGBTQ+ identity?
  29. Talked to you about important people or events in LGBTQ+ history?
  30. Watched TV shows or movies or read books about LGBTQ+ people or history with you?
  31. Encouraged you to get to know LGBTQ+ elders?
  32. Showed support to your LGBTQ+ friends or partners?
  33. Encouraged you to learn about LGBTQ+ history?
16. Do you have one or more older LGBTQ+ people in your life?
- a. If yes: Have they talked to you about your identity? At what age?
    - i. Same items as above
17. Socialization Memory Narrative of someone from a different generation (primary caregiver or other elder)
- a. Thank you for answering those questions about your experiences with your parent(s)/caregiver(s). We would now like you to take a moment to think about a particular memory that you can share with us. We are interested in how LGBTQ+ youth learn about the history, traditions, and values of their community and how they fit into that community. In particular, we are interested in how younger people learn about the LGBTQ+ community from an older generation.

Can you think of a time when someone from an older generation (someone more than 20 years older than you) shared something about the LGBTQ+ community that helped you to better understand your community and/or how you fit into it? This could be a personal experience of the elder, a cultural or historical event important to your community, or a story about the values, traditions, or behaviors of your community, or anything else that helped you to understand your community and your place in it.

Please think of a specific event – a specific moment in time when you had a conversation in which an elder shared such knowledge with you. Please be specific about when this happened, what was shared, how you responded, and what it meant to you then and now.

b. Narrative prompt for not having LGBTQ+ elder:

Thank you for answering those questions about your experiences with your primary caregiver. We would now like you to take a moment to think about a hypothetical scenario. We are interested in how LGBTQ+ youth learn about the history, culture, traditions, and values of their community and how they fit into that community. In particular, we are interested in what it might mean to younger people to learn about the LGBTQ+ community when they don't have relationships with LGBTQ+ people from older generations. Please think for a moment and tell us what you think it would mean to you to have a conversation with an LGBTQ+ elder in your community in which they shared a personal experience, a cultural or historical event important to your community, a story about the values, traditions, or cultural practices of your community, or anything

else that would help you to understand your community and your place in it.  
Please be specific in how this might impact how you feel about yourself and your community. What would you specifically like to learn about and why would that be important to you?

## Appendix C

### Identity Measure

#### **The Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011)**

For each of the following questions, please mark the response that best indicates your current experience as an LGBTQ+ person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

Disagree strongly Disagree Disagree somewhat Agree somewhat Agree Agree strongly

1 2 3 4 5 6

Identity affirmation subscale (items 6, 13, 26 of original)

1. I am glad to be an LGBTQ+ person.
2. I'm proud to be part of the LGBTQ+ community.
3. I am proud to be LGBTQ+.

Identity centrality subscale (items 11-R, 15, 21, 24, 25 of original)

1. My LGBTQ+ identity is an insignificant part of who I am.
2. My LGBTQ+ identity is a central part of my overall identity.
3. To understand who I am as a person, you have to know that I'm LGBTQ+.
4. Being an LGBTQ+ person is a very important aspect of my life.



5. I believe being LGBTQ+ is an important part of me.

## Appendix D

### Group Identity Measures

#### **Psychological Sense of LGBT Community (Lin & Israel, 2012) Membership subscale**

Never - Always

1 2 3 4 5

How often do you feel...

1. ...that you are a member of the LGBTQ+ community?
2. ...like you belong in the LGBTQ+ community?
3. ...a part of the LGBTQ+ community?

It is relatively common to use the acronym LGBTQ+ to describe a broad community, as we have been doing in this survey.

1. What letter(s) of LGBTQ+ do you most identify with? (open-ended)
2. Does adopting one of these labels make you feel a part of a larger community?  
(open-ended)
3. How would you describe that community represented by that letter? (open-ended)

## Appendix E

### Mental Health

# DASS<sub>21</sub>

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3

7	I experienced trembling (e.g., in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

## **Appendix F**

### Subjective Well-being

#### **Satisfaction with Life Scale (SWLS) (Diener et al., 1985)**

NUMBER OF OPTIONS:7

Strongly Disagree, Disagree, Slightly Disagree, Neither, Slightly Agree, Agree, Strongly Agree

NUMBER OF QUESTIONS:12

1. In most ways my life is close to my ideal.
2. I am dissatisfied with my life (R)
3. The conditions of my life are excellent.
4. I am satisfied with my life.
5. If I could live my life over, I would try to make many changes. (R)
6. I like my life.
7. My life is completely different from my ideal. (R)
8. So far I have gotten the important things I want in my life.
9. I dislike my life. (R)
10. So far my life has not met my expectations. (R)
11. If I could live my life over, I would change almost nothing.
12. The conditions of my life are terrible.

## Appendix G

### Perceived Collective Continuity (Sani et al., 2007) - Adapted

Respondents specify their level of disagreement or agreement with each statement, on a seven-point scale, where:

1 = I totally disagree; 2 = I disagree; 3 = I slightly disagree; 4 = I neither disagree nor agree; 5 = I slightly agree; 6 = I agree; 7 = I totally agree.

- 1: LGBTQ+ people have passed on their traditions across different generations.
- 2: LGBTQ+ history is a sequence of interconnected events.
- 3: Shared values, beliefs and attitudes of LGBTQ+ people have endurance across time.
- 4: Major phases in LGBTQ+ history are linked to one another.
- 5: Throughout history, the members of the LGBTQ+ group have maintained their inclinations and mentality.
- 6: (R) There is no connection between past, present, and future events in LGBTQ+ history.
- 7: LGBTQ+ people will always be characterized by specific traditions and beliefs.
- 8: There is a causal link between different events in LGBTQ+ history.
- 9: LGBTQ+ has preserved its traditions and customs throughout history.
- 10: The main events in LGBTQ+ history are part of an 'unbroken stream'.
- 11: LGBTQ+ people have maintained their values across time.
- 12: (R) There is no continuity between different ages in LGBTQ+ history.

The two subscales are as follows:

- Items 1, 3, 5, 7, 9 and 11 = Culture.
- Items 2, 4, 6, 8, 10 and 12 = History.

First, reverse the scores on items 6 and 12, such that: (1=7), (2=6), (3=5), (4=4), (5=3), (6=2), (7=1). Then, sum the scores to the six items for each respective subscale score, and divide each by 6.

## Appendix H

### Extra Questions and Measures

Questions after LGBTQ+ elder narrative (if applicable):

1. How old were you at the time this story was shared with you? \_\_\_\_\_
2. How old was the elder when it was shared with you? If you don't know exactly, your best estimation is fine.

Please use the following ratings for the next questions:

Not at all

Very Much

1    2            3            4            5            6            7

1. How important was this experience to you?
2. How positive was this experience for you?
3. How negative was this experience for you?
4. Did hearing this story make you think differently about yourself?
5. Would you say this story has become a central part of your own life story?

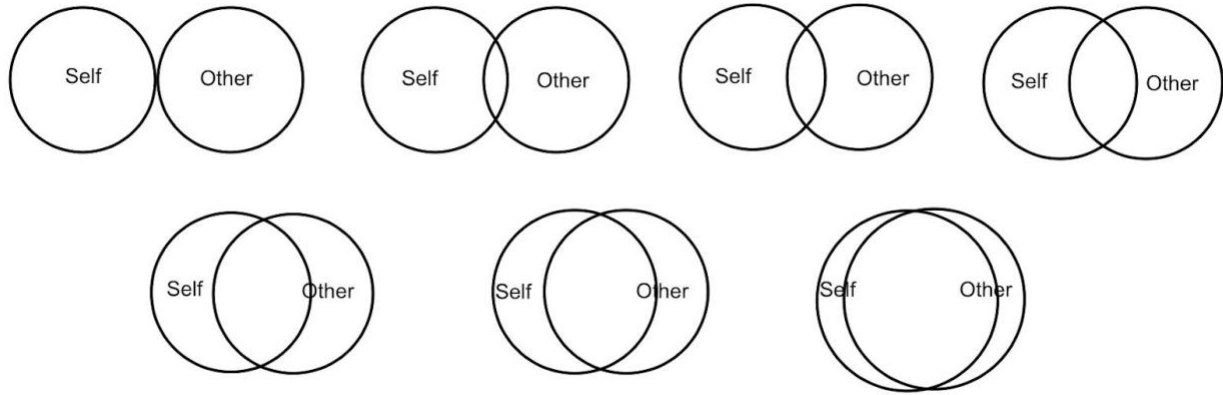
6. Would you say this story has become part of your LGBTQ+ identity?
7. Do you think you gained insight or learned a lesson from this experience?
8. If so, what was the insight or lesson that you gained? (open-ended)
9. How did this story help you to better understand your community and your place in it?  
(open-ended)
10. Have you had any other people in your life whom you feel have been especially influential in helping you to understand your LGBTQ+ identity and your place in the LGBTQ+ community? In this case, these people could be older or younger, and could include friends, family, teachers, etc. If you have anyone like this in your life, please list them here, including their relationship to you and a brief description of how they have influenced you: \_\_\_\_\_

After either narrative response:

**Aron, Aron, & Smollan (1992) - Inclusion of Other in Self (IOS) Scale - Adapted**

**Instructions:** Please select the picture below that best represents how you feel your identity overlaps with past generations of LGBTQ+ people. In the picture below, “self” refers to you and “other” refers to past generations of LGBTQ+ people.





After PSOC measure:

It is relatively common to use the acronym LGBTQ+ to describe a broad community, as we have been doing in this survey.

1. What letter(s) of LGBTQ+ do you most identify with? (open-ended)
2. Does adopting one of these labels make you feel a part of a larger community?  
(open-ended)
3. How would you describe that community represented by that letter? (open-ended)

## Appendix I

### Results Controlling for Sample

*F Statistics from ANCOVA Analyses Controlling for Sample*

	Sample (Covariate)	Main Effect
Primary Caregiver		
Identity Disapproval vs. Personal Affirmation	1.21	1.93
Identity Disapproval vs. Cultural Affirmation	5.91*	2.48**
Personal Affirmation vs. Cultural Affirmation	1.56	11.19**
LGBTQ+ Elder		
Identity Disapproval vs. Personal Affirmation	0.11	1.03
Identity Disapproval vs. Cultural Affirmation	0.03	0.83
Personal Affirmation vs. Cultural Affirmation	0.53	5.80**
Primary Caregiver vs. LGBTQ+ Elder		
Identity Disapproval	0.62	1.08
Personal Affirmation	0.08	1.83
Cultural Affirmation	0.02	2.54**

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

*Partial Correlations Controlling for Sample*

	Identity Disapproval <i>r</i>	Personal Affirmation <i>r</i>	Cultural Affirmation <i>r</i>	Perceived Collective History <i>r</i>	Identity Affirmation/ Centrality <i>r</i>	Sense of Community <i>r</i>	Dep and
Identity	1.00						
Disapproval							
Personal	-0.24**	1.00					
Affirmation							
Cultural	-0.27**	0.66**	1.00				
Affirmation							
Perceived	-0.04	0.04	0.06	1.00			
Collective							
History							
Identity	0.12	0.31**	0.14*	0.24**	1.00		
Affirmation/ Centrality							
Sense of	0.11	0.31**	0.13*	0.14*	0.64**	1.00	
Community							
Depression	0.23**	-0.03	-0.03	0.10	0.04	-0.07	
and Anxiety							
Satisfaction	-0.27**	0.22**	0.26**	0.07	0.08	0.11	-0
with Life							