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Deposited in *Repositório ISCTE-IUL*:

2023-01-12

Deposited version:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Aybar Camposano, G., Rodrigues, D. L. & Moleiro, C. (2022). Social and cultural correlates of identity management strategies among lesbian and gay people: The role of intergroup structure and self-construal. *Sexuality Research and Social Policy*. 19 (4), 1763-1777

Further information on publisher's website:

10.1007/s13178-022-00754-3

Publisher's copyright statement:

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Social and Cultural Correlates of Identity Management Strategies Among LG People: The Role of Intergroup Structure and Self-Construal

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Declarations

Funding

Part of this research was funded by a research grant awarded by Fundação para Ciência e a Tecnologia to GAAC (Ref.: PD/BD/150543/2019) and by a research grant awarded by Fundação para Ciência e a Tecnologia to DLR (Ref.: 2020.00523.CEECIND).

Conflicts of Interest / Competing Interests

The authors have no relevant financial or non-financial interests to disclose.

Availability of Data and Material

N/a

Code Availability

N/a

Abstract

Introduction: Lesbian and gay (LG) people often respond to stigmatization by managing their sexual identity. LG people may disassociate from their LGBTQ+ ingroup (i.e., individual strategies) or connect to it (i.e., collective strategies). Yet, many factors that may prompt LG people to use either strategy have been generally unexplored. We explored whether socio-demographic characteristics (i.e., age and gender), perceptions of the relationship between the LGBTQ+ ingroup and heterosexual outgroup, and self-construal are associated with identity management strategies among LG people. **Methods:** A sample of 204 LG people ($M_{age} = 29.78$) was collected online via Prolific Academic between 2020-2021. **Results:** Hierarchical linear regressions showed LG people who perceived the status of their LGBTQ+ ingroup concerning the heterosexual outgroup as legitimate in (im)permeable and (un)stable contexts reported engaging in more individual strategies. Those endorsing an independent self-construal were less likely to engage in individual strategies and conveyed more LGBTQ+ social support. In contrast, those with higher interdependent self-construal were more likely to engage in collective strategies. Gay men were more likely to dissociate from the LGBTQ+ ingroup, while lesbian women were more likely to seek its support. Older LG people reported lower engagement in collective strategies. **Conclusion:** These findings help paint a picture of how social and cultural variables factor in LG people managing their sexual identity as a possible response to stigma. **Policy Implications:** Results help inform policies and interventions addressing sexual identity stigma and health inequalities by emphasizing the nuances of individual-level factors among LG people.

Keywords: Social identity, lesbian and gay, self-construal, socio-structural context, social mobility, social support, collective efficacy.

Social and Cultural Correlates of Identity Management Strategies Among LG People: The Role of Intergroup Structure and Self-Construal

Although there has been an undoubtedly amount of progress in the last decades for sexual and gender minorities' rights worldwide, LGBTQ+ people are still victims of stigmatization and discrimination (Mendos et al., 2020; Poushter & Kent, 2020). Discrimination against lesbian and gay (LG) people has been shown to lead to a higher prevalence of physical (Cochran & Mays, 2007; Pachankis & Lick, 2018) and mental illnesses (Cochran et al., 2003; Gilman et al., 2001; Jorm et al., 2002; King et al., 2008; I. H. Meyer, 2003; Sandfort et al., 2001). At the same time, LG people often engage in various strategies to cope with the effects of discrimination (I. H. Meyer, 2003). Research has shown that LG people can detach (figuratively or literally) from their stigmatized group concealing their identity to *pass* as heterosexual—an individual strategy—or build social bonds with those in a similar situation and embracing their identity to improve the condition of their group—a collective strategy (Branscombe et al., 2012; Branscombe & Ellemers, 1998; I. H. Meyer, 2003). However, studies have accumulated relatively little empirical evidence on the factors associated with LG people's identity management strategies.

Our study aimed to better understand what precedes using an individual or collective strategy among LG people, considering social and cultural factors. First, we studied how LG people perceive the features of the broader socio-structural context (Mummendey et al., 1999; Tajfel & Turner, 1979) regarding the relationship of their low-status ingroup with the heterosexual high-status outgroup. We assessed the specific nature of this intergroup relationship by understanding the extent to which LG people perceive how: (1) permeable the boundary, (2) legitimate the structure, and (3) stable the position is between the LGBTQ+ community and their

heterosexual counterparts. Stigmatized people engage in individual or collective identity management strategies depending on the socio-structural factors regarding the permeability, legitimacy, and stability of group relations (Tajfel & Turner, 1979). For instance, when those stigmatized perceive the group relations of their low-status group with a high-status group as more permeable, stable, and legitimate they tend to favor individual strategies (e.g., Fernández et al., 2012; Verkuyten & Reijerse, 2008). However, to our knowledge, no study has examined how LG perceived the permeability of group boundaries and the stability and legitimacy of the intergroup relations between their LGBTQ+ (low-status) ingroup and heterosexual (high-status) outgroup. Lastly, we explored cultural orientations such as self-construal (i.e., how people define and make meaning of the self in terms of their relationship with others; Markus & Kitayama, 1991, 2010) and its relation to identity management strategies. Research on self-construal (SC) in low-status groups is scarce and has mixed results. Nonetheless, the research available suggests that SC are associated with people concealing or not their stigmatized identity (e.g., Kocabıyık & Bacıoğlu, 2021; Zang et al., 2014) and how they engage with their ingroup (e.g., Bozdağ & Bilge, 2021; Kateri & Karademas, 2018). Hence, we use a more exploratory approach to assess whether LG people's self-construal contributes to the usage of individual or collective identity management strategies.

Socio-Structural Context & Identity Management Strategies

LG people are often targets of victimization and discrimination due to their sexual identity across their lifespan (Katz-Wise & Hyde, 2012; Lund et al., 2021) and different cultures (Kite et al., 2019; Moleiro et al., 2021). Discrimination and stigmatization against LG people can be both blatant (e.g., harassment) and subtle (e.g., microaggression) forms of violence, leading to cumulative and pervasive experiences of stress (Lund et al., 2021). LG people can repeatedly

experience chronic stress throughout their life (i.e., minority stress; I. H. Meyer, 2003) linked to higher levels of anxiety and depression (Bostwick et al., 2010; Cochran et al., 2003), suicidality (King et al., 2008; Plöderl et al., 2013), risk of functional disability (Fredriksen-Goldsen et al., 2012), and risk-taking behaviors (e.g., smoking, alcohol consumption and substance abuse; McCabe et al., 2018; Operario et al., 2015; Schuler et al., 2018; Trocki et al., 2009).

The minority stress model (I. H. Meyer, 2003) suggests that LG people's sexual identity is one of the main threats to their mental health due to the stigma attached to it. Yet, Meyer (2003) also argues about the paradoxes of LG people's social identity, recognizing it can function not only as a threat but also as a source of strength. Social Identity Theory (SIT; Tajfel & Turner, 1979; Turner et al., 1987) proposes that people internalize the membership(s) of the group(s) they belong to and build identities from them. These identities provide people with positive psychological resources (e.g., self-esteem, support, and meaningfulness, e.g., Cooper et al., 2017; Greenaway et al., 2015; Kearns et al., 2017, 2018). When people belong to and identify with a stigmatized group, the positive benefits of their group membership can be threatened and hindered (Jetten et al., 2017). Yet, stigmatized people can use features of the intergroup context between their low-status groups compared to a high-status group to guide their behavior to maintain a positive and distinct social identity (Plante et al., 2014; Tajfel & Turner, 1979). For example, people with disproportionate short stature (or "dwarfism") manage their identity either by joining and taking pride in the "Little People" community or by concealing their stigmatizing attributes (i.e., undergoing limb-lengthening surgery), depending on how they perceived the context (Fernández et al., 2012). When members of stigmatized groups perceive a difference in status with another relevant group, then the stigmatized ingroup members consider: (1) the permeability of group boundaries (i.e., the extent to which people can leave one group and join

another), (2) the legitimacy of the group structure (i.e., how acceptable is the hierarchy between the low- and high-status groups is), and (3) the stability of the ingroup position (i.e., the extent with which the position of the group is considered changeable; Mummendey et al., 1999; Plante et al., 2014; Tajfel & Turner, 1979; Verkuyten & Reijerse, 2008). These appraisals, in turn, will determine the engagement in individual or collective strategies.

Research has shown that when stigmatized people perceive the boundaries and structure between their low-status compared to a higher-status group as permeable, legitimate, and stable, they engage in individual strategies (Fernández et al., 2012; Tajfel & Turner, 1979). One of such strategies is social mobility, whereby people disengage from their ingroup and assimilate a high-status or majority group identity, conceal their stigmatized attributes and act as high-status group members (Branscombe et al., 2012; Branscombe & Ellemers, 1998; Fernández et al., 2012). For example, lesbian women in sports often conceal their sexual identity by avoiding gendered language when talking about partners and presenting themselves as more stereotypically feminine (e.g., wearing makeup; Krane & Barber, 2003). Even though this strategy can help people avoid negative experiences and protect themselves from stigmatization (e.g., Crowell et al., 2015; Fuller et al., 2009), it can also result in psychological distress and reduced well-being (Bruce et al., 2015; I. H. Meyer, 2003; Pachankis, 2007; Pachankis et al., 2020; Selvidge et al., 2008).

Stigmatized people engage in collective strategies when they perceive their low-status group in comparison to a higher-status group as having impermeable boundaries but, at the same time, an illegitimate and unstable structure (Branscombe et al., 2012; Tajfel & Turner, 1979). In collective strategies, people move toward their low-status group, reject the culture of stigmatization, and take pride in the stigmatizing attribute (Fernández et al., 2012). Through

collective strategies, LG people can establish and draw social support from members sharing the stigmatizing characteristic to help them counteract the negative effect of stigma (Frost et al., 2016; Sattler et al., 2016; Vincke & van Heeringen, 2004). By engaging in collective strategies, LG people can share feelings of collective efficacy (i.e., the belief that ingroup position is changeable) and promote collective action to advance the condition and rights of sexual minorities (Chan & Mak, 2020). For instance, many countries worldwide celebrate Pride parades bringing people together as a form of group response against the mistreatment of the LGBTQ+ community (Peterson et al., 2018). The drawbacks of collective strategies are that low-status group members are still subjected to discrimination and give up the privileges of going through life as high-status members (Branscombe et al., 2012).

SIT provides a valuable framework for understanding and predicting identity management strategies used by members of stigmatized groups to potentially cope with discrimination. However, as Verkuyten and Reijerse (2008) state, it is crucial to go beyond mechanistic readings of this theory and the intergroup structure between low-status and high-status groups and take a closer look at the context of the group identity in question. For LG people, group boundaries may be considered permeable between the LG ingroup and heterosexual outgroup due to sexual identity being a concealable attribute. Yet, others argue that sexual identity is also not imperceptible (Rule, 2017; Sylva et al., 2010), and specific cues can render the boundaries between both groups impermeable for some LG people. Moreover, different subgroups within the LGBTQ+ community may differ in how they experience and respond to discrimination. Lesbian women often face stigma at the intersection of a low-status gender and sexual identity. For instance, lesbian women are more likely to suffer from economic hardships than gay men (Prokos & Keene, 2010). Therefore, it is crucial to recognize the unique

social history and context of the subgroups that make up the LGBTQ+ identity (Heck et al., 2013). It is also necessary to consider that intergroup relations between LG and heterosexual people are mostly context-dependent and may vary due to various factors (i.e., legal systems, cultural context; Kite et al., 2019). LG people may perceive the legitimacy and stability of their ingroup concerning the heterosexual outgroup differently, even within the same cultural context. Thus, LG people could differ on the concealment or embracement of their sexual identity, depending on how they perceive the social context as well as their cultural orientations.

Self-Construal

Culture is an essential concept in understanding the experiences of LGBTQ+ people worldwide since it is a central part of being human, allowing us to better comprehend intergroup relationships and social identities (Moleiro et al., 2021). It is not an easy concept to define, and it can manifest in many ways, such as in how we interact with others and construe ourselves. Markus and Kitayama (1991) coined the term self-construal (SC) to refer to how people define the self in relation to others, which can be more independently or interdependently. Compared to other cultural variables (e.g., individualism vs. collectivism) that aim to depict cultures, SCs describe people and are significant predictors of one's cognitions, emotions, and behaviors (for review, see Cross et al., 2011; Markus & Kitayama, 2010). According to this perspective (Markus & Kitayama, 1991, 2010), people who predominantly construe their self as internal and stable traits based on their uniqueness and authenticity (e.g., "I am smart") have an independent SC. In contrast, people who have a predominant interdependent SC construe their self as external and malleable traits in relation to others, their group membership, and their social relationships (e.g., "I am a mother"). An independent SC tends to be more prominent in individualistic cultures (e.g., United States), whereas an interdependent SC tends to be more pronounced in

collectivistic ones (e.g., Japan; Oyserman et al., 2002). Even though people have both independent and interdependent SC, the broader cultural context tends to favor the development of a predominant SC (Cross et al., 2011).

SCs can shape intergroup relations and self-identification (Markus & Kitayama, 2010). Yet, research has yielded mixed results. People with a predominant independent SC tend to fear social stigma to a lesser extent and seek support from others to a greater extent (Yalçın, 2016). Individuals with an independent SC are also inclined to engage in collective action against discriminatory treatment (Fischer et al., 2017). Higher endorsement of an independent SC can also lead to feelings of exclusion from one's marginalized group (Ferenczi et al., 2015). In contrast, those with a predominant interdependent SC tend to have a stronger collective identity and favor ingroup attitudes, to the detriment of outgroup members (Tawa & Montoya, 2019). Higher endorsement in interdependent SC is also more associated with feelings of inclusion and connectedness to marginalized groups and identities (Ferenczi et al., 2015). In line with these findings, other studies suggest that sexual minorities in collectivistic cultures identify with and draw more support from the LGBTQ+ community than those in individualistic countries (Aybar, 2019). Taken together, one could argue that LG people who endorse an independent SC may fight for their rights to demand better treatment of the self and preserve their authenticity. However, it could also be the case that those who endorse an interdependent SC may seek to maintain harmony with their national ingroup by passing as a heterosexual.

Research on cultural variables often overlooks minority and stigmatized groups (Tawa & Montoya, 2019). Exceptions are studies using a cultural perspective to understand violence and attitudes towards LGBTQ+ people in different parts of the world (e.g., Kite et al., 2019; Moleiro et al., 2021). For example, culture has been used as a lens to understand better why some

countries have laws that are more accepting or punishing of LG people (Kite et al., 2019). And yet, no study to our knowledge took a closer look at how cultural variables—such as SC—are associated with how LG people manage their identities as a response to stigmatization. Thus, we conducted a study exploring whether an independent and interdependent SC relates to how dissociated or engaged LG people are to their LGBTQ+ ingroup.

The Present Study

This study aimed to understand the extent to which social and cultural factors are associated with the likelihood of engaging in individual or collective strategies among LG people. We focused only on sexual identity rather than gender identity and expression. Drawing from the SIT, we examined how LG people perceive the factors of the socio-structural context regarding the relationship between their LGBTQ+ ingroup and the heterosexual outgroup. We expect LG participants who perceive the intergroup structure between their LGBTQ+ low-status ingroup compared to the heterosexual high-status outgroups as more legitimate and stable and perceive group boundaries as more permeable to be positively associated with social mobility (H1). We also hypothesize that those who perceive the context as less legitimate, stable, and permeable will be positively associated with collective strategies (i.e., social support and collective efficacy from the LGTBQ+ community; H2). Moreover, this study also built upon and expanded the work that bridges topics of identity, culture, and stigma by exploring the role of independent SC and interdependent SC in attaching or detaching from the LGBTQ+ ingroup. We advanced no *a priori* hypotheses due to a dearth of research examining SC on stigmatized groups such as LG people. We also accounted for possible differences within our sample by controlling for age and gender identity.

Method

Participants

A total of 258 people participated in this study, some of which abandoned the survey before completion ($n = 30$). Those who identified as trans, non-binary, and other diverse gender identities ($n = 24$) and those who identified as bisexual and other sexual minorities were not included in the study as their unique experiences would add complexity to the issues of mobility, and gender, among others. The final sample consisted of 204 people aged between 18 and 74 ($M = 29.78$, $SD = 10.26$). Most participants identified as men (58.3%), were single and without a romantic relationship (49.0%), were currently employed (34.8%), held either a high school diploma (31.5%) or bachelor's degree (31.0%), and lived in the United Kingdom (36.8%). Participants identified as gay men (58.3%) or lesbian women (41.7%).

Measures

Perceived Socio-Structural Context

We adapted items from Mummendey and colleagues (1999) to assess the perceptions of their low-status ingroup (i.e., the LGBTQ+ community) concerning the heterosexual high-status outgroup. Perceived stability of the socio-cultural context was measured using one item (“I think the relationship between the members of the LGBTQ+ community and straight people will remain stable for the next years”). Perceived legitimacy of the context was assessed using two items (e.g., “Straight people are entitled to be better off than the members of the LGBTQ+ community”). Items were mean aggregated, $r = .44$, $p < .001$. Lastly, the perceived permeability of the context was assessed using two items (e.g., “In principle, it is not difficult for a member of the LGBTQ+ community to be considered straight”). Items were also mean aggregated, $r = .31$,

$p < .001$. Responses to all items were given in 7-point rating scales (1 = *Strongly Disagree* to 7 = *Strongly Agree*).

Self-Construal

Predominant SC was measured using the Short Version of the Self-Construal Scale proposed by D'Amico and Scrima (2016) based on the original scale developed by Singelis (1994). This scale measures people's frame of reference for their identity based on their connectedness or separateness from others in a given context. Items are divided into two subscales, one assessing an independent SC (five items; $\alpha = .68$; e.g., "I do my own thing, regardless of what others think") and another an interdependent SC (five items; $\alpha = .69$; e.g., "I will sacrifice my self-interest for the benefit of the group I am in"). Responses were given in 7-point rating scales (1 = *Strongly Disagree* to 7 = *Strongly Agree*).

Social Mobility

We used the social mobility scale developed by Mummendey and colleagues (1999). Still, we adapted the items to the context and experiences of members of the LGBTQ+ community (i.e., low-status group) in relation to straight people (i.e., high-status group). This scale included four items ($\alpha = .77$; e.g., "I make an effort to be considered straight"), and responses were given in 7-point rating scales (1 = *Strongly Disagree* to 7 = *Strongly Agree*).

Social Support

Four items adapted from van Dick & Haslam (2012) were used to measure the perceived levels of social support from the LGBTQ+ community ($\alpha = .94$; e.g., "I get the help I need from other members of the LGBTQ+ community"). Responses were given in 7-point rating scales (1 = *Strongly Disagree* to 7 = *Strongly Agree*).

Collective Efficacy

Five items adapted items from Reicher & Haslam (2006) were used to measure the levels of collective efficacy among LG people ($\alpha = .88$; e.g., “Members of the LGBT+ community can remain calm when facing difficulties because we can rely on our coping abilities”). Responses were given in 7-point rating scales (1 = *Strongly Disagree* to 7 = *Strongly Agree*).

Procedure

The present study was conducted in agreement with the ethical guidelines issued by ISCTE —Instituto Universitário de Lisboa (approval reference number 35/2020). Participants were recruited and pre-screened through Prolific Academic. Specifically, we filtered participants by sexual identity and fluency in English. Those who were eligible to participate were shown the announcement of the study and the link to the survey. After accessing the link, participants received information about the study’s goals, the voluntary nature of their participation, that responses were confidential and anonymous, and that they could abandon the survey without their responses being considered. Participants were only allowed to proceed after providing electronic informed consent. The survey started with additional control questions (e.g., sexual identity), followed by standard socio-demographic questions and our main measures. The average time of completion was 8 minutes ($M = 7.96$, $SD = 16.96$). At the end of the survey, participants were thanked for their participation and debriefed. Those who completed the survey and met the inclusion criteria were financially compensated for their time.

Analytic Plan

Data were analyzed using JASP (version 0.14.1) software. Initially, we conducted preliminary analyses by computing correlation and conducted a series of *t*-tests to compare participants across gender identities. To test our hypotheses, we conducted three five-step hierarchical linear regressions to examine the extent to which different groups of factors are

associated with individual (i.e., social mobility) and collective strategies (i.e., social support and collective efficacy) among LG people. Our first step was to enter socio-demographic variables (i.e., gender identity and age) into the model to control for them before examining social and cultural factors (step 1). Then we entered variables in our model assessing LG people's perceptions of the socio-structural context regarding their LGBTQ+ ingroup and its relation to the heterosexual outgroup. We wanted to determine not only the contributions of stability, permeability, and legitimacy (step 2) but as well their respective two-way (step 3) and three-way interactions (step 4). Since we are exploring the relationship between self-construal and identity management strategies, we wanted to assess if the inclusion of the independent SC and interdependent SC in the model contributed significantly while considering social-demographic and contextual factors. Hence, our last step was to include cultural variables (i.e., independent SC and interdependent SC) in our model (step 5).

Results

Preliminary Analysis

Descriptive information and correlations among our main variables were summarized in Table 1. Results showed that higher levels of independent SC were negatively related to social mobility, $p = .031$, while interdependent SC was positively associated with LGBTQ+ social support, $p = .007$, and collective efficacy, $p < .001$. Additionally, perceived legitimacy was positively associated with social mobility, $p = .001$, and stability was positively related to collective efficacy, $p = .012$. Social support from the LGBTQ+ community was positively associated with collective efficacy, $p < .001$. Conversely, social mobility was negatively related to social support, $p < .001$, and collective efficacy, $p < .001$. Age was positively correlated to

independent SC, $p = .017$. and negatively associated with perceived legitimacy, $p < .001$, and LGBTQ+ social support, $p < .001$.

Table 1

Descriptive Statistics and Correlations

	<i>M</i>	<i>(SD)</i>	1	2	3	4	5	6	7	8	9
1. Independent SC	4.43	(1.09)	—								
2. Interdependent SC	3.89	(1.01)	-.15*	—							
3. Legitimacy	2.16	(1.44)	.02	-.05	—						
4. Stability	4.36	(1.34)	.10	-.07	-.06	—					
5. Permeability	4.31	(1.22)	.05	.06	-.18*	-.01	—				
6. Collective Efficacy	4.79	(1.07)	.06	.19**	-.07	.18*	.09	—			
7. Social Support	4.22	(1.54)	.06	.25***	-.01	.05	-.03	.48***	—		
8. Social Mobility	1.80	(1.00)	-.18*	.10	.22**	-.08	-.03	-.33***	-.24***	—	
9. Age	29.78	(10.26)	.17*	-.01	-.23***	.14*	.04	-.08	-.23***	-.05	—

Note. * $p < .050$, ** $p < .010$, *** $p < .001$.

As shown in Table 2, lesbian women perceived more social support from the LGBTQ+ community, $p = .025$, whereas gay men engaged more in social mobility strategies, $p = .025$.

Table 2

Comparisons Between Lesbian Women and Gay Men

	Lesbian Women		Gay Men		<i>t</i>	Cohen's <i>d</i>
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>		
1. Independent SC	4.37	(1.04)	4.47	(1.12)	.62	0.09
2. Interdependent SC	3.85	(1.03)	3.92	(1.01)	.54	0.08
3. Legitimacy	1.95	(1.44)	2.32	(1.43)	1.83	0.26
4. Stability	4.26	(1.36)	4.43	(1.33)	.89	0.13

5. Permeability	4.39	(1.27)	4.26	(1.18)	-.80	-0.11
6. Collective Efficacy	4.76	(1.05)	4.81	(1.09)	.36	0.05
7. Social Support	4.51	(1.55)	4.02	(1.51)	-2.25*	-0.32
8. Social Mobility	1.62	(0.90)	1.93	(1.05)	2.26*	0.32

Note. * $p < .050$, ** $p < .010$, *** $p < .001$.

Individual Strategies

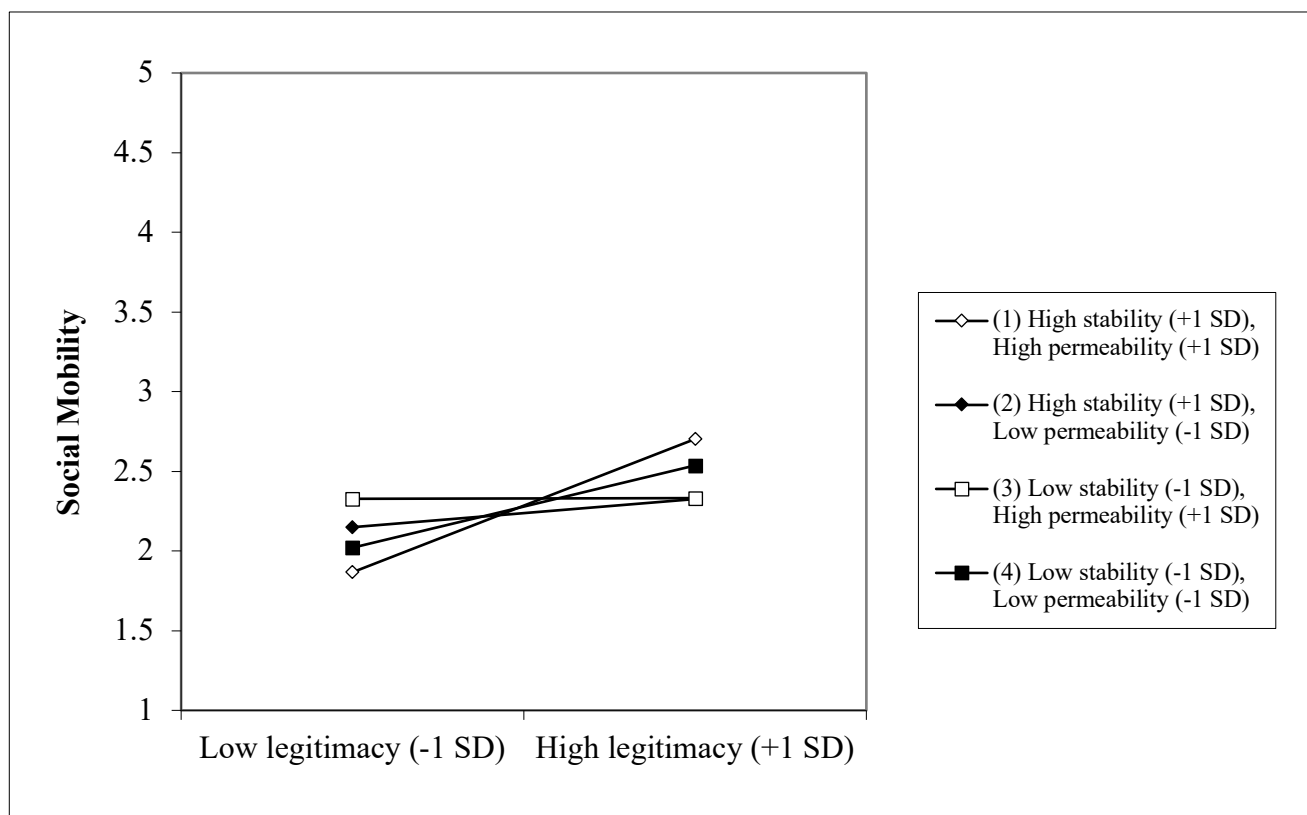
Results of the hierarchical linear regressions were summarized in Table 3. The full regression model was significant, $F(11, 192) = 2.81, p = .002$, and explained 14% of the variance. The results from step 1 suggested that gender was significantly associated with social mobility, such that those who identified as lesbian women reported less social mobility, $p = .019$. Age was not significantly related to social mobility, $p = .314$. Step 2 showed a positive association between legitimacy and social mobility, $p = .006$. However, there were no significant associations between perceived permeability or stability on social mobility, $p \geq .267$. Hence, showcasing that those who perceived the socio-structural context between the LGBTQ+ ingroup and heterosexual outgroup as legitimate reported higher levels of social mobility. None of the three two-way interactions (legitimacy x stability, legitimacy x permeability, or permeability x stability) added to the model in step 3 were significantly related to social mobility, $p \geq .620$. The three-way interaction added in step 4 was significantly associated with social mobility, $p = .009$. A subsequent slope analysis (see Figure 1) showed participants reported higher social mobility when they perceived the intergroup context between their LGBTQ+ low-status ingroup and the heterosexual high-status outgroup as stable, permeable, and legitimate, $b = .29, p < .001$. When participants perceived the context as unstable, impermeable, and legitimate, they also conveyed higher levels of social mobility, $b = .18, p = .001$. No other slopes were significant, $p \geq .336$. The

last step included in the model increased the explained variance. Results from step 5 suggested that an independent SC was negatively associated with social mobility, $p = .020$. An interdependent SC was not significantly related to social mobility, $p = .321$.

(Insert Table 3 around here)

Figure 1

Three-Way Interaction (Legitimacy x Stability x Permeability) on Social Mobility



Collective Strategies

Social Support

The five-step hierarchical linear regression model on social support was significant, $F(12, 191) = 3.22, p < .001$, and explained 17% of the variance. Results from step 1 showed a negative but significant association between age and social support, where older participants reported lesser levels of social support from the LGBTQ+ community, $p = .002$. Neither of the effects of

legitimacy, stability, and permeability (step 2), $p \geq .537$, their respective two-way interactions (step 3), $p \geq .433$, or three-way interaction (step 4), $p = .311$, were significantly associated with social support. The last step included in the model increased the explained variance. In step 5, the endorsement of both an independent SC, $p = .024$, and interdependent SC, $p < .001$, were positively and significantly associated with a higher level of social support from the LGBTQ+ community. The inclusion of SC in the model also rendered the association between gender and LGBTQ+ social support as positive and significant, $p = .039$. Hence these results suggested that when controlling for cultural orientation, lesbian women report higher levels of LGBTQ+ social support when compared to gay men.

Collective Efficacy

The full regression was significant $F(11, 192) = 2.43, p = .007$, and explained 12% of the variance. Step 1 indicated that gender and age were not significantly associated with LGBTQ+ collective efficacy, $p \geq .234$. Results from step 2 suggested that permeability was positively and significantly related to collective efficacy, $p < .001$, such that perceiving the boundaries between the LGBTQ+ community and their heterosexual counterparts as porous increased LG people's collective efficacy. The relationships between stability and legitimacy with collective efficacy were not statistically significant, $p \geq .253$. Neither the two-way interactions (step 3), $p \geq .344$, nor the three-way interaction (step 4), $p = .685$, between legitimacy, stability, and permeability were significantly associated with collective efficacy. Step 5 showed an increase in the variance of the model with the inclusion of the independent SC and interdependent SC. An interdependent SC was positively and significantly related to LGBTQ+ collective efficacy, $p = .006$. This finding suggests that when LG people's sense of self endorses group or social traits, this is likely to increase feelings of collective efficacy from the LGBTQ+ ingroup. However, this was not the

case for an independent SC, $p = .225$. Notably, the inclusion of SC in the model rendered the association between age and collective efficacy negative and significant, $p = .049$, such as that older LG people report fewer feelings of collective efficacy.

Discussion

Navigating life with a stigmatized identity can pose a complex challenge leading minority group members to engage in various strategies to respond to the adverse effects of stigma. SIT (Tajfel & Turner, 1979; Turner et al., 1987) proposes that the perceptions of the socio-structural context of the relation between a low-status and high-status group can help researchers understand how stigmatized group members manage their identity as a response to stigma. Additionally, cultural variables and orientations can also impact the groups we belong to and the identities that stem from them. The present study explored how perceptions of the social-structural context and self-construal correlate with LG people's identity management strategies.

Our findings showed that when LG people perceived the socio-structural context of their LGBTQ+ low-status group in comparison to their heterosexual high-status group as stable, permeable, and legitimate, they were more likely to engage in social mobility. Interestingly, this was also the case for LG people, who perceived the context as unstable, impermeable, and legitimate. It seems to be the case that accepting one's position and treatment as a minority group (i.e., legitimacy) can lead to more engagement of social mobility in contexts perceived as either stable and permeable or unstable and impermeable. This finding is particularly interesting when considering past studies showing that what leads stigmatized groups to more social mobility is the perceived permeability of group boundaries in legitimate and stable contexts (Fernández et al., 2012; Mummendey et al., 1999; Verkuyten & Reijerse, 2008). SIT also argues that those who

can conceal their stigmatized attribute tend to engage in social mobility to escape the detrimental effects of stigma and discrimination, whereas those who struggle to conceal their identity tend to engage in collective strategies. And yet, we found that the condition consistently associated with social mobility was perceiving the context as legitimate, suggesting legitimacy as the driving force underlying this process among LG people. It could be the case that stigmatized groups such as LG people that possess a relatively concealable stigmatized attribute (Rule, 2017) and have increasingly gained awareness and legal recognition (Poushter & Kent, 2020), legitimizing their minority position and treatment in society could be a proxy for trying to *pass* as heterosexual.

Notably, our results showed a non-significant three-way interaction between perceived socio-structural context (legitimacy, stability, and permeability) and collective strategies among LG people (i.e., social support and collective efficacy). SIT (Tajfel & Turner, 1979; Turner et al., 1987) argues that when members of a minority group cannot conceal their stigmatizing attributes (e.g., sexual identity), they tend to build a positive group identity and join fellow ingroup members to fight against discrimination. Minority people also find ways to identify with and join groups of people who like them when they perceive the intergroup structure between low-status and high-status groups as unstable or illegitimate (Mummendey et al., 1999; Verkuyten & Reijerse, 2008). Yet, our findings do not align with this premise. It could be the case that the mechanism needed for members of a stigmatized group to unlock social support and feelings of collective efficacy is first to increase identification with their ingroup. Socio-structural variables have been associated with predicting people's ingroup identification (Ellemers, 1993; Verkuyten & Reijerse, 2008). Thus, one could argue that ingroup identification explains the association between perceived socio-structural context and collective strategies. Studies on SIT applied to the health of stigmatized people have suggested that a person who perceives to be a target of

discrimination start by increasing their identification with the ingroup in question (Branscombe et al., 1999; Jetten et al., 2017). In turn, group identification favors social support (Crabtree et al., 2010) and collective efficacy (Klandermans, 2002; Muldoon et al., 2017) from the ingroup. Drawing from this reasoning, the way LG people perceive the intergroup structure between their ingroup and heterosexual outgroup can determine the social support they receive and their collective efficacy because they start to identify more with the LGBTQ+ community. More research is still needed to support this claim.

We also found differences within our sample. Older LG persons were more likely to report less social support and collective efficacy from the LGBTQ+ community. These findings are consistent with previous research suggesting older LG persons report higher levels of loneliness and detachment from the LGBTQ+ community (de Vries, 2014; de Vries & Megathlin, 2009; Ribeiro-Gonçalves et al., 2022). We also found evidence that gay men reported higher levels of social mobility, whereas lesbian women (when controlling for SCs) reported higher levels of social support from the LGBTQ+ community. For men, concealing their low-status sexual identity while complying with the expectations of their high-status gender group can increase their likelihood of engaging in individual strategies. Lesbian women, at the intersection of low-status groups such as gender and sexual identity, may be more likely to engage in collective strategies. Compared to gay men, lesbian women passing as heterosexual may be unable to avoid the stigma and discrimination targeted at them due to their gender. Thus, lesbian women might be more prone to build stronger ties with others who share their stigmatizing attributes. Research shows lesbian women are inclined to befriend other lesbian women (Stanley, 1996) and often create alternative communities with active and supportive networks (Wayment & Peplau, 1995). Yet, a more nuanced examination of the different ways

LG people with other intersecting low-status attributes manage their identities when faced with discrimination is still needed.

This study also provided evidence of how cultural orientations among LG people may lead to different identity management strategies. Interestingly, we found that endorsing an independent SC was negatively associated with social mobility and positively related to LGBTQ+ social support. Those who endorse an independent self-construal are characterized by striving to promote their individual goals and express their opinions (Markus & Kitayama, 1991). Given that individual strategies generally imply concealing one's identity to avoid discrimination (Branscombe et al., 2012), people with an independent SC may prioritize the self instead of the ingroup and avoid social mobility if it threatens their sense of individuality and authenticity. It could also be the case that LG people engage in other forms of social mobility. Some authors have argued that there could be many ways for an LG person to conceal their sexual identity and *pass* as heterosexual. For example, some sexual minority people may opt to marry a different-sex person and live as a heterosexual person (i.e., capitulating), while others may accept their sexual identity but regard it as an irrelevant aspect of their life (i.e., blending; Cox & Gallois, 1996). Other authors suggest different types of individual social mobility such as ingroup social mobility. Whereas LG people may embrace their sexual identity and their individuality by distancing themselves from the prototypical notion of what it is to be gay or lesbian (e.g., Sánchez & Vilain, 2012; Taywaditep, 2002). For instance, LG people could engage in upward mobility or identification with high-status identities (e.g., white, wealthy, high social status) to shield themselves against violence and discrimination (D. Meyer, 2015, 2017). In contrast, endorsing an interdependent SC was significantly and positively associated with social support and collective efficacy from the LGBTQ+ community. Our findings are consistent with

research suggesting that people with an interdependent SC seem to build stronger ties with their ingroup (Markus & Kitayama, 2010) and can feel connected with their ingroup despite the stigma attached to their identity (e.g., Ferenczi et al., 2015; Tawa & Montoya, 2019). Collective strategies look for the group's improvement as opposed to the self (Branscombe et al., 2012). Thus, LG with higher interdependent SC may draw support from each other within the LGBTQ+ community and believe their group has all it takes to change its stigmatized condition.

Implication for Social Policies

The present study primarily focused on understanding and dissecting the factors of how individual LG people manage their identities as a response to discrimination. We hope it goes without saying that the results of this study do not endorse holding LG people the sole responsibility to endure and minimize the adverse effects of homophobic and oppressive social policies. Even though LG people find ways to cope with discrimination, policies aimed at the LGBTQ+ are vital to guarantee some type of systemic change and create supportive structures for sexual and gender minorities. Evidence has repeatedly shown that policies are needed to lessen the stigmatization, increase awareness, and improve the overall health and well-being of LG people (Chen & van Ours, 2022; Hagen & Goldmann, 2020; Hatzenbuehler, 2014; Pachankis & Bränström, 2018). Thus, social policies and policy reforms addressing mental health disparities between sexual minorities and heterosexual people are imperative. Our findings want to help inform such social policies by providing a more nuanced understating of the diversity and various individual-level factors of LG people to make them potentially more applicable.

We believe the findings of this study can help inform social policies targeted at improving the health of LG people in three ways. First, policymakers must distinguish between the specific and unique needs of older and younger LG people and among gay men and lesbian

women. For instance, designing an intervention for older lesbian women could benefit from fostering social support and relationships with other lesbian women to mitigate the adverse effects of the stigma associated with their gender and sexual identity. Second, how LG people perceive the (il)legitimacy of the group status between their low-status group with the high-status heterosexual group seems to be related to the extent to which they conceal or not their sexual identity. Policies and intervention programs addressing stigma and sexual identity-based health inequalities could benefit from helping LG people challenge their perceptions legitimizing the position of the LGBTQ+ group as inferior to the heterosexual one. Lastly, policymakers ought not to overlook how cultural orientations can construe the self, shape identity, and influence how LG people might respond to stigmatization. Our findings indicate that those with a more interdependent SC could value more programs and interventions involving their LGBTQ+ ingroup. We recognize there is still a need for more research on cultural orientation among LG people. Nevertheless, a crucial first step is acknowledging cultural differences within the LGBTQ+ community and how culture can shape how LG people manage their sexual identity.

Limitations & Future Studies

The present study had some limitations that we must acknowledge. First, this study's cross-sectional and exploratory nature does not allow us to determine causation. However, we explored potential correlates of identity management strategies among LG people and established a rationale based on theoretical assumptions. Future studies should consider conducting more studies to replicate our findings using alternative and complementary methodologies (e.g., qualitative analyses; longitudinal studies). Researchers could conduct longitudinal studies to examine the effects over time of the constructs tested in this study and

establish links between social and cultural factors as possible predictors of individual and collective strategies among LG people.

Second, we collected data from a demographically and geographically diverse sample but did not account for potential differences in the political, social, and legal realities of LGBTQ+ people. This diversity among our participants potentially can have its fair share of limitations and opportunities. Legal frameworks and social policies may shape how LG people perceive the intergroup structure between the low-status LGBTQ+ ingroup and heterosexual high-status outgroup, thus engaging in different identity management strategies. A study examining LG people across 28 countries suggests that identity concealment can function as a more adaptive strategy since it is associated with greater life satisfaction in structurally homophobic contexts, but this is not the case in those structurally supportive (Pachankis & Bränström, 2018). Nevertheless, by assessing social and cultural factors at an individual level and across countries, we observed some consistencies, regardless of the context, in the ways LG people manage their sexual identity. Despite differences across legal frameworks and borders, the life experiences of open and closeted LG people in different parts of the world seem to share similar stories. Hence, perceptions of the socio-structural context between the LGBTQ+ low-status and heterosexual high-status groups and cultural orientations may provide a more nuanced understanding of LG people's identities and experiences across countries with different LGBTQ+ legal frameworks and social policies. For instance, a detailed examination of such social and cultural variables can help us understand better why and how closeted people are present in countries that protect LGBTQ+ rights and why LGBTQ+ activists exist in oppressive ones. Future studies should seek to cross-culturally replicate our findings by examining the perceived intergroup structure between LG people and heterosexual groups. It could also be interesting to compare LG people's

(vs. heterosexuals) perception of intergroup relations across countries with progressive and oppressive LGBTQ+ legal frameworks and policies.

In the same vein as the second point, in this study, we did not assess the levels of minority stress among our sample. LG people across different countries and contexts may vary in how they experience stigma and respond to it. For instance, LG people in Poland can be exposed to a greater extent to violence and discrimination than those living in the United Kingdom. Even though there is still a great divide in acceptance of sexual and gender minorities worldwide (Mendos et al., 2020; Poushter & Kent, 2020), LG people seem to consistently experience the effects of minority stress regardless of where they are located (I. H. Meyer et al., 2021; Sattler & Lemke, 2019; Sun et al., 2020). How stigmatized people respond to discrimination also seems consistent across contexts and groups (for review, see Jetten et al., 2017). It could be of interest for future studies to examine and compare the effectiveness of individual or collective management strategies as a response to minority stress. Future studies could be conducted with LG people from the same country or cross-culturally to understand better how LG people navigating different LGBTQ+ social and legal realities respond to a similar threat (i.e., minority stress).

Lastly, this study did not account for the intersection of different stigmatized identities. By grouping gay men and lesbian women in our analyses, we may not have accounted for the sexism experienced by lesbian women or other intersecting stigmatized identities. Additionally, due to the international nature of our sample, we did not control variables such as race, ethnicity, and social class. Evidence shows that perceptions of the intergroup structure may differ across low-status ethnic groups and high-status white people (e.g., Verkuyten & Reijerse, 2008). Moreover, people from a low social class status tend to have higher levels of interdependent SC

in comparison to those from a high social class who have higher levels of independent SC (for review, see Cohen & Varnum, 2016). Race and ethnicity also factor in the lives of many LG people. Experiences of racism and xenophobia intersect and add to the homophobia and lesbophobia faced by LG people of color (e.g., David & Knight, 2008; D. Meyer, 2015), thus possibly impacting their identity management strategies. It can be of great interest and value to further explore the perception of the intergroup socio-structural context of low-status and high-status groups and SC among and across different gender identities and sexual orientations. Future studies could assess the perceptions of the intergroup structures of low-status and high-status groups and cultural differences between gay men and lesbian women more in-depth. Other studies could also examine the intergroup relations between stigmatized groups and identities within the LGBTQ+ community, such as trans and non-binary people (vs. cis high-status group) and bisexual people (vs. monosexual high-status group). Doing so can help us better understand the potential cultural differences, intergroup relations, and identity management strategies used by the diverse people that make the LGBTQ+ community.

Conclusion

This study goes beyond existing research taking a close look at the LGBTQ+ ingroup by examining how social and cultural variables are associated with individual and collective strategies among LG people. LG people tend to engage in more social mobility when they perceive the intergroup structure between the LGBTQ+ community and heterosexuals as legitimate in (un)stable and (im)permeable contexts. LG people who endorse an interdependent SC are more likely to engage in collective strategies. At the same time, those with a more independent SC are less likely to engage in individual strategies and report higher levels of LGBTQ+ social support. In this study, we also found differences across age groups and genders

where gay men reported higher levels of social mobility and lesbian women stated more social support from the LGBTQ+ community. In the same vein, older LG persons conveyed less LGBTQ+ social support and collective efficacy than younger LG people. This study helps supports social identity theory and better understand how LG people's perceptions of socio-structural factors concerning the heterosexual high-status outgroup, self-construal, and socio-demographic characteristics may result in different responses towards stigma. Our results can help the development of socially and culturally sensitive interventions, clinical practices, and policies aimed at helping LG people cope with stigma and improve their overall health.

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Table 3
Hierarchical Multiple Regression Analyses (Standardized Regression Coefficients)

	Social Mobility					Social Support					Collective Efficacy				
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 1	Step 2	Step 3	Step 4	Step 5	Step 1	Step 2	Step 3	Step 4	Step 5
Step 1															
Gender (Women = 1; Men = 0)	-.17*	-.14 ^a	-.14 ^a	-.14 ^a	-.13 ^a	.13	.13	.13	.13	.14*	-.03	-.04	-.04	-.04	-.03
Age	-.07	-.01	-.01	-.01	.01	-.22**	-.23**	-.22**	-.22**	-.24***	-.08	-.14	-.13	-.13	-.14*
Step 2															
Legitimacy (Leg)		.20***	.08	1.75*	1.61*		.02	.14	.50	.35		-.08	.14	-.12	-.26
Stability (Stab)		-.08	-.12	.79	.67		-.04	-.22	.43	.37		.24***	.48	.34	.49
Permeability (Perm)		.02	.02	.90*	.71*		-.03	.12	.46	.33		.06	.35	.21	.22
Step 3															
Leg x Stab			.12	-1.69*	-1.59*			.14	-.56	-.47			-.06	.22	.29
Leg x Perm			.02	1.86*	-1.66*			.06	-.67	-.64			-.18	.11	.16
Stab x Perm			-.01	-1.40*	-1.15			-.27	-.81	-.63			-.32	-.11	.05
Step 4															
Leg x Stab x Perm				2.08**	1.92*				.80	.76				-.32	-.38
Step 5															
Independent SC					-.16*					.16*					.08
Interdependent SC					.07					.27***					.19**
ΔR ²	.03	.04	0	.04	.03	.07	0	.01	.01	.08	.01	.07	0	0	.04
ΔF ²	3.07 ^a	.02*	1.15	.62**	.25**	7.71*	4.54	1.03	.12	1.20**	.78	2.52**	1.07*	.24*	.44**

Notes.

^a $p = .050$ * $p < .050$, ** $p < .010$, *** $p < .001$.