

# Patterns of Sexual Identity Development Over Time Among Lesbian, Gay, and Bisexual Youths: Implications for Mental Health

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# Sexual Identity Development

- The development of a lesbian, gay, and bisexual (LGB) identity – a.k.a., the “coming-out process” – has long been of interest in the literature.
- We conceptualize sexual identity development as having two related and overlapping meta-constructs:
  - Identity Formation
  - Identity Integration
- Identity formation involves the initiation of the process of self-discovery and exploration (Cass, 1979; Chapman & Brannock, 1987; Troiden, 1989).
- Identity integration entails a process of acceptance and commitment to one’s sexual identity (Morris, 1997; Rosario et al., 2001).

# Variability in Identity Development

- Several recent studies have documented different patterns or pathways through the coming-out process (e.g., Dubé, 2000; Floyd & Stein, 2002; Rust, 1993; Savin-Williams & Diamond, 2000).
- Floyd and Stein (2002) found that LGB youths' sexual developmental milestones followed 5 patterns.
- However, all the studies are limited by their use of retrospective data, which are prone to distortions.
- Studies have also tended to focus on patterns in identity formation, disregarding identity integration.
- Longitudinal studies of the coming-out process have not examined potential patterns or variability.

# Mental Health Implications

- Although documenting the patterns of development is important, equally critical are the implications of the different patterns for the mental health of LGB youths.
- Given that some youths have difficulty accepting and integrating their sexual identity, it is reasonable to hypothesize that different patterns of identity development may result in differences in mental health.
- Of particular concern are youths who initiate development early and those whose integration either is delayed or remains consistently low.
- Indeed, studies have found aspects of identity integration to be linked to indicators of mental health (D'Augelli, 2002; Morris et al., 2001; Rosario et al., 2001).
- However, studies to date have been cross-sectional.

# The Current Report

- The current study is the first to longitudinally examine the association between sexual identity development and mental health.
- Specifically, this report examines whether different patterns of sexual identity formation and integration are associated with concurrent and subsequent mental health indicators.
- Further, it examines whether identity development accounts for mental health beyond that accounted for by other important correlates of LGB mental health (e.g., supportive friends and family, gay-related stress)

# Participants and Procedure

- 156 LGB youths recruited from gay-focused community organizations and LGB student groups in New York City
- Mean age of 18.3 years ( $SD = 1.7$ )
- 51% male
- 66% Gay/lesbian, 31% Bisexual, 3% Other
- 3 structured interviews, six months apart
- Over 90% were re-interviewed at each of the two subsequent times

# Measures

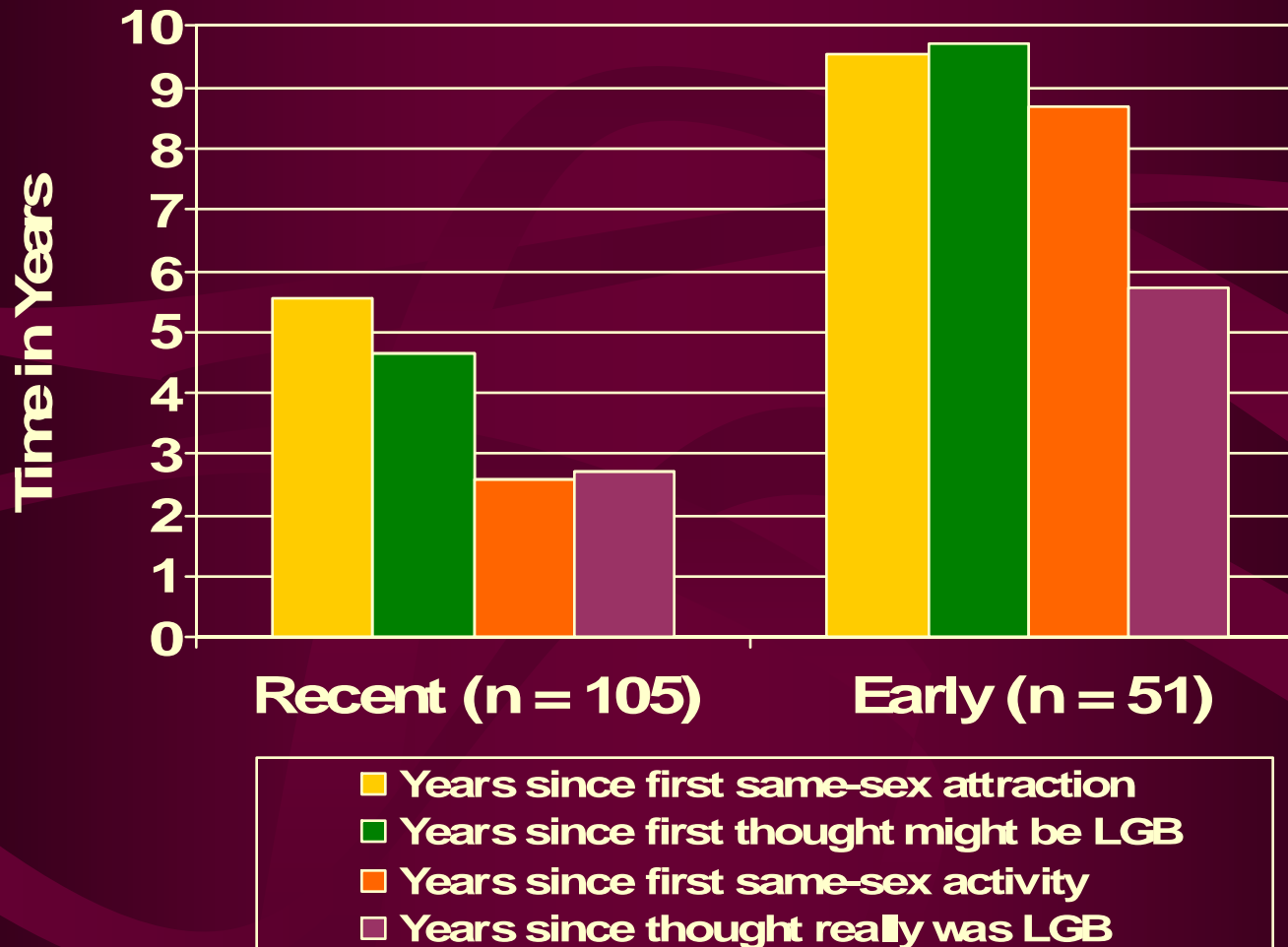
- **Identity Formation (assessed only at Time 1):**
  - Age first attracted to/fantasized about the same sex
  - Age first thought “might be” LGB
  - Age first thought “really were” LGB
  - Age first same-sex sexual activity
- **Identity Integration (assessed Times 1-3):**
  - Involvement in gay-related social activities
  - Positive attitudes toward homosexuality
  - Comfort with others knowing about one’s sexuality
  - Disclosure to others



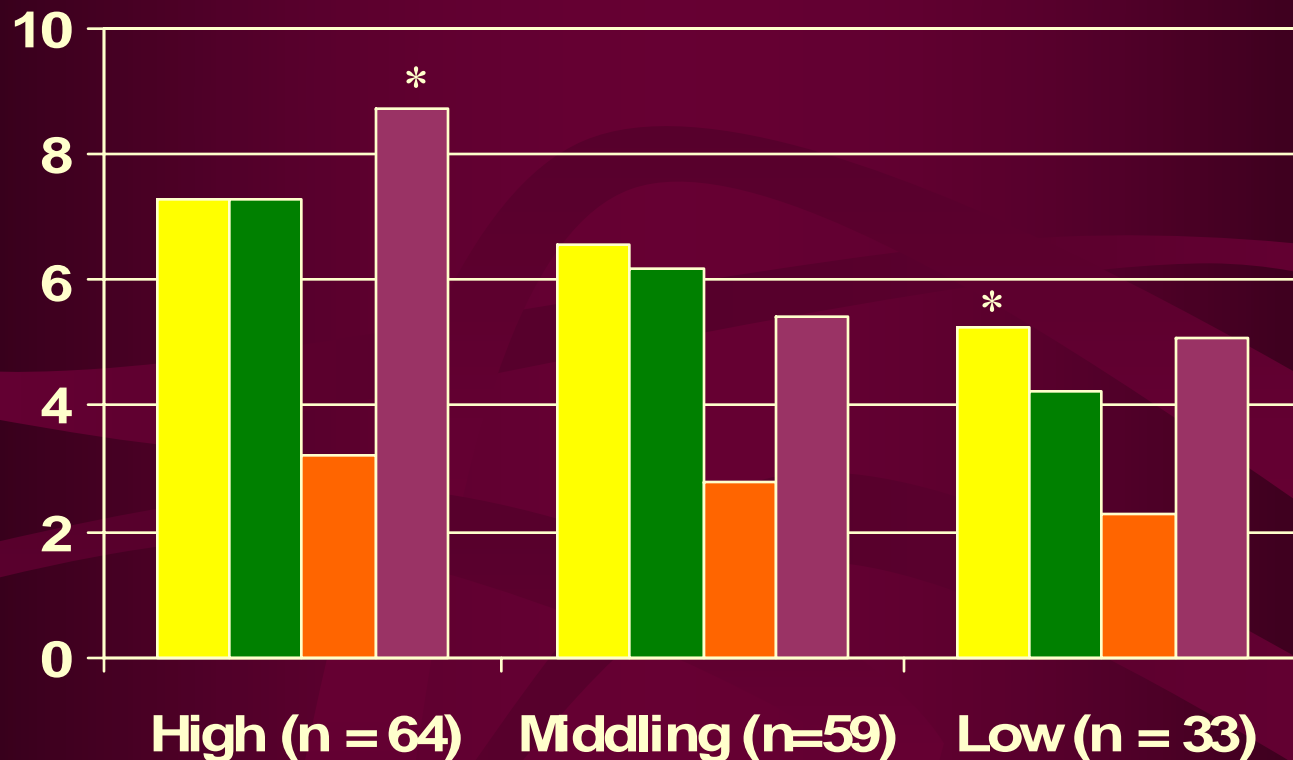
# Cluster Analysis

- Cluster analysis was used to identify different patterns of identity formation and identity integration.
- Cluster analysis is an inductive statistical method that identifies naturally occurring groups on the specified variables of interest.
- We conducted 2 cluster analyses:
  - One on the 4 indicators of identity formation.
  - The other on the 4 indicators of identity integration.

# Patterns of Identity Formation



# Patterns of Identity Integration



- Involvement in LGB-related social activities
- Positive attitudes toward homo/bisexuality
- Comfort with others knowing
- Disclosure to others

# Correlates of Identity Formation

- Patterns of identity formation were not associated with mental health at Time 1 or Time 2.

Time 1:	Recent Development (n = 105)	Early Development (n = 51)	F
Depressive Symptoms	1.04	1.15	ns
Anxious Symptoms	1.17	1.32	ns
Conduct Problems	1.92	1.82	ns
Self-Esteem	3.36	3.28	ns

# Correlates of Identity Integration

- Patterns of identity integration at Time 1 were related to mental health at Time 1 and Time 2.

Time 2 Health	High (n = 64)	Middling (n = 59)	Low (n = 33)	F
Depressive Symptoms	0.49 <sub>a</sub>	1.00 <sub>b</sub>	0.79	6.75**
Anxious Symptoms	0.53 <sub>a</sub>	0.85 <sub>b</sub>	0.98 <sub>b</sub>	4.62**
Conduct Problems	1.11 <sub>a</sub>	1.34	1.77 <sub>b</sub>	2.55†
Self-Esteem	3.64 <sub>a</sub>	3.37 <sub>b</sub>	3.38 <sub>b</sub>	6.52**

Note. Means with different subscripts differ at  $p < .05$ .

# Consistency and Change Over Time in Individual Identity Integration

- Consistently High Integration: 28% (n = 39)
- Increased from Mid to High: 12% (n = 17)
- Decreased from High to Mid: 11% (n = 16)
- Consistently Middling: 20% (n = 28)
- Consistently Low: 13% (n = 18)
  
- Increased from Low to Mid: 8% (n = 11)
- Decreased from Mid to Low: 6% (n = 8)
- Increased from Low to High: 1% (n = 2)
- Decreased from High to Low: 1% (n = 2)

# Predicting Consistency and Change in Identity Integration

Time 2:	Consistent High	Increased from Low/Mid to High	Decrease d from High to Middling	Consistent Middling	Consistent Low
Depressive Symptoms	0.48 <sub>a</sub>	0.94 <sub>b</sub>	0.46 <sub>a</sub>	0.93 <sub>b</sub>	1.04 <sub>b</sub>
Anxious Symptoms	0.46 <sub>a</sub>	0.71 <sub>ab</sub>	0.68 <sub>ab</sub>	0.88 <sub>b</sub>	1.33 <sub>c</sub>
Conduct Problems	0.85 <sub>a</sub>	1.67 <sub>b</sub>	1.63 <sub>b</sub>	0.89 <sub>a</sub>	2.06 <sub>c</sub>
Self-Esteem	3.63 <sub>a</sub>	3.62 <sub>a</sub>	3.66 <sub>a</sub>	3.31 <sub>b</sub>	3.23 <sub>b</sub>

Note. Means with different subscripts differ at  $p < .05$ .

# Multivariate Analyses

- Hierarchical linear regression was used to examine if identity change groups were associated with each mental health indicator, after
- Controlling for sex, sexual identity, and social desirability
- And for social context factors, specifically family support, friend support, negative social relationships, and gay-related stress.



# Multivariate Results

- Consistent with the bivariate findings, changes in identity integration were significantly related to
  - fewer depressive symptoms ( $\Delta R^2 = .06^*$ )
  - fewer anxious symptoms ( $\Delta R^2 = .11^{**}$ ),
  - fewer conduct problems ( $\Delta R^2 = .11^{**}$ ), and
  - higher self-esteem ( $\Delta R^2 = .09^{**}$ ).
- Specifically, youths with consistently high integration reported better mental health than youths who were consistently low in integration, even after accounting for other factors.

# Discussion

- Although limited by the small urban convenience sample, the current study
  - Is the first prospective study of the coming-out process
  - Builds on earlier work identifying the diverse patterns of identity development and
  - Provides a number of new insights into the sexual identity development of LGB youths.

# Discussion

- The current report found that LGB youths do not follow a single pattern in the coming-out process.
- Rather, we found 2 patterns of identity formation and 3 patterns of identity integration.
- These findings suggest that the coming-out process is variable and non-linear.
- Some LGB youths experience delays in their identity formation and integration.

# Discussion

- Although identity formation was unrelated to subsequent mental health, both level of identity integration and individual change in integration were associated with multiple indicators of mental health one year later.
- This suggests that delays or stagnation in identity integration may result in mental health difficulties.
- It also suggests that not all LGB youths are at risk for mental health difficulties. Rather, it is those with low levels of integration who may be at particular risk.
- Further, these differences were found even after controlling for supportive relationships and gay-related stress.

# Clinical Implications

- The findings have implications for clinical or supportive services for LGB youths.
- Because most LGB youths were found to have good mental health, these findings suggest that interventions and services might target youths with low levels of identity integration.
- The findings that identity integration was related to mental health, even after controlling for supportive relationships, suggest that clinical or supportive services that only promote a supportive environment may not be sufficient to promote mental health.
- The findings suggest the need to address identity integration in existing clinical and supportive services.



Thank You

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# Participants and Procedure

- 156 lesbian, gay, or bisexual youths
- Recruited from gay-focused community organizations and LGB student groups in New York City
- Ages 14 – 21 ( $M = 18.3$ ,  $SD = 1.7$ )
- 51% Male, 49% Female
- 37% Latino, 35% Black, 22% White, 7% Other
- 34% had parents on public assistance
- 66% Gay/lesbian, 31% Bisexual, 3% Other
- 3 Structured Interviews, Six months apart
- 92% were re-interviewed at 6-month assessment
- 90% were re-interviewed at 12-month assessment

# Cluster Analysis

- Cluster analysis was used to identify different patterns of identity formation and identity integration.
- Cluster analysis is an inductive statistical method that identifies the naturally occurring groups of participants on specified variables.
- We conducted 2 hierarchical cluster analyses:
  - One examined the natural groupings of youths on 4 identity-formation milestones.
  - The other examined the natural groupings of youths on 4 indicators of identity integration.
- The initial cluster groupings were then re-examined using K-means cluster analysis.