

Multiple Identities: An Examination of Racial, Religious and Sexual Identity

For Black Men Who Have Sex with Men During Emerging Adulthood

by

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A dissertation submitted to the Graduate Faculty in Developmental Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy,

The City University of New York

2011

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This manuscript has been read and accepted for the
Graduate Faculty in Developmental Psychology in satisfaction of the
dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

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The current research study attempted to understand the relationship among racial, religious, and sexual identities and their impact on psychological well-being and sexual behavior for emerging adult Black men who have sex with men (BMSM). An online survey designed to measure multiple identities, psychological well-being, and sexual behavior for Black emerging adults (ages of 18 and 29) was completed by 120 BMSM.

Racial, religious, and sexual identities each had an impact on measures of psychological well-being. In bivariate and regression analyses, racial identity was associated with less depressive symptomatology. Religious identity was positively associated with resiliency in both bivariate and regression analyses. Although religious identity was associated with increases in internalized homonegativity, sexual identity was associated with decreases in internalized homonegativity. Even though internalized homonegativity was not hypothesized to interact with measures of identity, it moderated the relationship between each identity and measures of psychological well-being. In regards to sexual behavior, racial identity was the only identity which was related to measures of sexual behavior. Stronger identification with ones racial identity was

associated with decreases in sexual behavior. Internalized homonegativity once again moderated the relationship between identities and measures of sexual behavior.

These findings highlight the relationship between multiple identities, psychological well-being, internalized homonegativity and sexual behavior for a population of men greatly impacted by the HIV epidemic. For these men, having a connection to any one of their many identities may be sufficient for psychological well-being. However, it is the interaction of each identity and internalized homonegativity that puts these men at increased risk for impaired psychological well-being and sexual risk behavior. Such findings have practical implications for researchers and service providers invested in providing BMSM with adequate resources and for improving HIV prevention efforts for this population of men.

Acknowledgments

I am humbled and truly grateful to have had such a wonderful support system throughout this process. First I have to thank my family for their unconditional love and support. They supported me as I moved to the other side of the country to pursue this degree and have been a source of strength since the beginning. I am grateful to my mother, Glenda, who instilled within me the drive and determination to accomplish my goals, even when times get rough. I am thankful for my father, Rodney I, who has been a shoulder to cry on when times seemed too hard to bare and the first person to give me praise when goals were achieved. You have both been the best cheerleaders any child could ask for! To my older brother, Antoinette, thank you for being the coolest big brother ever! To my younger brothers, Rodney II and Givanti, I hope that I have started a path for you both to follow. I bestow my love for academia upon you and I hope that you are both inspired to follow me through to higher education.

I must also give a big thank you to my wonderful sorority sisters. To my chapter, thank you all for always keeping me laughing and for supporting me even though I have been far away. To Maisha, thank you for your constant peer-reviewing skills. I can't wait for the day that I get the honor of calling you Dr. Davis. A special thank you and appreciation must be given to Vanessa. Thank you for being an amazing friend, Soror, and much much more. You dealt with my "grumpiness" through the hardest leg of this journey. I am so happy that you have stuck with me through these trying times and I hope that our relationship will continue to grow. I would also like to acknowledge two of the best friends anyone could ask for, Michelle and Serrita. Thank you for the many escapes out of New York and back to California and Nevada when I needed them the most!

I am very thankful for my co-workers at the Center for HIV Educational Studies and Training (CHEST) with whom I have worked with over the past four years. CHEST has prepared me to become an independent researcher and I want to thank those who have been instrumental in my development as a researcher, supervisor, and overall academic. Special thank you to Catherine Holder, Michael Adams, and Drs. Tomassilli, Weinberger, and Wells.

Lastly, I must acknowledge and thank my committee members for their dedication to my academic growth and support of my research program. Dr. Glick, thank you for providing me with an understanding of developmental theory and for always keeping me on my toes. Dr. Golub, you have provided me with an invaluable skill set that I will carry with me throughout my academic career. Thank you for challenging me to go deeper in my research endeavors and for equipping me to be the best statistician, researcher, and critical thinker that I can be. Dr. Parsons, thank you for starting such an amazing research center and for providing me with opportunities to grow as a junior researcher. Dr. Longmire-Avital, thank you for showing me what it means to be a strong Black woman who conducts amazing research. Your example is one for many to follow. Dr. Wilton, thank you for your critical analysis of complex intersections of identities. Your work has greatly informed my research and I hope that we may continue to work together to make a substantial impact on the HIV epidemic for Black America.

Everyone in my life has been amazing and I thank you all for your words of wisdom, encouragement and support over the past 5 years. For those whom I have not mentioned, you are appreciated. Each of you have played an instrumental role in my growth and have molded me into the person I have become. To you all, I am thankful!

Table of Contents

Abstract	iv
Acknowledgements.....	vi
List of Tables	ix
List of Figures	x
Chapter 1: Background and Introduction	01
Chapter 2: Methods, Demographics, and Descriptives.....	22
Chapter 3: Research Question #1: What is the relationship between racial, religious, and sexual identities?	30
Chapter 4: Research Question #2: What is the relationship between racial, religious, sexual identities, and psychological well-being?	36
Chapter 5: Research question #3: What is the impact of racial, religious and sexual identity on sexual risk behavior?	43
Chapter 6: Discussion	47
Tables 1-13.....	70
Figures 1-6	85
References.....	88

List of Tables

Table 1. <i>Descriptives of Demographic Characteristics</i>	70
Table 2. <i>Salience of Multiple Identities</i>	71
Table 3. <i>Religious Beliefs and Behaviors</i>	72
Table 4. <i>Correlations between Multiple Identities</i>	73
Table 5. <i>Correlations between Multiple Identities-High vs. Low Racial Identity</i>	74
Table 6. <i>Demographic Characteristics Across Multiple Identities</i>	75
Table 7. <i>Correlations between Multiple Identities and Psychological Well-Being</i>	76
Table 8. <i>Linear Regression: Multiple Identities Predicting Measures of Psychological Well-Being</i>	77
Table 9. <i>Linear Regression: Internalized Homonegativity Predicting Measures of Psychological Well-Being</i>	79
Table 10. <i>Correlations Between Multiple Identities and Sexual Behavior</i>	81
Table 11. <i>Correlations Between Sexual Behavior and Psychological Well-Being</i>	81
Table 12. <i>Linear Regression: Multiple Identities Predicting Sexual Behavior</i>	82
Table 13. <i>Linear Regression: Internalized Homonegativity Predicting Sexual Behavior</i>	83

List of Figures

Figure 1. *Interaction of Religious Identity and Sexual Identity
for Resiliency*.....85

Figure 2. *Interaction of Sexual Identity and Internalized Homonegativity
for Depression*..... 85

Figure 3. *Interaction of Religious Identity and Internalized Homonegativity
for Resiliency*.....86

Figure 4. *Interaction of Racial Identity and Internalized Homonegativity
for Satisfaction with Life*.....86

Figure 5. *Interaction of Racial Identity and Internalized Homonegativity
for Total Sex Acts*87

Figure 6. *Interaction of Religious Identity and Internalized Homonegativity
for Number of Protected Sex Acts*.....87

Chapter 1:

Background and Introduction

In his original analysis, Erik Erikson's (1968) stated that identity development is an experience that traditionally takes place during adolescence (12-18 years old). However, Erikson also suggested that the changing times of American culture has delayed the timing of individuals' entering into adult commitments, causing identity development to take place after adolescence (Arnett, 2004; Erikson, 1968). Arnett (2004) extended Erikson's ideas regarding identity development and coined the term *emerging adulthood*. Both theorists suggest that, during identity exploration, young individuals develop ideologies, explore multiple identities, and confirm these identities, but have not yet committed to adult responsibilities (Arnett, 2004; Erikson, 1968).

Given the late onset of adult responsibilities and the extended time youth are taking for identity exploration, it is imperative to expand Erikson's model beyond adolescence and into emerging adulthood, particularly for individuals with multiple stigmatized identities. As these young adults continue to develop their identities, they may begin to feel conflict among their identities. These conflicts, while a normal part of identity development (Erikson, 1968), may decrease psychological well-being and increase risk behavior (i.e., substance use, risky sexual behavior) for these young adults as they explore and solidify their many identities (Arnett, 2004). Understanding this identity process for Black men who have sex with men (BMSM) is especially important. BMSM emerging adults represent three subgroups (i.e., young, Black, MSM) greatly impacted by the HIV epidemic as well as account for over half of new HIV infections (Centers for Disease Control [CDC], 2010a).

This dissertation seeks to better understand the relationship of multiple identities, psychological well-being and sexual behavior in the lives of emerging adult BMSM. This chapter will detail two developmental identity theories (Arnett, 2004; Erikson, 1968) as they relate to multiple identities, particularly for emerging adults. I will then discuss theory and research regarding the importance of community and identification with social groups (i.e., racial, religious, and sexual identities) for BMSM. Lastly, I will discuss the impact of multiple identities and identity development on risk behavior. This analysis may have significant implications for reducing HIV incidence rates among young BMSM.

Erikson's Identity Development

Erikson's model of identity development¹ is best understood as the process of resolving internal conflicts related to whom individuals are and what their environment expects of them. Conflicts during this period emerge between the instability of youth, the challenging of old ideologies and the development of new ideologies. Resolving conflicts in order to develop one's identity is considered an *identity crisis* (Erikson, 1968). Although a *crisis* is generally thought of as a negative experience, Erikson (1968) exposes the importance and normative trajectory of a crisis in the identity development process. A *crisis*, according to Erikson (1968), is a "turning point" in the developmental process that is highlighted by heightened levels of vulnerability and potential. This crisis is critical in a young individuals' ability to acquire strength through the identity development process. Experiencing the internal and external conflicts of an *identity crisis* are a major component of psychosocial development and human growth (Erikson, 1968).

¹ This is not an exhaustive review of Eriksonian theory. I have chosen to highlight only key aspects of his model that are most reflective of my constructs of interest.

The goal of this stage is to develop a *sense of inner identity* along with understanding one's *psychosocial identity*. Gaining a *sense of inner identity* is vital to personality and identity development. Inner identity allows an individual to develop good judgment and to accomplish goals in line with their own values as well as those set forth by their culture (Erikson, 1968). This inner identity then allows the individual to have an internal sense of unity among their identities. The internal wholeness which one seeks to accomplish is only succeeded by merging the identities which the youth has developed thus far and those which he seeks to attain in the future (Erikson, 1968).

Psychosocial Identity

One of Erikson's concepts throughout his theory is the importance of matching individual identity and values with societal expectations. Erikson (1968) proposes that personality and identity develop only when individuals are cognizant of the ways in which their individual lives must interact with others in their community. Individuals internalize societal expectations and use them as a scaffold to develop their identities. Youth develop their *psychosocial identity* by categorizing the negative and positive identities that their culture accepts. Given that youth use others in their social realm as models, much of identity formation during this time is confirmed when individuals gain validation from the people in their lives with whom they are closest (i.e., parents, family, peers) (Erikson, 1968). The ability to successfully match one's internal self with societal expectations has a major impact on young peoples' understanding of themselves and the world in which they live. Young individuals seek approval from their social world and are preoccupied with how they are viewed in their communities. If young individuals feel

as if their environment does not allow them to express their identities, this deprivation may lead to poor psychosocial functioning and increased risk behaviors (Erikson, 1968).

In a study designed to evaluate the psychometric properties of the Erikson Psychosocial Stage Inventory (Rosenthal, Gurney & Moore, 1981), Schwartz and colleagues (2009) found a significant relationship between identity, measures of psychosocial functioning (i.e., purpose in life, locus of control and resilience) and measures of internalizing symptoms (i.e., anxiety and depression). Identity synthesis predicted increases in purpose in life, self-esteem, and resilience and decreases in anxiety and depression (Schwartz, Zamboanga, Wang & Olthuis, 2009). The relationships found between developed psychosocial identity and measures of psychological well-being highlight the importance of individuals having a cohesive sense of identity as posited by Erikson's theory. When individuals are allowed to explore and express their internal identities, only then are they able to fully develop their sense of identity, increasing positive psychological well-being.

Emerging Adulthood

Emerging adulthood (roughly ages 18-25) is a time in an individual's life where identity exploration and development of a personal identity is at its peak (Arnett, 2000). Even though adolescence has traditionally been associated with identity development and the integration of internal selves with one's social world (Erikson, 1968; 1980) many individuals in the United States continue to engage in identity exploration well into their twenties (Arnett, 2000; 2004; Erikson, 1968). Many of the experiences individuals engage in during emerging adulthood are seen as fun and playful (Arnett, 2000; 2004). Arnett (2004) argues that emerging adulthood is an exploratory and fluid period that is

highlighted by identity development in romance, occupation and ideology. This time is exciting, anxiety provoking, full of uncertainty, open to endless possibilities, confusing and free of parental control (Arnett, 2004). During this time emerging adults explore their identities and transform their lives while simultaneously transitioning from adolescence into adulthood. Each experience helps emerging adults clarify their identities as well as solidify a self-understanding of who they are and who they want to become (Arnett, 2004). Due to the delay in engagement in adult activities (i.e., gaining financial and occupational security, marriage, child rearing) it is important to understand how young individuals continue to explore their identities after adolescence (Arnett, 2004).

In a study of ethnically diverse emerging adults, Schwartz and colleagues (2007) explored ethnic² identity development for young adults in the United States in an effort to explore Arnett's claim that identity development continues beyond adolescence. Schwartz and colleagues (2007) found that emerging adults represented variations in their ethnic identification. They highlighted the importance and differences of cultural identification within and between ethnic groups. Participants in this study clustered into three distinct groups: American culture identity (American centered), Heritage culture identity (culture of heritage centered), and biculturalism (both American and heritage centered) (Schwartz, Zamboanga, Rodriguez & Wang, 2007). These findings suggest that young adults from ethnic minority groups do not represent a homogenous group. There is great variation, in identification with one's ethnic group, among youth from cultural groups. In an effort to explore sexual identity during emerging adulthood, Lefkowitz &

² I have chosen to use the term "racial" when discussing identity for BMSM. However, some theorist and researchers use the term ethnic. While ethnic and racial identity are not synonymous they are often conflated yet represent different constructs.

Gillen (2006) found that although many young adults begin to explore their sexual identity in high school, it is not until they are around college age that they begin to really understand and solidify their identities. During this time, many young adults move away from their parents, gain increased autonomy, and engage in more long term romantic relationships (Arnett, 2000; Lefkowitz & Gillen, 2006). The continued exploration of identities into emerging adulthood, expresses the importance of examining identity development for BMSM during emerging adulthood.

Importance of Community

An emerging adult's community can serve as a buffer to the development of a negative identity and as a facilitator of positive psychosocial well-being. Having a strong sense of identity, particularly for members of marginalized social groups, may help individuals develop a strong self-concept around their stigmatized identity as well as develop the skills to assert themselves in the face of discrimination (Erikson, 1968; Parham, White & Ajamu, 1999; Phinney, 1989). Developing a strong identity is a complex and multi-dimensional process and varies to some degree depending on the identity in question. However, for some emerging adults, the identities that are explored during this period make it difficult to reach a point where their internal self is aligned with societal expectations. When young individuals seek models in their community who validate their identities, they gain positive views of themselves and increase their self-esteem. However, family and cultural expectations of what identities are appropriate can have a traumatic affect on identity formation. If young individuals' identities are not respected by their cultures, the lack of validation and support may lead to inconsistency of one's psychosocial identity and inner sense of self (Erikson, 1968). For BMSM, the

matching process between their internal selves and external forces is complicated due to the disconnect between their many identities.

Black Men Who Have Sex With Men

BMSM refers to *Black men who have sex with men* regardless of sexual identity. The term *men who have sex with men* (MSM) is used rather than gay or bisexual because some men may not adopt a gay or bisexual identity while still engaging in sexual behavior with men (CDC, 2010a). Since the first cases of the Human Immunodeficiency Virus (HIV), certain subgroups have been disproportionately affected by the epidemic. The Centers for Disease Control (CDC) reported that in 2006, MSM accounted for more than half of men living with HIV. These statistics are striking given that MSM only account for approximately 2% of the population (CDC, 2010a). Among MSM, young MSM are seeing increased HIV incidence rates. CDC surveillance data showed that, between 2001 and 2006, the number of diagnosed HIV cases among teenage and emerging adult (ages 13-24 years old) MSM rose drastically while rates of HIV among older MSM stayed relatively the same (CDC, 2009).

Although HIV incidence rates in the MSM community are alarming, the Black community has also been disproportionately affected by HIV. Despite the fact that the Black community only makes up about 13% of the United States population, Blacks make up about 46% of the HIV/AIDS cases in America (CDC, 2010b). Of men living with HIV in America, roughly 41% are Black and the most common method of HIV transmission is sexual contact with another man (CDC, 2010b). Emerging adult BMSM represent each of these subgroups (i.e., young, Black, MSM) who have been greatly impacted by HIV. Given these grave statistics, it is necessary to understand the lives of

BMSM and the ways in which the intersection of their multiple identities and communities may be placing these men at increased risk for HIV transmission.

BMSM Community and Identity Development

For BMSM, the relationship between identity and community is paramount. As each of their identities (racial, religious, sexual) develop and relate to one another, they must go through the crisis related to each identity and determine how that identity relates to their cultural values in order to fully develop their psychosocial identity. Erikson (1968) suggests that even though a crisis is vital to identity development and the emergence of one's sense of self, it is imperative to understand the ways in which identification with one's communities influences well-being and behavior (Erikson, 1968). In order for BMSM to successfully gain a positive self-identity, they must resolve any conflicts that may emerge between their internal identities and their communities (Erikson, 1968; Griffin, 2006; Summers, 2002). A young individual's social world is instrumental in the cultivation of identity development for young individuals (Erikson, 1968). However, given the displeasure and discomfort their racial and religious communities may have toward their sexual behavior (Griffin, 2006; Lester, 2002; Fullilove & Fullilove, 1999), young BMSM may lack a community that supports the integration of their identities.

Within American culture and the Black community same-sex behavior has been considered immoral. Historically the Black community has considered same-sex behavior to contradict the morals of the Black community (Summers, 2002). *Black nationalist thought* set the stage for much of the ideology that has ruled the Black community since the 1960's and has been derived and developed through religious doctrine (Griffin, 2006;

Summers, 2002). Black nationalist thought embedded within the Black community the idea that homosexuality did not advance the Black community and went against religious teachings (Summers, 2002). This belief system, which can still be found within the Black community, may make it difficult for individuals who engage in same-sex behaviors to feel fully accepted in their racial and religious communities.

Given the relationship between the Black community and religious beliefs within the Black community (Griffin, 2006; Summers, 2002) the racial and religious identities of BMSM often overlap. With the interaction between community and identity, BMSM may receive negative messages regarding their sexual behavior from both their racial and religious communities. The disconnect between internal identity and social disapproval of one's identity may lead to *negative identity* development for BMSM (Erikson, 1968; Minton & McDonald, 1984). Negative identity represents an identity that is centered around a role or identity that ones' community deems undesirable. Negative identities are a result of a young individual attempting to become an autonomous being while developing an identity that is not supported by their environment. As these men express their internal sex drives they may fear rejection from their communities since their identities are not in sync with their cultures values (Dubé & Savin-Williams, 1999; Erikson, 1968). Given that identity development and community dynamics are so closely related in the identity development process, it is imperative to explore how BMSM develop their identities in relation to their multiple communities. This dissertation will examine identity development for BMSM by investigating their racial, religious and sexual identities (through their respective communities) while simultaneously exploring

how the marginalization from their communities may influence psychological well-being and risky sexual behavior during emerging adulthood.

Racial Identity

Many theorists have proposed models to explain the ways in which racial identity develops. Jean Phinney presents a model for ethnic identity development which begins with an unexamined identity followed by an identity search ending in identity achievement (Phinney, 1989; 1990). Phinney (1990) conveys that ethnic identity must include self-identification with one's ethnic group, a sense of belonging to one's ethnic group, positive and negative attitudes towards one's ethnic group as well as involvement with one's ethnic group (Phinney, 1989; 1990). Similar to Phinney's model, and one of the most classic and well-known theories of racial identity development for Blacks, is William Cross' theory of *nigrescence*.

Cross (1995) presents a five stage process in which a Black person who lacks an Afrocentric identity has a socializing experience that allows them to develop their racial identity. Prior to this socializing experience an individual's Blackness is not a significant part of their identity. They may lack knowledge of Black history or may have internalized the social stigma associated with being Black. These individuals may accept the values of the dominant culture with little regard for their racial identity (Cross, 1995). It is not until individuals encounter an experience that makes them aware of the racism embedded in American culture that they begin to explore their Blackness and embrace their racial identity. Through this immersion in the Black community, an individual not only accepts their Blackness, they are also open to other worldviews and cultures but opposed to racism and oppression (Cross, 1995). A strength of Cross' model is that he exemplifies a

developmental process situated within a particular socio-historical and politic climate. However, his model did not include a measure of racial identity. Developed from Phinney and Cross' models, Sellers and colleagues (1998) developed a scale that defines and measures racial identity.

Sellers and colleagues (1998) constructed a *multidimensional model of racial identity* (MMRI) that defines racial identity as “the significance and qualitative meaning that individuals attribute to their membership within the Black racial group within their self-concepts” (Sellers, Smith, Shelton, Rowley, & Chavous, 1998, pg 28). Sellers and colleagues (1998) not only defines racial identity but also examines racial identity in relation to psychosocial well-being. Sellers' model of racial identity conceptualizes racial identity as salience, centrality, regard and ideology of one's race at any given moment. Sellers presents *salience* as “the extent to which one's race is a relevant part of one's self concept” (Sellers et al, 1998, pg. 24). Salience is a contextual construct and explores current feelings towards one's racial identity. Salience attempts to fully understand the ways in which racial identity may fluctuate in certain situations. *Centrality*, on the other hand, is a consistent construct. Centrality examines racial identity through a general lens and is a stable dimension of racial identity. Both salience and centrality address how significant race is in an individuals' life (Sellers et al., 1998). The next dimension of Seller's model explores positive and negative views toward being Black and represents how one regards their racial group. *Regard* evaluates an individual's personal and private feelings (*private regard*) toward Blacks as well as how they think others view Blacks (*public regard*). This construct explores internal and external beliefs which are both important for identity development. Lastly, *ideology* reflects how an individual believes

Blacks should behave and what attitudes and beliefs they should hold. Ideology is broken down into four philosophies 1) nationalist; 2) oppressed minority; 3) assimilation; and 4) humanist which manifest through political/economic development, cultural social activities, intergroup relations and perceptions of the dominant group (Sellers et al., 1998). Each dimension of the MMRI represents ways in which racial identity may present itself in an individuals' life.

These three theorists have each attempted to examine and understand racial identity. Although their approaches vary, they are also similar and have each made a major impact on psychology's understanding of racial identity. Regardless of the model, reaching a positive racial identity has been associated with positive self-concept, high self-esteem, and positive adjustment to stressful life events (Cross, 1995; Phinney, 1989; 1990; 1992; Sellers et al., 1998; Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003). Sellers and colleagues (2003) found that participants whose race was central to their identity reported less psychological distress. Phinney, Cantu and Kurtz (1997) found that across ethnic groups (African American, Latino and White) stronger ethnic identity was a significant predictor of higher self-esteem. It seems as if the ability to define and accept one's racial identity may have a lasting impact on one's psychological well-being (Phinney, Cantu & Kurtz, 1997; Sellers et al., 2003).

Racial Identity for BMSM

Developing racial identity is vital to a Black American's sense of self. However, for BMSM it may be difficult to have positive feelings towards one's racial group in order to develop a strong racial identity. As previously stated, developing an identity is highly influenced by one's experiences with that community. Given that the Black

community often has negative views toward same-sex behavior, BMSM may feel isolated from their racial community. BMSM often hear negative messages from their racial community regarding same-sex behavior which may distance them from their racial community (Miller, 2007). If BMSM have negative experiences with the Black community due to homophobic remarks or negative discussions regarding sexual behavior, their identification within the Black community may be weakened. BMSM often take different approaches to cope with the disconnect between their racial identity and their sexual behavior. Some BMSM feel the need to conceal their same-sex behaviors in order to maintain a connection with their racial community while others may distance themselves from the heterosexism and homophobia that are prevalent in the Black community (Dubé & Savin-Williams, 1999; Miller, 2007). For BMSM, racial identity is only one of many identities that work with other identities to influence psychological well-being and development of a cohesive sense of self.

Religious Identity

Along with racial identity, many BMSM often have a religious identity that plays a dominant role in their sense of self. Religion is a strong tenet of the Black community and has been considered a pillar of the Black community (Griffin, 2006; Miller, 2007). Religion has been instrumental for decades in the Black community's ability to deal with stressful life events associated with racism and social injustice in America (Fullilove & Fullilove, 1999; Kaufman & Raphael, 1996; Taylor, Mattis & Chatters, 1999). For example, Griffin (2006) conveys the historical underpinnings of religion in the Black community since slavery. Griffin exposes the ways in which religion has allowed Blacks to seek solace in religion in the face of racism (Griffin, 2006). Comparing Black, Black

Caribbean and non-Hispanic Whites, Chatters and colleagues (2008) found that 89.74% of Blacks and 86.1% of Black Caribbeans strongly felt that God was a source of strength in their lives compared to 60.16% of whites. Ninety percent of Blacks indicated that prayer was a very important coping mechanism when managing stress (Chatters, Taylor, Jackson & Lincoln, 2008).

When examining religion among emerging adults, religion has been shown to be most prevalent among Black participants. When comparing Black, White, Latino and Asian emerging adults, 55% of Blacks reported that their religious faith was “very important” to them (compared to 22-24% for other racial groups). Eighty-two percent of these Black emerging adults reported that God or a higher power watches over them compared to 44%, 46% and 63% for their White, Latino and Asian counterparts respectively (Arnett, 2004). For many Blacks, developing a religious identity is a process that begins at a young age. However, research suggests that religious training during childhood begins to lessen during emerging adulthood (Arnett, 2004; Arnett & Jenson, 2002). Because emerging adulthood is a time in which young individuals challenge previous ideologies and develop their own belief systems separate from their parents, it is possible that they may begin to disassociate themselves from previous religious teachings (Arnett, 2004; Arnett & Jenson, 2002). However, due to the impact that religion has had on buffering racism in America for the Black community, this disassociation may not completely take place for Black emerging adults. Religious identity may still play a significant role in their lives well beyond emerging adulthood.

Research suggests that religiosity enhances cognitive and affective well-being and quality of life (Ellison, 1991; Lee, 2007; Pargament, Koenig, Tarakeshwar & Hahn,

2004). Ellison (1991) found that having strong religious faith may ease the burden inflicted by traumatic life events. The ability for one to frame negative events through religious symbols or values often makes negative life events less threatening and makes coping easier for individuals (Ellison, 1991). Lee (2007) found that participants who utilized religious coping were able to deal with stress and depression with more ease than those who were low on religious coping (Lee, 2007). When examining the relationship between religious coping and quality of life, Pargament and colleagues (2004) found that participants who reported a positive religious coping mechanism reported higher quality of life and less depression (Pargament et al., 2004). Religion has consistently been shown to serve as a buffer against negative life events and increases in quality of life.

Religious Identity for BMSM

However, for BMSM, religion presenting pervasive negative images of homosexuality may have a negative effect on identity development during emerging adulthood. The Bible states that “thou shalt not lie with mankind, as with womankind: it is abomination” (Leviticus, 18:22 King James Version). This verse has been used as the basis for much of the negative thoughts regarding same-sex behavior and has been used in many Sunday sermons to defile same-sex behavior for Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals. LGBT individuals, including BMSM, are often raised hearing such messages in their respective churches. As a result, some evidence suggests that religious identity may be less positive for LGBT individuals (Golub, Walker, Longmire-Avital, Bimbi & Parsons, in press; Miller, 2007). When examining the relationship between religious behaviors and beliefs, social support and stress related growth among transgender women, Golub and colleagues (in press) found that

individuals who reported high religious behaviors and beliefs reported increased incidence of unprotected sexual behavior. Those who engaged in the least risky sexual behaviors were those with high levels of social support and low religious behaviors and beliefs (Golub et al., in press). Although the experiences of transgender women of color are not synonymous with those of BMSM, both groups represent marginalized and stigmatized populations whose multiple identities may lead to similar risk behavior patterns. Miller (2007) found that many BMSM have had negative experiences with their church in relation to their sexual behavior. They felt that their church condemned their behavior and gave homophobic sermons which forced some men to leave the church (Miller, 2007). This dynamic between religion and sexual identity for BMSM may shed light on the negative impact that religion may have on risky sexual behavior. Given their negative experiences with organized religious institutions, many BMSM may begin to personalize their relationships with God while no longer engaging in traditional religious practices. However, this does not diminish the importance and relevance that religion has on BMSM's sense of identity (Arnett, 2004; Miller, 2007).

Sexual Identity

Few theorists have successfully explained the process of sexual identity development beyond the clinical setting. Developing an identity around one's sexual behavior is a complex process which incorporates individual identity development within group identity development (Cass, 1979; Fassinger & Miller, 1997; McCarn & Fassinger, 1996) making it difficult to generalize to a large population. Cass (1979) was one of the first to develop a theoretical model that addressed the process of sexual identity development. Cass (1979) presents six stages of sexual identity development similar to

the previously discussed racial identity models. This model is based on an individual's perception of their identity along with their views of how their social world views them. Individuals transition from questioning their identity (stage 1) to accepting their identity with pride and support from the heterosexual community (stage 6). Fassinger and Miller (1997) present a similar model in which individuals may be confused about their same-sex attractions but through exploration of their identity will synthesize their sexual identity with their other identities (Fassinger & Miller, 1997; Minton & McDonald, 1984).

Sexual Identity for BMSM

Merging one's sexual identity with other internal selves allows the individual to develop a cohesive identity (Cass, 1979; Erikson, 1968; Fassinger & Miller, 1997; Minton & McDonald, 1984). Concealment of any identity can have a negative impact on one's psychosocial well-being. Cochran and Mays (2003) found in a national sample that MSM were at increased risk for depression, panic attacks and suicidal ideation (Cochran & Mays, 2003). Given the constant discrimination of same sex behavior in society, it is no wonder many men are at risk for poor psychological functioning and are often unable to develop a positive identity surrounding their sexual identity (Erikson, 1968; Dubé & Savin-Williams, 1999; Grov, Bimbi, Nanin & Parsons, 2006; Minton & McDonald, 1984). Dubé and Savin-Williams (1999) found that Black youth were significantly less likely to disclose their sexual orientation to others than were their white counterparts (Dubé & Savin-Williams, 1999). Grov, Bimbi, Nanin and Parsons (2006) also found that BMSM (62%) were less likely than their white counterparts (77%) to come out to their parents (Grov, Bimbi, Nanin & Parsons, 2006). Rosario, Schrimshaw and Hunter (2004)

found that Black youth were significantly less comfortable with others knowing about their sexual behavior, had disclosed their sexual orientation to fewer individuals, and engaged in fewer gay community activities (Rosario, Schrimshaw & Hunter, 2004). Sexual identity for BMSM is often in conflict with their racial and religious identities. As previously stated, same-sex behavior is often vilified in the Black and religious communities. If BMSM are simultaneously developing their racial and religious identities through their interactions with those communities, it may be difficult to merge those identities with an identity regarding their same sex-behaviors. Some BMSM may conceal their same-sex behaviors, denying these interactions, while others may separate themselves from a racial and/or religious identity in order to develop an identity surrounding their same-sex behavior. Due to the conflict between the multiple identities of emerging adult BMSM and the impact of identity on well-being, it is important to explore how these dynamics may influence risk behavior for a group of men who are, as a whole, disproportionately at risk for HIV transmission.

Identity Development and Risk Behavior

During emerging adulthood, individuals experiment and engage in multiple sexual relationships. Many of these experiences are considered “risky”. *Risky sexual behavior* is any sexual act that may place an individual at increased risk for pregnancy or contracting a sexually transmitted infection or disease (Snyder, 2006). Risk behavior is highly prevalent among emerging adults. Arnett (2004) found that one-fourth to one-third of college students had unprotected sex usually in combination with alcohol. Many young adults have reported a dislike of condom usage and felt that condoms inhibited their sexual sensations (Arnett, 2004; Snyder, 2006). Fergus, Zimmerman and Caldwell (2007)

found that young adults engage in more sexual encounters during young adulthood than in adolescence, while also decreasing their condom usage (Fergus, Zimmerman & Caldwell, 2007). As stated, emerging adulthood is time for increased risk behavior; however, social interactions have been shown to have both negative and positive influences on risk behavior for men.

Research suggests that the social oppression incurred from having marginalized identities may influence risk behavior. Diaz, Ayala and Bein (2004) found that Latino gay men who felt oppressed because of their racial or sexual identity engaged in more risk behavior and presented psychological distress. Diaz et al., (2004) reported that psychological distress along with racial and sexual social oppression accounted for 19% of the variance that participants would engage in high risk sexual encounters (Diaz, Ayala & Bein, 2004). Although social oppression incurred from having a marginalized identity may increase risk behavior, the development of a gay/bisexual identity and/or a racial/ethnic identity have been shown to help buffer risky sexual behavior.

In a study of 302 MSM (24% of which were Black) exploring ethnic and gay identity, participants *lacking* a gay identity were 3.6 times more likely to report having unprotected anal sex (Chng & Geliga-Vargas, 2000). Chng & Geliga-Vargas (2000) suggest that this may be due to the fact that men without a gay identity predominantly engage in casual and anonymous sexual encounters. These encounters, often under a code of secrecy, may limit individuals' ability to negotiate and discuss condom use. Chng & Geliga-Vargas (2000) also suggest that men with a gay identity may be exposed to more information about safer sex and HIV. The gay community is often flooded with HIV and condom messages because of the disproportionate rates of HIV in the community. This

may normalize safer sex attitudes and behaviors among those who self-identify as gay or bisexual (Chng & Geliga-Vargas, 2000) allowing them to better protect themselves sexually.

In a study of 465 Latino young men who have sex with men (YMSM), those who felt “connected” to their ethnic community were 40% less likely to have unprotected anal sex in the last 3 months while those who felt “highly connected” were 60% less likely (O’Donnell et al., 2002). Ethnic community attachment seemed to buffer risky sexual behavior in this study yet gay community attachment was not a predictor of unprotected anal sex. Interestingly, participants who reported stronger ethnic community attachment also tended to report having high gay community attachment (O’Donnell et al., 2002). This relation seems to support the importance of examining risk behavior at the intersection of each identity. Identities do not develop in a vacuum, but relate to one another in a systematic fashion (Erikson, 1968). Even though O’Donnell et al. (2002) explored community attachment for Latino men, both Latino and Black men come from disenfranchised ethnic communities, and these findings may carry over in a sample of Black men.

Empirical literature has yet to explore the intersection of racial, religious, and sexual identities in regards psychological well-being and risk behavior for BMSM. With such high incidences of HIV diagnosis in this population, it is imperative to explore potential individual and social influences on well-being and risk behavior during this critical developmental period for emerging adult BMSM. As previously stated, BMSM must manage multiple identities that are often in conflict with one another (racial identity vs. sexual identity, sexual identity vs. religious identity). However, each identity may be

instrumental in an emerging adult's sense of self and each identity influences psychological well-being which in turn impacts risk behavior. By examining the intersection of all three identities, we can begin to explore the impact of each identity on the lives of BMSM as well as their influence on psychological well-being and risk behavior.

Aims and Hypotheses

The previously discussed theoretical and empirical rationale speaks to the importance of understanding multiple identities for a group of men who are at great risk for HIV infection. Given the above review, this dissertation sought to address three primary aims: 1) understand the dynamic interplay between racial, religious, and sexual identity among BMSM; 2) gain a better sense of the influence that multiple (often conflicting) identities may have on psychological well-being; and 3) explore the impact of multiple identities on risk behavior during emerging adulthood for BMSM.

Statistical Analysis Plan

Power analysis was conducted with alpha of .05 and beta = .20 (power = .80) for hierarchical linear regression. In a model containing up to 3 predictors at step 1 (IV plus 2 covariates) and up to 4 predictors in step 2 (IV crossed 3 moderators, e.g., religious identity), power analysis indicated sufficient power to detect a small-to-medium effect size ($f^2 = .09$; r^2 change = .08) in step 2. This power analysis produced a target sample size of 120 participants for this dissertation.

Chapter 2:

Methods, Demographics, and Descriptives

Participants and Procedures

Participants were 120 self-reported Black identified men who have sex with men (BMSM). Participants 1) identified as Black; 2) were 18-29 years old; 3) biologically male; 4) had engaged in sexual behavior (anal, oral or vaginal) in the last 3 months; and 5) were not known to be HIV positive. Participants were recruited through college campus list-serves and online social networking sites. Student organizations (i.e., Black Student Unions, religious organizations, LGBT Centers) from colleges across the United States were asked to distribute the survey link to their members. Friend requests were also sent to potential participants through social networking sites (i.e., Facebook, Myspace, Downelink, Twitter) and the survey link posted on the respective page.

Participants completed a 20 minute online survey that explored the multiple (i.e., racial, religious, sexual) identities of BMSM. Participants answered questions related to group identities, sexual behavior, and psychological functioning during emerging adulthood. Amazon.com gift cards of \$50 each were distributed to 8 randomly selected participants who participated in the survey and provided an email address for raffle purposes.

Measures

Participants completed a battery of measures utilizing Snap survey software³. Allowing participants to do the survey in the privacy of their home helped promote

³ Snap survey software is an online survey software similar to surveymonkey.

honest and accurate responses (Birnbaum, 2004). Demographic questions included age, race, income, education, sexual orientation, relationship status, and HIV status.

Racial Identity. Three subscales (centrality, private regard, and public regard) of The Multidimensional Model of Racial Identity scale (MMRI; Sellers, Smith, Shelton, Rowley & Chavous, 1998) consisting of 20 questions were utilized to measure participant's current racial identity. The centrality subscale measured how central one's race was to their sense of self (e.g.; *In general, being Black is an important part of my self-image*). The regard subscales measured negative and positive feelings about ones race both internally (e.g.; *I feel good about Black people*) and publicly (e.g.; *Overall, Blacks are considered good by others*). All questions were measured on a 7 point Likert scale (*1=Strongly Disagree* to *7=Strongly Agree*) and were summed to create a composite measure of racial identity (Cronbach's $\alpha=.80$).

Religious Identity. Participants completed the Santa Clara Strength of Religious Faith Questionnaire (SCSORF; Plante & Boccaccini, 1997). The SCSORF is a 10 item measure which examines the strength of participants' religious faith (e.g.; *My religious faith is extremely important to me*). Questions were on a 4 point Likert scale (*1=Strongly Disagree* to *4=Strongly Agree*) (Cronbach's $\alpha=.97$). Participants were also asked how often they engaged in religious activities (praying, meditating, attending religious services, reading scriptures) over the past year (e.g.: "*For the past year, how often have you done the following: Prayed?*") on a 4 point Likert scale 1 (*Never*) to 4 (*Daily*). Participants were asked to identify which best described their religious beliefs (i.e., Atheist, Agnostic, Unsure, Spiritual, Religious). They were also asked what religion, if any, that they currently identified with and with what religion they grew up (i.e.,

Buddhism, Christianity, Catholicism, Jehovah Witness, Hinduism, Islam, I do not identify with any religious sect, none of the above)

Sexual Identity. The MMRI (Sellers, Smith, Shelton, Rowley & Chavous, 1998) was adapted to measure sexual identity. The centrality subscale measured how central one's sexual identity was to their overall identity (e.g.; *I have a strong sense of belonging to the gay community*). Participants' public and private thoughts about sexual identity were also measured (e.g.; *I feel that the gay community has made valuable contributions to this society, I am proud to be part of the gay community*). Questions were measured on a 7 point Likert scale (*1=Strongly Disagree to 7=Strongly Agree*). Subscales were summed to develop a composite score of sexual identity (Cronbach's $\alpha=.80$). Participants were asked to indicate at what age they were first attracted to the same and/or opposite sex and at what age did they first engage in consensual sexual behavior with someone of the same and/or opposite sex. They were also asked to indicate whether or not they had "come out" as gay or bisexual, and if so, at what age did they first "come out."

Salience of Identities. Participants were asked in what locations (i.e., family gatherings, school, work, church, partying) were their racial, religious, and sexual identities the most important to them, and where they felt the most and least comfortable about their identities. They were also asked around whom (i.e., immediate family, extended family, friends, co-workers, classmates, church members) were their racial, religious, and sexual identities the most important to them and around whom they felt the most and least comfortable about their identities.

Sexual Behavior. Participants were asked to indicate the number of times they had engaged in eight sexual behaviors (with and without a condom) over the last three months

with their HIV positive, negative and status unknown male and female partners. Behaviors included oral, anal, and vaginal sexual intercourse (e.g., *How many times did you put your penis in your partner's mouth and you ejaculated (came) in his mouth?*).

Psychological Well-Being was understood through four main constructs: affect, resiliency, life satisfaction and internalized homonegativity.

Affect. The Center for Epidemiological Studies-Depression (CESD; Radloff, 1977) is a 20 item questionnaire designed to measure depressive symptomatology. Participants were asked to indicate how often, on a scale from 1=*rarely/none of the time* to 4=*most/all of the time*, if they had experienced depressive symptoms (e.g., *I felt that I could not shake off the blues even with help from my family or friends*) in the last three months (Cronbach's $\alpha=.90$). Along with the CESD the State-Trait Personality Inventory (STPI; Spielberger, 1979) which consists of 20 items assessing current (state) and general (trait) levels of anxiety was utilized. For the state subscale participants indicated on a 4 point Likert scale (1=*not at all* to 4=*very much so*) their current state of being (e.g., *I feel calm*). For the trait subscale, participants indicated on a 4 point Likert scale (1=*Almost Never* to 4=*Almost always*) how they generally view themselves (e.g., *I am a steady person*) (Cronbach's $\alpha=.93$).

Resiliency. The Resiliency Scale (RS; Wagnild & Young, 1987) is a 27 item measure which examines participant's ability to handle changes or misfortunes in their lives (e.g., *I can get through difficult times because I've experienced difficulty before*). Questions were presented on a 7 point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) (Cronbach's $\alpha=.96$).

Life Satisfaction: The Satisfaction with Life Scale (SWLS; Diender, Emmons, Larsen & Griffin, 1985) is a short 5 item scale which measures satisfaction with life and cognitive judgment (e.g., *In most ways my life is close to my ideal*) on a 7 point Likert scale (1=*Strongly Disagree* to 7=*Strongly Agree*) (Cronbach's $\alpha=.92$).

Internalized Homonegativity. The Internalized Homonegativity Inventory (IHNI; Mayfield 2001) measured internalized negative feelings regarding homosexuality (e.g., *I feel ashamed of my homosexuality*) and consisted of 23 items. Questions were on a 6 point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*) (Cronbach's $\alpha=.94$).

Demographics and Descriptives

Participants represented each region of the United States; Northeast ($n=24$, 20%), Midwest ($n=10$, 8.3%), South ($n=59$, 49.2%) and the West Coast ($n=27$, 22.5%). Sixty-eight percent of participants identified as gay ($n=82$) with 32% identifying as bisexual ($n=38$). Participants ranged in age from 18-29 with a mean age of 21.79 ($SD=3.08$). Participants were highly educated with 82% of participants having higher than a high school diploma. Most participants were currently in college ($n=66$, 55%) with 17 (14.1%) pursuing or having completed a graduate degree. Participants represented diverse family incomes with almost half of participants' families making above \$50,000 a year. Ninety percent ($n=108$) of participants reported being HIV-negative with 12 (10%) being unaware of their HIV status (see Table 1 for demographics).

Racial Identity

Participants composite racial identity scores ranged between 23 and 125, on a 140 point scale, with a mean score of 89.15 ($SD=14.55$). When asked, "around whom do you

feel your racial identity is MOST important”, the majority of participants reported their immediate family ($n=45$, 37.5%) and friends ($n=31$, 25.8%) (see Table 2). When asked “in what places do you feel your racial identity is MOST important?”, most participants reported that they felt their racial identity was most important at family gatherings($n=38$, 31.7%) and at school ($n=38$, 31.7%). Similarly, participants reported that they felt the most comfortable with their racial identity around their immediate family ($n=58$, 48.3%) and when at family gatherings ($n=64$, 53.3%). When asked around whom, and in what locations participants felt the least comfortable about their racial identity, most participants reported they felt the least comfortable around co-workers ($n=49$, 40.8%) and at work ($n=50$, 41.7), respectively.

Religious Identity

Participant scores ranged between 10 and 40, with a mean score of 26.66 ($SD=8.92$) on a 40 point scale, for religious identity. Majority of participants identified as spiritual ($n=59$, 49.2%) or religious ($n=42$, 35%) with the majority of participants growing up Christian ($n=96$, 80%) and 74 (61.7%) currently identifying as Christian (see Table 3). Overall participants engaged in religious activities at least on a monthly basis. Seventy-nine percent of participants prayed, 62% meditated, 57.5% attended worship services, and 61.7% read/studied scriptures or holy writings at least monthly over the last year.

When asked around whom they felt their religious identity was the most important, a substantial number of participants reported their immediate family ($n=53$, 44.2%) (see Table 2). Participants also reported that their religious identity was the most important when they were at church ($n=69$, 57.5%). Interestingly, participants reported

being the most comfortable about their religious identity around their friends ($n=46$, 38.3%) and immediate family ($n=41$, 34.2%). In regards to the locations in which participants felt the most comfortable about their religious identity, most participants reported their church ($n=50$, 41.7%). Participants ranged in the locations and around whom they felt least comfortable about their religious identity. Most participants felt the least comfortable about their religious identity around their church members ($n=28$, 23.3%), co-workers ($n=26$, 21.7%), and classmates ($n=20$, 16.7%). In regards to the locations where participants felt the least comfortable about their religious identity, most participants reported being the least comfortable at church ($n=31$, 25.8%), when out partying ($n=29$, 24.2%), and at work ($n=24$, 20%).

Sexual Identity

Participant composite sexual identity scores ranged between 42 and 132, on a 140 point scale, with a mean score of 81.20 ($SD=15.82$). The majority of participants identified as gay ($n=82$, 68.3%) with 75% of participants reporting being “out” about their sexuality (see Table 1). Participants had a mean age of 14.12 ($SD=4.59$) for when they 1st identified as gay or bisexual. On average, participants reported being 10 years old ($SD=4.61$) when they had their first same-sex attraction and 15 years old ($SD=4.46$) when they first engaged in same-sex sexual behavior.

When asked around whom they felt that their sexual identity was most important, the majority of participants reported that their sexual identity was most important around their friends ($n=73$, 60.8%) (see Table 2). In regards to the locations in which participants felt that their sexual identity was the most important, majority of participants reported out partying ($n=65$, 54.2%). Participants overwhelmingly reported feeling the most

comfortable about their sexual identity when with their friends ($n=103$, 85.8%). Similarly, out partying ($n=88$, 73.3%) was the location in which participants felt the most comfortable with their sexual identity. When asked around whom they felt the least comfortable about their sexual identity, most participants reported feeling the least comfortable around their immediate family ($n=49$, 40.8%) and church members ($n=32$, 26.7%). In the same regard, participants also reported family gatherings ($n=51$, 42.5%) and at church ($n=47$, 39.2%) as the locations in which they felt the least comfortable about their sexual identity.

Sexual Behavior

Participants reported approximately 3.21 ($SD=3.55$) sexual partners in the last three months (min=0, max=24). Participants reported on average 5.24 ($SD=11.34$) total anal sex acts, 3.62 ($SD=12.20$) unprotected anal sex acts, and 3.17 ($SD=3.40$) protected anal sex acts in the last three months with 23 (22.8%) participants not engaging in any anal sex in the last three months. On average participants reported approximately 61.1% of their sexual acts to be protected.

Chapter 3:

Research Question #1: What is the relationship between racial, religious, and sexual identities?

Research Question One of this dissertation attempted to answer the question: what is the relationship between racial, religious and sexual identities for BMSM during emerging adulthood? It was hypothesized that men, depending on their racial identity (high vs. low), would represent variations of identification among their many identities. Differences among participants are expected because BMSM, with varying life experiences, are not a homogenous group. For example, men who have not been able to merge their many identities may report lower scores of racial identity with the relationship between their racial and religious identities being negatively associated with their sexual identity. On the other hand, men who have been able to integrate their many identities may report higher levels of racial identity, with positive associations between their racial, religious and sexual identities. It was hypothesized that participants would represent variations of identity development within and across identities.

Data Analysis

To examine the different potential relationships between racial, religious, and sexual identities multiple analyses were run. First bivariate correlations between identity measures, both within categories (i.e., centrality, private regard, public regard subscales of racial and sexual identity) and across categories (i.e., racial identity, religious identity, sexual identity), were examined. Second, bivariate correlations between identity measures were run again splitting the dataset by a median split of racial identity (high vs. low). This analysis was designed to explore differences in relationships between

identities depending on participants reported racial identity. Independent sample t-test (for dichotomous measures) and One-Way ANOVA (for categorical measures) were also run to explore differences among multiple identities by demographic variables (e.g., sexual orientation, “outness”, education, income, relationship status).

Results

Bivariate Analysis

Bivariate analysis of the full sample showed significant correlations among subscales and composite measures of racial and sexual identities (See Table 4). Participant racial identity- centrality was negatively correlated with racial identity-public regard ($r=-0.24, p<.01$); as such that centrality of racial identity to participants self-concept increased, their feelings of positive societal views toward Black Americans decreased. On the other hand, participants racial identity-centrality was positively correlated with racial identity-private regard ($r=0.38, p<.01$). The more participants felt that their Blackness was central to who they were as a person, they reported more positive private feelings toward the Black community. A similar relationship was found among sexual identity subscales. As participants reported more sexual identity-centrality, they also reported more positive sexual identity-private regard ($r=0.46, p<.01$). However, no other significant correlations were found among the other sexual identity subscales.

Although one may expect the subscales of each identity to be related to one another, of great interest are the relationships found between subscales across identities. Participants’ racial identity-centrality was positively correlated with sexual identity-centrality ($r=0.35, p<.01$). As participants reported increases in how central their racial identity was to their sense of self, they also reported increases in how central their sexual

identity was to their sense of self. Participant racial identity-public regard was positively correlated with sexual identity-public regard ($r=0.29$, $p<.01$). Increases in participants' personal positive feelings toward their racial identity also produced increases in positive personal feelings toward their sexual identity. Racial identity-public regard was also negatively correlated with sexual identity-centrality ($r=-0.23$, $p<.05$). The more participants felt that the public held positive views of the Black community, they reported decreases in the centrality of their sexual identity to their sense of self. Although there were relationships within and between measures of racial and sexual identities, the religious identity scale was not correlated with any measures of racial or sexual identity for the full sample.

Splitting the dataset by racial identity (high vs. low), yielded few differences (Table 5). For participants reporting higher levels of racial identity, religious identity was negatively correlated with sexual identity ($r=-0.27$, $p<.05$), particularly private regard ($r=-0.37$, $p<.01$). As these participants reported increases in their religious identity, they reported decreases in their private and overall feelings toward their sexual identity. As with the full sample, racial identity-centrality was negatively correlated with racial identity-public regard ($r=-0.64$, $p<.01$) for participants reporting higher racial identity scores. Sexual identity-centrality was positively correlated with sexual identity-private regard ($r=0.41$, $p<.01$). Racial identity-centrality was also positively correlated with sexual identity-centrality ($r=.39$, $p<.01$). Racial identity-public regard was negatively correlated with sexual identity-centrality ($r=-0.35$, $p<.01$) and positively correlated with sexual identity-public regard ($r=0.53$, $p<.01$). Although relationships were found among those reporting higher racial identity, those reporting lower racial identity scores had far

fewer significant correlations among their multiple identities. For those reporting lower racial identity (Table 5) the only significant relationship was the positive correlation between sexual identity-centrality and sexual identity-private regard ($r=0.49, p<.01$).

Covariates

Independent sample t-test and one-way ANOVA with post hoc comparisons were run to explore differences among demographic characteristics and multiple identities. Independent sample t-test produced significant differences among demographic variables and sexual identity (Table 6). Participants who identified as gay ($M = 84.20, SD = 14.21$), as opposed to bisexual ($M = 74.57, SD = 17.32$), reported significantly higher sexual identity scores $t(117) = -3.19, p<.01$. Similarly, participants who had not “come out” about their sexual orientation to anyone ($M = 72.59, SD = 15.20$), reported significantly lower sexual identity scores than those who reported being out about their sexual orientation ($M = 83.87, SD = 14.58$) $t(114) = -3.48, p<.001$. Given these findings, sexual orientation and “outness” were used as covariates in subsequent analysis. One-way ANOVA produced no significant differences.

Discussion

Research question one was designed to examine relationships among racial, religious, and sexual identities. Although the racial, religious, and sexual identity full scales were not significantly correlated in the full sample, analysis of the subscales within racial and sexual identities revealed interesting results. Within subscales of racial identity, centrality of one’s racial identity was negatively associated with perceived societal views of Black Americans yet positively associated with personal views toward Black Americans. When examining subscales of sexual identity, centrality of one’s

sexual identity was associated with more positive personal feelings toward the gay/bisexual communities. Even though religious identity was not correlated with subscales or full scores of racial or sexual identity, subscales of racial and sexual identity were correlated with one another. Stronger centralization of one's sexual identity was correlated with stronger racial centralization and perceived societal views toward Black Americans. Perceived societal views of racial and sexual identity were also positively correlated with one another.

To further analyze the integration of identities for these men, correlation analyses were run again splitting the dataset by a median split of racial identity. For participants with stronger racial identification, religious identity was associated with weaker sexual identification, especially in regards to personal feelings towards the gay/bisexual communities. When examining racial identity for those reporting higher racial identity scores, the centrality of racial identity continued to be associated with perceived societal views of Black Americans and the centrality of one's sexual identity. Perceived public views of Black Americans was also associated with positive perceived societal views toward gay and bisexual individuals' yet weaker centrality of sexual identity. Centrality of sexual identity was also associated with more positive private feelings towards gay and bisexual individuals. Even though many significant relationships were found for men who scored higher on racial identity, only the relationship between sexual identity-centrality and sexual identity-private regard was significant for men reporting lower racial identity scores.

These findings highlight the relationship between multiple identities in the lives of these men. The centrality of participants' racial and sexual identities brought to light

how these men personally felt about their respective communities and how they thought the world viewed their communities. The differences found for those with stronger racial identity verses those with weaker racial identity underscore the variation of identification among BMSM. Given the importance of identities on psychological well-being, as discussed in Chapter one, it is imperative to explore the relationship between multiple identities and psychological well-being for BMSM. The next chapter will examine the relationships between racial, religious, and sexual identities and measures of psychological well-being.

Chapter 4:

Research Question #2: What is the relationship between racial, religious, and sexual identities, and psychological well-being?

Research Question Two sought to answer the question: what is the relationship between racial, religious, and sexual identities and psychological well-being for BMSM during emerging adulthood? It was hypothesized that racial identity and sexual identity would serve as protective factors for negative psychological well-being measures (e.g., anxiety, depression) and as facilitators of positive psychological well-being measures (e.g., satisfaction with life, resiliency). It was also hypothesized that racial and religious identities would facilitate more internalized homonegativity while sexual identity would be a barrier to internalized homonegativity.

Data Analysis

To examine the relationship between all three identities and psychological well-being, four categories of well-being were explored: affect (i.e., anxiety, depression), life satisfaction, resiliency and internalized homonegativity. In order to explore this research question, two statistical steps were taken. First, bivariate correlations of composite racial, religious, and sexual identity scores and psychological well-being measures were examined. Next, hierarchical linear regression analyses, controlling for demographic variables (i.e., sexual orientation, “outness”) associated with independent variables, were run. Demographics were entered into Step 1 of the model and the full scores of racial and sexual identities into Step 2. Given that religious identity may play a moderating role in ones racial and sexual identities’ influence on psychological well-being, religious identity was entered into Step 3 of the model and the interaction terms between racial, religious,

and sexual identities (i.e., racial identity by religious identity, racial identity by sexual identity, religious identity by sexual identity) were entered into the fourth step (*Each interaction term was run in subsequent analysis. Only significant findings are reported in text and on tables*).

Results

Bivariate Analysis

When exploring correlations between identities and psychological well-being, significant relationships were found (Table 7). Racial identity was negatively correlated with depression ($r=-.21, p<.05$) and positively correlated with resiliency ($r=.19, p<.05$). Religious identity, on the other hand, was positively correlated with internalized homonegativity ($r=.19, p<.05$) and resiliency ($r=.21, p<.05$). Sexual identity was strongly negatively correlated with internalized homonegativity ($r=-.52, p<.01$).

Along with the correlations among psychological well-being variables and multiple identities, the psychological well-being variables were highly correlated with one another. Of most interest were the relationships with internalized homonegativity. Internalized homonegativity was negatively correlated with resiliency ($r=-0.28, p<.01$) and positively correlated with depression ($r=0.31, p<.01$) and anxiety ($r=.28, p<.01$).

Linear Regression-Multiple Identities predicting Psychological Well-Being

Racial, religious, and sexual identities significantly predicted psychological well-being measures of depression, resiliency, and internalized homonegativity, respectively. Results of these regressions are presented in Table 8.

Depression. Controlling for covariates, racial identity accounted for 7% of the variance ($\beta = -0.21, p < .05$) in predicting depression. Participants reporting higher racial identity scores reported less depression (Table 8).

Resiliency. After controlling for covariates, religious identity accounted for 5% of the variance in positively predicting resiliency ($\beta = 0.22, p < .01$) (Table 8). The addition of the interaction term of religious identity by sexual identity (Figure 1) accounted for an additional 5% of the variance ($\beta = -0.25, p < .001$). Sexual identity moderated the relationship between religious identity and resiliency. Participants with higher religious identity scores reported higher resiliency scores regardless of their sexual identity scores. However, those reporting lower religious identity scores and lower sexual identity scores reported the least resiliency.

Internalized Homonegativity. Covariates sexual orientation ($\beta = 0.22, p < .001$) and outness ($\beta = 0.32, p < .05$), as a set, accounted for 21% of the variance in predicting internalized homonegativity (Table 8). Men who were in the closet and men who were bisexual were likely to report more internalized homonegativity than men who were out of the closet and those who identified as gay. The addition of sexual identity into the model accounted for an additional 16% of the variance ($\beta = -0.44, p < .001$). As participants sexual identity scores increased, their internalized homonegativity scores decreased. When religious identity was added to the model, it continued to account for an additional 2% of the variance in predicting more internalized homonegativity ($\beta = 0.15, p < .05$).

Linear Regression-Internalized Homonegativity predicting Psychological Well-Being

Given the relationships found in bivariate analysis between internalized homonegativity and measures of psychological well-being, additional regressions with moderation analyses were conducted. Demographics, sexual orientation and outness, were entered into Step 1 followed by internalized homonegativity in Step 2. Racial and sexual identities were entered into Step 3 of the model and religious identity into Step 4. Given the potential for internalized homonegativity to moderate the relationship between identities and measures of psychological well-being, interaction terms (i.e., internalized homonegativity by racial identity, internalized homonegativity by sexual identity, internalized homonegativity by religious identity) were entered into Step 5 of the regression models (*Each interaction term was run in subsequent analysis. Only significant findings are reported in text and on tables*). Results of these regressions are presented in Table 9.

Anxiety. After controlling for demographic variables, internalized homonegativity accounted for approximately 9% of the variance in predicting anxiety ($\beta = 0.33, p < .01$) (Table 9). Participants reporting higher internalized homonegativity scores reported higher anxiety scores as well.

Depression. Controlling for demographics, internalized homonegativity accounted for 13% of the variance in predicting depression ($\beta = 0.40, p < .001$). Those reporting higher internalized homonegativity scores also reported more depression (Table 9). The addition of racial identity into the model accounted for an additional 5% of the variance ($\beta = -0.22, p < .05$). Unlike internalized homonegativity, racial identity decreased reported depression. In the last step of the model, the interaction term of internalized homonegativity and sexual identity accounted for an additional 7% of the variance in

predicting depression ($\beta = 0.26, p < .01$) (Figure 2). Internalized homonegativity moderated the relationship between sexual identity and depression. Participants with higher levels of sexual identity and higher levels of internalized homonegativity reported the most depressive symptoms while participants with higher levels of sexual identity and lower levels of internalized homonegativity reported the least depression. Participants who scored lower on sexual identity were similar on their depression scores regardless of their internalized homonegativity scores.

Satisfaction with Life. After controlling for demographics, internalized homonegativity accounted for 3% of the variance in predicting satisfaction with life ($\beta = -0.22, p < .05$) (Table 9). The addition of the interaction term of internalized homonegativity by racial identity accounted for an additional 4% of the variance when predicting satisfaction with life ($\beta = -0.21, p < .05$) (Figure 4). Internalized homonegativity seems to moderate the relationship between racial identity and satisfaction with life. Participants reporting higher levels of racial identity and lower levels of internalized homonegativity had the highest satisfaction with life while participants with lower levels of racial identity and lower levels of internalized homonegativity reported the least satisfaction with life.

Resiliency. Controlling for covariates, internalized homonegativity accounted for approximately 7% of the variance in predicting resiliency ($\beta = -0.26, p < .01$) (Table 9). Participants reporting increases in internalized homonegativity reported decreases in resiliency. Religious identity accounted for an additional 7% of the variance in predicting resiliency ($\beta = 0.27, p < .01$) when added to the model. The interaction term of internalized homonegativity by religious identity continued to account for an additional

5% of the variance when predicting resiliency ($\beta = 0.22, p < .05$) (Figure 3). Internalized homonegativity moderated the relationship between religious identity and resiliency. Participants who scored low on internalized homonegativity scored similarly on resiliency regardless of their religious identity. However the greatest difference was found for those who reported higher levels of internalized homonegativity. Participants with higher levels of internalized homonegativity and lower levels of religious identity had the lowest reported resiliency while those reporting higher levels of internalized homonegativity and higher levels of religious identity had higher resiliency scores.

Discussion

Research question two of this study sought to explore the relationship between multiple identities and psychological well-being. As hypothesized, in bivariate analysis, racial identity had some protective properties, being negatively correlated with depression and positively correlated with resiliency. Along with racial identity, religious identity was positively correlated with resiliency. Religious identity was also positively correlated with internalized homonegativity while sexual identity, on the other hand, was negatively correlated with internalized homonegativity. Internalized homonegativity was also shown to be associated with measures of psychological well-being. Internalized homonegativity was negatively correlated with resiliency and positively correlated with depression and anxiety.

Contrary to hypotheses, in regression analysis, controlling for covariates, multiple identities predicted only some measures of psychological well-being. Racial identity predicted only depression, religious identity predicted resiliency and internalized homonegativity, while sexual identity predicted only internalized homonegativity.

Internalized homonegativity, on the other hand, predicted all measures of psychological well-being. Internalized homonegativity positively predicted anxiety, depression, and resiliency and moderated the relationship between racial identity and satisfaction with life, religious identity and resiliency and sexual identity and depression.

These findings suggest that identification with each identity may impact measures of psychological well-being. However, the relationship between identities and measures of psychological well-being are greatly impacted by internalized homonegativity for BMSM. The following aim will continue to explore the relationship between multiple identities, internalized homonegativity and sexual behavior for BMSM.

Chapter 5:

Research question #3: What is the impact of racial, religious and sexual identity on sexual risk behavior?

Research Question Three will answer the question, what is the impact of racial, religious and sexual identity on sexual risk behavior? Given previous work on sexual risk behavior and identities, it was hypothesized that racial and religious identities would serve as protective factors of risky sexual behavior while sexual identity may serve as a facilitator to risky sexual behavior.

Data Analysis

Risk behavior is defined as participants' engaging in any unprotected anal or vaginal sex in the last 3 months for any single or non-monogamous participants. Given that this dissertation sought to address risky sexual behavior for this population, only single and non-monogamous participants (those reporting being in a relationship but having more than 1 sexual partner in the last three months) were included in further analyses. Nineteen participants (15.8%) were excluded from analysis regarding sexual behavior ($n=101$) because they reported being in monogamous relationships. To explore the relationship between racial, religious and sexual identity and sexual behavior, first, bivariate correlational analyses were run. Second, hierarchical linear regressions with moderation analyses were run to investigate the potential moderation affect of religious identity on the relationship between racial and sexual identities and sexual behavior. Demographic variables (i.e., sexual orientation, outness) were entered into Step 1 and composite racial and sexual identity measures were entered into Step 2. Religious identity was entered into Step 3 and the interaction terms between the racial, religious, and sexual

identities (i.e., racial identity by religious identity, racial identity by sexual identity, religious identity by sexual identity) were entered into Step 4 (*Each interaction term was run in subsequent analysis. Only significant findings are reported in text and on tables*).

Results

Bivariate Analysis

Bivariate analyses were conducted to examine the relationship between multiple identities, sexual behavior, and psychological well-being (see Table 10 and Table 11). The only significant relationship was the negative correlation between racial identity and total number of anal sex acts ($r=-0.28, p<.01$) and total number of unprotected sex acts ($r=-0.23, p<.05$).

Linear Regression-Multiple Identities Predicting Sexual Behavior

Racial identity accounted for approximately 9% of the variance in predicting fewer total sex acts ($\beta =-0.31 p<.05$) (Table 12). However, the multiple correlation coefficients did not reveal significant results for number of protected or unprotected sex acts.

Linear Regression-Internalized Homonegativity Predicting Sexual Behavior

Due to the impact that internalized homonegativity had on psychological well-being for these men in research question 2, another set of regression models were conducted to explore the predictive power of internalized homonegativity on sexual behavior. Hierarchical linear regressions with moderation analyses were run again. Demographic variables (i.e., sexual orientation, outness) were entered into Step 1 and internalized homonegativity into Step 2. Composite racial and sexual identity scores were entered into Step 3 and religious identity was entered into Step 4. To examine if

internalized homonegativity moderated the relationship between identities and sexual risk behavior, interaction terms (i.e., internalized homonegativity by racial identity, internalized homonegativity by sexual identity, internalized homonegativity by religious identity) were entered into Step 5 (*Each interaction term was run in subsequent analysis. Only significant findings are reported in text and on tables*). Results of these regressions are presented in Table 13.

Total Sex Acts. Controlling for demographics, internalized homonegativity ($\beta = -0.21, p < .01$) and racial identity ($\beta = -0.30, p < .01$), as a set, predicted 9% of the variance in fewer total sexual acts (Table 13). When the interaction term of internalized homonegativity and racial identity was added to the model, it continued to account for an additional 6% of the variance ($\beta = 0.24, p < .05$) (Figure 5). Participants' who scored higher on racial identity, reported the least number of sexual acts, regardless of their internalized homonegativity. However, those who reported lower levels of internalized homonegativity and lower levels of racial identity reported the most sex acts.

Protected Sex Acts. After controlling for demographics, racial identity and the interaction term of internalized homonegativity and religious identity, as a set, accounted for 9% of the variance in protected sex acts (Table 13). Racial identity predicted less protected sex acts ($\beta = -0.25, p < .05$) while the interaction of internalized homonegativity by religious identity predicted more protected sex acts ($\beta = 0.32, p < .05$) (Figure 6). Participants who scored lower on internalized homonegativity, regardless of religious identity, didn't differ greatly from one another in their reported number of protected sex acts. Participants who reported lower levels of religious identity and higher levels of internalized homonegativity reported the least protected sex acts, while those with higher

levels of religious identity and higher levels of internalized homonegativity engaged in the most protected sex acts. While internalized homonegativity predicted total sex acts, and protected sex acts, there were no relationships found between internalized homonegativity and number of unprotected sex acts.

Discussion

Research question three sought to answer the question what is the relationship between multiple identities and sexual risk behavior. Hypotheses were partially supported. Racial identity was the only identity to have a relationship with sexual behavior. Bivariate analysis produced a significant negative relationship between racial identity, total sexual acts and total number of unprotected acts. In regression analysis, racial identity continued to predict fewer total sex acts for this population.

Even though internalized homonegativity was not correlated with measures of sexual behavior in bivariate analysis, regression analysis produced significant results and a moderation effect of internalized homonegativity. When internalized homonegativity was placed in a model with racial identity, in predicting total sex acts, both accounted for fewer sex acts. When examining number of reported protected sex acts, internalized homonegativity moderated the relationship between religious identity and number of protected sex acts. These findings highlight the influence that racial identity may have on sexual behavior for these men as well as underscoring the impact that internalized homonegativity has on the relationship between religious identities and sexual behavior.

Chapter 6:

Discussion

This study attempted to examine the complex interplay of multiple identities, psychological well-being, and sexual risk behavior for a population of men greatly impacted by the HIV epidemic, BMSM. Although there has yet to be extensive research at the intersection of all three identities (racial, religious, sexual), past studies support the hypothesis that identities protect against negative psychological well-being and may protect men from engaging in risk behavior. While no hypotheses were originally developed regarding internalized homonegativity, previous research has shown the negative impact of internalized homonegativity for individuals from sexual minority groups. The findings of this study continue to support these previous findings. Due to the various analyses run to examine these relationships, I will reiterate the findings of each research question, discuss the implications across research questions, followed by limitations and future directions for this research.

Summary of Findings by Research Questions

Research Question 1. Bivariate analyses produced significant relationships within and between measures of racial and sexual identity as hypothesized. Relationships between subscales of centrality and regard, for both racial and sexual identity measures, illustrated how central participant's identities were to them, how they personally felt about their communities and how they felt others viewed their social groups. Bivariate analysis was run again splitting the dataset by racial identity (high vs. low) to examine variation of identification with identities in regards to racial identity. While religious identity was associated with sexual identity for men reporting higher racial identity

scores, this relationship was not found for the full sample or for men low on racial identity. These findings begin to give rise to the relationships within and between multiple identities for BMSM.

Research Question 2 Bivariate analysis produced significant relationships between identities and measures of psychological well-being. Racial identity was positively associated with resiliency and negatively associated with depression. Religious identity was positively related to resiliency and internalized homonegativity. Sexual identity was negatively associated with internalized homonegativity. Internalized homonegativity was also associated with all measures of psychological well-being.

In regression analyses, racial identity significantly predicted lower levels of depression, religious identity significantly predicted greater resiliency and sexual identity predicted lower internalized homonegativity scores. While all measures of psychological well-being were not associated with identities, each identity significantly predicted at least one measure of well-being. These findings seem to support the claim that identification with ones identities may have an impact on psychological well-being.

Given the relationship between internalized homonegativity and psychological well-being in bivariate analysis, additional regression analyses were run. Internalized homonegativity continued to have a significant association with anxiety, depression, resiliency, and satisfaction with life. However, the most interesting finding is the way in which internalized homonegativity moderated the relationship between identities and measures of psychological well-being. Internalized homonegativity moderated the relationship between each identity and measures of psychological well-being. It seems as

if internalized homonegativity greatly influences the ways in which measures of psychological well-being are impacted by multiple identities.

Research Question 3. Bivariate analysis produced minimal significant correlations. Racial identity was negatively associated with total anal sex acts and number of unprotected anal sex acts. Regression analysis produced similar findings where racial identity continued to predict fewer total sex acts. Because of the impact of internalized homonegativity on the lives of these men, internalized homonegativity was also used as a predictor in examining sexual behavior. Again, internalized homonegativity moderated the relationship between racial and religious identities and sexual behavior. These findings compliment previous research on the protective nature of racial identity on sexual behavior. These data also bring to light the impact of internalized homonegativity on multiple identities and sexual behavior.

Implications across Research Questions

Racial Identity. Previous research has shown the importance and impact of racial identity in the lives of youth and young adults of marginalized racial groups. (Charmaraman & Grossman, 2010; Cross, 1991; Pierre & Mahalik, 2005; Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003; Settles, Navarrete, Pagano, Abdou, & Sidanius, 2010). However, there has been little research on the role of racial identity in the lives of individuals who live at the intersection of racial and sexual marginalization. This study found that although racial identity did not impact all measures of psychological well-being, it did appear to serve as a protective factor against depression and sexual risk behavior for BMSM.

Importance of Racial Identity in the lives of BMSM. The centrality of one's racial identity was negatively correlated with perceived societal views toward Black Americans for this sample of men. Even when men felt that the greater society held negative perceptions of the Black community that did not appear to interfere with the extent to which their racial identity was central to their sense of self. Their ability to feel connected to their racial identity, regardless of perceived social perceptions of the Black community, speaks to the value that these men place on their racial identity. Racial centrality was also correlated with personal feelings toward Black Americans for these men. When men reported that they felt their racial identity was central to their sense of self, they were also more likely to hold more positive views of the Black community. The ability of these men to use their racial identity as a source of meaning may also impact their views of their racial group as a whole (Sellers, Smith, Shelton, Rowley & Chavous, 1998). The connection these men seem to have to their racial identity counters the assumption that members of sexual minority groups may feel the need to disconnect from their racial group. Research has suggested that many sexual minorities of racial groups feel the need to remove themselves from their racial identity in order to fully explore their sexual identity (Dubé & Savin-Williams, 1999). However, these findings suggest that BMSM may be able to stay connected to racial identity even though they identify as gay or bisexual.

Racial Identity and Psychological Well-Being. Hypotheses regarding the relationship between racial identity and psychological well-being were partially supported. While racial identity was not related to anxiety, satisfaction with life or internalized homonegativity, it was related to depression and resiliency.

Depression. Men reporting stronger identification with their racial identity reported lower depression scores. This finding supports previous research on the protective nature of racial identity (Cross, Smith & Payne, 2002; Yip, Seaton & Sellers, 2006; Sellers & Shelton, 2003). Research on Black identity has shown a relationship between perceived discrimination and psychological well-being. In the face of adversity, having stronger identification with ones racial group often serves as a buffer to the psychological distress individuals from racial groups often incur from racism and prejudice (Cross, Smith & Payne, 2002; Sellers & Shelton, 2003). In a study examining racial identity across the lifespan, increases in racial identity were related to decreases in depression for participants ages 18-23 (Yip, Seaton & Sellers, 2006). This finding, not significant for high school (ages 13-17) or adult (ages 27-78) participants, emphasizes the importance of understanding the relationship between racial identity and depression for emerging adults (Yip, Seaton & Sellers, 2006).

Resiliency. Although the relationship between racial identity and resiliency was significant only in bivariate analyses, this association may begin to highlight the impact of racial identity on building resiliency in the lives of these men. While resiliency has been broadly defined and there is little consensus on its definition, it can be best understood as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti & Becker, 2000, page 543). Research examining racial identity and resiliency has found that positive racial socialization and identification may help young adults cope with discrimination facilitating resiliency (Brown, 2008).

Racial Identity and Sexual Risk Behavior. For men in this sample, increases in racial identity seemed to be associated with decreases in sexual behavior over the last

three months. This finding supports previous research at the intersection of racial identity and sexual behavior for men of multiple marginalized communities (O'Donnell, Agronick, Doval, Duran, Myint-U, & Stueve, 2002). O'Donnell and colleagues (2002) found that Latino young MSM who identified with their racial community were significantly less likely to engage in unprotected anal sex acts. While O'Donnell and colleagues (2002) examined the experiences of Latino YMSM, the experiences of marginalization for Latino and Black youth mirror one another. The current findings, along with previous research, may suggest a protective nature of racial identity in buffering young MSM of color from engaging in risky sexual behavior.

Religious Identity. Although religious identity did not predict anxiety, depression, satisfaction with life or sexual behavior as hypothesized, findings suggest that religious identity may facilitate resiliency as well as foster internalized homonegativity in the lives of BMSM.

Resiliency. As previously discussed, resiliency is a process by which individuals produce positive outcomes, even in the face of significant adversity. For BMSM, their lives, at the margins of racial and sexual discrimination, may be considered adverse because they may have multiple negative life events (Luthar, Cicchetti & Becker, 2000). Previous work on resiliency has shown that the ability to conquer such adversity is developed through an ecological perspective, including characteristics of the individual along with characteristics of the family and community (Yates & Masten, 2004). More than half of participants in this study reported attending worship services at least monthly over the last year. BMSM's engagement with their place of worship may be providing

them with at least one of the components that are instrumental in facilitating resiliency, community (Brodsky, 2000).

Religion is a dominant tenet in the Black community and has been instrumental in providing the Black community with support even through discrimination and oppression (Griffin, 2006; Miller, 2007). For BMSM, it seems as if religion still has that impact in their lives. Consistent with previous research on the role of religion and spirituality in the lives of Black bisexual men (see, Jeffries, Dodge & Sandfort, 2008) religion continues to support these men in the face of adversity and helps them stay strong through hardship and discrimination, potentially increasing their resiliency. Theoretical and empirical work on resiliency has emphasized the role of religion as a coping mechanism and its ability to harness resiliency (Chatters, Taylor, Jackson, & Lincoln, 2008; Greene, Galambos & Lee, 2004). While religious identity seems to increase BMSM's ability to be resilient, religious identity has also been associated with internalized homonegativity.

Internalized Homonegativity. The relationship found between internalized homonegativity and religion, in this sample, supports previous research on the dynamic interplay between religious institutions and the LGBT community. Religious institutions often perpetuate negative images of same-sex behavior instilling in their congregations negative thoughts and feelings regarding same-sex behavior (Fullilove & Fullilove, 1999; Griffin, 2006; Miller, 2007). As stated in Chapter two, the majority of men in this study considered themselves spiritual or religious with most participants engaging in some type of religious activity at least monthly over the past year. However, these men felt the most uncomfortable about their religious identity when around church members and when at church. While we do not know the denomination of the churches in which these men

were members, the discomfort that they felt may be a product of their churches ideology regarding same-sex behavior. If these men have a strong religious identity, yet belong to a religious institution that instills within them negative thoughts regarding same-sex behavior, religion may be enhancing internalized homonegativity for BMSM (Buchanan, Dzelme, Harris & Hecker, 2001). For many men, these opposing forces may greatly impact their ability to develop both strong sexual and religious identities (Barret & Barzan, 1996).

Sexual Identity Although research has been conducted to understand the development of sexual identity for sexual minority groups (Dubé & Savin-williams, 1999; Rosario, Schrimshaw & Hunter, 2004; 2008; Rosario, Schrimshaw, Hunter & Braun, 2006), little research has examined the importance, or centrality, of sexual identity for individuals from multiple marginalized groups. This study adds to current literature by exploring the salience of sexual identity as well as its relationship to psychological well-being and sexual behavior. Although sexual identity was not associated with anxiety, depression, resiliency, satisfaction with life, or sexual behavior as hypothesized, it was related to internalized homonegativity.

Importance of Sexual Identity in the lives of BMSM The centrality of participants' sexual identity was positively correlated with how participants personally felt about the gay/bisexual communities. Those who felt that their sexual identity was central to their self-concept also internalized more positive feelings toward the gay/bisexual community. Similar to racial identity, when individuals held their sexual identity central to their sense of self, they harnessed more positive feelings toward the gay/bisexual community.

Internalized Homonegativity. Sexual identity was associated with the internalization of negative thoughts about one's sexual identity in bivariate analysis and continued to predict internalized homonegativity in regression analysis. Having a stronger identification with one's sexual identity seemed to buffer the internalization of negative thoughts regarding one's sexual identity.

Previous research has found a relationship between internalized homonegativity and psychological distress (Szymanski & Gupta, 2009; Mohr & Kendra, 2011), however, there is a dearth of research on potential protective factors of internalized homonegativity. While religious identity seemed to increase internalized homonegativity for men in the current study, the ability of men to develop a strong identification with their sexual identity appears to protect them against the negative effects of internalized homonegativity. Men with stronger connections to their sexual identity reported significantly less internalized homonegativity. This relationship may be due to the fact that those with stronger sexual identity may be engulfed in communities that provide them with supportive environments to develop their sexual identity and not internalize the negative messages they may be receiving from their racial or religious communities.

It is very common for members of the Black community to find comfort in "fictive kin." Fictive kin can be understood as relationships among individuals with no biological or marital connection to one another (Chatters, Taylor & Jayakody, 1994; Stewart, 2007). In a study of fictive kin and social support participants explored the ways in which non family members become part of their support system especially when isolated from their biological family (Stewart, 2007). The ability of young men to find a community, family, or kinship that supports their many identities is imperative to their

well-being and quality of life. In a study of lesbian and gay individuals, participants highlighted the emotional support that they received from their fictive kin. For these individuals, the connection that they held with their fictive kin often superseded the relationships with their biological family members (Muraco, 2006). For BMSM, fictive kin usually consist of other LGBT or Black youth who share their experiences of marginalization. For LGBT youth of color, their chosen families help them to know that they are not alone in their experiences of multiple marginalization and their identities are often reaffirmed through one another (Boykin, 1996).

Intersection of Racial, Religious and Sexual Identities. While each identity seemed to have a relationship with measures of psychological well-being, of primary importance were the relationships found at the intersection of identities. Ample research has been done on dyads of identity (i.e., racial and sexual, religious and sexual, racial and religious) (Brown, 2005; Chng & Gélig-Vargas, 2000; Crawford, Allison, Zamboni & Soto, 2002; Dubé & Savin-Williams, 1999; Love, Bock, Jannarone & Richardson, 2005; Szymanski & Gupta, 2009; Tan, 2005; Yip, 2003; Zamboni & Crawford, 2007) however, there is a lack of research that explores racial, religious and sexual identities and their impact on psychological well-being and sexual risk behavior. This study found significant interactions between identities highlighting the importance of examining identities simultaneously.

Racial and Sexual Identities Given the relationships found between centrality, private, and public regard, for both racial and sexual identity, it seems that these men have been able to hold both of their identities central to their self-concept while having

positive personal feelings of their communities, even if they feel that society does not hold positive views toward their communities.

Along with the previously discussed identity relationships, the association between the centrality of racial and sexual identity speaks to the intersection of identities for these men. This finding supports similar research on attachment to racial and sexual communities for MSM (O'Donnell, Agronick, Doval, Duran, Myint-U, & Stueve, 2002). O'Donnell and colleagues (2002) found, among Latino young MSM, increases in gay community attachment to be related to strong ethnic community attachment. The fact that men reporting stronger centrality of their racial identity also reported increases in centrality of their sexual identity shows the dynamic interplay between how central both identities are to these men.

The current study also found a positive relationship between how participants felt others viewed their racial and sexual communities. If BMSM felt that society held positive views of one of their communities, they seemed to also feel that society held positive views of their other community as well. It seems that for men of multiple identities, the importance of their racial and sexual identities are not mutually exclusive. Both identities are central to their sense of self and they feel that the larger society has positive views of both of their marginalized communities.

While these findings were expected and support previous research at the intersection of multiple identities, one unexpected relationship emerged. How participants felt others viewed the Black community was negatively correlated with how central they felt their sexual identity was to their sense of self. For these men, it seems that increases in positive societal views regarding the Black community decreased one's

ability to hold their sexual identity central to their self-concept. While there has been no research on these relationships for BMSM, one can only speculate as to the relationship between these two subscales of identity. The evident disconnect between racial identity-public regard and sexual identity-centrality may represent a lack of integration of identities for some men. This relationship may represent an identity crisis for these emerging adults (Erikson, 1968). As stated in Chapter one, emerging adults utilize their communities as sources of guidance when determining what identities to value. If these young men are unable to hold their sexual identity central to their identity because of how they think society views their racial group, this may speak to the ideology regarding the detrimental effects of same sex behavior and relationships to the Black community (Miller, 2007; Parham, White & Ajamu, 1999). While causal relationships cannot be inferred, one must speculate as to the relationship found between racial identity-public regard and sexual identity-centrality. This relationship may speak to a lack of integration between identities that may be fueled by racial ideologies regarding what types of behaviors are appropriate for members of the Black community to engage.

Religious and Sexual Identity. Sexual identity appears to moderate the relationship between religious identity and resiliency for this sample of BMSM. Interestingly, participants with stronger identification with their sexual identity differed very little from one another on their resiliency scores, regardless of religious identity. Similarly, participants with stronger religious identity differed little from one another regardless of their sexual identity scores. However, those who scored low on sexual identity measures and scored low on religious identity reported the least resiliency, while participants who scored high on sexual identity and high on religious identity were the

most resilient. It seems as if lacking both religious and sexual identities may be making it difficult for these men to feel resilient, whereas reporting stronger racial and sexual identity may provide these men with more resiliency. Although there is a lack of research on the relationship between multiple identities and resiliency, this finding highlights the importance of multiple identities in the lives of these men. In a critical analysis, Yarhouse (2005) exemplified the need for psychological research to explore the role of religion in conjunction with sexuality research (Yarhouse, 2005). The positive interaction found between two often conflicting identities supports Yarhouse's claim and demonstrates the importance that multiple identities have on the lives of these men. It is apparent that examining identities simultaneously, and not individually, may be the best way to fully understand the lives of those from multiple marginalized identities.

Racial, Religious and Sexual Identity Although religious identity was not correlated with measures of racial or sexual identity for the full sample, for participants high on racial identity, religious identity was negatively correlated with sexual identity. For these individuals, those reporting stronger religious identity were more likely to report less positive personal feelings toward gays and bisexuals along with reporting lower identification with their sexual identity. This relationship may be a product of the negative messages that are given about gay and bisexual individuals within religious institutions. This relationship may also represent a lack of identity integration among men high on racial identity. In a study of college students, Love and colleagues (2005) found that lesbian and gay participants represented various degrees of reconciliation between their sexual and religious identities. Love and colleagues (2005) would posit that BMSM in this study, reporting high racial identity scores, had non-reconciled identities (Love,

Bock, Jannarone & Richardson, 2005). The fact that this relationship was found only for those high on racial identity begins to give rise to the complex interaction between racial, religious and sexual identities for these men.

Internalized Homonegativity

Although the focus of this dissertation has been to explore the intersection of multiple identities, psychological well-being and sexual risk behavior, internalized homonegativity has presented itself as having an influential impact on psychological well-being as well. Participants with more internalized homonegativity were more anxious, more depressed, less resilient, and had lower life satisfaction. However, examining internalized homonegativity alone was not sufficient. Internalized homonegativity interacted with each identity when predicting psychological well-being variables and sexual behavior. These findings support previous work on the negative effects internalized homonegativity can have on individuals from sexual minority groups (Frost & Meyer, 2009; Herek, Chopp & Strohl, 2007; Szymanski, Chung & Balsam, 2001; Szymanski & Gupta, 2009) but adds to the literature by including the relationship between internalized homonegativity and measure of identity.

Anxiety. Internalized homonegativity seemed to increase anxiety for this population of men. This finding supports previous work on the impact of internalized homonegativity on psychological well-being. While previous work has examined the relationship between depression and internalized homonegativity (Berghe, Dewaele, Cox, & Vincke, 2010; Rosser, Bockting, Ross, Miner, & Coleman, 2008; Szymanski, Chung & Balsam, 2001), this work begins to uncover the impact of internalized homonegativity on other measures of psychological well-being. Having a sexual identity around same sex

behavior, yet having negative thoughts regarding that identity, may make an individual anxious. This disconnect, for men reporting more internalized homonegativity, may be increasing anxiety for these men due to this cognitive dissonance (Pitt, 2010). Due to the lack of literature on internalized homonegativity and anxiety, one can only speculate as to the relationship between these two constructs.

Depression. Internalized homonegativity was a significant predictor of depression for this population of men. Men with more internalized homonegativity were likely to report higher levels of depression which is consistent with previous research findings. In a study of LGB youth and young adults (ages 16-26), internalized homonegativity positively predicted depression (Berghe, Dewaele, Cox, & Vincke, 2010). In a study of MSM, internalized homonegativity predicted depression above and beyond sexual identification (Rosser, Bockting, Ross, Miner, & Coleman 2008).

While racial identity continued to serve as a buffer to depression for men in the current study, the interaction of their sexual identity and internalized homonegativity also predicted depression. Internalized homonegativity seems to moderate the relationship between sexual identity and depression for BMSM. Men who reported low sexual identity didn't differ from one another regardless of their reported internalized homonegativity. Men reporting higher scores of sexual identity and lower internalized homonegativity scores reported the least depression while men reporting higher sexual identity scores and higher internalized homonegativity reported the most depression. The latter group of men is of great interest. These young men seem to feel a strong connection with their sexual identity; however, they also have negative internal thoughts regarding their sexual identity. For these men, the disconnect between their identity and their

cognitions appears to increase levels of reported depression. Although sexual identity alone seems to protect these men from internalized homonegativity, the interaction of these two constructs puts these men at greater risk for depression.

Resiliency. Increases in internalized homonegativity was also a significant predictor of participants reporting lower levels of resiliency. Internalized homonegativity seems to diminish ones ability to feel resilient. Unfortunately, there seems to be an absence of literature on the relationship between internalized homonegativity and resiliency. However, given the negative impact that internalized homonegativity seems to have on psychological well-being, for men in the current study and in previous research, it seems feasible that internalized homonegativity may have a negative impact on resiliency.

As previously discussed religious identity positively predicted resiliency. When religious identity is placed in the model with internalized homonegativity it continues to predict increases in resiliency. However, to fully understand the relationship between internalized homonegativity, religious identity, and resiliency, one must examine the interaction term of religious identity and internalized homonegativity. Internalized homonegativity seems to moderate the relationship between religious identity and resiliency. Those reporting low homonegativity reported relatively high resiliency scores, regardless of their religious identity. However, for participants reporting high internalized homonegativity, religious identity seemed to greatly impact their ability to feel resilient. Although religious identity seems to positively predict internalized homonegativity, even when men endorse such negative cognitions regarding their sexuality, religious identity continues to provide them with resiliency.

Satisfaction with Life. Men reporting increases in internalized homonegativity reported decreases in satisfaction with life. This finding is consistent with previous discussions of the negative effects of internalized homonegativity in the lives of LGBT individuals. Even though research is lacking on the relationship between satisfaction with life and internalized homonegativity, one may expect for those who hold negative internalized feelings regarding their sexual orientation to report less satisfaction with life.

Internalized homonegativity moderated the relationship between racial identity and satisfaction with life. As one would expect, men reporting higher racial identity scores and low on internalized homonegativity reported the most satisfaction with life. Men who scored high on racial identity and high on homonegativity reported significantly lower satisfaction with life. Of great interest were the men reporting low racial identity. Men lacking identification with their racial identity, yet reporting high levels of internalized homonegativity, reported higher levels of satisfaction with life than men reporting low internalized homonegativity and low racial identity scores. Despite the fact that there is a deficient of research exploring the relationship among racial identity, internalized homonegativity and satisfaction with life, this finding highlights the complexity of interactions among identity, internalized homonegativity and satisfaction with life.

Total Sex Acts. Along with the relationships with measures of psychological well-being, internalized homonegativity seems to moderate the relationship between racial identity and total sex acts. Men reporting higher racial identity scores did not differ from one another on their reported sexual acts, regardless of reported internalized homonegativity. However, men reporting lower scores on racial identity differed greatly

from one another depending on their reported internalized homonegativity. Men reporting lower levels of racial identity and higher levels of internalized homonegativity reported slightly more sex acts than those reporting higher racial identity scores. Men reporting lower racial identity scores and low internalized homonegativity reported the most sex acts. In line with the previous findings of this study, increases in racial identity seem to decrease reported sexual acts for these men.

Although previous research has examined the relationship between community attachment (Chng & Geliga-Vargas, 2000; O'Donnell, Agronick, San Doval, Duran, Myint-U & Stueve, 2002), experiences of discrimination (Diaz, Ayala, Dein, 2004; Zamboni & Crawford, 2007) and sexual behavior for members of multiple of marginalized communities, there is limited research on the influence of internalized homonegativity and sexual behavior for these individuals. Smolenski and colleagues (2009) found that compulsive sexual behavior predicted high-risk sex for Latino MSM who were members of gay organizations and reported high internalized homonegativity (Smolenski, Ross, Risser & Rosser, 2009). Although minimal research has been conducted on the relationship between internalized homonegativity and risky sexual behavior, there has been ample research on the relationship between internalized homonegativity and psychological well-being (Frost & Meyer, 2009; Herek, Chopp & Strohl, 2007; Szymanski, Chung & Balsam, 2001; Szymanski & Gupta, 2009) as well as the relationship between psychological well-being and sexual behavior (Myers, Javanbakht, Martinez & Obediah, 2003; Salomon et al, 2008). Given that internalized homonegativity impacts psychological well-being, and psychological well-being impacts sexual risk behavior, previous empirical work, along with the current findings, give rise

to the importance of understanding the interplay between internalized homonegativity, psychological well-being, and sexual behavior.

Protected Sex Acts. The relationship between religious identity and protected sex acts was moderated by internalized homonegativity. Participants who reported higher religious identity scores and high internalized homonegativity engaged in the most protected sex acts while participants who scored low on religious identity and high on internalized homonegativity engaged in least protected sex acts. This finding supports research conducted on the relationship between religious identity and sexual behavior. In a study of emerging adults, Lefkowitz and colleagues (2004) found that religious individuals who were sexually active tended to have higher condom use self-efficacy (Lefkowitz, Gillen, Shearer & Boone, 2004). In another study of religiosity and sexual behavior, Haglund and Fehring (2009) found that for youth and young adults who felt that their religion was important to them delayed the age when they first engaged in sexual intercourse and reported fewer sex partners (Haglund & Fehring, 2009). Although both of these studies highlight the protective nature of religious identity, both were conducted on predominantly heterosexual individuals. This study adds to the current literature by examining the protective nature of religious identity for a subsample of sexual minorities.

Practical Implications

This dissertation has attempted to investigate the impact that multiple identities have on the lives of BMSM during emerging adulthood. Racial, religious, and sexual identities may each serve as protective factors in the lives of these men. Racial identity has been instrumental in decreasing depression and the number of sex acts in which these

men engage, religious identity instills within these men adequate resiliency to help them through adversity while sexual identity protects these men from the negative effects of internalized homonegativity. Although each of these identities are individually important, one cannot examine their impact without exploring these constructs together and in conjunction with the role of internalized homonegativity in the lives of these men.

Although religious identity appears to provide these men with resiliency, religious identity also appears to increase internalized homonegativity. Internalized homonegativity greatly impacts psychological well-being and decreases resiliency for this population of men. Although religious identity may be helpful in its ability to increase resiliency, the rhetoric around same-sex behavior within religious institutions may be countering the positive role that religious identity can have in the lives of these men. Religious institutions should seek to better understand the experiences of LGBT individuals in an attempt to make progressive changes regarding human rights and acceptance. Although some churches have been instrumental in their acceptance of LGBT individuals (Comstock, 2001) many churches reject LGBT individuals with a complete disregard for their religious identity. In order to help protect these young men who are great risk for HIV, all of these communities must work together to provide them with support, understanding and acceptance.

Along with religious institutions, public health officials should be made aware of the role of racial, religious, and sexual identities in the lives of BMSM. Given that these young men are at great risk for seroconversion, prevention efforts should be made to address the intersection of their multiple identities. Prevention interventions, in particular, should target increasing racial and sexual identity while providing these young men with

a means to decrease the impact of internalized homonegativity on their lives. Health officials should also be cognizant of the fact that BMSM are not a homogenous group. BMSM have varying degrees of identification with their many identities. To ensure that the needs of all subgroups of BMSM are being met, researchers and community-based organizations should seek to develop campaigns and recruitment materials that will target the diversity of the BMSM experience.

Given that racial identity has been shown to protect young MSM from engaging in sexual behavior that may put them at risk for HIV, prevention efforts should actively seek to support and strengthen their racial identity. Developing culturally competent interventions that increase connections to racial communities are necessary when implementing HIV prevention efforts for a population that is greatly impacted by the HIV epidemic.

Limitations and Future Research

This study had several limitations. Of utmost importance is the exclusive quantitative assessment of complex methodological questions. Future research should utilize mixed methods research to examine the experiences of BMSM. Using quantitative and qualitative data would provide researchers with a rich understanding of the intersection of multiple identities and community. This mixed methods approach would not only provide researchers with quantitative data to analyze, it would also have the complimentary stories of these youth and young adults. Another methodological limitation is the sampling of participants. Participants represent a convenience sample of BMSM. Although participants were recruited through the internet, and represent a diverse sample of men, data cannot be generalized to the entire BMSM population. Due

to this sampling bias, men who were most closeted, or who had yet to come to terms with their identities, may not have been willing to complete the survey. The lack of a representative sample of BMSM may have skewed results.

In regards to data analysis, due to the correlational nature of the statistical analyses run, I am unable to assess causality. Future research, with longitudinal data, would be able to better test the relationships found. Also, future data analysis should examine internalized homonegativity as an outcome with measures of psychological well-being serving as moderators. Given that internalized homonegativity may be a product of impaired psychological-well being, reanalysis of the directionality of these relationships would greatly impact the ways in which we understand the impact of internalized homonegativity. Future analysis may also benefit from structural equation modeling or path analysis as a means to examine these interacting relationships.

Another limitation was the inability to distinguish the type of church to which participants belonged. The experiences of a young BMSM who was raised in, and continues to attend, the “Black church” may have very different experiences of stigmatization than a peer who did not attend a Black church. Also, this study would have gained a better understanding of these men lives if questions regarding racial and sexual discrimination were asked. Having this information would help contextualize the intersection of their multiple identities as well as possibly shed light on their reported internalized homonegativity.

Future research would also greatly benefit from engaging parents of BMSM in research programs. Understanding the parents’ perspectives, as well as helping the parents understand their child’s identities, would not only benefit young BMSM, but their

parents as well. Engaging parents and community members in the fight to tackle HIV rates for this population is necessary. Similarly, future research should also provide religious institutions with substantial resources on how to interact with their LGBT congregants. Since religion continues to play a significant role in the lives of these men, more religious institutions should be equipped to provide their congregations with unconditional love and support. Providing religious institutions with this information would help decrease negative messages regarding same-sex behavior, thus decreasing internalized homonegativity, increasing psychological well-being and hopefully improving the overall quality of life for young BMSM.

Research efforts would benefit greatly from utilizing identity as a form of prevention. The ability of researchers to strengthen at least one of the many identities that BMSM embody, could have a tremendous impact on increasing psychological well-being and decreasing sexual risk behavior. While it may take a paradigm shift on the part of many communities to diminish the impact of negative social messages regarding same-sex behavior, the ability of researchers to help BMSM grapple with the internalized homonegativity they are experiencing would also be of great use. Given that racial, religious, and sexual identities interacted with internalized homonegativity, decreasing psychological well-being and increasing sexual risk behavior, we must continue to explore and unpack these complex interactions for a population greatly impacted by HIV.

Table 1: Descriptives of Demographic Characteristics

	<i>M</i>	<i>SD</i>
Age	21.79	3.08
Age of 1st same-sex attraction	10.21	4.61
Age of 1st same-sex sexual encounter	15.34	4.46
Age 1st identified as not heterosexual	14.12	4.59
	<i>n</i>	%
Education		
High School Diploma	21	17.5
College Student	66	55.0
College Degree	15	12.5
Currently a Graduate Student	13	10.8
Graduate Degree	4	3.3
Family Income		
<\$20,000	23	19.2
\$20,001-\$49,999	39	32.5
\$50,000-\$75,000	26	21.7
\$75,000+	32	26.7
Sexual Orientation		
Bisexual	38	31.7
Gay	82	68.3
Come out		
Yes	90	23.1
No	27	76.9
Relationship Status		
Partnered	26	21.7
Single	94	78.3

Table 2. Saliency of Multiples Identities

	Racial Identity		Religious Identity		Sexual Identity	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Around whom do you feel your identity is MOST Important						
<i>Immediate Family</i>	45.0	37.5	53.0	44.2	34.0	28.3
<i>Extended Family</i>	16.0	13.3	12.0	10.0	2.0	1.7
<i>Friends</i>	31.0	25.8	17.0	14.2	73.0	60.8
<i>Co-Workers</i>	9.0	7.5	0.0	0.0	2.0	1.7
<i>Classmates</i>	13.0	10.8	3.0	2.5	3.0	2.5
<i>Church Members</i>	6.0	5.0	31.0	25.8	3.0	2.5
In what places do you feel your identity is MOST important?						
<i>Family Gatherings</i>	38.0	31.7	30.0	25.0	26.0	21.7
<i>School</i>	38.0	31.7	10.0	8.3	15.0	12.5
<i>Work</i>	21.0	17.5	1.0	0.8	3.0	2.5
<i>Church</i>	9.0	7.5	69.0	57.5	7.0	5.8
<i>Out Partying</i>	14.0	11.7	6.0	5.0	65.0	54.2
Around whom do you feel the MOST comfortable with your identity						
<i>Immediate Family</i>	58.0	48.3	41.0	34.2	7.0	5.8
<i>Extended Family</i>	5.0	4.2	3.0	2.5	1.0	0.8
<i>Friends</i>	47.0	39.2	46.0	38.3	103.0	85.8
<i>Co-Workers</i>	4.0	3.3	1.0	0.8	2.0	1.7
<i>Classmates</i>	3.0	2.5	1.0	0.8	2.0	1.7
<i>Church Members</i>	2.0	1.7	24.0	20.0	3.0	2.5
In what places do you feel MOST Comfortable with your identity						
<i>Family Gatherings</i>	64.0	53.3	31.0	25.8	7.0	5.8
<i>School</i>	24.0	20.0	14.0	11.7	17.0	14.2
<i>Work</i>	3.0	2.5	4.0	3.3	3.0	2.5
<i>Church</i>	8.0	6.7	50.0	41.7	2.0	1.7
<i>Out Partying</i>	21.0	17.5	15.0	12.5	88.0	73.3
Around Whom do you feel the LEAST Comfortable with your identity						
<i>Immediate Family</i>	2.0	1.7	18.0	15.0	49.0	40.8
<i>Extended Family</i>	10.0	8.3	9.0	7.5	22.0	18.3
<i>Friends</i>	3.0	2.5	13.0	10.8	2.0	1.7
<i>Co-Workers</i>	49.0	40.8	26.0	21.7	12.0	10.0
<i>Classmates</i>	40.0	33.3	20.0	16.7	2.0	1.7
<i>Church Members</i>	14.0	11.7	28.0	23.3	32.0	26.7
In what places do you feel the LEAST comfortable with your identity						
<i>Family Gatherings</i>	5.0	4.2	15.0	12.5	51.0	44.2
<i>School</i>	31.0	25.8	16.0	13.3	6.0	10.2
<i>Work</i>	50.0	41.7	24.0	20.0	14.0	14.2
<i>Church</i>	13.0	10.8	31.0	25.8	47.0	2.5
<i>Out Partying</i>	19.0	15.8	29.0	24.2	1.0	25.8

Table 3: Religious Beliefs and Behaviors

	<i>n</i>	%
How Do you Identify?		
Atheist	5	4.2
Agnostic	9	7.6
Unsure	4	3.4
Spiritual	59	49.6
Religious	42	35.3
Current Religion		
Buddhism	3	2.5
Christianity	74	61.7
Catholicism	3	2.5
Jehovah Witness	2	1.7
Islam	1	0.8
I do not identify	26	21.7
None of the above	11	9.2
Religion Grew Up With		
Christianity	96	80
Catholicism	12	10
Jehovah Witness	4	3.3
I do not identify	3	2.5
None of the above	5	4.2
Religious Behavior		
<i>Prayed</i>		
Never	25	20.8
Monthly	22	18.3
Weekly	28	23.3
Daily	45	37.5
<i>Meditated</i>		
Never	46	39.0
Monthly	29	24.6
Weekly	20	16.9
Daily	23	19.5
<i>Attended Worship Services</i>		
Never	51	42.5
Monthly	44	36.7
Weekly	21	17.5
Daily	4	3.3
<i>Read/Studied Scriptures</i>		
Never	46	38.3
Monthly	43	35.8
Weekly	20	16.7
Daily	11	9.2

Table 4: Correlations between Multiple Identities

	1	2	3	4	5	6	7	8	9
1. Religious Identity	--	-0.00	0.00	.180	0.09	-0.08	0.01	-0.01	-0.05
2. Racial Identity-Centrality		--	-0.24**	0.38**	0.73**	0.35**	-0.06	-0.03	0.14
3. Racial Identity-Public Regard			--	-0.02	0.32**	-0.23*	0.29**	0.07	0.03
4. Racial Identity-Private Regard				--	0.75**	0.11	-0.09	0.12	0.09
5. Racial Identity-Total					--	0.17	0.05	0.07	0.15
6. Sexual Identity-Centrality						--	0.02	0.46**	0.78**
7. Sexual Identity-Public Regard							--	0.09	0.49**
8. Sexual Identity-Private Regard								--	0.76**
9. Sexual Identity-Total									--
Mean	26.66	34.06	20.00	35.18	89.15	32.80	19.05	29.67	81.20
SD	8.92	9.43	7.02	7.36	14.55	8.63	6.61	7.38	15.82

* $p \leq .05$; ** $p \leq .01$

Table 5: Correlations between Multiple Identities-High vs. Low Racial Identity

	1	2	3	4	5	6	7	8	9	Mean	SD
1. Religious Identity	--	-0.08	-0.05	0.19	-0.03	-0.10	-0.07	-0.37**	-0.27*	27.50	7.69
2. Racial Identity-Centrality	-0.09	--	-0.64**	0.41	0.48**	0.39**	-0.21	0.02	0.16	39.41	8.06
3. Racial Identity-Public Regard	0.00	-0.23	--	-0.24	0.21	-0.35**	0.53**	0.06	0.06	21.61	7.57
4. Racial Identity-Private Regard	0.14	0.221	-0.12	--	0.37**	-0.10	-0.17	0.02	-0.08	38.73	4.03
5. Racial Identity-Total	0.04	0.64**	0.27*	0.74**	--	0.07	0.24	0.10	0.21	99.75	6.93
6. Sexual Identity-Centrality	-0.10	0.25	-0.20	0.08	0.10	--	-0.13	0.41**	0.74**	34.00	7.94
7. Sexual Identity-Public Regard	0.05	-0.00	0.06	-0.10	-0.05	0.13	--	0.04	0.39**	19.25	5.84
8. Sexual Identity-Private Regard	0.22	-0.12	0.08	0.18	0.09	0.49**	0.12	--	0.77**	29.75	6.63
9. Sexual Identity-Total	0.06	0.05	-0.04	0.08	0.05	0.81**	0.55**	0.77**	--	82.78	13.46
Mean	25.81	28.71	18.42	31.70	78.73	31.55	18.84	29.60	79.59		
SD	10.01	7.51	6.08	8.22	12.40	9.19	7.36	8.10	17.88		

Note: Correlations for participants High on racial identity are presented above the line while correlations for participants Low on racial identity are below the line.

* $p \leq .05$; ** $p \leq .01$

Table 6: Demographic Characteristics across Multiple Identities

Characteristics	Racial Identity	Religious Identity	Sexual Identity
Sexual Orientation		<i>p</i>	<i>p</i>
		ns	ns
Bisexual	90.81 (12.58)	28.31 (6.82)	74.57 (17.32) ^a
Gay	88.40 (15.38)	25.89 (9.69)	84.20 (14.21) ^b
Come out		<i>p</i>	<i>p</i>
		ns	ns
Yes	89.33 (15.09)	26.48 (9.18)	83.87 (14.58) ^a
No	88.65 (13.57)	26.74 (8.38)	72.59 (15.20) ^b
Education		<i>p</i>	<i>p</i>
		ns	ns
High School Diploma	86.57 (17.43)	26.57 (8.29)	82.95 (16.21)
College Student	87.08 (13.36)	27.86 (8.74)	79.78 (16.57)
College Degree	96.40 (13.48)	22.60 (9.85)	86.00 (15.70)
Graduate Student	92.92 (14.86)	25.62 (9.50)	80.38 (13.57)
Graduate Degree	97.50(12.12)	27.75 (9.81)	81.75 (12.04)
Family Income		<i>p</i>	<i>p</i>
		ns	ns
<\$20,000	87.35 (8.34)	27.22 (7.85)	77.50 (18.28)
\$20,001-\$49,999	90.82 (15.44)	26.26 (9.24)	82.46 (14.62)
\$50,000-\$75,000	83.69 (16.84)	26.88 (10.78)	80.81 (16.94)
\$75,001+	92.97 (14.02)	26.56 (7.93)	82.53 (14.80)
Relationship Status		<i>p</i>	<i>p</i>
		ns	ns
Partnered	85.44 (12.75)	28.31 (9.33)	80.31 (18.19)
Single	90.14 (14.90)	26.20 (8.80)	81.45 (15.19)

Table 7: : Correlations between Multiple Identities and Psychological Well-Being

	1	2	3	4	5	6	7	8
1. Religious Identity	--	0.09	-0.05	-0.05	-0.03	0.02	0.21*	0.19*
2. Racial Identity-Total		--	0.15	0.11	-0.21*	-0.11	0.19*	-0.01
3. Sexual Identity-Total			--	0.11	-0.15	-0.05	0.15	-0.52**
4. Anxiety				--	-0.70**	-0.47**	0.40**	0.27**
5. Depression					--	0.47**	-0.33**	0.31**
6. Satisfaction with Life						--	-0.13	0.15
7. Resiliency							--	-0.28**
8. Internalized Homonegativity								--
Mean	26.66	89.15	81.20	64.17	38.44	17.03	152.17	52.30
SD	8.92	14.55	15.82	11.02	14.55	7.86	25.48	20.51

* $p \leq .05$; ** $p \leq .01$

Table 8. Linear Regression: Multiple Identities Predicting Measures of Psychological Well-Being

	Anxiety				Depression				Satisfaction with Life		
	Beta	C.I	<i>p</i>		Beta	C.I	<i>p</i>		Beta	C.I	<i>p</i>
Intercept		33.67/39.17	<i>p</i> <.001	Intercept		35.45/40.54	<i>p</i> <.001	Intercept		19.98/23.72	<i>p</i> <.001
Step 1				Step 1				Step 1			
In the Closet	.013	-5.41/6.14	ns	In the Closet	-0.02	-6.00/4.75	ns	In the Closet	0.18	-0.54/7.26	ns
Bisexual	.032	-4.45/6.01	ns	Bisexual	0.08	-3.03/6.84	ns	Bisexual	-0.05	-4.50/2.67	ns
		R=.002	ns			R=.005	ns			R=.027	ns
Step 2				Step 2				Step 2			
In the Closet	-0.02	-6.45/5.43	ns	In the Closet	-0.07	-7.33/3.51	ns	In the Closet	0.20	-0.29/7.73	ns
Bisexual	0.02	-4.74/5.97	ns	Bisexual	0.09	-2.72/7.07	ns	Bisexual	-0.05	-4.60/2.77	ns
Racial Identity	-0.07	-0.21/0.09	ns	Racial Identity	-0.21	-0.29/-0.01	<i>p</i> <.05	Racial Identity	0.08	-0.06/0.15	ns
Sexual Identity	-0.11	-0.24/0.07	ns	Sexual Identity	-0.13	-0.23/0.05	ns	Sexual Identity	0.06	-0.07/0.14	ns
		R=.019	ns			R=.070	<i>p</i> <.05			R=.039	ns
		ΔR=.018				ΔR=.064				ΔR=.012	
Step 3				Step 3				Step 3			
In the Closet	-0.02	-6.41/5.53	ns	In the Closet	-0.08	-7.40/3.51	ns	In the Closet	0.20	-0.31/7.76	ns
Bisexual	-0.02	-4.96/5.88	ns	Bisexual	0.10	-2.73/7.22	ns	Bisexual	-0.06	-4.69/2.80	ns
Racial Identity	-0.08	-0.22/0.09	ns	Racial Identity	-0.21	-0.29/-0.01	<i>p</i> <.05	Racial Identity	0.08	-0.06/0.15	ns
Sexual Identity	-0.11	-0.24/0.08	ns	Sexual Identity	-0.13	-0.23/0.05	ns	Sexual Identity	0.06	-0.07/0.14	ns
Religious Identity	0.04	-0.20/0.31	ns	Religious Identity	-0.02	-0.25/0.21	ns	Religious Identity	0.01	-0.16/0.18	ns
		R=.021	ns			R=.070	ns			R=.039	ns
		ΔR=.002				ΔR=.000				ΔR=.000	

Note: All interaction terms were run for each regression. Only significant interactions are presented.

Table 8 (cont). Linear Regression: Multiple Identities Predicting Measures of Psychological Well-Being

	Resiliency			Internalized Homonegativity			
	Beta	C.I	<i>p</i>	Beta	C.I	<i>p</i>	
Intercept		147.77/160.01	<i>p</i> <.001	Intercept	41.80/50.43	<i>p</i> <.001	
Step 1				Step 1			
In the Closet	-0.06	-16.55/9.59	ns	In the Closet	0.32	6.52/24.62	<i>p</i> <.05
Bisexual	-0.09	-17.22/6.72	ns	Bisexual	0.22	1.55/18.02	<i>p</i> <.001
		R=.017	ns			R=.205	<i>p</i> <.001
Step 2				Step 2			
In the Closet	-0.02	-14.66/11.71	ns	In the Closet	0.21	2.04/18.78	<i>p</i> <.05
Bisexual	-0.11	-18.01/6.00	ns	Bisexual	0.15	-0.87/14.22	ns
Racial Identity	0.20	.01/.67	<i>p</i> <.05	Racial Identity	0.04	-0.16/0.27	ns
Sexual Identity	0.09	-.19/.49	ns	Sexual Identity	-0.44	-0.80/-0.36	<i>p</i> <.001
		R=.067	ns			R=.369	<i>p</i> <.001
		ΔR=.05				ΔR=.164	
Step 3				Step 3			
In the Closet	-0.01	-13.57/12.32	ns	In the Closet	0.22	2.54/19.07	<i>p</i> <.01
Bisexual	-0.15	-20.06/3.78	ns	Bisexual	0.13	-1.95/13.10	ns
Racial Identity	0.18	-0.01/0.64	ns	Racial Identity	0.03	-0.17/0.26	ns
Sexual Identity	0.10	-0.16/0.50	ns	Sexual Identity	-0.43	-0.78/-0.35	<i>p</i> <.001
Religious Identity	0.22	0.08/1.16	<i>p</i> <.05	Religious Identity	0.15	0.00/0.70	<i>p</i> <.05
		R=.112	<i>p</i> <.05			R=.392	<i>p</i> <.05
		ΔR=.045				ΔR=.02	
Step 4							
In the Closet	0.04	-10.32/15.47	ns				
Bisexual	-0.15	-19.80/3.46	ns				
Racial Identity	0.10	-0.16/0.51	ns				
Sexual Identity	0.14	-0.09/0.57	ns				
Religious Identity	0.27	0.22/1.30	<i>p</i> <.01				
Religious Identity By	-0.25	-0.07/-0.01	<i>p</i> <.05				
Sexual Identity							
		R=.163	<i>p</i> <.05				
		ΔR=.051					

Note: All interaction terms were run for each regression. Only significant interactions are

Table 9. Linear Regression: Internalized Homonegativity Predicting Measures of Psychological Well-Being

	Anxiety				Depression		
	Beta	C.I	<i>p</i>		Beta	C.I	<i>p</i>
Intercept		33.67/39.17	<i>p</i> <.001	Intercept		35.42/40.51	<i>p</i> <.001
Step 1				Step 1			
In the Closet	0.12	-5.41/6.14	ns	In the Closet	-0.02	-5.99/4.76	ns
Bisexual	0.03	-4.45/6.06	ns	Bisexual	0.08	-3.01/6.86	ns
		R=.002	ns			R=.006	ns
Step 2				Step 2			
In the Closet	-0.09	-8.36/3.32	ns	In the Closet	-0.15	-9.09/1.54	ns
Bisexual	-0.04	-6.17/4.18	ns	Bisexual	-0.00	-4.8/4.69	ns
Internalized Homonegativity	0.33	.07/.30	<i>p</i> <.01	Internalized Homonegativity	0.40	0.10/0.31	<i>p</i> <.001
		R=.086	<i>p</i> <.01			R=.126	<i>p</i> <.001
		ΔR=.085				ΔR=.121	
Step 3				Step 3			
In the Closet	-0.09	-8.46/3.33	ns	In the Closet	-0.16	-9.27/1.25	ns
Bisexual	-0.03	-5.92/4.57	ns	Bisexual	0.03	-4.02/5.40	ns
Internalized Homonegativity	0.34	.06/.33	<i>p</i> <.01	Internalized Homonegativity	0.41	0.10/0.33	<i>p</i> <.001
Racial Identity	0.04	-.14/.19	ns	Racial Identity	-0.22	-0.30/-0.03	<i>p</i> <.05
Sexual Identity	-0.09	-.22/.08	ns	Sexual Identity	0.05	-0.11/0.19	ns
		R=.094	ns			R=.174	<i>p</i> <.05
		ΔR=.008				ΔR=.048	
				Step 4			
				In the Closet	-0.14	-8.63/1.54	ns
				Bisexual	0.01	-4.35/4.76	ns
				Internalized Homonegativity	0.42	0.11/0.33	<i>p</i> <.001
				Racial Identity	0.03	-0.29/-0.03	ns
				Sexual Identity	-0.22	-0.12/0.17	<i>p</i> <.05
				Internalized Homonegativity by Sexual Identity	0.26	0.00/0.01	<i>p</i> <.01
						R=.239	<i>p</i> <.01
						ΔR=.065	

Note: All interaction terms were run for each regression. Only significant interactions are presented.

Table 9 (cont). Linear Regression: Internalized Homonegativity Predicting Measures of Psychological Well-Being

	Satisfaction with Life				Resiliency		
	Beta	C.I	<i>p</i>		Beta	C.I	<i>p</i>
Intercept		19.99/23.69	<i>p</i> <.001	Intercept		147.77/160.01	<i>p</i> <.001
Step 1				Step 1			
In the Closet	0.18	-0.51/7.25	ns	In the Closet	-0.06	-16.55/9.59	ns
Bisexual	-0.05	-4.47/2.66	ns	Bisexual	-0.09	-17.22/6.72	ns
		R=.027	ns			R=.017	ns
Step 2				Step 2			
In the Closet	0.25	0.66/8.68	<i>p</i> <.05	In the Closet	0.02	-12.13/14.43	ns
Bisexual	-0.01	-3.68/3.51	ns	Bisexual	-0.04	-13.98/9.96	ns
Internalized Homonegativity	-0.22	-0.17/-0.01	<i>p</i> <.05	Internalized Homonegativity	-0.26	-0.59/-0.07	<i>p</i> <.05
		R=.067	<i>p</i> <.05			R=.073	<i>p</i> <.05
		ΔR=.039				ΔR=.056	
Step 3				Step 3			
In the Closet	0.25	0.67/8.76	<i>p</i> <.05	In the Closet	0.03	-11.47/14.88	ns
Bisexual	-0.02	-3.99/3.30	ns	Bisexual	-0.07	-15.59/8.23	ns
Internalized Homonegativity	-0.24	-0.18/-0.00	<i>p</i> <.05	Internalized Homonegativity	-0.28	-0.63/-0.05	<i>p</i> <.05
Racial Identity	0.10	-0.05/0.16	ns	Racial Identity	0.21	0.04/0.69	<i>p</i> <.05
Sexual Identity	-0.04	-0.14/0.10	ns	Sexual Identity	-0.03	-0.42/0.33	ns
		R=.076	ns			R=.116	ns
		ΔR=.009				ΔR=.043	
Step 4				Step 4			
In the Closet	0.26	0.93/8.89	<i>p</i> <.05	In the Closet	0.06	-9.31/16.27	ns
Bisexual	-0.03	-4.10/3.07	ns	Bisexual	-0.10	-17.40/5.8	ns
Internalized Homonegativity	-0.24	-0.18/-0.00	<i>p</i> <.05	Internalized Homonegativity	-0.34	-0.70/-0.14	<i>p</i> <.01
Racial Identity	0.09	-0.05/0.15	ns	Racial Identity	0.20	0.03/0.66	<i>p</i> <.05
Sexual Identity	-0.03	-0.12/0.10	ns	Sexual Identity	-0.04	-0.43/0.29	ns
Internalized Homonegativity by Racial Identity	-0.21	-0.01/-0.00	<i>p</i> <.05	Religious Identity	0.27	0.24/1.30	<i>p</i> <.01
		R=0.117	<i>p</i> <.05			R=.183	<i>p</i> <.01
		ΔR=0.042				ΔR=.067	
				Step 5			
				In the Closet	0.10	-6.67/18.80	ns
				Bisexual	-0.10	-17.05/5.69	ns
				Internalized Homonegativity	-0.42	-0.81/-0.23	<i>p</i> <.001
				Racial Identity	0.18	0.01/0.63	<i>p</i> <.05
				Sexual Identity	-0.08	-0.50/0.22	ns
				Religious Identity	0.31	0.36/1.43	<i>p</i> <.001
				Religious Identity By Internalized Homonegativity	0.22	0.00/0.06	<i>p</i> <.05
						R=.223	<i>p</i> <.05
						ΔR=.04	

Note: All interaction terms were run for each regression. Only significant interactions are presented.

Table 10. Correlations between Multiple Identities and Sexual Behavior

	1	2	3	4	5	6
1. Religious Identity	--	0.12	-0.06	0.05	0.10	-0.06
2. Racial Identity-Total		--	0.18	-0.28**	-0.23*	-0.21
3. Sexual Identity-Total			--	0.05	0.01	-0.03
4. Total Anal Sex Acts				--	0.96**	0.23*
5. Number of Unprotected Anal Sex Acts					--	-0.05
6. Number of Protected Sex Anal Acts						--
Mean	26.43	89.73	82.01	5.24	3.62	3.17
SD	8.74	14.97	16.08	11.34	12.20	3.40

* $p \leq .05$; ** $p \leq .01$

Table 11. Correlations between Sexual Behavior and Psychological Well-being

	1	2	3	4	5	6	7	8
1. Total Anal Sex Acts	--	0.96*	0.23*	-0.00	-0.00	-0.11	-0.05	-0.19
2. Number of Unprotected Anal Sex Acts		--	-0.05	-0.01	-0.05	-0.18	-0.11	-0.17
3. Number of Protected Sex Anal Acts			--	0.19	0.21	0.11	0.01	0.02
4. Anxiety				--	0.69**	0.43**	-0.37**	0.31**
5. Depression					--	0.50**	-0.30**	0.33*
6. Satisfaction with life						--	-0.08	0.19
7. Resiliency							--	-0.25*
8. Internalized Homonegativity								--
Mean	5.24	3.62	3.17	36.61	37.96	16.77	151.85	52.44
SD	11.34	12.20	3.40	11.75	11.10	7.53	26.74	20.57

* $p \leq .05$; ** $p \leq .01$

Table 12. Linear Regression: Multiple Identities Predicting Sexual Behavior

	Total Sex Acts			Unprotected Sex Acts			Protected Sex Acts				
	Beta	C.I	<i>p</i>	Beta	C.I	<i>p</i>	Beta	C.I	<i>p</i>		
Intercept		2.47/8.26	<i>p</i> <.001	Intercept	.26/7.37	<i>p</i> <.05	Intercept	1.93/3.87	<i>p</i> <.001		
Step 1				Step 1			Step 1				
In the Closet	-0.15	-10.48/2.06	ns	In the Closet	-0.08	-10.56/5.28	ns	In the Closet	-0.13	-3.30/1.02	ns
Bisexual	0.11	-2.81/8.49	ns	Bisexual	0.04	-5.52/7.87	ns	Bisexual	0.19	-0.45/3.20	ns
		R=.021	ns			R=.006	ns			R=.034	ns
Step 2				Step 2				Step 2			
In the Closet	-0.14	-10.34/2.04	ns	In the Closet	-0.08	-10.41/5.45	ns	In the Closet	0.21	-3.27/1.07	ns
Bisexual	0.14	-1.94/9.05	ns	Bisexual	0.07	-4.83/8.68	ns	Bisexual	-0.13	-0.28/3.40	ns
Racial Identity	-0.31	-0.38/-0.08	<i>p</i> <.01	Racial Identity	-0.24	-0.38/-0.01	<i>p</i> <.05	Racial Identity	-0.23	-0.10/0.00	<i>p</i> =.05
Sexual Identity	0.09	-0.09/0.22	ns	Sexual Identity	0.05	-0.16/0.24	ns	Sexual Identity	0.05	-0.04/0.07	ns
		R=.111	<i>p</i> <.05			R=.063	ns			R=.086	ns
		ΔR=.09				ΔR=.056				ΔR=.052	
Step 3				Step 3				Step 3			
In the Closet	-0.15	-10.25/2.17	ns	In the Closet	-0.09	-10.62/5.23	ns	In the Closet	-0.12	-3.26/1.1	ns
Bisexual	0.13	-2.25/8.84	ns	Bisexual	0.06	-5.27/8.30	ns	Bisexual	0.22	-0.26/3.47	ns
Racial Identity	-0.32	-0.39/-0.09	<i>p</i> <.01	Racial Identity	-0.26	-0.40/-0.02	<i>p</i> <.05	Racial Identity	-0.23	-0.10/0.00	ns
Sexual Identity	0.09	-0.09/0.23	ns	Sexual Identity	0.06	-0.15/0.24	ns	Sexual Identity	0.05	-0.04/0.07	ns
Religious Identity	0.08	-0.16/0.37	ns	Religious Identity	0.14	-0.14/0.53	ns	Religious Identity	-0.04	-0.11/0.08	ns
		R=.117	ns			R=.080	ns			R=.088	ns
		ΔR=.006				ΔR=.017				ΔR=.002	

Note: All interaction terms were run for each regression. Only significant interactions are presented.

Table 13. Linear Regression: Internalized Homonegativity Predicting Sexual Behavior

	Total Sex Acts				Unprotected Sex Acts		
	Beta	C.I	<i>p</i>		Beta	C.I	<i>p</i>
Intercept		2.58/8.32	<i>p</i> <.001	Intercept		.244/7.31	<i>p</i> <.05
Step 1				Step 1			
In the Closet	-0.15	-10.33/2.04	ns	In the Closet	-0.08	-10.30/5.33	ns
Bisexual	0.11	-2.89/8.13	ns	Bisexual	0.04	-5.53/7.51	ns
		R=.021	ns			R=.006	ns
Step 2				Step 2			
In the Closet	-0.09	-8.87/4.02	ns	In the Closet	0.00	-8.43/8.71	ns
Bisexual	0.13	-2.23/8.78	ns	Bisexual	0.08	-4.54/8.79	ns
Internalized Homonegativity	-0.19	-0.23/0.02	ns	Internalized Homonegativity	-0.20	-0.29/0.05	ns
		R=0.05	ns			R=.033	ns
		ΔR=0.03				ΔR=.028	
Step 3				Step 3			
In the Closet	-0.09	-8.80/3.54	ns	In the Closet	0.02	-7.81/8.89	ns
Bisexual	0.15	-1.55/9.02	ns	Bisexual	0.11	-3.72/9.31	ns
Internalized Homonegativity	-0.21	-0.24/-0.00	<i>p</i> <.05	Internalized Homonegativity	-0.23	-0.31/0.02	ns
Racial Identity	-0.30	-0.37/-0.08	<i>p</i> <.01	Racial Identity	-0.25	-0.38/-0.02	<i>p</i> <.05
		R=0.139	<i>p</i> <.01			R=.097	<i>p</i> <.05
		ΔR=0.089				ΔR=.063	
Step 4							
In the Closet	-0.10	-8.89/3.12	ns				
Bisexual	0.17	-1.06/9.23	ns				
Internalized Homonegativity	-0.23	-0.25/-0.02	<i>p</i> <.05				
Racial Identity	-0.30	-0.37/-0.09	<i>p</i> <.01				
Internalized Homonegativity by Racial Identity	0.24	0.00/0.02	<i>p</i> <.05				
		R=0.195	<i>p</i> <.05				
		ΔR=0.056					

Note: All interaction terms were run for each regression. Only significant interactions are presented.

Table 13 (cont). Linear Regression: Internalized Homonegativity Predicting Sexual Behavior

	Protected Sex Acts		
	Beta	C.I	<i>p</i>
Intercept		1.98/3.93	<i>p</i> <.001
Step 1			
In the Closet	-0.13	-3.29/0.98	ns
Bisexual	0.18	-0.47/3.09	ns
		R= .034	ns
Step 2			
In the Closet	-0.15	-3.63/1.11	ns
Bisexual	0.17	-.58/3.11	ns
Internalized Homonegativity	0.03	-0.04/0.05	ns
		R=.035	ns
		ΔR=.001	
Step 3			
In the Closet	-0.13	-3.50/1.17	ns
Bisexual	0.20	-0.40/3.25	ns
Internalized Homonegativity	-0.00	-0.05/0.05	ns
Racial Identity	-0.22	-0.10/0.00	ns
		R=.081	ns
		ΔR=.046	
Step 4			
In the Closet	-0.14	-3.53/1.18	ns
Bisexual	0.20	-0.40/3.28	ns
Internalized Homonegativity	0.01	-0.05/0.05	ns
Racial Identity	-0.21	-0.10/0.01	ns
Religious Identity	-0.03	-0.11/0.08	ns
		R=.082	ns
		ΔR=.001	
Step 5			
In the Closet	-0.09	-3.07/1.47	ns
Bisexual	0.20	-0.27/3.25	ns
Internalized Homonegativity	-0.04	-0.05/0.04	ns
Racial Identity	-0.25	-0.10/-0.00	<i>p</i> <.05
Religious Identity	0.08	-0.07/0.13	ns
Internalized Homonegativity by Religious Identity	0.32	0.00/0.01	<i>p</i> <.01
		R=.172	<i>p</i> <.01
		ΔR=.09	

Note: All interaction terms were run for each regression. Only significant interactions are presented.

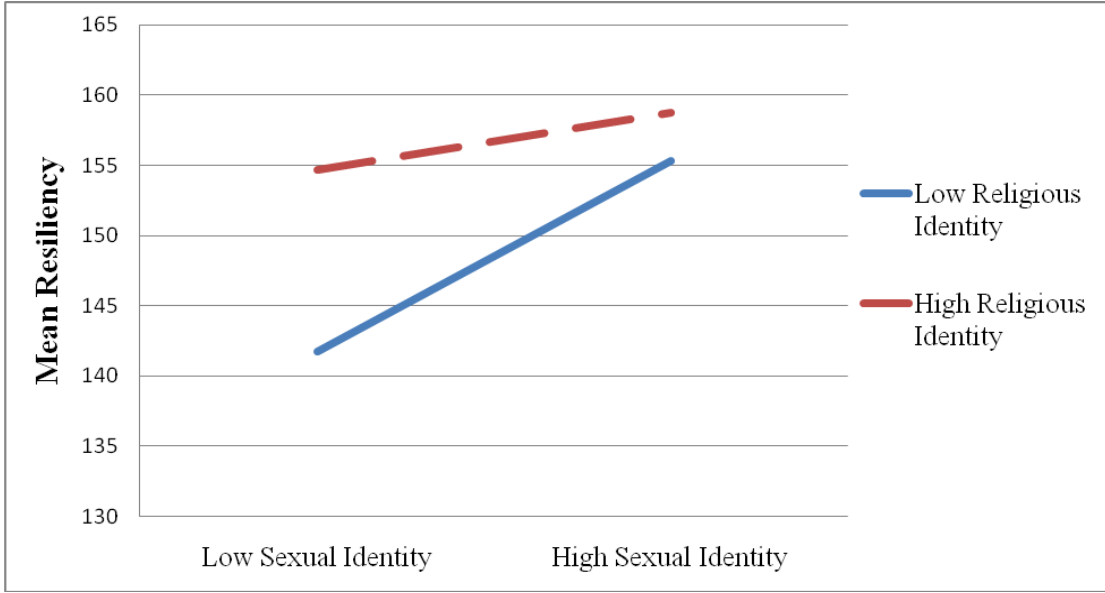


Figure 1. Interaction Religious Identity and Sexual Identity for Resiliency

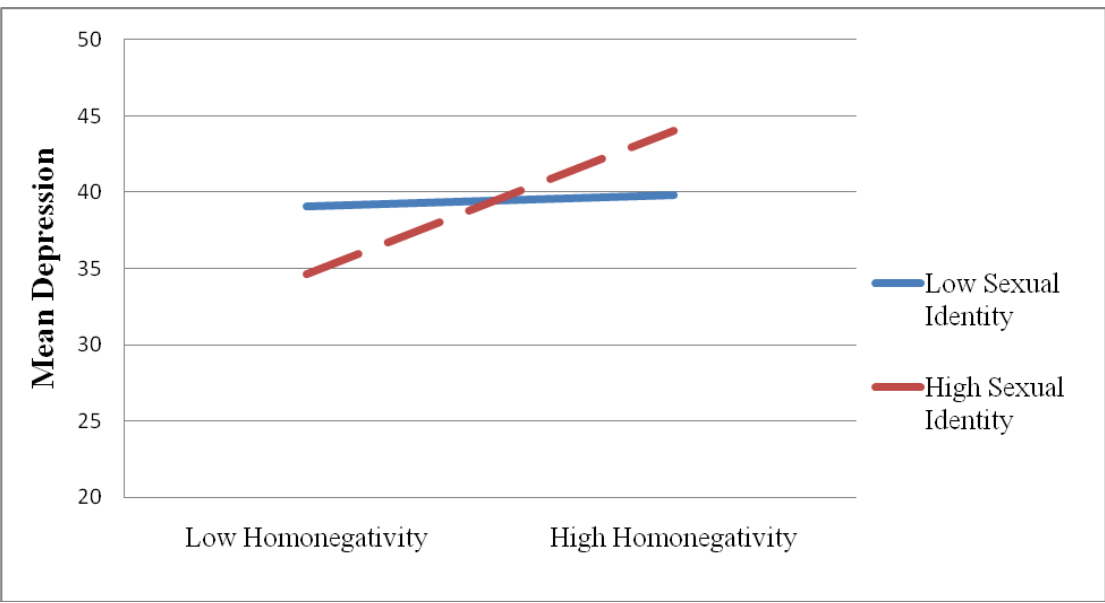


Figure 2. Interaction of Sexual Identity and Internalized Homonegativity for Depression

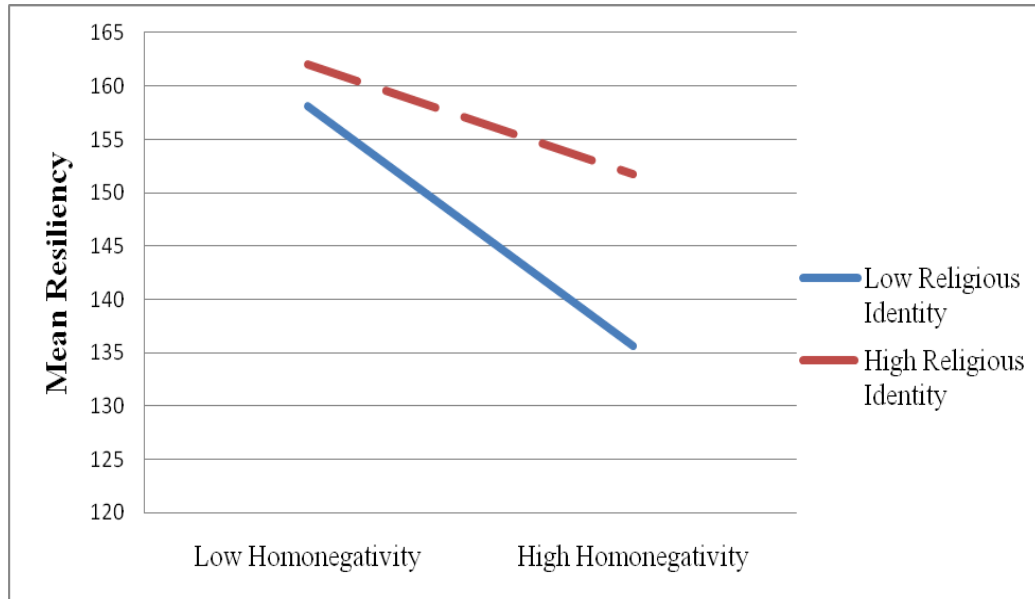


Figure 3. Interaction of Religious Identity and Internalized Homonegativity for Resiliency

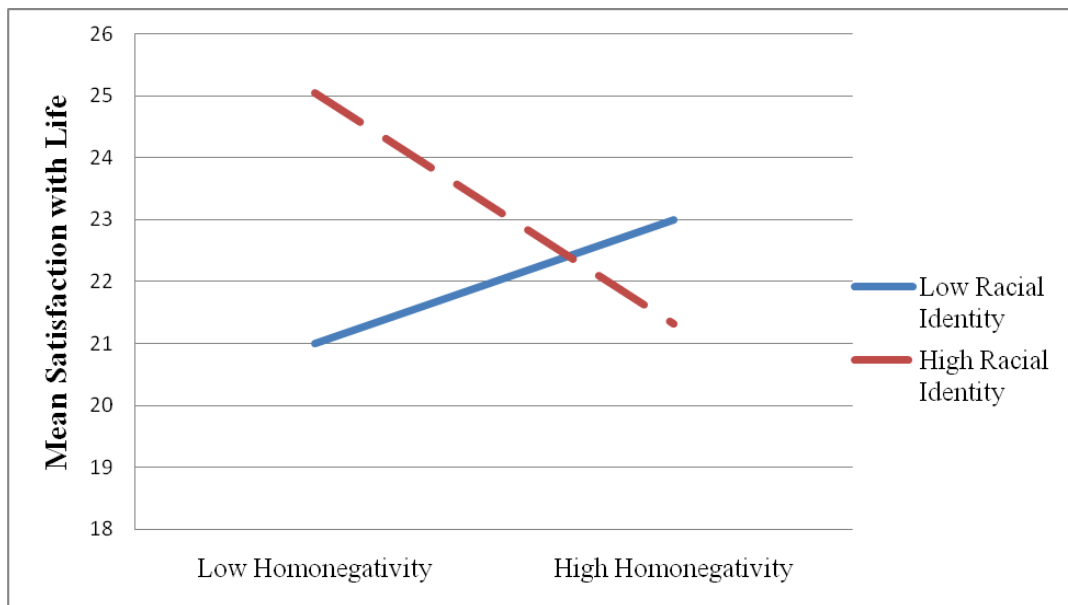


Figure 4. Interaction of Racial Identity and Internalized Homonegativity for Satisfaction with life

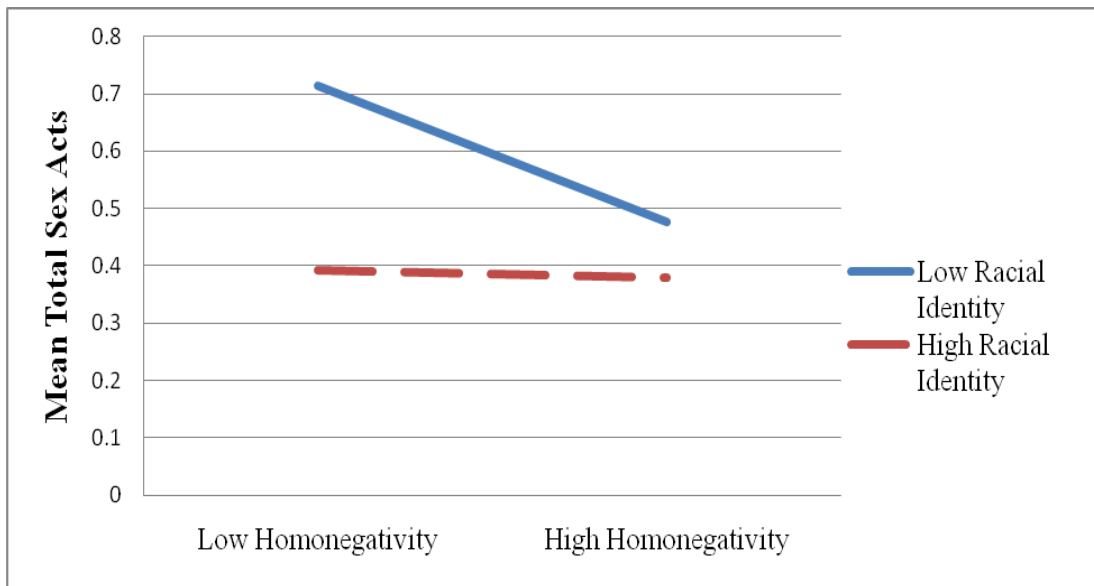


Figure 5. Interaction of Racial Identity and Internalized Homonegativity for Total Sex Acts

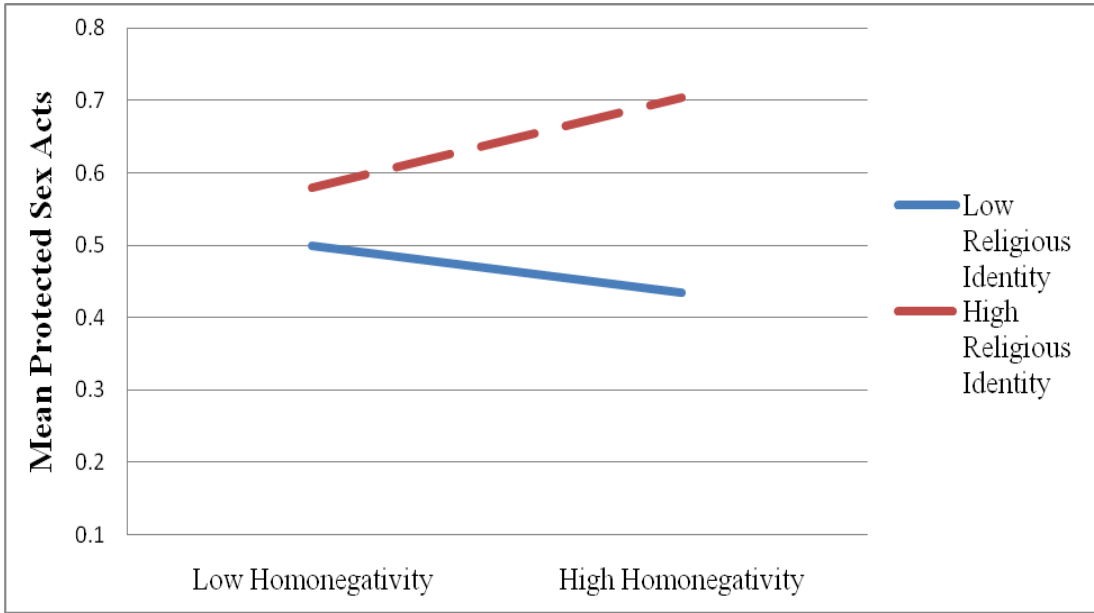


Figure 6. Interaction of Religious Identity and Internalized Homonegativity for Protected Sex Acts

References

- Arnett, J. J. (2000). Emerging Adulthood: A Theory of Development from the Late teens through the twenties. *American Psychologist*, 55 (5), 469-480.
- Arnett, J. & Jensen, L. (2002). A congregation of one: Individualized religious beliefs among emerging adults. *Journal of Adolescent Research*, 17(5) 451-467.
- Arnett, J. (2004). *Emerging Adulthood: The winding road from the late teens through the twenties*. New York: Oxford.
- Barret, R. & Barzan, R. (1996). Spiritual Experiences of Gay Men and Lesbians. *Counseling and Values*, 41(1), 4-15.
- Berghe, W.V., Dewaele, A., Cox, N. & Vincke, J. (2010). Minority-Specific Determinants of Mental Well-Being Among Lesbian, Gay, and Bisexual Youth. *Journal of Applied Social Psychology*, 40(1), 153-166.
- Birnbaum, M. (2004). *Methodological and Ethical Issues in Conducting Social Psychology Research via the Internet*. In C. Sansone, C. Morf, and A. Panter (eds.) *The Sage Handbook of Methods in Social Psychology* (pp. 359-382). Thousand Oaks, CA: Sage.
- Boykin, K. (1996). *On more river to cross: Black and gay in America*. New York: Doubleday.
- Brodsky, A.E. (2000). The Role of Religion in the Lives of Resilient Urban, African American, Single Mothers. *Journal of Community Psychology*, 28(2), 199-219.
- Brown, D. (2008). African American Resiliency: Examining Racial Socialization and Social Support as Protective Factors. *Journal of Black Psychology*, 34(1), 32-48.
- Buchana, M., Dzelme, K., Harris, D. & Hecker, L. (2001). Challenges of Being Simultaneously Gay or Lesbian and Spiritual and/or Religious: a Narrative Perspective. *The American Journal of Family Therapy*, 29, 435-449.
- Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4 (3), 219-235.
- Center for Disease Control. (2009, May). HIV/AIDS and Young men who have sex with men. Retrieved January 20, 2011 from <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>
- Center for Disease Control. (2010a, September). HIV among gay, bisexual and other men

who have sex with men (MSM). Retrieved January 20, 2011 from <http://www.cdc.gov/hiv/topics/msm/index.htm>

Center for Disease Control. (2010b, September). HIV among African Americans. Retrieved January 20, 2011 from <http://www.cdc.gov/hiv/topics/aa/index.htm>.

Charmaraman, L & Grossman, J.M. (2010). Importance of Race and Ethnicity: An Exploration of Asian, Black, Latino, and Multiracial Adolescent Identity, *Cultural Diversity and Ethnic Minority Psychology*, 16 (2), 144-151.

Chatters, L., Taylor, R. J. & Jayakody, R. (2004). Fictive Kinship Relations in Black Extended Families. *Journal of Comparative Family Studies*, 25(3), 297-312.

Chatters, L., Taylor, R., Jackson, J. & Lincoln, K. (2008). Religious coping among African Americans, Caribbean Blacks and non-Hispanic Whites. *Journal of Community Psychology*, 36(3) 371-386.

Chng, C. & Geliga-Vargas, J. (2000). Ethnic identity, gay identity, sexual sensation seeking and HIV risk taking among multiethnic men who have sex with men. *AIDS Education and Prevention*, 12(4), 326-339.

Cochran, S. & Mays, V. (2006). Estimating Prevalence of mental and substance-using disorders among lesbian and gay men from existing national health data. In A. Omoto & H. Kurtzman (eds.). *Sexual Orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 143-165). Washington, DC: American Psychological Association.

Comstock, G. D. (2001). *A whosoever church: Welcoming lesbians and gay men into African American congregations*. Louisville, IN: Westminster John Knox Press.

Cross, W. (1995). *The psychology of nigrescence: Revising the Cross model*. In J. Ponterotto, J.M. Casas, L. Suzuki, and C. Alexander (eds.) *Handbook of multicultural counseling* (pg. 93-122). Thousand Oaks, CA: Sage.

Cross, W., Smith, L, Payne, Y. (2002). *Black Identity: A Repertoire of Daily Enactments*. In P. Pendersen, J. Draguns, W. Lonner and J. Trimble (eds.) *Counseling across Cultures* (pg. 92-107). Thousand Oaks, CA: Sage.

Diaz, R., Ayala, G. & Bein, E. (2004). Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three U.S. cities. *Cultural Diversity and Ethnic Minority Psychology*, 10 (3), 255-267.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49 (1), 71-75.

- Dubé, E. & Savin-Williams, R. (1999). Sexual identity development among ethnic sexual-minority male youths. *Developmental Psychology*, 35, 1389-1398.
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior*, 32, 80-99.
- Erikson, E. (1968). *Identity: Youth and Crisis*. New York: Norton & Company.
- Erikson, E. (1980). *Identity and the Life Cycle*. New York: Norton & Company.
- Fassinger, R. & Miller, B. (1997). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality*, 32 (2), 53-78.
- Fergus, S., Zimmerman, M., Caldwell, C. (2007). Growth trajectories of sexual risk behavior in adolescence and young adulthood. *American Journal of Public Health*, 97(6), 1096-1101.
- Fullilove, M. & Fullilove, R. (1999). Stigma as an obstacle to AIDS action: The case of the African American community. *American Behavioral Scientist*, 42(7), 1117-1129.
- Frost, D.M. & Meyer, I. (2009). Internalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals. *Journal of Counseling Psychology*, 56(1), 97-109.
- Golub, S .A., Walker, J. J., Longmire-Avital, B., Bimbi, D. S.& Parsons, J. T. (in press). The Role of Religiosity, Social Support, and Stress-Related Growth in Protecting Against HIV Risk among Transgender Women. *Journal of Health Psychology*.
- Greene, R.R., Galambos, C. & Lee, Y. (2003). Resilience Theory: Theoretical and Professional Conceptualizations. *Journal of Human Behavior in the Social Environment*, 8(4), 75-91.
- Griffin, H. (2006). *Their own receive them not: African American lesbian and gays in Black churches*. Cleveland, OH: Pilgrim Press.
- Grov, C., Bimbi, D., Nanin, J. & Parsons, J. (2006). Race, ethnicity, gender, and generational factors associated with the coming-out process among gay, lesbian, and bisexual individuals. *Journal of Sex Research*, 43 (2), 115-121.
- Haglund, K.A. & Fehring, R. J. (2010). The Association of Religiosity, Sexual Education and Parental Factors with Risky Sexual Behaviors Among Adolescents and Young Adults. *Journal of Religious Health*, 49, 460-472.

- Herek, G.M., Chopp, R., & Strohl, D. (2007). Sexual Stigma: Putting Sexual Minority Health Issues in Context. In I. Meyer and M. Northridge (eds.). *The health of sexual minorities: Public Health Perspectives on Lesbian, gay, bisexual and transgender populations*: New York: Springer.
- Jeffries, W., Dodge, B., Sandfort, T. (2008). Religion and Spirituality among bisexual Black men in the USA. *Culture, Health & Sexuality*, 10(5), 463-477.
- Kaufman, G. & Raphael, L. (1996). *Coming Out of Shame: Transforming gay and lesbians lives*. New York: Doubleday.
- Lee, B. (2007). Moderating effects of religious/spiritual coping in the relation between perceived stress and psychological well-being. *Pastoral Psychology*, 55, 751-759.
- Lefkowitz, E. S., Gillen, M.M., Shearer, C. L, & Boone, T. L. (2004). Religiosity, Sexual Behaviors, and Sexual Attitudes During Emerging Adulthood. *The Journal of Sex Research*, 41 (2), 150-159.
- Lefkowitz, E. S., & Gillen, M. M. (2006). Sex is Just a Normal Part of Life”: Sexuality in Emerging Adulthood. In J. Arnett and J. Tanner (Eds). *Emerging adults in America: Coming of age in the 21st century*. Washington, DC, US: American Psychological Association.
- Lester, T. (2002). *Gender Nonconformity, Race, and Sexuality: Charting the Connections*. Wisconsin: University of Wisconsin.
- Love, P.G., Bock, M., Jannarone, A. & Richardson, P. (2005). Identity Interaction: Exploring the Spiritual Experiences of Lesbian and Gay College Students. *Journal of College Student Development*, 46 (2), 193-208.
- Luthar, S.S, Cicchetti, D. & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development* 71 (3), 543-562.
- Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality*, 41 (2), 53-76.
- McCarn, S. & Fassinger, R. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, 24 (3), 508-534.
- Miller, R. L. (2007). Legacy Denied: African American gay men, AIDS and the Black church. *Social Work*, 52 (1), 51-61.
- Minton, H. & McDonald, G. (1984). Homosexual identity formation as a developmental

- process. *Journal of Homosexuality*, 9 (2), 91-104.
- Mohr, J. J & Kendra, M. S (in press). Revision and Extension of a Multidimensional Measure of Sexual Minority Identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology*, DOI: 10.1037/a0022858
- Muraco, A. (2006). Intentional Families: Fictive Kin ties Between Cross-Gender, Different Sexual Orientation Friends. *Journal of Marriage and Family*, 68, 1313-1325.
- Myers, H.F., Javanbakht, M., Martinez, M. & Obediah, S. (2003). Psychosocial Predictors of Risky Sexual Behaviors in African American Men: Implications for Prevention. *AIDS Education and Prevention*, 15, 66-79.
- O'Donnell, L., Agronick, G., Doval, A., Duran, R., Myint-U, A. & Stueve, A. (2002). Ethnic and gay community attachments and sexual risk behaviors among urban Latino young men who have sex with men. *AIDS Education and Prevention*, 14(6), 457-471.
- Pargament, K., Koenig, H., Tarakeshwar, N. & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two year longitudinal study. *Journal of Health Psychology*, 9 (6), 713-730.
- Parham, T., White, J., & Ajamu, A. (1999). *The Psychology of Blacks: An African Centered Perspective* (3rd ed). Upper Saddle River, NJ: Prentice Hall.
- Phinney, J. (1989). Stages of ethnic identity development in minority group adolescents. *The Journal of Early Adolescence*, 9 (1-2), 34-49.
- Phinney, J. (1990). Ethnic Identity in Adolescents and Adults: Review of research. *Psychological Bulletin*, 108 (3), 499-514.
- Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research*, 7, 156-176.
- Phinney, J., Cantu, C. & Kurtz, D. (1997). Ethnic and American identity as predictors of self-esteem among African American, Latino and white adolescents. *Journal of Youth and Adolescence*, 26 (2), 165-185.
- Pierre, M. R. & Mahalik, J.R. (2005). Examining African Self-Consciousness and Black Racial Identity as Predictors of Black Men's Psychological Well-Being. *Cultural Diversity and Ethnic Minority Psychology*, 11(1), 28-40.

- Pitt, R.N. (2010). "Killing the Messenger": Religious Black Gay Men's neutralization of Anti-gay Religious Messages. *Journal for the Scientific Study of Religion*, 49(1), 56-72.
- Plante, T. G & Boccaccini, M. T. (1997). The Santa Clara strength of religious faith questionnaire. *Pastoral Psychology*, 45(5), 375-387.
- Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1 (3), 385-401.
- Rosario, M., Scrimshaw, E. & Hunter, J. (2004). Ethnic/Racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison and sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, 10 (3), 215-228.
- Rosario, M., Scrimshaw, E. & Hunter, J. (2006). A Model of Sexual Risk Behaviors Among Young Gay and Bisexual Men: Longitudinal Associations of Mental Health, Substance Abuse, Sexual Abuse, and the Coming-Out Process. *AIDS Education and Prevention*, 18 (5), 444-460.
- Rosario, M., Scrimshaw, E.W., Hunter, J. & Braun, L. (2006). Sexual Identity Development Among Lesbian, Gay, and Bisexual Youths: Consistency and Change Over Time. *The Journal of Sex Research*, 43 (1), 46-58.
- Rosenthal, D.A., Gurney, R.M, & Moore, S.M. (1981). From trust to intimacy: A new inventory for examining Erikson's stages of psychosocial development. *Journal of Youth and Adolescence*, 10, 525-537.
- Rosser, B.R., Bockting, W.O., Ross, M.W., Miner, M.H., & Coleman, E. (2008). The Relationship between Homosexuality, Internalized Homo-Negativity, and Mental Health in Men Who Have Sex with Men. *Journal of Homosexuality*, 55(1), 150-168.
- Salomon, E., Mimiaga, M., Husnik, M., Welles, S., Manseau, M., Montenegro, A, Safren, S. et al (2009). Depressive Symptoms, Utilization of Mental Health Care, Substance Use, and Sexual Risk among Young Men who have Sex with Men in EXPLORE: Implications for Age-Specific Interventions. *AIDS and Behavior*, 13, 811-821.
- Schwartz, S.J., Zamboanga, B.L., Rodriguez, L. & Wang, S. C. (2007). The Structure of Cultural Identity in an Ethnically Diverse Sample of Emerging Adults. *Basic and Applied Social Psychology*, 29 (2), 159-173.
- Schwartz, S.J., Zamboanga, B.L., Wang, W. & Olthuis, J. V. (2009). Measuring Identity

- From an Eriksonian Perspective: Two Sides of the Same Coin? *Journal of Personality Assessment*, 91 (2), 143-154.
- Sellers, R., Smith, M., Shelton, J., Rowley, S. & Chavous, T. (1998). Multidimensional model of racial identity: A reconceptualization of African American racial identity. *Personality and Social Psychology Review*, 2 (1), 18-39.
- Sellers, R., Caldwell, C. Schmeelk-Cone, K. & Zimmerman, M. (2003). Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *Journal of Health and Social Behavior*, 43, 302-317.
- Sellers, R.M & Shelton, J.N. (2003). The Role of Racial Identity in Perceived Racial Discrimination. *Journal of Personality and Social Psychology*, 84 (5), 1079-1092.
- Settles, I.H., Navarrete, C.D., Pagano, S.J., Abdou, C.M & Sidanius, J. (2010). Racial Identity and Depression among African American Women. *Cultural Diversity and Ethnic Minority Psychology*, 16 (2), 248-255.
- Smolenski, D.J., Ross, M.W., Risser, J., & Rosser, S. (2009). Sexual Complusivity and High-risk Sex among Latino Men: The Role of internalized homonegativity and Gay Organizations. *AIDS Care*, 21(1), 42-49.
- Snyder, A. (2006). Risky and casual sexual relationships among teens. In A. Crouter and A. Booth (eds.) *Romance and sex in adolescence and emerging adulthood*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Spielberger, C. D. (1979). *Understanding stress and Anxiety*. London: Harper & Row.
- Stewart, P. (2007). "Who is Kin?" Family Definition and African American Families. *African American Behavior in the Social Environment*, 15 (2), 163-181.
- Summers, M. (2002). "This Immoral Practice": The prehistory of homophobia in Black nationalist thought. In T. Lester (ed.) *Gender nonconformity, race, and sexuality: charting the connections*. Wisconsin: University of Wisconsin.
- Szymanski, D.M, Chung, Y.B & Balsam, K.F. (2001). Psychosocial Correlates of Internalized Homophobia in Lesbians. *Measurement and Evaluation in Counseling and Development*, 34, 27-38.
- Szymanski, D.M. & Gupta, A. (2009). Examining the Relationship Between Multiple Internalized Oppressions and African American Lesbian, Gay, Bisexual, and Questioning Persons' Self-esteem and Psychological Distress. *Journal of Counseling Psychology*, 56 (1), 110-118.
- Taylor, R., Mattis, J., & Chatters, L. (1999). Subjective religiosity among African

Americans: A synthesis of findings from five national samples. *Journal of Black Psychology*, 25 (4), 524-542.

Yarhouse, M.A. (2005). Constructive Relationships Between Religion and the Scientific Study of Sexuality. *Journal of Psychology and Christianity*, 24 (1), 29-35.

Yates, T.M. & Masten, A.S. (2004). Fostering the Future: Resilience Theory and the Practice of Positive Psychology. In P. Linley and S. Joseph (eds.) *Positive Psychology in Practice*. Hoboken, NJ: Wiley & Sons.

Yip, T., Seaton, E.K, Sellers, R.M (2006). African American Racial Identity Across the Lifespan: Identity Status, Identity Content, and Depressive Symptoms. *Child Development*, 77(5) 1504-1517.