

Identities, Intersectionality, and the Development of Resilience: Toward Health Equity for All

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The Science of Identities: Measurement & Methods for Translational Health Behavior Research

Overview

- Identity and intimacy
- Intersectionality
- Adaptation of the minority stress model
- Rehabilitating resilience
- Measurement
- Application to health and health behavior among sexual and gender minorities



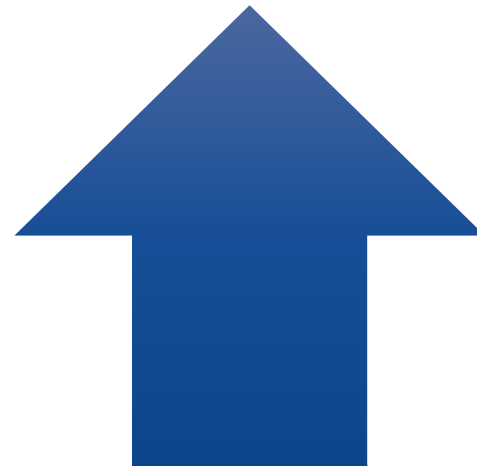
Identity

Need for individuality and
autonomy
Separation

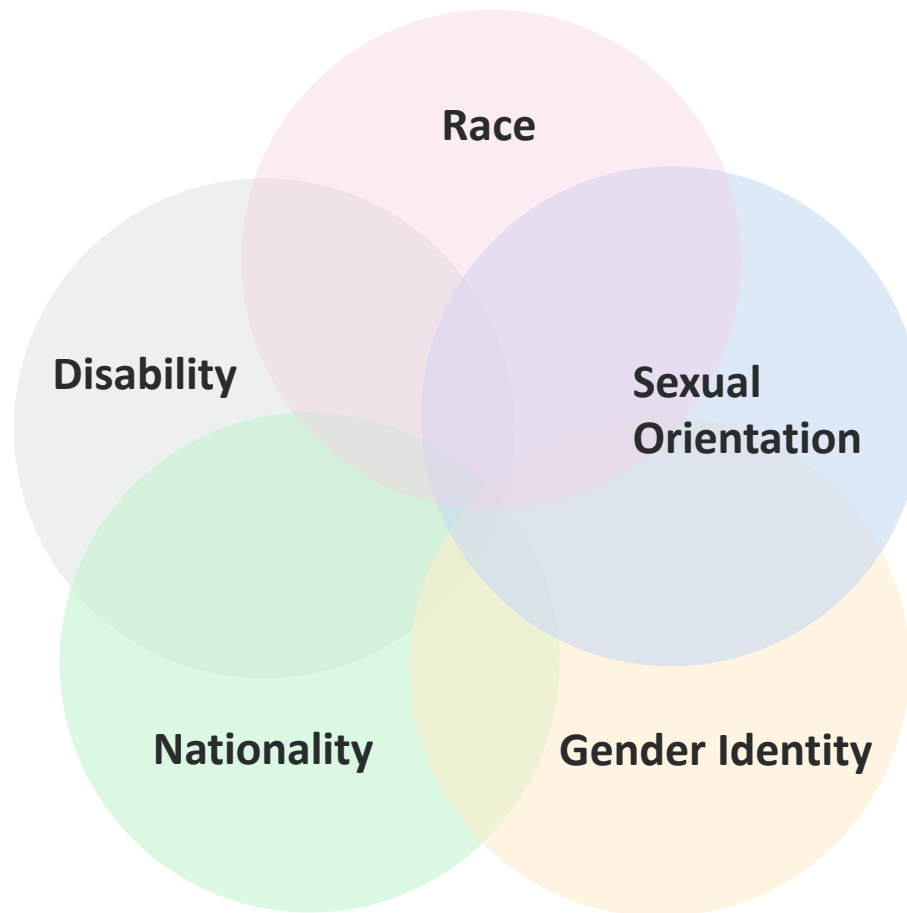


Intimacy

Need for belonging and
interdependence
Attachment



Multiple, intersecting identities



Intersectionality and identity

- Intersectionality: “The interconnected nature of social categorizations such as race, class, and gender, creating overlapping and interdependent systems of discrimination or disadvantage” (Crenshaw, 1989)
- Identities emerge “when there is a (social) deficit” (Pfaefflin, 2011)
- Thus, social oppression is central to both intersectionality and identity



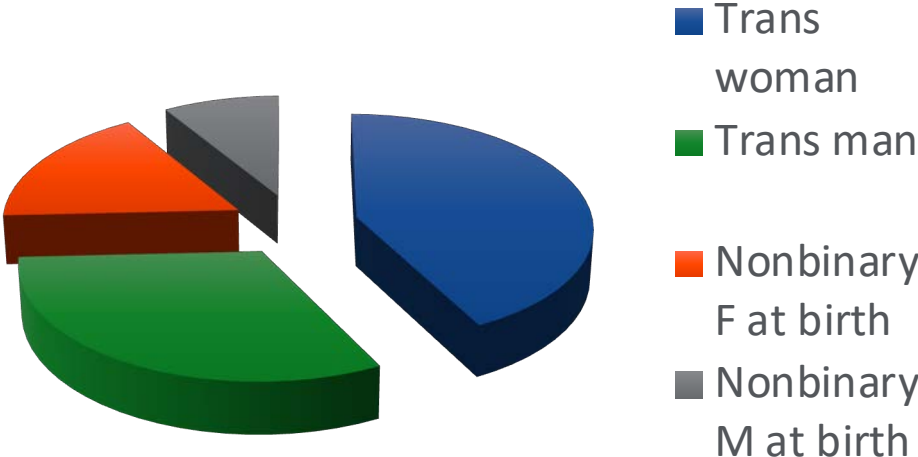
Project AFFIRM: Gender, diversity, health

- Longitudinal, multisite cohort study of transgender identity development across the lifespan
- Funded by NICHD (R01-HD79603) and NHLBI (R01-HL151559)
- New York City, San Francisco, Atlanta

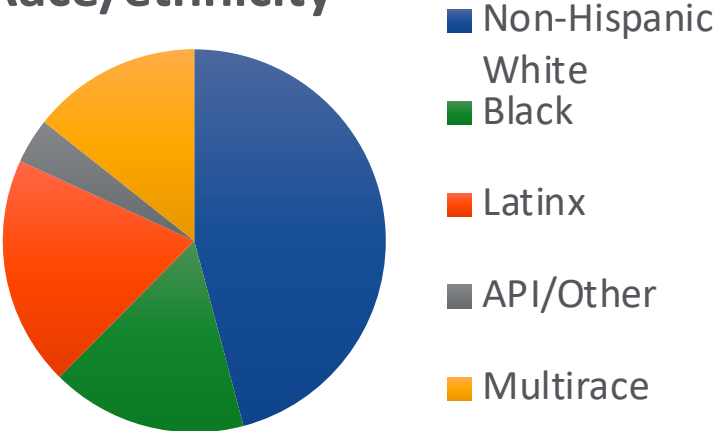


Demographics (N = 330)

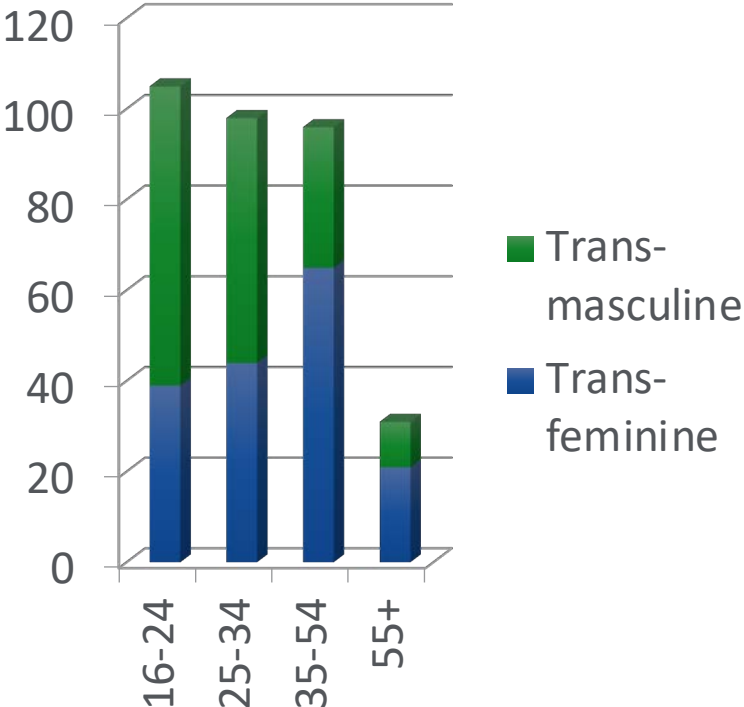
Gender identity



Race/ethnicity



Age (M=34.4, SD=13.7, 16-87)



Income: 40% < \$24k

Hormone therapy: 67.6%

Surgery: 51.2%

Mental health

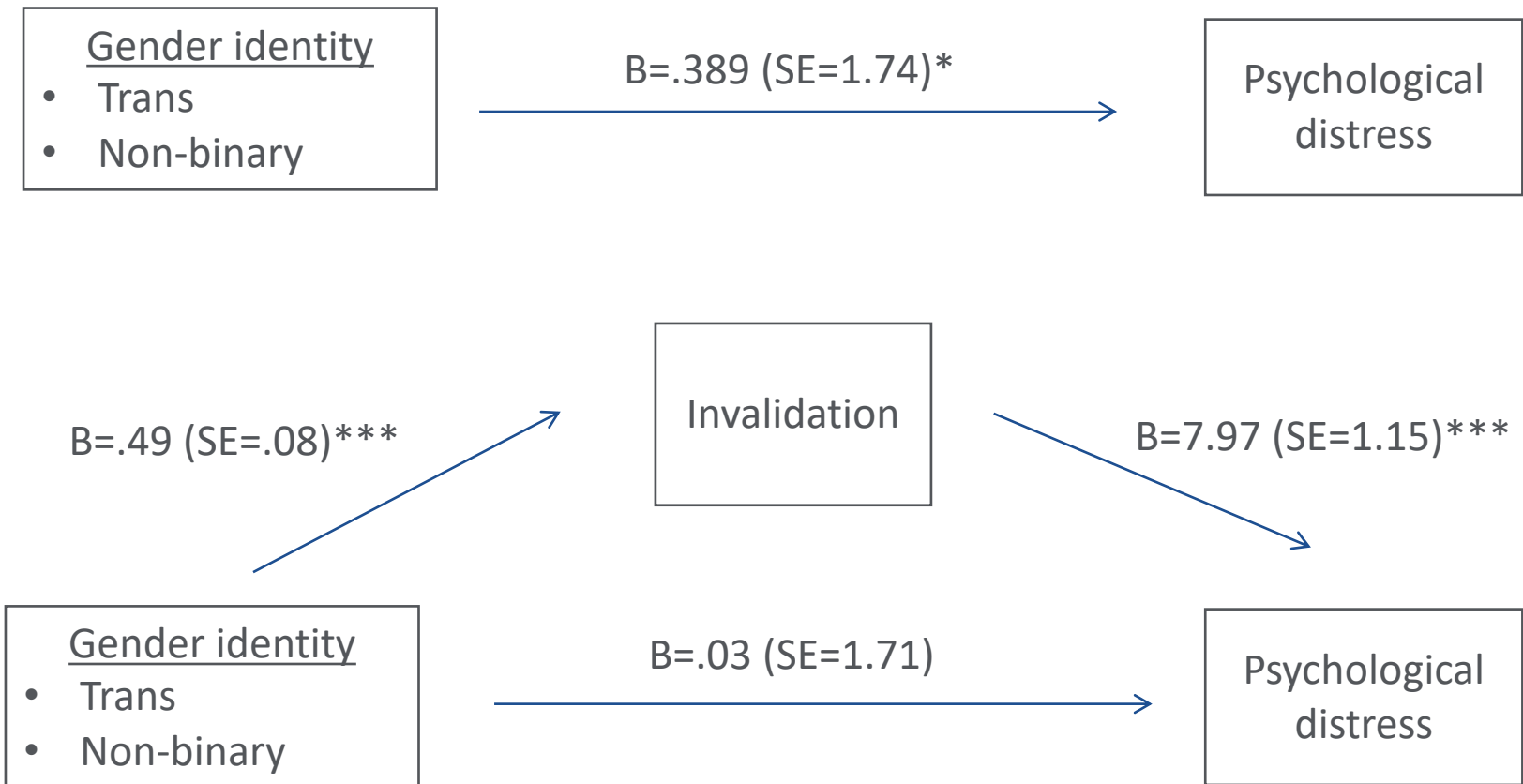
	Total (N = 330)	Trans-masculine (n = 161)	Trans-feminine (n = 169)
BSI-18, GSI Mean (SD)	17.45 (12.89)	18.42 (12.77)	16.52 (12.99)
Anxiety	131 (39.7%)	65 (40.4%)	66 (39.3%)
Depression	113 (34.2%)	45 (28.0%)*	68 (40.5%)*
Somatization	87 (26.4%)	39 (24.2%)	48 (28.6%)
			* $p < .05$

(Valente et al., 2020)

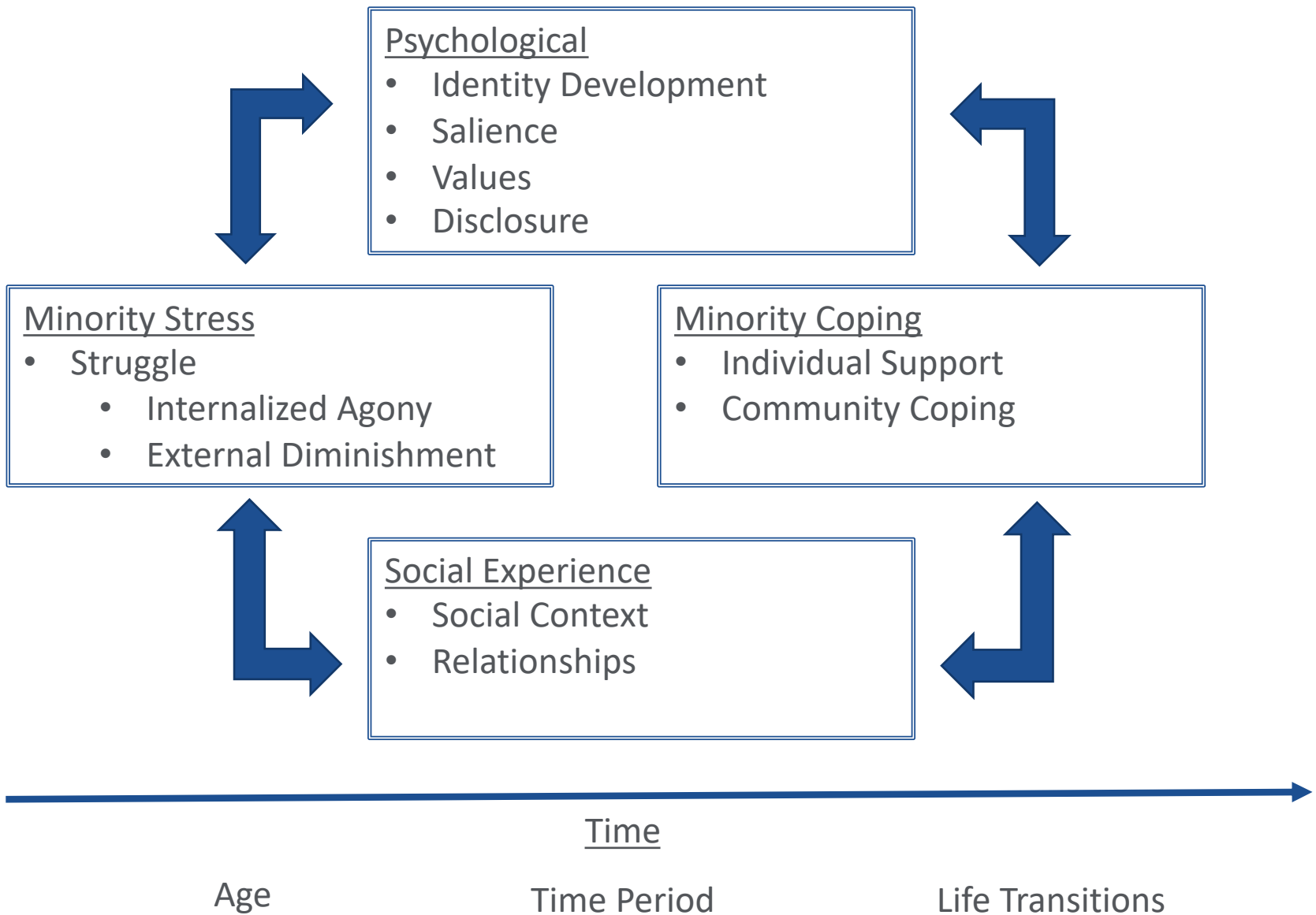
Enacted stigma

	Total (N = 330)	Trans & Nonbinary AFAB (n = 161)	Trans & Nonbinary AMAB (n = 169)
Enacted Stigma Mean (SD)	2.63 (2.59)	2.58 (2.52)	2.68 (2.67)
Treated with less courtesy	141 (42.7%)	68 (42.2%)	73 (43.2%)
Treated with less respect	135 (40.9%)	71 (44.1%)	64 (37.9%)
Treated as they were worse	125 (37.9%)	63 (39.1%)	62 (36.7%)
Called names or insulted	87 (26.4%)	40 (24.8%)	47 (27.8%)
Threatened or harassed	86 (26.1%)	43 (26.7%)	43 (25.4%)
Treated as not smart	74 (22.4%)	26 (16.1%)**	48 (28.4%)**
			** p < .01

Invalidation



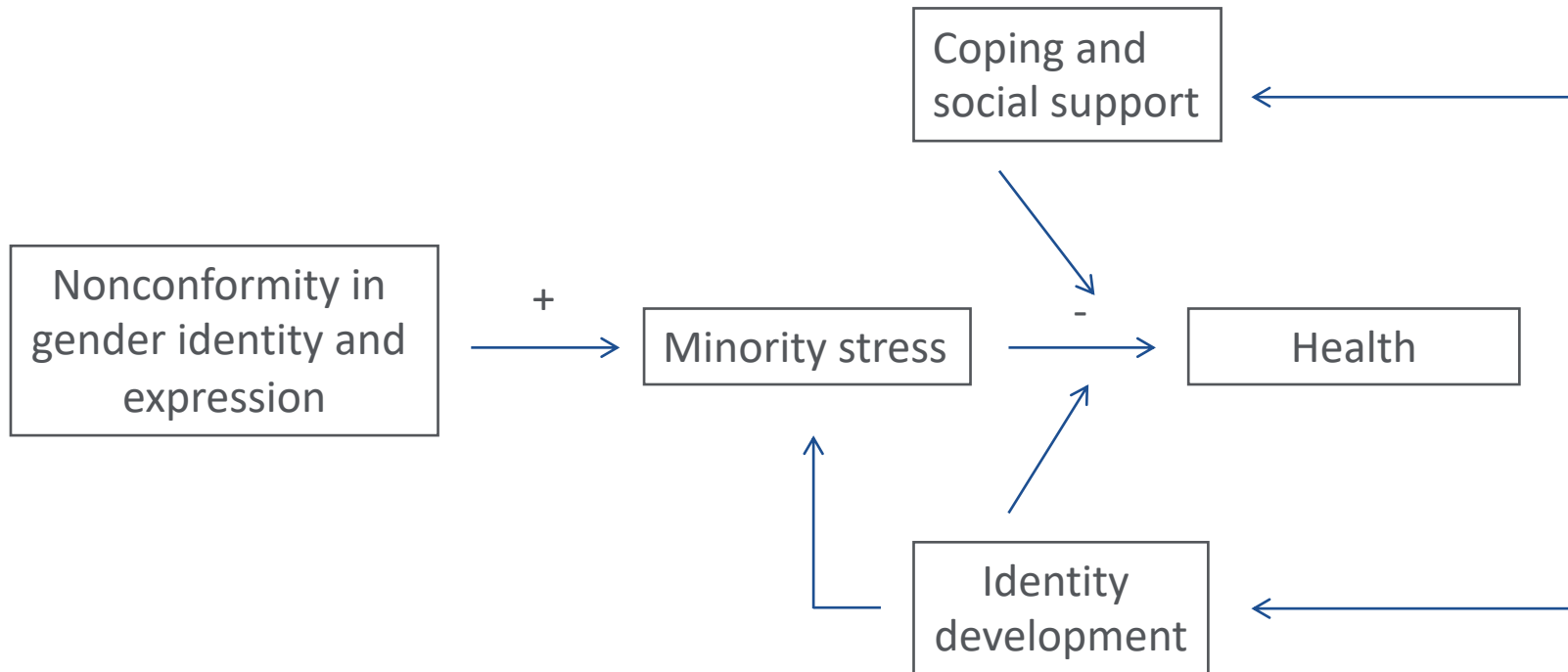
(Johnson et al., 2023)



Psychosocial development

- Erikson's stages of psychosocial development (Erikson, 1956)
- Application to LGBTQ+ identity development (Coleman, 1981/82; Bockting & Coleman, 2016)
- Based on lifeline interviews from Project AFFIRM:
 - 1. Pre-consciousness**
 - 2. Confusion and conflict**
 - 3. Exploration**
 - 4. Becoming**
 - 5. Living**

Minority stress and identity development



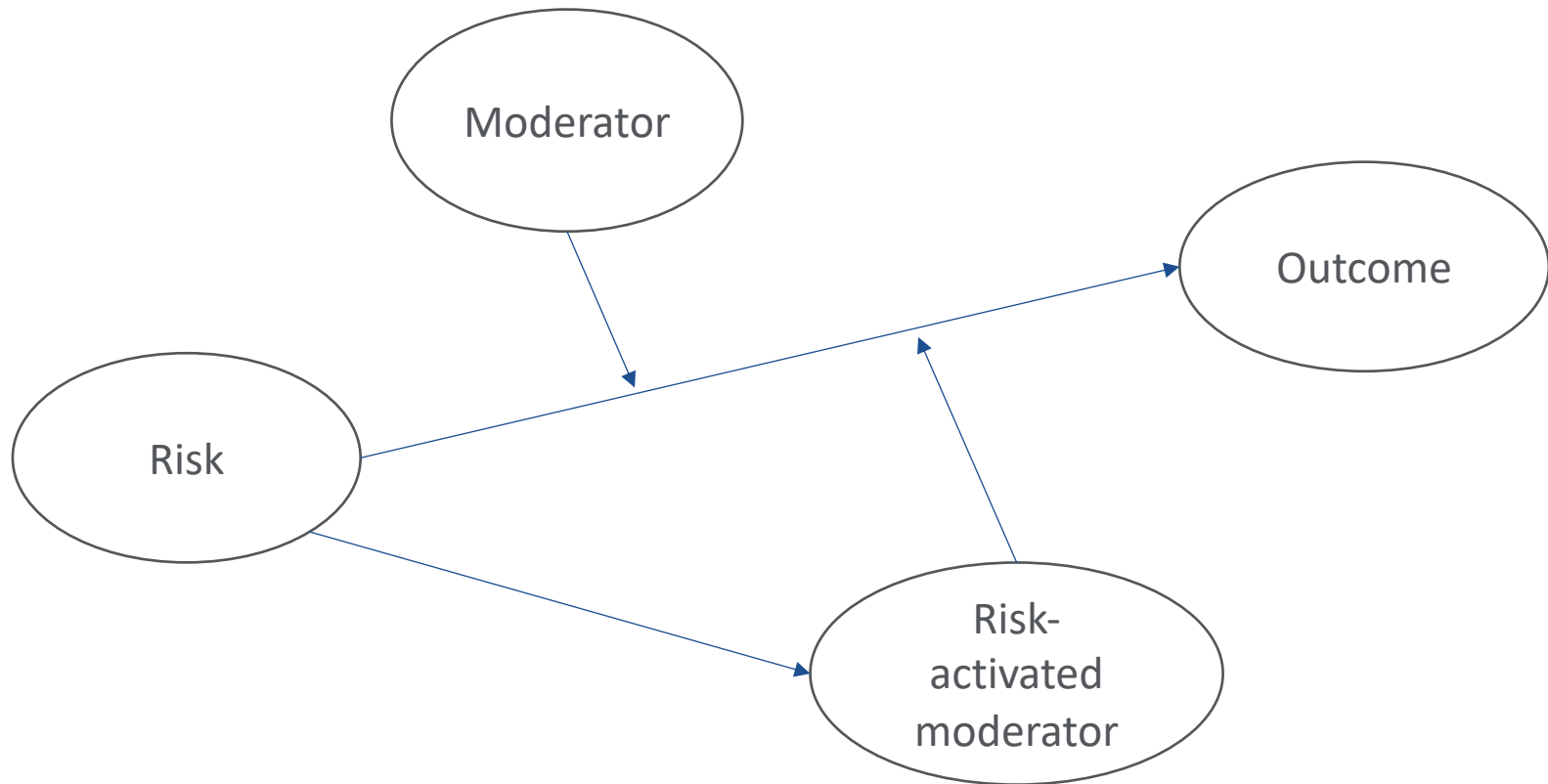
Psychosocial development (MEPSI)

Stage	Group (age)	<i>n</i>	<i>M (SD)</i>	<i>F (df)</i>
Identity	16-24	90	3.41 (.72)	25.63 (2)***
	25-39	132	3.83 (.61)	
	40+	107	4.07 (.62)	
Intimacy	16-24	90	3.66 (.57)	1.64 (2)
	25-39	132	3.78 (.62)	
	40+	107	3.82 (.66)	
Generativity	16-24	90	3.35 (.54)	21.22 (2)***
	25-39	132	3.63 (.53)	
	40+	106	3.86 (.58)	
Ego integrity	16-24	90	3.18 (.62)	18.49 (2)***
	25-39	132	3.54 (.63)	
	40+	106	3.71 (.62)	
				*** $p < .001$

Cross-sectional findings on psychosocial development and resilience ($N = 330$)

- Enacted stigma and felt stigma were both positively associated with psychological distress ($b = 1.04$ and $b = 4.06$, respectively, $p < .001$)
- Progress in psychosocial development was negatively associated with psychological distress ($b = -12.9$, $SE = 1.22$, $p < .001$)
- **Psychosocial development moderated the relationship between felt stigma and psychological distress ($b = -2.34$, $SE = 1.15$, $p < .05$)**
- The moderating effect on the relationship between enacted stigma and psychological distress was not significant

Rehabilitating resilience



(Masten, 2001)

Measuring the relevant constructs

- Gender identity
- Sex assigned at birth
- Sexual orientation (self-identification, behaviors, attractions, relationships)
- Minority stressors (enacted, internalized, invalidation)
- Domains of resilience (external and internal resources; identity development)
- Intersectionality (sexism, genderism, heterosexism, racism, ableism, xenophobia, etc.)

Application to health and health behavior among sexual and gender minorities

- Black gay and bisexual men were 1.6 times more likely to have had an STI than gay and bisexual White men; not related to risk behavior, but rather their communities and the oppression they face (Millet et al., 2007).
- Among US transgender adults, 39% reported clinically significant levels of psychological distress compared to 11% among cisgender adults) (Kidd et al., 2023).
- Despite higher levels of minority stress, SGM POC may not show worse mental health outcomes: 37% vs 47% for anxiety; 22 vs 39% for depression, but no differences for Latinx (Meyer et al., 2008). Yet what about other health outcomes, such as cardiovascular disease?
- How do intersecting oppressions affect such health behaviors as diet, substance use, physical activity and sleep? How about social connectedness?

Conclusion

- Identity and identity development are embedded in social context, including in intersecting oppressions
- Identities remain very meaningful for individuals, their social connectedness and communities
- In addition to environmental influences (e.g., systemic, intersecting oppressions but also social support and resources), individuals adapt and evolve over time (e.g., develop agency and change society “one person at a time”)
- Therefore, measure the oppressing –isms and related experiences as well as people’s identities and the potential resilience factors

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Thank you!

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