

THE EFFECTS OF SELF-CONSTRUAL AND THE LIVING ENVIRONMENT ON INTERNALIZED HOMOPHOBIA AMONG CHINESE GAY MEN

Zhengjia Ren¹, Ralph Hood², Chunsong Yang³, Xiqi Lu⁴, Qiuyu Su⁵, Li Tsingan⁶

¹Department of Clinical Psychology, Southwest Hospital, The First Hospital Affiliated to Army Medical University (Third Military Medical University), Chongqing, China

²Department of Psychology, University of Tennessee at Chattanooga, Chattanooga, TN, USA

³West China Second Hospital, Sichuan University, Chengdu, China

⁴School of Law, Jiangxi University of Finance and Economics, Nanchang, China

⁵Department of Management, Culverhouse College of Business, The University of Alabama, Tuscaloosa, AL, USA

⁶School of Psychology, Beijing Normal University, Institute of Developmental Psychology, Beijing Normal University, Beijing, China

Corresponding Author: Li Tsingan: litsingan02@163.com

Submitted: 19 April 2019. **Accepted:** 25 May 2019. **Published:** 15 July 2019.

ABSTRACT

Background and Objective

Internalized homophobia is common among gay men. Gay men who live in high-tolerance social environments tend to have less internalized homophobia than gay men who live in low-tolerance environments. The interaction between the living environment and self-construal influences gay men's internalized homophobia.

Material and Methods

This study examined the association between self-construal and homophobia according to the living environment using a sample of gay men (N=521) aged 14–43 years. The data were collected between January and August 2017 using an online questionnaire that included an internalized homophobia scale, self-construal items, and demographic characteristics. The two-way ANOVA analyses revealed that the self-construal type was differentially associated with internalized homophobia depending on the living environment of the study participants.

Results

Living in a high-tolerance area while having an independent self-construal was associated with lower internalized homophobia scores than living in a low-tolerance area. In contrast, alternating between independent and dependent self-construals was associated with higher internalized homophobia scores.

Conclusion

Mental health services for participants with conflicted self-construals are emerging. Self-acceptance and compassion-focused practices should be explored as a way to help gay men adjust their conflicted self-construals.

Key Words: *self-construal, homophobia, cross-cultural, homosexuality*

Previous studies have demonstrated that emotions and psychosocial well-being are codetermined by the dynamic relationship between people's self-construals and their social, political, and cultural surroundings.¹⁻³ Chinese society is a relational society that values harmony with one's social relationships and surroundings.³ "Self-construal" in a relational society refers to how one perceives himself or herself within the context of relationships with others.⁴ Markus and Kitayama claim that Western people are more individual-oriented and more focused on their personal desires, motives, and ambitions, while Eastern people are more socially oriented and tend to fulfill social and collective expectations, goals, and requirements.⁵ Previous research has also shown that the well-being of Chinese people is more socially oriented, while the well-being of Americans is more individually oriented.⁶ Individuals from socially oriented cultures are more prone to be concerned with the opinions of others, strong conformity to others, and social norms.⁷ Chan (2017) and Ren (2018) claim that homosexual individuals in Chinese cultures describe feelings of guilt and shame about being a homosexual individual because of thoughts of how other people think or judge them and their family.^{8,9} Ren identified that homosexual individuals who tend to be more concerned about "others" opinions tend to conform to heteronormative traditions, such as entering a heterosexual

marriage, implying that "other"-oriented homosexual individuals experience higher internalized homophobia than homosexual individuals who are not "other"-oriented.^{8,10}

Some research claims that different types of self-construals have different impacts on health and psychological well-being.^{11,12} Cross, Gore, and Morris claim that the well-being of individuals with high relational self-construals is significantly better than the well-being of those with low relational self-construals.¹³ Herek's research claims that collectivism is associated with higher perceived levels of public stigma and behaviors, such as HIV-protective practices and seeking social support among same-sex-oriented persons.¹⁴ Convergent findings imply that self-construal has an impact on people's identities and psychosocial well-being, such as their body image,¹⁵ psychological distress,¹⁶ and even perceived inclusion in or exclusion from a group.¹⁷ However, few of these findings have implications for integrating self-construal into research investigating homophobia among individuals of a same-sex sexual orientation. In a socially oriented and heterosexual-dominated society that widely endorses stigmatizing attitudes toward people with a same-sex sexual orientation, gay men who are more socially oriented may internalize these negative attitudes and believe that they should be stigmatized or discriminated against.

Internalized homophobia is a pivotal experience representing the most significant obstacle to positive gay identity and healthy functioning.^{18,19} Few studies have examined the relationship between gay men's self-construals and their internalized experience of homophobia. Some studies report that the different attitudes toward people of a homosexual orientation in high-tolerance and low-tolerance nations shape the differences in self-identity, internalized homophobia, and psychosocial well-being of these people.^{20,21} The globalization process has made it possible for many Chinese people with a same-sex sexual orientation to immigrate to high-tolerance environments. This study examines the complex interaction between an individual's cultural self-construal and the social context to which he or she is exposed. This research examines the association among self-construal, internalized homophobia, and psychosocial well-being among gay men based on their living environments.

METHODS

Sample and Setting

The data were collected through an anonymous, Internet-based survey platform between January and August 2017 from 521 participants aged 14–43 years. The researchers posted a description of the study's objectives and benefits, a confidentiality guarantee, the consent form, and contact information. Individuals who self-identified as gay men were recruited for this research and were provided informed consent material, including the topics of the survey and their rights as potential participants. To protect their confidentiality, they agreed via a typed response to participate in the research rather than typing their names on the online consent form. The online questionnaire was posted on different lesbian gay bisexual transgender (LGBT) social platforms. The average time to complete the questionnaire was approximately 6 minutes. The study was approved by the Institutional Review Board of

the Department of Clinical Psychology, Southwest China Hospital. The participants in this study were gay men who were Chinese citizens (N=521). Ninety-nine respondents had lived in North America for more than 2 years, and 422 respondents were currently living in China. The other baseline characteristics of the cohort are presented in Table 1.

Assessments and Measurement

Sociodemographic Characteristics

The sociodemographic questions sought information regarding age, sex, education, occupation, income, and ethnicity.

Chinese Internalized Homophobia Scale. We used the Chinese Internalized Homophobia Scale to assess the participants' experience of internalized homophobia. This scale is valid and reliable and reflects the following three components of internalized homophobia⁸: internalized heteronormativity (the reliability of this subscale is 0.71), family-oriented identity (the reliability of this subscale is 0.70), and socially oriented identity (the reliability of this subscale is 0.77). Internalized heteronormativity is the belief that homosexuality is abnormal. Socially oriented identity involves the way other people think about an individual or his or her family. Family-oriented identity refers to the ideology of filial piety, family first, carrying on the family line, social expectation to marry, raising children with the aim of guarding them from troubles subsequently in life, and conformity to *heteronormative* traditions. The items are rated from 1 (totally disagree) to 5 (totally agree). The reliability of the whole scale is 0.85.

Social Construals. One variable tested was the perceived sense of connection with a significant other or the extent to which one's choices and behaviors are influenced by others. Each subject rated himself from 0 (completely not influenced

TABLE 1 Demographic data

	US N	US percentage	China N	China percentage	Total (%)
Education background					
Below bachelor's degree	21	21.2	324	76.8	
Bachelor's degree	41	41.4	84	19.9	
Above bachelor's degree	37	37.4	14	3.3	
Ethnic					
Han	88	88.9	399	94.5	
Non-Han	11	11.1	23	5.5	
Annual income (local currency)					
Below 40,000	39	39.4	157	37.2	
From 40,000 to 100,000	35	35.4	128	30.3	
More than 150,000	25	25.3	137	32.5	
Occupation					
Employed	58	58.6	301	71.3	
Unemployed	2	2.0	11	2.6	
Student	39	39.4	110	26.1	
Total percentages					521 (100)

by significant others) to 10 (completely influenced by significant others). The question was as follows: What is the extent to which your behaviors, choices, and ways of doing things are influenced by others? You can rate yourself from 0 (completely not influenced by significant others) to 10 (completely influenced by significant others).

Individual Construals. Another variable tested was the perceived sense of independence, that is, the extent to which an individual makes decisions based on his choices. Each subject rated himself from 0 (decisions completely not based on own choice) to 10 (decisions completely based on own choice). The question was as follows: What is the extent to which your behavior, choices, and ways of doing things are determined by your personal willingness? You can rate yourself from 0 (completely not based on personal willingness) to 10 (completely based on personal willingness).

Statistical Methods and Analysis

The questionnaire data were analyzed using the Statistical Package for the Social Sciences (SPSS). A two-by-three analysis of variance was performed using the self-construal type (more independent, equally independent and interdependent, and more interdependent) as the first factor and the living environment (living in China and living in high-tolerance countries, i.e., the United States [95 participants] and Canada [4 participants]) as the second factor. The researchers used the social construal score to deduce the individuals' construals. If the score was below negative one, the researchers defined the respondent as more independent or self-reliant, that is, he makes decisions based on his own choices. The researchers defined the respondents whose deduced score was higher than one as having more interdependent self-construals. The researchers defined the group whose deduced score was between negative one and positive one having

equally interdependent and independent self-construals. Then, the effects of the living environment, self-construal type, and self-construal type by living environment (interaction) term variables were analyzed. A p-value less than 0.05 was interpreted as significant.

RESULTS

Comparison of Internalized Homophobia by Living Environment and Self-Construal Type

Of the 521 gay men who were approached, there was no significant difference in age between the sojourners group and the Chinese group. The age of the respondents from the Chinese group ranged from 15 to 43 years, with a mean of 26.55 and a standard deviation of 5.19. The age of the respondents from the sojourners group ranged from 14 to 42 years, with a mean of 27.7 and a standard deviation of 4.36. The data met the basic assumptions of independent-groups factorial ANOVA. Homogeneity tests were conducted to test the equality of variances (Levene's test) ($p=0.48$, equal variance is assumed). In addition to the tests of the main effects and interaction effects, *post hoc* tests were used to compare the mean internalized homophobia scores of the participants by crossing the living environment with the self-construal type to determine whether there were differences in the perceptions of homophobia.

To determine whether self-construal was related to the impact of the living environment on the internalized homophobia scores, two-by-three analyses of variances of the self-construal type by living environment were performed, allowing for interactions (Table 2). The two-way ANOVA results indicated a significant interaction effect [$F(2,515)=5.46$, $p=0.005$, $\eta_p^2=0.02$] between the self-construal type and living environment [$F(1,515)=13.82$, $p<0.001$, $\eta_p^2=0.03$].

There were also main effects of the self-construal type [$F(2,515)=11.20$, $p<0.001$, $\eta_p^2=0.04$] and nationality [$F(1,515)=13.82$, $p<0.001$, $\eta_p^2=0.03$].

TABLE 2 Comparison of means and standard deviations for measurements based on interconnection and living environment

Measurement	Interdependent self		Conflicted self		Independent self		Interconnection	Living environment	Interconnection × living environment
	US (N=15) M (SD)	China (N=57) M (SD)	US (N=42) M (SD)	China (N=193) M (SD)	US (N=42) M (SD)	China (N=172) M (SD)			
IH	8.47(±0.49)	9.07(±0.25)	9.45(±0.30)	9.18(±0.14)	8.33(±0.30)	8.92(±0.15)	0.01*	0.21 ns	0.13 ns
SOI	12.00(±0.64)	13.37(±0.33)	13.55(±0.38)	13.47(±0.18)	11.93(±0.38)	13.59(±0.19)	0.02*	0.002**	0.01*
FOI	9.93(±0.83)	12.44(±0.43)	12.36(±0.50)	12.50(±0.23)	9.50(±0.50)	11.47(±0.25)	0.00**	0.00**	0.02*
CIHP	30.04(±1.56)	34.88(±0.80)	35.36(±0.93)	35.15(±0.44)	29.76(±0.93)	33.98(±0.46)	0.00**	0.00**	0.005*

* $p<0.05$; ** $p<0.01$; CIHP: Chinese Internalized Homophobia Scale; FOI: Family-oriented identity; SOI: Socially oriented identity; IH: Internalized heterosexuality; M (SD): mean (standard deviation).

The gay men who lived in China ($M=34.67$, $SD=0.34$) experienced significantly more internalized homophobia than the gay men who lived in North America [$M=31.84$, $SD=0.68$], $p<0.001$].

The gay men who had equally independent and interdependent self-construals experienced higher homophobia ($M=35.25$, $SD=0.51$) than those who had independent self-construals ($M=31.87$, $SD=0.52$), $p<0.001$. There were no significant differences between the gay men who exhibited equally independent and interdependent self-construals ($M=35.25$, $SD=0.51$) and those who exhibited interdependent self-construals ($M=32.64$, $SD=0.88$), and there were no significant differences between the gay men who exhibited independent self-construals ($M=31.87$, $SD=0.52$) and those who exhibited interdependent self-construals ($M=32.64$, $SD=0.88$).

Among all living environments and self-construal combinations, there was no significant difference between the participants living in China with equally independent and interdependent self-construals ($M=35.15$, $SD=0.44$) and those living in high-tolerance environments with equally independent and interdependent self-construals ($M=35.36$, $SD=0.93$).

The participants with independent self-construals who lived in high-tolerance environments ($M=29.76$, $SD=0.93$) experienced significantly less internalized homophobia than the participants living in China with independent self-construals ($M=33.98$, $SD=0.46$).

The participants living in China with interdependent self-construals ($M=34.88$, $SD=0.80$) experienced significantly more internalized homophobia than those living in high-tolerance environments with interdependent self-construals ($M=30.40$, $SD=1.56$).

The participants living in high-tolerance environments with equally independent and interdependent self-construals ($M=35.36$, $SD=0.93$) experienced more internalized homophobia than

those living in high-tolerance environments with interdependent self-construals ($M=30.40$, $SD=1.56$) and those with independent self-construals who lived in high-tolerance environments ($M=29.76$, $SD=0.93$).

However, among the participants living in high-tolerance environments, there were no significant differences in homophobia between the participants with interdependent self-construals ($M=30.40$, $SD=1.56$) and those with independent self-construals ($M=29.76$, $SD=0.93$).

DISCUSSION

In this study, the researchers found that the people with individual-oriented self-construals who lived in high-tolerance environments experienced less internalized homophobia than the participants who lived in China. The participants who lived in China with interdependent self-construals experienced significantly more internalized homophobia than those living in high-tolerance environments with interdependent self-construals. The participants with conflicted self-identities experienced similar levels of homophobia regardless of where they lived. The participants who lived in high-tolerance environments with independent or dependent self-construals experienced less homophobia than those with conflicted self-construals.

People with a same-sex sexual orientation face a double-edged challenge to their mental and physical health when they move abroad.²² Individuals with a same-sex sexual orientation experience a process of adjusting to a new culture, which is stressful. However, they may be able to pursue a lifestyle that offers freedom and tolerance to their homosexual identities.²³ Living and studying abroad provides the possibility of encountering not only the world and new cultures but also one's cultural identity in a context that may stimulate new questions and new formulations of the self. This study confirms that the more independent people with a same-sex sexual

orientation are, the more they adjust to the local culture and the better their ability to benefit from and internalize the local ideology regarding people with a homosexual orientation.

In this research, the observed differences based on the living environment suggest that gay men who live in high-tolerance social environments may experience homophobia to a lesser extent than gay men who live in China. Ren and his colleagues previously reported the dynamic relationship between sociocultural and political surroundings and homosexual individuals' behavioral and emotional difficulties.¹⁰ Previous studies have found that gay men in low-tolerance countries experience significantly more homophobia in their cultural, political, and social surroundings than gay men in high-tolerance countries.^{24,25} This research confirms that individuals with independent self-construals and interdependent self-construals who live in high-tolerance environments experience significantly less internalized homophobia than those who live in China. Studies have consistently shown that people with a same-sex sexual orientation who immigrate to high-tolerance societies report experiencing less restrictive gender expectations, prejudice, and discrimination and greater opportunities for sexual expression and sexual freedom than in their low-tolerance home societies.²⁶⁻²⁸ Previous researchers have claimed that gay Latino who moved to the United States for a variety of reasons related to sexual orientation, including to escape family rejection or gay discrimination, have reported greater access to potential sexual partners and the ability to live more open lives as gay men than in their home countries.^{21,29}

All individuals have both independent and interdependent construals of the self. Individuals who emphasize independent self-construal predominate in individualistic cultures, while individuals who emphasize interdependent self-construal predominate in collectivistic cultures.

The present research proposes a third dimension of self-construal in those who emphasize both types equally. This research found that people who alternate between both types of self-construals tend to experience more internalized homophobia than those who have either independent or interdependent self-construals. People with equally independent and interdependent self-construals may be conflicted about their own identity. This research suggests that regardless of where people live (a high-tolerance living environment or China), those with equally independent and interdependent self-construals tend to suffer internalized homophobia, implying that a conflicted self-image or self-identity is more closely related to psychological disturbances, such as homophobia. Previous research has identified that having a positive sexual identity is the most robust predictor of psychological well-being in the LGBT population.³⁰

Our research fuels hypotheses regarding self-construal and the living environment and investigates the underlying dynamic mechanisms. This study confirms the self-construal-environment interaction. Individuals with different self-construals respond differently to environmental variations. Individuals with conflicted self-construals tend to experience more internalized homophobia than individuals with other self-construals regardless of where they live. This article discusses opportunities for gay men to nurture their own self-identities and adjust to their social surroundings.

The results of this study have several potential clinical implications. First, current findings raise the possibility that individuals with homophobia may need to deal with their own conflicted identity. The identity conflicts make the gay men hard to adjust themselves to their social surroundings. This may be an intervention target to deal with their identity difficulties. Further research should investigate if the conflicted identity-focused intervention could be

an effective way to change gay men's internalized homophobia.

Second, individuals experience conflict between self-identities and may report increased levels of anxiety and decreased levels of life satisfaction. Therapist and clinicians who work in mental health settings with these clients may want to explore identity conflicts of such individuals and employ self-acceptance or compassion-focused practices as a way to help such individuals adjust their conflicted self-construals.^{31,32}

Third, for those individuals with independent self-construes, it is important to encourage them to live in a gay-friendly cities or community which may help them to live an easy life. As mental health professionals, it is important to advocate the creation of an open and conducive social environment for LGBT populations. Future interventions should also improve homosexual individuals' sexual identity and empower them to make their own choices rather than be guided by sociocultural stereotypes or other's attitude toward them.

LIMITATIONS

Our study presents a unique insight into the dynamic relationships among self-construal, internalized homophobia, and psychosocial well-being in gay men in relation with their living environments. However, several potential limitations should be acknowledged. First, the limitation of the scale. The researchers extracted the core concept of self-construal to form the items of the questionnaire measuring self-construal. This study uses only two items to assess self-construal, which may lead to a deficiency in validity. Second, methodological limitations of this study included the cross-sectional design and the Internet-based self-report nature of the data. The cross-sectional design of the study eliminates the possibility for tracking participants over time. Consequently, potential interpretations and findings are limited; that is, a cross-sectional study

cannot determine whether increased conflicted identity is a consequence of or a predisposing factor for homophobia. Future longitude study may help us to gain deeper understanding in regard with the phenomena. Further, the limitation is related to the representativeness of the sample. Internet-based surveys may introduce self-selection bias which means this research did not select participants based on a rigorous process to ensure the representativeness of the sample which may limit the generalizability of our findings. Third, the high level of education background of the participants may be overrepresented in the current Internet-based survey. Fourth, the subjective experiences of participants are largely unspoken in terms of the current research method. Qualitative interviews could provide additional information about the process of identity conflict and homophobia. Future research is needed to investigate these findings, including the use of qualitative methods, to identify their subjective experiences involved in the identity conflict and homophobia.

REFERENCES

1. Kafetsios K, Hess U, Nezlek JB. Self-construal, affective valence of the encounter, and quality of social interactions: within and cross-culture examination. *J Soc Psychol* 2018;158(1):82–92. <https://doi.org/10.1080/00224545.2017.1305326>
2. Liu FF, Goto SG. Self-construal, mental distress, and family relations: a mediated moderation analysis with Asian American adolescents. *Cultur Divers Ethnic Minor Psychol* 2007;13(2):134–42. <https://doi.org/10.1037/1099-9809.13.2.134>
3. Hwang K-K. Foundations of Chinese psychology: confucian social relations. Vol. 1 New York, NY: Springer. 2011.
4. Yang K-S. Theories and research in Chinese personality: An indigenous approach. In H. S. R. Kao & D. Sinha (Eds.), *Cross-cultural research and methodology series, Vol. 19. Asian perspectives on psychology.* (pp. 236–262). Thousand Oaks, CA: Sage publications. 1996.

5. Markus HR, Kitayama S. Culture and the self: implications for cognition, emotion, and motivation. *Psychol Rev* 1991;98(2):224. <https://doi.org/10.1037/0033-295X.98.2.224>
6. Lu L, Gilmour R. Culture and conceptions of happiness: individual oriented and social oriented SWB. *J Happiness Stud* 2004;5(3): 269–291. <https://doi.org/10.1007/s10902-004-8789-5>
7. Kim U, Yang K-S, Hwang K-K. Contributions to indigenous and cultural psychology: Understanding people in context. In U. Kim, K.S. Yang & K.K. Hwang (Eds.) *Indigenous and cultural psychology: Understanding people in context* (pp. 1–25). New York: Springer. 2006.
8. Ren Z, Hood RW, Jr. Internalized homophobia scale for gay Chinese men: conceptualization, factor structure, reliability, and associations with hypothesized correlates. *Am J Mens Health* 2018;12(5):1297–306. <https://doi.org/10.1177/1557988318768603>
9. Chan KK. Family and homosexuality in Chinese culture: rights claims by non-heterosexuals in Hong Kong. *Sex Cult* 2017;21(3):845–859. <https://doi.org/10.1007/s12119-017-9425-y>
10. Ren Z, Howe CQ, Zhang W. Maintaining “mianzi” and “lizi”: understanding the reasons for formality marriages between gay men and lesbians in China. *Transcult Psychiatry* 2019;56(1):213–32. <https://doi.org/10.1177/1363461518799517>
11. Green MA, Scott NA, Devilder EL, Zeiger A, Darr S. Relational-interdependent self-construal as a function of bulimic symptomatology. *J Clin Psychol* 2006;62(7):943–51. <https://doi.org/10.1002/jclp.20270>
12. Fung HH, Isaacowitz DM, Lu AY, Li T. Interdependent self-construal moderates the age-related negativity reduction effect in memory and visual attention. *Psychol Aging* 2010;25(2):321–9. <https://doi.org/10.1037/a0019079>
13. Cross SE, Gore JS, Morris ML. The relational-interdependent self-construal, self-concept consistency, and well-being. *J Pers Soc Psychol* 2003;85(5):933–44. <https://doi.org/10.1037/0022-3514.85.5.933>
14. Herek GM, Cogan JC, Gillis JR, Glunt EK. Correlates of internalized homophobia in a community sample of lesbians and gay men. *J Gay Lesbian Med Assoc* 1998;2:17–26.
15. Frederick DA, Kelly MC, Latner JD, Sandhu G, Tsong Y. Body image and face image in Asian American and white women: examining associations with surveillance, construal of self, perfectionism, and sociocultural pressures. *Body Image* 2016;16:113–25. <https://doi.org/10.1016/j.bodyim.2015.12.002>
16. Balkir N, Arens EA, Wolff C, Barnow S. [The link between self-construal and mental distress in Turkish migrants and German women with depression]. *Psychiatr Prax* 2013;40(3):135–41. <https://doi.org/10.1055/s-0032-1327272>
17. Ferenczi N, Marshall TC, Bejanyan K. The protective and detrimental effects of self-construal on perceived rejection from heritage culture members. *Front Psychol* 2015;6:100. <https://doi.org/10.3389/fpsyg.2015.00100>
18. Van Beusekom G, Bos HM, Kuyper L, Overbeek G, Sandfort TG. Gender nonconformity and mental health among lesbian, gay, and bisexual adults: homophobic stigmatization and internalized homophobia as mediators. *J Health Psychol* 2018 Aug;23(9):1211–22. <https://doi.org/10.1177/1359105316643378>
19. Herrick AL, Stall R, Chmiel JS, et al. It gets better: resolution of internalized homophobia over time and associations with positive health outcomes among MSM. *AIDS Behav* 2013;17(4): 1423–30. <https://doi.org/10.1007/s10461-012-0392-x>
20. Fitzgerald R, Winstone L, Prestage Y. Searching for evidence of acculturation: attitudes toward homosexuality among migrants moving from Eastern to Western Europe. *Int J Public Opinion Res* 2014;26(3):323–41. <https://doi.org/10.1093/ijpor/edu021>
21. Bianchi FT, Reisen CA, Cecilia Zea M, Poppen PJ, Shedlin MG, Penha MM. The sexual experiences of Latino men who have sex with men who migrated to a gay epicentre in the USA. *Cult Health Sex* 2007;9(5):505–18. <https://doi.org/10.1080/13691050701243547>
22. George C, Adam BA, Read SE, et al. The MaBwana Black men’s study: community and

- belonging in the lives of African, Caribbean and other Black gay men in Toronto. *Cult Health Sex* 2012;14(5):549–62. <https://doi.org/10.1080/13691058.2012.674158>
23. Murray DA. The challenge of home for sexual orientation and gendered identity refugees in Toronto. *J Canadian Stud* 2014;48(1):132–52. <https://doi.org/10.3138/jcs.48.1.132>
24. Barnett MD, Oz HCM, Marsden AD, 3rd. Economic and social political ideology and homophobia: the mediating role of binding and individualizing moral foundations. *Arch Sex Behav* 2018 May;47(4):1183–94. <https://doi.org/10.1007/s10508-017-0989-2>
25. Buyantueva R. LGBT rights activism and homophobia in Russia. *J Homosex* 2018, 65(4): 456–483.
26. Hondagneu-Sotelo P. *Gendered transitions: Mexican experiences of immigration*. Berkeley and Los Angeles: University of California Press; 1994.
27. Huang FY, Akhtar S. Immigrant sex: the transport of affection and sensuality across cultures. *Am J Psychoanal* 2005;65(2):179–88. <https://doi.org/10.1007/s11231-005-3625-1>
28. Carrillo H. Sexual migration, cross-cultural sexual encounters, and sexual health. *Sex Res Soc Policy* 2004;1(3):58–70. <https://doi.org/10.1525/srsp.2004.1.3.58>
29. Parker RG. Migration, sexual subcultures, and HIV/AIDS in Brazil. In: Herdt, G., editor. *Sexual culture and Migration in the Era of AIDS*. Oxford: Clarendon Press; 1997. p. 55–69.
30. Luhtanen RK. Identity, stigma management, and well-being: a comparison of lesbians/bisexual women and gay/bisexual men. *J Lesbian Stud* 2002;7(1):85–100. https://doi.org/10.1300/J155v07n01_06
31. Elizur Y, Ziv M. Family support and acceptance, gay male identity formation, and psychological adjustment: a path model. *Fam Process* 2001;40(2): 125–44. <https://doi.org/10.1111/j.1545-5300.2001.4020100125.x>
32. Terry ML, Leary MR. Self-compassion, self-regulation, and health. *Self Identity* 2011;10(3):352–62. <https://doi.org/10.1080/15298868.2011.558404>