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SALIENDO DEL CLOSET: THE COMING OUT PROCESS OF LGBTQ+ LATINES

AND THEIR HELP-SEEKING BEHAVIORS

A Thesis in

Psychology

by

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ABSTRACT

Coming out has been described as an essential part of queer individuals' identity formation and has been shown to be beneficial for queer individuals' mental health. Yet, there are contexts in which coming out might be detrimental to a person's mental health, including cultural spaces that have strong proscriptions around sexuality and gender norms, such as within the Latine culture. Indeed, little is known about the coming out experiences and the cultural factors that might play a role in this process for queer Latines in the U.S. and their help-seeking behaviors. Using an intersectionality framework, the present study investigated the coming out experiences and mental health help-seeking behaviors of thirty self-identified queer Latines through semi-structured interviews ($M_{age} = 24.5$). Of the thirty participants, ten identified as bisexual (33.3%), seven as gay (23.3%), seven as pansexual (23.3%), four as queer (13.3%), one as lesbian (3.3%), and one identified with no label. We engaged in reflexive thematic analysis and developed three over-arching themes: *Coming Out Narratives in an Intersectional Context*, *Where Do I Go When There is No-Where to Go?*, and *"I Want a Therapist Who 'Gets It'."* Cultural factors that affected and continued to affect these participants included familismo, religiosity, strict gender norms (e.g., machismo and marianismo), and stigma related to mental health difficulties. These findings highlight the importance of understanding the intersection of Latinidad and queerness and how cultural factors may or may not facilitate Latines' coming out and help-seeking behaviors.

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Chapter 1

Introduction

Sexual and gender minorities (e.g., those who identify as gay, lesbian, bisexual, trans, genderqueer, non-binary) might choose to disclose their sexual and/or gender orientation to others in a process commonly referred to as coming out (Corrigan et al., 2009; Eaton & Rios, 2017). Coming out has been described as an essential part of queer¹ individuals' identity formation and integration (Cass, 1979; Rosario et al., 2001) and it has been repeatedly shown to be beneficial for queer individuals' mental health (D'Augelli et al., 2001). However, there are some contexts (e.g., when an individual's family reacts negatively to the disclosure) where coming out might be detrimental to a person's mental health (Duran & Pérez, 2017). In fact, in part because of the challenges related to coming out, queer individuals represent one of the highest-risk populations for experiencing depression, anxiety, substance use, and other stress-related disorders (Bostwick et al., 2010; Rodriguez-Seijas et al., 2019; Stanton et al., 2021), while also being overrepresented in mental health treatment settings (Cochran et al., 2017). The benefits and risks of coming out, therefore, are crucial to consider when assessing a queer individual's mental health. This process, and the experiences that result from it, depend on multiple factors, including religion, age, race, ethnicity, geographic location, the intersection of multiple identities (e.g., being queer and Latine²), and more (Crenshaw, 1989; Purdie-Vaughns & Eibach, 2008).

¹ The term “queer” is used here and in the rest of the prospectus to refer to people who identify as sexual and/or gender minorities.

² The term “Latine” is used here and in the rest of the prospectus to refer to people with a distinctly Latin American cultural background. It is a gender-inclusive term used interchangeably with Latinx, but more commonly used throughout Spanish-speaking Latin American countries.

The coming out process seems to be particularly salient for those individuals who are thinking of coming out to their family members given that it could completely alter familial relationships (Pistella et al., 2016). In these contexts, queer individuals might have to decide to come out in order to integrate their identity even when faced with the possibility of being rejected by their family members and peers. Consequently, family acceptance or rejection plays a fundamental role in queer individuals' mental health, such that people who report higher family rejection are more likely to report suicide attempts, high levels of depression, and substance use (Bouris et al., 2010; Ryan et al., 2009). Pistella and colleagues (2016) argue that coming out to family members is a highly personal decision that can be accelerated or prevented by different personal and familial characteristics, including cultural background. In fact, research has shown that racially minoritized individuals are less likely to come out to their families compared to white individuals (Aranda et al., 2015), highlighting the importance of considering the role of culture in the coming out process.

Queer Latines might be at particular risk of suffering familial rejection after coming out, given Latines' strong familial connections and conservative views, which might lead to worse mental health outcomes. Latines represent the largest minoritized population in the United States and their numbers are dramatically increasing, meaning that the percentage of queer Latines is also rapidly growing, with 12.8% of Latines identifying as queer in 2017 (U.S. Census Bureau, 2017). In a recent study, Casey and colleagues (2019) found that the majority of queer American adults in their sample (not limited to a specific racial or ethnic group) experienced some form of discrimination in their lifetime. Queer Latines, and other queer, racialized individuals, may experience greater levels of discrimination than white sexual and gender minorities given that queer Latines possess intersecting minoritized identities (i.e., ethnic and sexual and/or gender identities; Rhodes et al., 2013), each of which can be associated with discrimination and unfair

treatment. Hence, it is crucial to consider the complex and nuanced contexts that define the coming out process and help-seeking behaviors of queer Latines.

However, not much is known about the coming out experiences, resulting mental health outcomes, and barriers and facilitators related to help-seeking behaviors of queer Latines (Abreu et al., 2022; Duran & Pérez, 2017, 2019; Patrón, 2021; Posada Rodríguez, 2019). Most research on queer Latines has focused on gay, college student men and their experiences related to coming out to family members, emotion regulation, identity formation, and help-seeking in university settings (Eaton & Rios, 2017; Gerena, 2021; Li et al., 2017; Lu et al., 2021; Ocampo, 2012). There is a pressing need to supplement this work with further research that also examines the coming out and help-seeking experiences among a more diverse cross-section of queer Latines, such as non-male experiences, those of other sexual orientations, and those from community samples. In considering this greater complexity, theories that take into account identity-related factors, singularly or in conjunction with one another, such as minority stress theory and intersectionality theory, may offer a particularly useful lens through which we can understand the coming out process and help-seeking behaviors in this population.

Theoretical Framework

First proposed by Brooks (1981), and expanded by Meyer (2003, 2015), minority stress theory posits that queer individuals are exposed to sexuality-based stressors, which, in turn, present an increased risk for mental health difficulties. This theory explains that these stressors are chronic, unique to queer individuals, and stem from systems of oppression. For example, the historical exclusion of queer individuals from institutions considered foundational to society such as religion, marriage, and adoption prevent them from being fully integrated into society. Furthermore, Meyer (2003) argued that minority stress includes both distal minority stress and

proximal minority stress. Distal minority stress includes external stressors (e.g., homophobia, heterosexist violence), while proximal minority stress includes internal stressors (e.g., internalized homophobia, concealment of sexuality). Moreover, the theory argues that although there are multiple stressors associated with being a queer person, these different stressors can be managed via different coping processes. This assumes that the challenges associated with the queer experience could be universalized to all queer individuals, regardless of other factors such as race or ethnicity.

However, queer Latines experience unique and additive stressors related to both their sexual and/or gender identities and their Latine identity. Minority stress theory does not account for double minoritized individuals or multiple levels of oppression (Noyola et al., 2020; Posada Rodríguez, 2019). Therefore, intersectionality theory (Crenshaw, 1989), together with minority stress theory, might help us better understand populations with multiply marginalized identities. Intersectionality theory, as first proposed by Crenshaw (1989), argues that different aspects of inequality and oppression do not work independently. Rather, intersectionality is an analytical framework in which social and political identities (e.g., sexuality, race, ethnicity, socioeconomic status) combine to create different forms of discrimination, oppression, and even privilege (Bowleg, 2008). Using an intersectional framework necessitates careful understanding and consideration of the systems that put people with certain social identities at a disadvantage, and how these systems affect individuals independently and conjointly (Settles et al., 2020).

Based on research on older Black women (Beal, 2008), researchers have also posited the “double jeopardy” hypothesis to try and conceptualize how two different and marginalized identities can impact a person’s health (Ferraro & Farmer, 1996). Double jeopardy aims to better recognize the *additive* effects of different systems of oppression in the lives of people with multiply marginalized identities (e.g., the effects of racism and sexism on Black women; Beal, 2008; Berdahl & Moore, 2006). Intersectionality argues that an additive perspective is incomplete

because people with multiply marginalized identities experience *unique* and *interlocking* systems of oppression that might result in negative physical and mental outcomes. Crenshaw (1989), for example, contended that Black women faced unique difficulties in hiring processes and the legal system, and that the experiences and challenges of Black women could not be understood solely by understanding the experiences of Black people or the experiences of women.

Based on intersectionality research, queer Latines might also suffer intersectional invisibility, which refers to a person not being considered “a prototypical member of their social identity group” (Eaton & Rios, 2017, p. 458; Purdie-Vaughns & Eibach, 2008). Queer Latines, thus, are neither stereotypical Latines (heterosexual) nor stereotypical queer individuals (white) in the United States. Consequently, queer Latines might not feel supported either by their Latine community or their queer community and, hence, experience exacerbated mental health challenges (Noyola et al., 2020) because of the unique social position that they occupy. Thus, the intersectionality framework provides a more complete way of understanding the multiplicative effects of unique systems of oppression that might be at play in queer Latines’ lived experiences.

Coming Out and Help-Seeking in a Queer Latine Context

Latines’ Cultural Values and Norms

Latines tend to adhere to traditional family values (e.g., maintaining family hierarchies; Valenzuela, 2014) and conservative views on social issues (e.g., negative views of queer individuals; Schmitz et al. 2020). Literature on ethnic-racial socialization and gender socialization tends to discuss these processes as facilitators of emotional support at both the individual and familial levels (Umaña-Taylor & Hill, 2020). However, this socialization might in fact be detrimental to the psychological well-being and identity development of queer Latines. Thus,

compared to other cultures, Latines might have a difficult time accepting queer individuals, and queer Latines' family members who adhere to these norms might be less likely to accept their children's sexuality if they come out. Previous research has shown that some queer Latines prefer to live a "double life," where they disclose their sexual and/or gender identity to some people but not to their family members to prevent familial conflict (Duran et al., 2020). Further, Gattamorta & Quidley-Rodriguez (2018) found that gender norms, specifically *machismo* (which endorses hypermasculinity, heterosexual promiscuity, and being self-reliant) and *marianismo* (which emphasizes respect for patriarchal values, passivity, self-sacrifice, and chastity), impacted queer Latines decision to come out to their parents (Nuñez et al., 2016). Two studies looking at Latines parents' acceptance of their queer children also showed that these gender norms, together with religion and *familismo* (defined below), played a significant role in an individual's decision to come out to their parents (Abreu et al., 2020; Abreu et al., 2020).

Latines tend to adhere to the concept of familismo, which refers to the strong interdependent family relationships in Latines, and consider family as one of the most important forms of support. In fact, in a survey of more than 500 queer Latines, Kane and colleagues (2013) reported that parental acceptance was the most difficult problem these participants faced when coming out. Familismo, therefore, might not always be positive and beneficial for queer Latines. Because of this, Patrón (2021) argued in favor of a different conceptualization of familismo: precarious familismo. Precarious familismo proposes that queer Latines experience familismo in both negative and positive ways and accounts for different types of conceptualizations of families (e.g., other queer friends as family) while also describing the unique systems of oppression that affect queer Latines' lives.

Latines' Help-Seeking Behaviors

Given the previously discussed population growth of Latines in the United States (U.S. Census Bureau, 2017) and queer individuals representing one of the highest-risk populations for several mental health disorders (Bostwick et al., 2010; Rodriguez-Seijas et al., 2019; Stanton et al., 2021), there is an increased need for appropriate mental health services for queer Latines. Similar to other racially minoritized individuals, Latines often encounter systemic barriers (e.g., systemic racism, legal status in the United States) in accessing and qualifying for mental health treatment (Davis & Liang, 2015; Provencio Vasquez et al., 2011). Unsurprisingly, Latines tend to underutilize mental health services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Unfortunately, there is little research looking at the barriers to help-seeking of queer racially minoritized individuals (Moore et al., 2020). Mental health services can be critical for this population, including queer Latines, given that the services can help develop appropriate coping strategies related to challenges such as homophobia and racism (Alessi et al., 2019). Often, mental health services and interventions are not appropriate or inclusive of queer individuals, posing another challenge for those who do seek those services (Pepping et al., 2017).

Some Latine norms and values might also play a role in this population's underutilization of mental health services (Garcia-Perez, 2020; Schmitz et al., 2020). For example, Schmitz and colleagues (2020) found that young, queer Latines might not seek mental health services due to the fear of being labeled as mentally ill. By resisting help-seeking, they consequently resisted the further subjugation that a third stigmatized identity (i.e., mentally ill, in addition to queer and Latine) would incite. Moreover, there also appears to be gender differences in help-seeking behaviors (Berdahl & Torres Stone, 2009; Cole & Ingram, 2020). The same is true within Latines, with studies showing that Latino men are less likely than Latina women to use mental health services, even when controlling for the presenting mental health concern (Cabassa, 2007;

Zack Ishikawa et al., 2010). One possible explanation for this gender difference might include Latino men's fear of being perceived as weak or as not being able to provide for the family (i.e., machismo). Moreover, familismo might also play a role in Latines help-seeking behavior, as some might consider that any sort of challenge (including a mental health challenge) might be best handled inside the family and not shared with others (Zack Ishikawa et al., 2010). Therefore, interrogating the possible factors involved in the help-seeking behavior of queer Latines is necessary to account for the possible ways in which their cultural and sexual identities might shape this important health behavior.

Present Study

Coming out and queer identity development have traditionally been understood through a white, mostly male, middle-class lens, which may not accurately capture the experiences of individuals from different racial/ethnic backgrounds, genders, and socioeconomic statuses (Boe et al., 2018; Han, 2009; Rust, 2003; Villicana et al., 2016). Additionally, research with queer Latines is mostly limited to gay men (often college students; Eaton & Rios, 2017; K. Gattamorta & Quidley-Rodriguez, 2018; Gerena, 2021). To address this gap, this study aims to use minority stress theory and intersectional theory to engage a diverse community sample of queer Latines in exploring their multifaceted identities, experiences with coming out, and help-seeking behaviors in the United States. By doing so, this study also aims to provide insight into the unique experiences and systemic barriers that may shape the coming out experiences of queer Latines. The following research questions guided the focus of the study:

- 1) *What cultural norms and values might have a role in the coming out process of queer Latines?*
- 2) *How do queer Latines make sense of their multiply marginalized identities, if at all?*

3) *What factors contribute to queer Latines' decision to seek mental health services or not?*

Chapter 2

Methods

Participants and Recruitment

A qualitative research stance was adopted to facilitate understanding of the coming out experiences and help-seeking behaviors of 30 queer Latines who lived in the United States of America at the time of data collection. Ethical approval was granted by the Institutional Review Board at the Pennsylvania State University (STUDY00020276). To be eligible to participate, participants had to self-identify as gender and/or sexual minority and identify as Latino/a/e/x, Chicano/a, and/or Hispanic. Further, participants were all emerging adults (ages ranging from 18 to 29; Arnett, 2007), given that this developmental stage focuses on the individuals' self-formation and identity formation (Leung et al., 2015). Participants did not need to be out to their family, or anyone, or have a certain immigration status to be able to participate in the study.

Participants were recruited using a recruitment website (Prolific), through social media platforms (Twitter, Instagram, Facebook Groups, Reddit) and using snowball sampling. The recruitment materials included information written in English and Spanish and informed consent was clear about the possible risks and benefits, while also making sure the participants were aware that they did not have to answer any questions that they did not want to answer.

Participants who met all inclusion criteria and completed the sociodemographic questionnaire and the semi-structured interviews received \$20 for their participation, irrespective of how long the interviews took. Of the 30 participants, ten identified as bisexual (33.3%), seven as gay (23.3%), seven as pansexual (23.3%), four as queer (13.3%), one as lesbian (3.3%), and one did not want to use a label to describe their sexuality. Further, thirteen participants were cis women (43.3%),

seven were cis men (23.3%), seven were non-binary (23.3%), two were genderqueer (6.7%), and one was a trans man (3.3%). Most participants were born in the United States (93.3), while one was born in Brazil and another one in Venezuela. The mean age was 24.5 years old, ranging from 20 to 29 years old. Table 2-1 shows aggregated demographic data. To present a more nuanced understanding of the data and the participants, looking at multiple intersecting identities at once, Table 2-2 presents the participants' demographics in a disaggregated manner.

Table 2-1: Aggregated Participant's Demographic ($N = 30$)

Variables	<i>n/M</i>	<i>%/SD</i>
Age	24.5	2.6
Sexual Orientation		
Bisexual	10	33.3%
Gay	7	23.3%
Pansexual	7	23.3%
Queer	4	13.3%
Lesbian	1	3.3%
Unlabeled	1	3.3%
Gender Identity		
Cis Woman	13	43.3%
Cis Man	7	23.3%
Non-binary	7	23.3%
Genderqueer	2	6.7%
Trans Man	1	3.3%
Born in the United States	28	93.3%
Employment		
Full-Time Employed	16	53.3%
Part-Time Employed	7	23.3%
Full-Time Student	3	10.0%
Unemployed	2	6.7%
Self-Employed	1	3.3%
Disabled	1	3.3%
Educational Attainment		
Bachelor's Degree	16	53.3%
Master's Degree	4	13.3%
Associate Degree	3	10.0%
Some College	3	10.0%
High School Diploma/GED	3	10.0%
Vocational Training	1	3.3%
Region of the United States		
South	15	50.0%
Northeast	6	20.0%

West	6	20.0%
Midwest	3	10.0%
Marital Status		
Single	14	46.7%
Unmarried Partner (Different Gender Identity)	10	33.3%
Unmarried Partner (Same Gender Identity)	6	20.0%

Table 2-2: Disaggregated Participants' Demographics

Pseudonym	Age	Gender Identity	Sexual Orientation	Region of the US	Marital Status	SSS*
Alphys	25	Non-binary	Pansexual	Midwest	Single	3
Ancelin	23	Cis Woman	Bisexual	South	Unmarried Partner	5
Angelo	20	Trans Man	Bisexual	Northeast	Unmarried Partner	2
April	29	Cis Woman	Pansexual	South	Single	5
Artemis	25	Cis Woman	Bisexual	West	Single	4
Chase	24	Genderqueer	Queer	Northeast	Unmarried Partner	5
Christian	24	Cis Man	Gay	Northeast	Unmarried Partner	6
Gigi	25	Cis Woman	Bisexual	Northeast	Unmarried Partner	5
Gio	24	Genderqueer	Pansexual	West	Unmarried Partner	7
Gretchen	23	Cis Woman	Pansexual	Northeast	Unmarried Partner	4
Helios	24	Cis Man	Gay	Midwest	Single	6
Isaac	22	Non-binary	Gay	South	Unmarried Partner	3
Jay	25	Cis Man	Gay	West	Unmarried Partner	4
Jhamira	28	Cis Woman	Bisexual	South	Unmarried Partner	8
John	27	Non-binary	Pansexual	West	Single	6
Lawrence	23	Non-binary	Queer	West	Single	7
Letrie	28	Cis Woman	Bisexual	South	Unmarried Partner	3
Maggie	22	Cis Woman	Queer	South	Unmarried Partner	7
Mateo	26	Cis Man	Gay	Midwest	Single	4
Mika	24	Cis Woman	Bisexual	South	Single	4
Mischa	27	Cis Woman	Bisexual	South	Unmarried Partner	4
Nadia	29	Cis Woman	Bisexual	Northeast	Unmarried Partner	5
Omen	21	Non-binary	Unlabeled**	West	Single	5
Rich	29	Cis Man	Gay	South	Single	3
Rob	23	Cis Man	Gay	South	Single	3
Rose	24	Cis Man	Bisexual	South	Unmarried Partner	3
Roxy	22	Cis Woman	Lesbian	South	Unmarried Partner	6
Rubi	27	Cis Woman	Pansexual	South	Single	7
Vaca	22	Non-binary	Queer	South	Single	3
Venus	20	Non-binary	Pansexual	South	Single	5

Note. *SSS = MacArthur Scale of Subjective Social Status (MacArthur's Ladder). **Omen said that they did not believe in labels for sexual orientation, so they do not use one.

Data Collection

After providing informed consent, and prior to completing the semi-structured interview (discussed below), participants were asked to complete a short sociodemographic questionnaire in which they were asked about their race, ethnicity, gender, sexual identity, pronouns, immigration status, country of origin, employment, and income. Additionally, participants were presented with the MacArthur Scale of Subjective Social Status (MacArthur's Ladder), a scale used to capture participants' sense of their social standing (Demakakos et al., 2008). Participants were also asked to come up with a pseudonym that could be used to refer to them throughout the manuscript.

I collected the data using semi-structured interviews that I developed and administered. The semi-structured interviews were developed based on a literature review on the subject and the research questions of interest. Questions were aimed at exploring experiences with their coming out process (e.g., "Can you tell me about your coming out process?"), their identity as multiply minoritized individuals in the United States (e.g., "What does it mean to you to be an LGBTQ+ Latina(o/x/e)?"), and their help-seeking behaviors (including barriers and facilitators; e.g., "Can you tell me of a time when you were able to cope effectively with the challenges of being an LGBTQ+ Latina(o/x/e)?"). The interviews were roughly divided into the three previously mentioned sections (see Appendix A) but often flowed into different topics, depending on participants' responses.

Conducting interviews allows participants to possibly feel more comfortable in sharing their experiences in a more nuanced way (compared to quantitative survey methods). Although the topics covered in the interviews could be sensitive in nature and could bring forward some negative feelings from the participants, studies have shown that participating in qualitative research can also have therapeutic effects, such that participants feel good about participating (Winfield, 2022). Schmitz and colleagues (2019) found that queer young adults enjoyed

participating in qualitative social science studies because participating served as a way for them to enact social change, support knowledge production, and introspectively analyze their own identity development processes. Similar findings have been shown in research with young Latino men (Cervantes et al., 2019). Interviews were conducted using the Zoom application, with cameras on, and audio and video recordings were kept only until the transcription and coding process were completed, before being destroyed.

Data Analysis

A group of three research assistants and I transcribed the semi-structured interviews verbatim. Interviews were analyzed using reflexive thematic analysis, following the six-phase process outlined by Braun and Clarke (2006, 2012; explained below). Reflexive thematic analysis is characterized by creating detailed, nuanced, and accurate accounts of the interviews, without losing their complexity (Nowell et al., 2017). Using reflexive thematic analysis allows for the results to be easily understood and interpretable by researchers in different areas (Braun & Clarke, 2012; Nowell et al., 2017). We adopted a contextualist perspective when analyzing the interviews, meaning that we viewed participants' subjective experiences as contextually located, shaped by their social context and reflecting their unique social location (Moller et al., 2021). In other words, we made sure to understand how the current societal landscape and context might have impacted participants' lived experiences and identities.

Reflexive thematic analysis involves an intensive and iterative process that encompasses six phases: familiarization with the data, coding, searching for themes, reviewing the themes, defining and naming the themes, and, finally, writing up the themes (Braun & Clarke, 2006, 2012, 2019; Moller et al., 2021). During the first stage, I either transcribed the interviews verbatim and/or reviewed each transcript against its audio-recording to improve accuracy. After

transcripts were finalized, I randomly selected half of the interviews ($n = 15$) to code with a team composed of two research assistants (who also transcribed some of the interviews) and two graduate students; see positionality statement below). The team met at least once a week for more than six months and engaged in deductive and inductive coding, always taking our subjectivity into account, using it as a resource for analysis (Braun & Clarke, 2019, 2021), and discussing our own experiences related to our family upbringings, cultural factors, help-seeking behaviors, and more. Each interview was coded by at least three people on the team, and I was always one of them. After each interview coded, I compiled the codes and made sure that the team had access to a running list of codes (not to be confused with a codebook, which runs counter to reflexive thematic analysis; Braun & Clarke, 2019; Yeh & Inman, 2007). Once the first fifteen interviews were coded, I then proceeded to code the next half by myself, always having at hand the codes we had used for the first half of the interviews, occasionally asking the research team for advice when I was unsure about a code and being open about developing new codes if needed.

During the next stage, I generated the first set of candidate themes by grouping together codes that seemed to fit together, while determining whether these themes reflected an overall account of the data. After that, I consulted with the team and my academic advisor for ways to improve the candidate themes using the codes we generated, refining the themes in an iterative process (Terry et al., 2017). We reviewed and continued to refine the themes and theme names following conversations with the team, after a conference presentation based on preliminary analysis, and while writing this manuscript. We approached the data as a whole, meaning that we did not separate transcripts by sexuality and/or gender identity, because we did not want to compare participants' experiences with each other. However, during the coding and theme creation stages, it was apparent that some of the codes and themes were more prevalent for some people (e.g., expectations of passing down the family name in Latino cismen). Here, I present the most representative themes across sexualities and gender identities.

We acknowledge that minoritized communities have been unjustly treated and stigmatized in research settings in the past (George et al., 2014). More specifically to this population, homosexuality was considered a mental illness by the American Psychiatric Association and, to this day, homosexuality is highly stigmatized and even considered a sin by many religions (Loue, 2020). Therefore, grounded on minority stress theory and intersectionality framework, we aimed to portray a more accurate representation of the participants' experiences and the themes we constructed. Importantly, we tried to make sure not to ignore the impact of systems of oppressions (e.g., heteronormativity, patriarchy, white supremacy) that affect this population and prevent the (further) stigmatization of this community.

Researchers' Positionality

As explained before, one of the strengths of reflexive thematic analysis is its emphasize in subjectivity in the analysis and creation of themes (Braun & Clarke, 2019). Furthermore, I recognize that it is not entirely feasible to completely detach oneself from past theoretical beliefs and opinions. It's important to acknowledge that both my personal social position, values, identity, and experiences, as well as those of my research team, can influence the research process (Bogdan & Biklen, 1997; McHugh, 2014). I identify as a queer, Latino, cis-gender man. As an immigrant, growing up in Colombia and Panama, most of my understanding of Latines, comes from my experiences living in these countries. However, I have lived in the United States for more than seven years and have interacted, in both research and personal capacities, with many American Latines (many who identify as queer). As a man, my interpretations of Latinas, Latines, and Latinxs come with prior assumptions and a reduced understanding of the difficulties those who are not men might face in their lives.

Importantly, the research team's positionalities also impacted and influenced the coding and theme development process. Two members of the research team are graduate students. One identifies as a cisgender, bisexual, Indian woman, whose sexual orientation is a largely invisible identity and, therefore, while shared with some of the participants, the effect of this identity on their lives has likely been different. The other graduate student identifies as a cisgender, heterosexual, Latina woman, with a multicultural upbringing with a mixture of cultural influences, including Colombian, Puerto Rican, and German. Three members of the team are research assistants, and all identify as cisgender, heterosexual, Latina women, coming from different places in Latin America (i.e., Bolivia, Colombia, and Puerto Rico). The graduate students and research assistants have lived in the United States for at least two years. Lastly, my academic advisor identifies as a Latino (Nicaraguan/Puerto Rican), cisgender, straight man who grew up in a time and space where anti-gayness was prevalent in his family and the broader community. As a Latino, he is also intimately familiar with the various norms and values found in these communities and the powerful influence that these forces exert on the members of this community, but primarily from the position of relative privilege as a straight man. We are aware that there are possible important themes that could be relevant to the experiences of these participants but will not be described because of our positionalities.

Chapter 3

Results and Analysis

Results of our reflexive thematic analysis produced three over-arching themes and five subthemes. The first theme, *Coming Out Narratives in an Intersectional Context*, encapsulates the coming out experiences of the participants and includes three subthemes: *When Coming Out Means Losing Family*, *Coming Out as a Dynamic Process*, and *Coming Out as Seeking Authenticity*. The second theme, *Where Do I Go When There is Nowhere to Go?*, presents the systematic challenges the participants had to endure throughout their coming out process and how they have coped and continue to cope with them, and includes two subthemes: *Discrimination as Context* and *Looking for Community*. The last theme, *“I Want a Therapist Who ‘Gets It’”*, discusses participants’ help-seeking behaviors and barriers to treatment. Figure 1-1 provides an overview of the analysis.

It is important to note that these themes and subthemes represent topics that were discussed by a majority, though not necessarily all, of the participants. Moreover, although the data was divided into separate themes and subthemes, it should be noted that many of the themes may overlap. Each theme is illustrated with relevant data extracts (i.e., interview excerpts). Some data extracts have been edited for brevity purposes (indicated by [...]), spelling and grammatical errors have been corrected to aid readability and comprehension, and any translations are presented in brackets after the original text. Extracts are tagged with the relevant participant pseudonym.

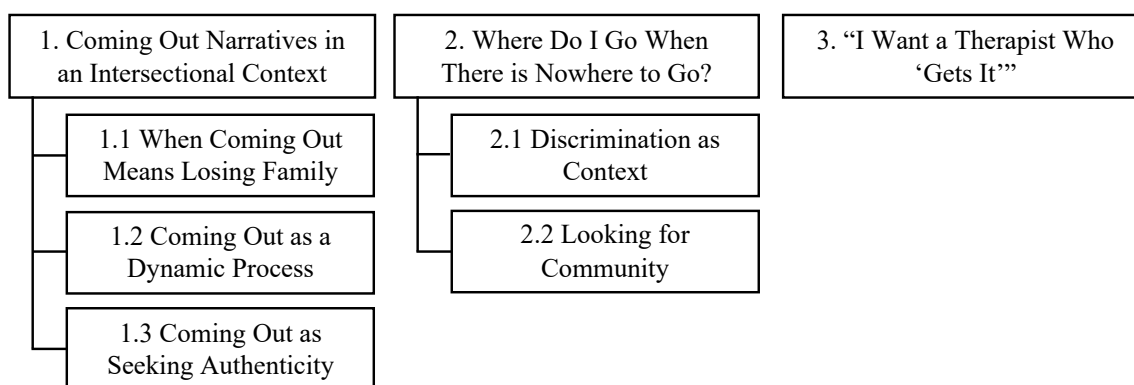


Figure 3-1: Thematic Map

Coming Out Narratives in an Intersectional Context

This first theme and its subthemes capture the coming out narratives of the participants, particularly taking into consideration their identities as both sexual and/or gender minorities *and* Latines from a variety of backgrounds and even races (e.g., some participants self-described their race as Afro-Latine, while others explained that they were mixed-race). The coming out narratives included context- and culture-dependent barriers to coming out, the ever-evolving and dynamic nature of identities and coming out, and the facilitators of coming out, including coming out as a way to show authenticity, while also understanding its possible drawbacks.

When Coming Out Means Losing Family

When asked about their coming out experiences, participants often started with the difficulties related to accepting their sexuality and how to navigate telling others about it. Every participant, at some point or another during the interview, discussed different barriers that prevented them from coming out to themselves and others. It was during those conversations that participants made it clear that coming out was not always beneficial and, in fact, some Latine

values and norms negatively impacted their ability and/or willingness to come out to others. For example, when asked about his identity as a gay Latino, Rich said:

The Latino side of my family, it's— they just don't talk about me being a gay man. It's just not something that they talk about, and they're not too welcoming about it (small pause). Which is weird because I have a lesbian aunt, and it's like they're not seeing men with a non-heterosexual orientation. They're perfectly okay with her, but they're a little bit more distant toward me. It seems like the Latino side of my family holds masculinity pretty high, in high regard. And if you transgress that in any way, including being gay, particularly the men in the family, they're not too cool with that. So, yeah. – *Rich (29, cis man, gay)*

In his answer, Rich explains how his family's values, particularly machismo, have prevented him from fully disclosing his sexuality to some family members. In the case of Rich, some of his family members were more used to hearing about gay women and tolerated those identities more than gay men, possibly because of the strict gender norms around masculinity in Latine culture.

Most of the participants also discussed how coming out might mean losing their family.

Chase, after being asked about whether they have disclosed their gender identity to their family, said:

I feel like it was already a little bit of a difficult pill for my family to swallow that I'm sexually queer. I feel like it's not worth it for them to know that I'm genderqueer. Especially because like them considering me like their daughter or sister or niece is not technically wrong. I'm not a trans man or exclusively non-binary. I do identify with womanhood, so it feels like a fight that's not worth it, to me. I think maybe things would be different if it was the case that I didn't identify with womanhood at all, because then I would be completely having to mask for them, and like be something I'm not for them [...] And it's still me, so I'm able to let it go. I just feel like it's not worth it. I think I would lose family members, and it would start a bit of a war and I don't think I'm ready for that yet and I don't know if I will be. – *Chase (24, queer, genderqueer)*

Chase was outed as sexually queer to their parents when they were in high school, meaning that they had already risked losing their family. In the previous quote, Chase explained their fear of re-experiencing that risk and how their desire to avoid conflict and maintain familial connections (i.e., familismo) led them to not share their gender identity with their family at the expense of being misgendered.

Other barriers to coming out included a lack of representation of queer individuals growing up, internalized homophobia and/or transphobia, and not fully understanding their identity because of lack of knowledge. For example, Rubi shared:

I feel like I accepted my being part of the LGBTQ community easier when I realized that that's what I was. I guess I've always been that way, but I just didn't put anything on it because my family didn't really talk to me about it. It wasn't until high school that I realized like "Oh, there's more to it, like I know people now that are like that, and I realize that I'm like that." So, I guess I— Not exactly a struggle but more of an unknown. I didn't know I was. I didn't know that was a thing because I was pretty close-minded, like my family; I even used to be very religious. I kind of gave up that religion due to you know this and other personal reasons and kind of realize my identity. So, I guess in a sense that's a struggle, but I just didn't know. – *Rubi (27, cis woman, lesbian)*

Rubi explained her experience of realizing that she was a lesbian from an early age, but not having the knowledge, language, and/or representation to give her sexuality a label. She elaborated that given her religion and her "close-minded" upbringing, she felt that she could not give words to her same-sex attraction. Other barriers to coming out discussed by a majority of participants included fear of being discriminated against and safety and financial concerns (which is examined in more detail when discussing the second main theme).

Coming Out as a Dynamic Process

All participants, at the time of the interview, had come out to at least one person and the majority to multiple people in their lives (both strangers and people they previously knew). When asked about their coming out process, it was commonplace for participants to immediately clarify that they are constantly coming out and/or that they have multiple coming out experiences. Nadia, a 29-year-old bisexual woman, poignantly said: "*There's the coming out story and then there's all the subsequent coming out... maybe not stories... but sentences (chuckles). So, in a way, it's ongoing.*" In other words, coming out is seen as a continuous, dynamic process that poses specific

challenges when disclosing to particular people (e.g., disclosing one's sexuality to strangers might be less stressful than disclosing it to one's family members). For example, Mischa explained:

I came out to my brother and his wife first just because they're my age and it was just easier... With my parents, it was definitely a lot harder. I waited until I had a partner, my girlfriend, and it was just hard because I live with my mom, but um... it's just like I think it was part of that, like I don't want them seeing me differently – *Mischa (27, cis woman, bisexual)*

In her answer, Mischa explained how she perceived a generational difference in acceptance that affected her decision to whom she would come out to, a similar experience discussed by the majority of participants.

Relatedly, throughout the interview, participants discussed their experiences with understanding their sexual and gender identities, and how that process is not necessarily ever complete. For example, when asked about their gender and sexual identities, Lawrence said:

I've been thinking a lot about that recently. I won't say I have a definition, but I'm getting closer to it. I define myself as queer and recently also started to take on the non-binary route just because... I have become very tired of the constricting boxes of what I should and shouldn't do as a straight male, as a gay male, as a Latin male... as a person who lives in the city or doesn't live in the city... And I figured you only have one life and I want to experience the best of it, and the most of it. So, if I like something, I do it regardless of if it's sexually, if its identity expression-wise, if its internal or external. I think queer and in between, or outside gender, is just a good place to be because I'm a *person*. – *Lawrence (22, non-binary, queer)*

In their response, Lawrence makes it clear that they have been thinking about their gender identity as something dynamic, that ebbs and flows. They also discussed their dislike of labels, something that was discussed by many participants who were trans and gender non-conforming. Importantly, cisgender participants also discussed their thoughts about how their understanding of their sexualities and even gender identities have shifted throughout the years and when exposed to people who identify differently than them.

Coming Out as Seeking Authenticity

As previously discussed, participants talked in detail about the barriers to coming out and the different experiences they had while coming out. They also talked about the reasons behind why they decided to come out (or not), what helped throughout the process, and how it felt to come out to others. For example, when asked what motivated her to come out to her long-term partner, Gigi explained:

Yeah, I guess with my partner, it was the fact that we are very open with communication, and that's like a value that I want to uphold in our relationship, and I thought that if I didn't share this with him, then I was holding myself back in a relationship, and it could create issues in the future, depending on like where we go with this relationship, so I didn't want to be the cause for like relationship issues in the future. [...] Normally it's people who I've had conversations about sexuality or gender identity in the past, and then actually being able to have a respectful conversation about it, not like judging or, you know, being bigots about it (chuckles). So, I guess that's how I've been choosing the people. – *Gigi (25, cis woman, bisexual)*

Gigi discussed that her partner was indeed a facilitator for her to come out. This was a common experience mentioned by other participants, particularly the idea that having a partner or the idea of having a partner in the future made them more likely to come out to others, including family. Gigi also alluded to the idea of choosing who to come out by “testing the waters” and having previous, exploratory conversations with people to get a sense of their views on queer individuals.

Some individuals in this study came out to others and felt invalidated by them, others felt relieved, and others felt a mix of both relief and invalidation. For example, Omen, after coming out to their parents, decided to leave their home. When asked about how it was to move out of their parent's house, they said:

So freeing! I got to be gay out loud. I got just to celebrate who I was, and I didn't have to apologize to anyone. It was so freeing. And then I did ghost [my mother] for like a while. I was like, “If you want to talk to me, if you want to be in my life, you cannot be homophobic.” And even now she's like, “*Eso es muy privado* [That is very private].” – *Omen (21, non-binary, unlabeled)*

In this example, Omen felt invalidated originally when they came out, but then they were able to feel free and more authentic with themselves when they moved out. Omen's quote elucidates the nuances of the difficulties that might come from leaving one's home, while also showing that there might be something positive (in Omen's case, feeling freer to share their identities openly). Later in the interview, Omen explained that the distance they put between them and their mother helped that relationship grow stronger and now they feel supported by their mother. Indeed, many participants discussed that coming out was a way of seeking authenticity in their lives. As explained by Rose:

[Coming out] taught me the kind of person that I want to be long term. It was a foundational moment for my character, I think because I don't ever want to make somebody feel that way... um... invalidated. I don't ever want to make somebody feel like their identity, like who they are, is not valid, especially if they're just trying to exist, I think that, for me, it really is like... most people in my experience are just trying to exist, nobody has it out for somebody else. – *Rose (24, cis man, bisexual)*

Where Do I Go When There Is Nowhere to Go

The participants' coming out process was marked by several different barriers, facilitators, and complexities that made each experience unique on its own. Importantly, participants discussed their coming out experiences as embedded in specific contexts, much of them included multiple types of discrimination (e.g., homophobia, biphobia, transphobia, racism, colorism, xenophobia, classism). While each experience is unique, the coming out experiences were directly impacted by the fact that these individuals were multiply marginalized in different ways. This theme discusses these ways and how participants cope with these discriminatory experiences and feelings of isolation and invalidation.

Discrimination as Context

All participants acknowledged structural and interpersonal discriminatory experiences that contributed to their experiences, coming out stories, and even their perception of their own identities as both Latines and queer individuals. Even though participants differed in sexualities, gender identities, immigration status, languages they knew, disability status, and more, they were all able to discuss their experiences with systems of oppression that have made their experiences harder. When asked about his identity as a gay Latino, Helios said:

I think, for me, it means that you are part of a marginalized community within a marginalized community. It's not a very good mix (chuckles) because the values that we, or the things that we typically think of as Latinos, really contradicts...— Super conservative, super religious, and you know being gay is more seen as a new thing or it's not seen as something by older people. So, I would say it's a marginalized community within a marginalized community. — *Helios (24, cis man, gay)*

In this response, Helios made it clear that he feels discriminated against by the Latine community, in general, because of a variety of cultural values and religiosity he sees as embedded in the community. Interestingly, he has an intersectional understanding of his marginalized identities and can articulate the double oppression (particularly homophobia) he has felt growing up and how it shapes his understanding of himself.

When asked if she has felt people have treated her differently because of her identities, April responded:

I mean again reflecting back on my childhood, or let's say high school specifically, I felt it hard for both [identities]. As someone who is mixed... and I hate to say it, but there's this idea of being Black or having your race be part-Black as being something that's projected to be negative. And so, growing up, before I got to high school, you know people ask me like, "What are you?", and I had to explain, "Puerto Rican." A lot of people not even knowing what Puerto Rican is... and having to explain what Puerto Rican is and then having been made fun of... overhearing jokes about how I'm Black and then because of that not wanting to identify as being Black or part-Black. [...] There was a lot of pushback with even that aspect alone, just my ethnicity, but then also... I can reflect on instances in high school when I had shared with one person, and that was my best friend at the time, that I was bisexual... that's how identified back in

high school... I guess, he told someone and like they're talking stuff about me being in the locker rooms and how I was creepy because I was bi and dealing with bullying. Stuff like that makes it hard because well I don't want to tell anyone now because fear of rejection or whatever the case is. So, I definitely feel, in separate means, I've struggled with being able to be confident in how I identify. – *April (29, cis woman, pansexual)*

April, in her answer, elaborated on how she experienced racism, colorism, biphobia, and homophobia growing up. These experiences impacted her confidence in herself and her identities and made it less likely for her to come out to certain people.

Participants discussed discriminatory experiences enacted by sexual and gender minorities, as well. When asked a similar question about experiences with discrimination, John was quick to mention:

So, I've experienced it through both straight people and the queer community. I feel it tends to occur more with people that are straight. They don't quite understand that someone could be attracted to a variety people, gender identities... But I have seen it in terms of the queer community. Sometimes I feel that they want me to pick a side, that makes it simpler... Sometimes I think that's the rationale like... I've also seen that in terms of gender identity. [...] It's just simpler if you just don't identify as non-binary. It makes attraction simpler, that's sort of the consensus, or the idea that I get from some people. – *John (27, non-binary, pansexual)*

John elaborated on a topic often discussed by participants: discrimination coming from both the Latine community *and* the queer community. Many participants discussed feeling ostracized from both communities and even, at times, fetishized by the queer community for not being white. Discrimination, therefore, affected participants in several ways and it was difficult for participants to discuss their coming out without discussing these experiences, even when they were related to the queer community in general.

Looking for Community

Even though participants lived many discriminatory experiences and their coming out stories were often discussed in that context, all talked about ways they were able to cope with the challenges that come with having these marginalized identities in a society that does not necessarily value or accept them. Many participants, for example, discussed going on walks, talking to friends, siblings, and parents, journaling, listening to music, doing physical exercise, educating others about their identities, helping others, and going to therapy (discussed in the next theme in more detail). Participants also discussed coping strategies that they described as bad for them or maladaptive, including marijuana use, alcohol use, avoidance of difficult conversations, and emotional suppression. However, the most repeated coping mechanism discussed was trying to find intersectional communities of queer Latines. Jhamira explained:

I get really excited, when I meet other queer Latine people. [...] I think when it comes to not feeling accepted, I've always— I grew up with Latino friends, too, but... There is a good amount of Latine people in my community growing up, and I wouldn't say that I fit in with all of them or like I had that sort of language. I think this is probably just an internalized thing, that I wouldn't fit in or not be seen as Latine enough either. I would want to cope with finding a community, though at the same time— I mean, I hope it's the case where I could find a community one day and feel totally embraced and accepted. [...] So, right now, my queer friend group they're all white (chuckles), and I'm okay with that for now. — *Jhamira (28, cis woman, bisexual)*

Relatedly, many participants discussed the lack of intersectional representation growing up, meaning that participants were never exposed, either personally or through media, to people who identify as both queer *and* Latine. More than half of the participants, especially those who had come out to several individuals, argued that they felt a responsibility to the queer Latine community to be seen and become the representation they lacked growing up. For example, Vaca said:

I put this kind of obligation on myself to be seen. Just because I know that whenever I was growing up, I didn't have anyone either in my immediate family or anyone that I saw online or in public or whatever that kind of identified as I

do. Especially because I feel like... I don't identify as just like a gay man and I present myself very femininely, so I kind of feel like, even if I do it unconsciously, I put it upon myself to be visible, and be good at what I do... so I can be a good example of what that means, and what that title holds. – *Vaca (22, non-binary, queer)*

“I Want a Therapist Who ‘Gets It’”

Although it was not a requirement to participate in this study, 26 out of the 30 participants (86.7%) had been, or were currently being, seen by a mental health practitioner (e.g., therapist, counselor, psychologist, psychiatrist). Several participants described engaging with therapists or counselors at different stages of their coming out process. Some had been seen before deciding to come out to some people and others after their first coming out experience. All participants who had engaged with a mental health practitioner described different barriers to help-seeking and general difficulties with some therapists' cultural competence and humility.

One of the biggest treatment barriers for most participants was related to the financial burden associated with being in therapy. Because of this burden, many participants' first experience seeking services was via their universities' counseling centers (although some first sought services in high school and others while working). For example, Maggie argued:

Financial issues were in the beginning, that's why I went through the school because I couldn't really afford anything else. I think... if I did at the time, I didn't really have my own money, I was kind of living off my parents' support at that time. So, financially, I couldn't... I felt guilty being like, “Hi, please send me to therapy with your money because of the fears that you guys are giving me.” That felt wrong. So I went with the cheap option, which was school. So, definitely financial. Diversity within the area, I didn't really have, even within the university, I didn't really have many options that were diverse people who maybe understood my perspective better. – *Maggie (22, cis woman, queer)*

Maggie also explained how she felt that she could not ask for money from her parents, so she had to turn to a cheaper option that did not have as many diverse therapists, making it less likely to receive the services that she was hoping for.

All participants discussed the idea that they did not necessarily want a therapist who shared the same identities as them, but that they would prefer a therapist who understood their difficulties and displayed culturally humility. Gio, someone who had been in therapy in the past and wanted to find a new therapist, explained:

For a while I want to find a therapist. I'm wanting definitely a therapist of color, a queer therapist, a gender non-conforming therapist, I would like, one that is also non-monogamous affirming, and hopefully someone who is not really religiously focused. Because those things are what I relate to most. I want to regain more of those relationships with those identities, so that I can grow and really be challenged in ways that I want to be challenged more often. The therapist I had in college was a woman of color and she also happened to be like one of my favorites there because she was so on my growing journey and the things that she has challenged me on and every time we had like a goal and things that we were working on, and I liked that. – *Gio (24, genderqueer, pansexual)*

Other cultural values affected participants' desire to seek help, including gender norms and familismo. When asked why she decided to go to therapy, Letrie explained:

It's not selfish to take care of yourself, you know? As a Latina woman, you have to try to do what's best for everyone, you take care of everyone, before you take care of yourself. I started seeing this when my mom would cook the tortillas for us, she would always heat the tortillas for everyone else, and then at the end of the meal, she would sit down and eat hers. And I would always ask my mom, "How come you're always eating alone at the end, after everyone eats. Why don't you eat with us?" She's like, "To take care of you, to make sure you're eating." As a Latina woman, you have to take care of others, you have to be a good mother. Even though I'm not a mom, I still am in the mentality, and I'm trying to fix this, that I have to take care of everyone else before I take care of myself because that's the not-selfish thing to do. And then I kind of sorted convinced myself through reading stuff online. I was like it's not selfish to take care of yourself, because if you are not well, how will you help others. So that's when I decided, even if it makes them go crazy, I'm still going to therapy because I really need that. – *Letrie (28, cis woman, bisexual)*

Letrie clearly explained how marianismo affected her help-seeking behaviors and made her less likely to engage in therapy. As a Latina woman, Letrie felt that it would not be positive to take care of herself, because she first had to take care of others in her family, including those who disagreed with her going to therapy. In general, participants described feeling hesitant to open up

to some mental health practitioners because of previous negative experiences with other therapists and also because they did not share similar identities.

Chapter 4

Discussion

The present study navigated and discussed the coming out experiences of thirty queer Latines living in the United States of America, paying particular attention to cultural norms, values, and traditions (e.g., machismo, familismo, religion) that might have impacted this process and the consequences of coming out or not coming out. Moreover, this study investigated participants' coming out process in the context of discriminatory experiences and the way these participants coped, and even thrived, in the face of the adversity they have lived through and continue to navigate. Finally, participants reported their help-seeking behaviors before and after coming out and the barriers to and facilitators of seeking help from mental health practitioners. The themes we constructed, *Coming Out Narratives in an Intersectional Context*, *Where Do I Go Where There is Nowhere to Go?*, and *I Want a Therapist Who "Gets It"*, and their subthemes, were common across the majority of these diverse individuals and make a significant contribution to research by showcasing coming out and help-seeking experiences that cut across gender identities, sexualities, and immigration status in this population (i.e., queer Latines).

Participants' narratives showed the complexities of coming out as a Latine sexual and/or gender minority, contributing to the idea that Latines are not a monolithic group. Cultural norms and values affected participants' ability to come out to others, including strangers, acquaintances, friends, and family members. For example, consistent with previous research (Eaton & Rios, 2017; Patrón, 2021; Posada Rodríguez, 2019), familismo was one of the most discussed reasons for why participants were afraid to come out to their parents and other family members. Similar to findings reported by Gattamorta and Quidley-Rodríguez (2018), multiple participants in this study discussed that coming out to their parents might bring "dishonor" to the family and that

some participants expected parents to hide their sexuality and/or gender from other family members to avoid their anticipated shame.

Participants also discussed their religious upbringing and their parents' religion, particularly Christianity and Catholicism, as a barrier to coming out (Gattamorta et al., 2019). For example, multiple participants discussed hearing anti-queer messaging as part of religious discourse from family members, making them question their queer identities. Similar to research on young, queer Latines conducted by Schmitz and colleagues (2020), findings from this study show how religion played a role in participants' feelings of shame related to their identities. Previous research on the role of religion in Latines lives has shown that religion might serve as a buffer against different stressors, including community violence (Jocson et al., 2020) and racialized stigma (Schmitz et al., 2020). However, this buffer effect does not seem to extend to these participants (Severson et al., 2014). Interestingly, participants discussion of religion was almost impossible to separate from their discussion of Latinidad and Latine norms and values. This is similar to Espín's (1994) argument that an understanding of religion, particularly Catholicism, is critical to fully understanding all Latine cultures.

Importantly, the findings show that the coming out process is dynamic, continuous, and non-linear. This is akin to other researchers' critiques (Alonzo & Buttitta, 2019; Goodrich & Brammer, 2021; Goodrich & Kathryn Brammer, 2019; Klein et al., 2015; Manning, 2015) of lesbian, gay, and bisexual identity models such as Cass's (1979) Homosexuality Identity Model or D'Augelli's (1994) sexual identity development model. Participants in this study discussed how they had to negotiate whether coming out to parents would be an ideal decision given the need to balance Latines' importance of family (i.e., familismo), potentially losing family due to cultural norms and values (therefore losing an important support system) and seeking authenticity. Queer identity integration, which is described as acquiring a queer identity that is fully integrated within a person's concept of themselves and seen as a crucial or even final stage of development by Cass

(1979) and D'Augelli (1994), might not always be as beneficial for some racially minoritized individuals. In other words, holding an integrated queer identity and coming out to others without reservations might be detrimental for queer Latines because they might lose integral support from and connections with their family members and even friends. However, some participants did describe their final decision to come out to family members as stemming from their desire to be their authentic selves even when weighed against the prospect of losing family members and their financial and emotional support, which is in line with previous research with young, queer Latines (Gonzalez et al., 2022) and queer Black individuals (Dworkin, 2002).

The coming out process was often discussed by participants as embedded in doubly discriminatory contexts, meaning that they could not separate the coming out narratives from experiences of systemic (e.g., participants being discriminated by school officials because of their race) and interpersonal (e.g., classmates saying homophobic slurs to participants) discrimination. Using minority stress theory and intersectionality as a framework (Crenshaw, 1989; Meyer, 2003; Purdie-Vaughns & Eibach, 2008), we developed questions that might have elicited participants to think about their identities as separate but also as together. For example, when asked how participants understood their identities as both queer and Latine, they would often argue that they do not often think about those identities as integrated, but that they do interact with one another. Moreover, participants often discussed experiencing discrimination from the general society because of their marginalized identities, from their Latine community because of their queer identities, and from the queer community because of their Latine identity, further providing evidence for the idea of intersectional oppression and intersectional invisibility (Mereish et al., 2022; Noyola et al., 2020; Purdie-Vaughns & Eibach, 2008). Therefore, queer Latines' coming out is not necessarily an entirely personal decision, but one that is affected by systematic and intersectional oppression, showing the importance to ask appropriate questions, discuss topics related to systems of oppression, and engage in creative and innovative research to better

understand marginalized populations' experiences (Settles et al., 2020; Shelton & Lester, 2020; Shin, 2015)

Because of these multiple sources of rejection and discrimination, we also asked participants to discuss coping mechanisms that they might use to deal with challenges related to their identities and mental health. For example, multiple participants argued that they would like to find an *intersectional community* that included queer Latines specifically (as opposed to straight Latines or white queer individuals), similar to findings on queer, autistic individuals (McAuliffe et al., 2022). Other participants, mostly those who had come out to family members and friends, discussed their desire to be a role-model for future queer Latines and give back to their community, becoming the *intersectional representation* they often lacked growing up (Isard & Melton, 2022). These two findings point, again, towards understanding queer Latines identities as firmly intertwined, unique, and worthy of more study.

Another way participants coped with their mental health was by going to see a mental health practitioner. In fact, most participants in this study had seen, or were currently being seen, by a practitioner, even when this was not a requirement to participate in this study and it was not discussed in the recruitment materials. This finding is surprising considering that previous research has shown that Latine people tend to underutilize mental health services relative to European Americans and Black individuals (SAMHSA, 2015), and studies indicating that young Black and Latine adults (age 18-29) have a lower mental health service utilization rate compared to older Black and Latine adults (Blanco et al., 2008; Mojtabai et al., 2016). One reason for this high utilization of mental health services might be a generational shift in acceptance of mental health as something not only for *los locos* ("the crazies"; Koech et al., 2022), and the overrepresentation of queer people who use these types of services (Cochran et al., 2017). While many participants did seek mental health services, all of them discussed different barriers that affected their help-seeking behaviors, including financial barriers, difficulty navigating insurance,

and cultural barriers (e.g., marianismo, shame). Similar barriers have been previously discussed in the literature with queer Latines (Abreu et al., 2020; Garcia-Perez, 2020; Moore et al., 2021; Moore et al., 2020).

Many participants argued that they have had negative experiences with therapists in the past because of their lack of understanding of the participants' cultural values and norms, including familismo, and how therapists would often recommend coming out to their families without any consideration of how the family would react (Day-Vines et al., 2021; Owen et al., 2014). Because of these negative experiences, most participants reported that they would prefer a therapist who shared similar identities to them or who at least would be culturally competent and humble. This is in line with research suggesting that racially minoritized clients often feel dissatisfied with treatment when elements of their identity were not discussed in sessions (Meyer & Zane, 2013). Similarly, clients tend to have a preference and perceive positively therapists of their own race/ethnicity, even if there is no therapeutic benefit of race/ethnic matching between clients and therapists (Cabral & Smith, 2011). The current study adds to the literature by showcasing the importance of considering therapists who are not only knowledgeable about Latine values and norms and queer issues, but also therapists who are able to think intersectionally about their identities, including those not investigated in the present study (e.g., socioeconomic status).

Limitations & Strengths

Although this study contributes to the understanding of queer Latines through an intersectional lens and their coming out experiences and help-seeking behaviors, some limitations should be acknowledged. First, the recruitment material for this study explicitly said that people who "Identify as Latina/o/e/x and/or Hispanic" were eligible to participate. Given the multiple

ways for Latines to self-identify (e.g., Chicano/a/x, by their country of origin instead of ethnicity), and Latines' general lack of knowledge of gender-inclusive terms (i.e., Latine/Latinx; Noe-Bustamante et al., 2020), we might have missed recruiting some participants who might identify differently or disagree with the use of gender-inclusive terms. However, before setting the interviews and throughout the interviews, the interviewer made sure to use the identity labels the possible participants used to describe themselves.

Research suggests that some queer Latines actually never come out verbally to their family members and friends, but do so through “tacit” ways (e.g., by bringing their partner to family events and not explaining their intimate relationship; Delucio et al., 2020). Interview questions did not include this form of coming out in their phrasing, meaning that some participants who had not come out to their families might have done so in more nuanced ways that we did not interrogate more explicitly. Importantly, this is one of the first studies to look at the coming out experiences of queer Latines with a variety of sexualities (e.g., gay, bisexual, lesbian, queer, pansexual) and gender identities (e.g., trans man, genderqueer, non-binary). The high number of participants together with the in-depth questions and analyses provide a unique view of the common and different ways this population understands their identities, comes out to others, copes with adversity and structural oppression, and seeks and utilizes mental health services.

Implications for Practice and Future Research

These findings highlight the need for mental health practitioners to understand in a more nuanced way the different cultural values and norms that affect both the coming out process of queer Latines and their help-seeking behaviors and experiences with services. Given the apparent lack of appropriate training (Long et al., 2006) and different practitioners' attitudes and

competencies regarding the needs of queer individuals (Moe & Sparkman, 2015), practitioners may benefit from hearing stories, such as the ones presented in this study, about different coming out experiences of queer Latines to increase their knowledge about the possible barriers and facilitators to coming out. Practitioners may realize that there is an incredible variety of coming out experiences and understand that Latines are not a homogenous ethnic group. For example, many participants in this study described how their race might have played a role in their coming out, with some discussing their white privilege and others discussing their experiences as Afro-Latines. In other words, although it is important and relevant to learn about queer Latines' experiences, it is equally important not to make assumptions about how each person might deal with their coming out and identity development (Gattamorta & Quidley-Rodriguez, 2018; Shin, 2015).

All participants discussed their difficulties with coming out and help-seeking in the context of structural oppression and discrimination. Previous studies have found that, indeed, racially minoritized individuals underutilize mental health services in part because of these systems of oppression (Moore et al., 2021; SAMHSA, 2015). For example, racially minoritized individuals tend to distrust the health care system, including mental health services, because of the abusive history of medical racism and unethical experiments (e.g., forced sterilization of Native and Puerto Rican women). Therefore, queer Latines are not necessarily a hard-to-reach population, but a population that struggles to access mental health services because of structural issues, some even discussed by the American Psychological Association in its recent apology for their role in contributing to a history of racism and structural barriers for racially minoritized individuals (American Psychology of Association, 2021). Practitioners might expect to talk about this topic and even engage with young adults in how systemic issues might impact their understanding of their difficulties in order to provide the most effective therapeutic interventions (Carter & Johnson, 2019; Hannon et al., 2023; Moore et al., 2021). Practitioners should be able to

discuss, and are responsible to attend to, clients' identities and how different systems of oppression might impact their lived experiences. Services could include sexuality- and gender-affirming interventions, family interventions, and even discussing how religion might affect their understanding of their identities (Abreu et al., 2020; Alessi et al., 2019; Bayne, 2016).

While this study is an initial step at better understanding the coming out and help-seeking experiences of queer Latines, future research should look longitudinally at how queer Latines continue to understand their intersecting identities and how interpersonal relationships (particularly those with family members) might change or evolve over the years after coming out. Researching the coming out process in a longitudinal study might improve our understanding of the dynamic nature of this process, how queer Latines are consistently thinking about their identities and how they fit in together and might include people who did not necessarily describe their identity as queer before. Even though this study's participants came from a variety of regions of the United States, future research might also examine specific stressors queer Latines may face depending on the region and/or state they live in, particularly in light of different anti-trans and anti-queer legislation being passed in some states (Eschliman et al., 2023; Horne et al., 2022). In a similar vein, future research should study the particular barriers and facilitators to coming out for queer Latines outside of the United States, including countries with more conservative laws (e.g., countries where same-sex marriage is illegal).

Conclusion

Taken together, the coming out process is complex, dynamic, and nuanced. The queer Latines in this study explained different intersectional barriers and facilitators to coming out that they experienced, including the role of religion, family, gender norms (e.g., machismo, marianismo), discrimination, colorism, and more. Participants discussed in detail how their

coming out experience was embedded in structures of oppression (e.g., heteronormativity, white supremacy) and how their identities have been shaped as a result of these experiences. While participants did experience intersectional discrimination, they were also able to cope with it and some discussed their desire to be role models for future queer Latines. Finally, participants discussed their help-seeking behaviors and experiences with mental health practitioners, including negative previous experiences with practitioners who lacked cultural awareness, humility, and competence. Ultimately, this study details participants' varying coming out and help-seeking experiences, how systems of oppression play a role in them, and the commonalities and uniqueness of this group of individuals.

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Appendix

Interview Guide

1. What does it mean to you to be an LGBTQ+ Latina(o/x/e)?
 - a. How has life been like for you as an LGBTQ+ Latina(o/x/e)?
 - b. Have others treated you differently for being an LGBTQ+ Latina(o/x/e)?
 - c. Have there been moments in your life when you have had trouble accepting or valuing yourself because of being who you are as a Latina(o/x/e)?
 - d. Do you feel that your sexual orientation is an important part of your identity?
 - e. Do you feel that your racial or ethnic status is an important part of your identity?
2. Tell me about your coming out process. (Have you come out to anyone)?
 - a. If yes:
 - i. Who was the first person you came out to?
 - ii. How old were you when you came out?
 - iii. Have you come out to your family?
 1. If so, who?
 2. Who (in your family) does not know your sexual orientation/gender identity?
 3. Who do you consider your family?
 - iv. Have you come out to people outside of your family?
 - v. What has affected your coming out process?
 - b. If no:
 - i. Have you thought about coming out to your family?
 - ii. What has affected your coming out process?

- iii. Do you plan to come out to anyone? Your family?
3. Can you tell me of a time when you were able to cope effectively with the challenges of being an LGBTQ+ Latina(o/x/e)?
4. Can you tell me of a time when you found it difficult to cope with the challenges of being an LGBTQ+ Latina(o/x/e)?
5. Who or what do you turn to when you find yourself in need of support?
6. Have you ever seen a psychologist/therapist/psychiatrist?
 - a. If yes, how was the process of looking for a psychologist/therapist/psychiatrist?
Did you try to find someone who had similar identities to yours?
 - b. If yes, how did it go? Did you feel understood?
 - c. If not, why?
7. Do you feel supported by your university? Peers? Family? Job?