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**CONCORDANCE BETWEEN MINORITIZED STATUS AND IDENTITY
IMPORTANCE: RELATIONSHIP WITH LIFE SATISFACTION AND DEPRESSION**

A Thesis in
Psychology
by
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Abstract

While individuals may claim several minoritized identities, the extent to which these identities are important to their self-concept can vary considerably. Whether or not individuals reflect a concordance between these aspects of their identity (claiming a specific minoritized status(es) *and* indicating that same status(es) as important to how one views themselves and/or how others view them), may have meaningful consequences for psychological outcomes. To test this notion, I examined differences in life satisfaction and depression among those with concordant/discordant identities across two different studies with racially, sexually, and gender minoritized participants ($N_{Study1a} = 419$, $N_{Study1b} = 303$). Results found that racially minoritized individuals with concordant identities have greater life satisfaction than those with discordant identities, while sexually minoritized, as well as sexually and gender minoritized individuals with concordant identities, have worse life satisfaction and are more depression than those with discordant identities. This study offers initial evidence of the role that identity concordance can play in life satisfaction and depression outcomes as well as how this role may differ depending on whether the stigmatized identities are concealable (sexually and gender minoritized individuals) versus non-concealable (racially minoritized individuals).

Table of Contents

List of Tables	v
Acknowledgments.....	vi
Introduction.....	1
Defining Identity	3
Identity Centrality and Identity Regard.....	4
Identity Concordance	6
Current Study	8
Methods.....	10
Participants and Procedures	10
Measures.....	10
Demographics.....	10
Multilevel Oppression Scale (MOS)	10
The Center for Epidemiologic Studies Depression Scale (CES-D)	12
Depression Anxiety Stress Scale-21 Items (DASS-21).....	12
Satisfaction with Life Scale (SWLS)	13
Data Analysis	13
Results.....	16
Study 1a.....	16
Study 1b.....	17
Discussion.....	23
Identity concealability	24
Consistency across lifetime	26
Implications	27
Limitations and Future Directions.....	27
Conclusion.....	28
References.....	29

List of Tables

Table 1. Subset sample size.	20
Table 2. Demographic characteristics of participants.	22

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Introduction

An individual's internal processes and ways of thinking, including their understanding of history, mode of reasoning, and evaluation and expression of feelings, among other attributes, are constituted partially by the social groups they belong to. For example, Black and White children in the United States are taught about racism differently in accordance with each group's respective culture (Hughes et al., 2006; Perry et al., 2019). This difference in teachings in turn shapes the frameworks that are accessible to children when they evaluate themselves (Oyserman et al., 1995). Another example is the difference in socialization between girls and boys from a young age. Studies show that fathers are more attentive to girls' than boys' submissive emotions at a preschool age and that this parental attention predicts later submissive emotion expression levels in girls (Garner, Robertson, & Smith, 1997).

An individual's external experiences and the ways in which others view and interact with them are also impacted by the social groups they belong to. For those belonging to minoritized social groups, these experiences are impacted by prejudice, discrimination, and oppression. Prejudice is an attitude directed towards other people due to their membership in a certain social group (Brewer & Brown, 1998). Discrimination is acting on prejudice, or treating people differently based on their membership in a certain social group (Sue, 2003). Both prejudice and discrimination occur at an individual level. Oppression is "a system of judgments, beliefs, actions, norms, and social/institutional practices that protects institutional privilege and hierarchy" (Suyemoto, Donovan, & Kim, 2022, p. 48). Given that oppression is systemic, it not only shapes people's experiences on an individual level but on a group level as well. For example, racially minoritized individuals are disproportionately impacted by poverty, underrepresented in higher education, and overrepresented in the prison system (National

Academies of Sciences, 2017). For sexually minoritized individuals, studies found that 7% of lesbian, gay, and bisexual employees had previously lost a job due to their sexuality, while 9% of those who were presently out to their coworkers reported losing a job due to their sexuality (Sears & Mallory, 2011). Similar trends are present for gender minoritized individuals.

Transgender and gender diverse populations are more likely to be victims of hate crimes and often face discrimination in employment, housing, education, health care, and other domains (Boehmer, Bowen & Bauer, 2007; Harper & Schneider, 2003; Herman, 2013; Herman, 2016; White Hughto, Reisner & Pachankis, 2015).

These differences in internal processes and external experiences due to group membership impact varying prevalence rates and patterns of psychological outcomes between social groups. Of particular interest to this study, life satisfaction and depression rates in minoritized groups are different than those of majority groups. With regards to life satisfaction, ethnically minoritized individuals have lower life satisfaction than majority group members (Verkuyten, 2008; Kööts-Ausmees & Realo, 2016). Among LGBTQ+ samples, compared to heterosexual populations, gay/lesbian populations have lower life satisfaction, and bisexual populations have the lowest life satisfaction rates (Bartram, 2021; Powdthavee & Wooden, 2015). In a study examining psychological outcomes in a national sample of transgender individuals, trans men, trans women, and nonbinary individuals were found to have lower life satisfaction than cisgender heterosexual individuals. (Kaufman, Taniguchi, & Compton, 2024).

With regard to depression, studies have found that the lifetime prevalence of major depressive disorder among White populations (17.9%) was higher than that of African Americans (10.4%) (Gonzalez et al., 2010). However, the chronicity of disease was higher for African Americans (56%) than it was for White individuals (38.6%). Similarly, major depression

chronicity was higher in Mexican American and Puerto Rican populations compared to White populations (Gonzalez et al., 2010). For LGBTQ+ populations, a meta-analysis revealed that the pooled prevalence of major depressive disorder in LGBTQ+ samples was 32.2%, as compared to the global major depressive disorder prevalence rate of 4.7% in general samples (Ferrari et al., 2013). Lastly, rates of depressive symptoms for transgender populations were found to be significantly higher than those in general populations (Budge, Adelson, & Howard, 2013). Differences in rates and patterns of life satisfaction and depression between minoritized groups may suggest differences in contexts or experiences that impact the varying mental health outcomes of these groups.

Thus, in many ways, the groups one belongs to ultimately shape how one thinks, how one acts, and how the world reacts to them, which can in turn influence their mental health and well-being. For minoritized individuals, this experience is often characterized by discrimination and oppression due to the discriminatory nature of how others view them. This is not to imply that individuals do not have unique aspects independent from the group, nor does it imply that individuals are unable to reject group identity (Young, 1990). Rather, it underscores the importance of exploring psychological outcomes not just in terms of the individual and their sense of self, but also in relation to the broader social groups that they are a part of and how the world views them and reacts to them.

Defining Identity

In her book titled *Five Faces of Oppression*, feminist theorist and philosopher Iris Young rejects individualist conceptions of identity, emphasizing the importance of understanding identity as a social relation and situating the individual within the broader collective. She puts forth Epstein's definition of identity, which states that identity is "a socialized sense of

individuality, an internal organization of self-perception concerning one's relationship to social categories, that also incorporates views of the self-perceived to be held by others. Identity is constituted relationally, through involvement with – and incorporation of – significant others and integration into communities” (Epstein, 1987, p. 29). One's own identity is defined in relation to how others identify them – a group may be identified by others as a collective based on a perceived shared set of attributes, norms, or stereotypes, without them having a consciousness of themselves as a group (Young, 1990). Young explains that an identity may be in the background for an individual's entire life but becomes important when others interact with them (Young, 1990). Young's conceptualization of identity places importance not only on how one defines oneself, but how they are defined by others, directly considering that the way one is viewed by others impacts how one relates to their own identity.

Identity Centrality & Identity Regard

While individuals may possess one or more identities, the extent to which these identities are important to their self-concept can vary considerably, and this ascribed importance can have meaningful implications for mental health and well-being. Various models have presented frameworks for understanding how certain social identities (e.g., race and culture) factor into one's personal psychology, including one's self-concept. One influential model in understanding social identity is Sellers et. al.'s Multidimensional Model of Racial Identity (MMRI) (1998). The MMRI is a theory of racial identity that presents four dimensions of racial identity: salience, centrality, regard, and ideology. Of relevance to this study, racial centrality is the “extent to which a person normatively defines himself or herself with regard to race” and racial regard is “a person's affective and evaluative judgment of her or his race in terms of positive-negative valence... it is the extent to which the individual feels positively about his or her race” (Sellers et

al., 1998, pp. 806-807). Racial regard includes a private and public component, whereby private regard is both how positively or negatively an individual feels towards African Americans as a group as well as how positively or negatively that individual feels about being an African American themselves, and public regard is how positively or negatively an individual feels that others view African Americans (Sellers et al., 1998). Racial centrality as well as racial regard are similar to other concepts presented in the identity literature. For example, Luhtanen and Crocker's Scale of Collective Self-esteem includes an identity subscale, which was developed to assess "the importance of one's social group memberships to one's self concept" (1992, p. 305). Although initially created for Black racial identity specifically, the MMRI provides a conceptualization of identity that has been used to investigate how these constructs apply to other populations as well (Charmaraman & Grossman, 2008; Herman, 2004; Martinez & Dukes, 1997; Pellebon, 2000; Romero & Roberts, 1998).

Studies on identity centrality and regard have provided crucial insights for the field of psychology. However, research involving these concepts is focused on the individual's point of view (how they see themselves or how they believe others view them) but fails to take into account that others' view of them can impact how they view themselves. As Young asserts, one's identity is constituted both by how one views oneself & how others view them – in other words, one's identity may be important to oneself precisely because one believes it is important to how others view them. While identity centrality assesses the extent to which an individual defines themselves in terms of their identity, it does not consider how an individual's belief that their identity is important to how others view them may influence their own identity's importance to themselves. Furthermore, while identity regard assesses the extent to which one feels their identity is positively or negatively evaluated, it does not ask about whether one believes

their identity is important to how others view them (regardless of whether this view is positive or negative).

Identity Concordance

In this study, I introduce the terms identity concordance and identity discordance to capture if one feels that their minoritized identity is important to how one views themselves, inclusive of the belief that this identity may be important to them because of how others view it. Practically, identity concordance is defined as possessing a specific minoritized identity(ies) and indicating that it is important to how one views oneself and/or how others view them. Conversely, identity discordance is defined as possessing a specific minoritized identity(ies), and not indicating that it is important to how one views themselves and/or how others view them. Identity concordance/discordance builds upon the concept of centrality by capturing if an individual with a minoritized identity(ies) feels that this minoritized identity impacts their self-concept (i.e. identity centrality), while also capturing if they believe their minoritized identity(ies) impacts others' view of them. By doing so, identity concordance captures that while an identity may not be important to an individual's self-concept, they may believe it to be important to how others interact with them, making it important to their identity overall. While identity centrality measures whether an identity is important to oneself and identity regard measures the evaluative component of how an identity is viewed (i.e. whether a group is viewed positively or negatively), identity concordance captures that both how one views themselves and how others view them are important to identity – therefore, these components are not assessed separately but together in order to highlight the importance that could be derived from how others see an individual as well as how they see themselves vis-a-vis their social groups (irrespective of positive or negative views of that group).

This is especially important in the context of individuals who hold minoritized identities, who may be part of supportive communities, though are also more likely to be treated poorly, discriminated against, lose their jobs, and be victims of hate crimes due to their identity (Kwate et al., 2003; Sears & Mallory, 2011; Herek, 2009). Psychological research shows that race, gender, and age are the first characteristics people notice about others and that they are the primary categories used to organize information about others (Schneider, 2004). Given the influence of the perspectives of others in the formation to a person's identity (White & Burke, 1987), it is crucial to consider how the perspectives of others, in combination with one's perception of oneself, may come together to influence mental health outcomes for minoritized individuals. Furthermore, given the fact that identities that are minoritized for certain groups are the same ones that others notice first and that are important for how people react to other people (Stryker, 1980), it is plausible that taking into account how others view an individual as part of that individual's conceptualization of their own identity would lead to worse mental health outcome.

Although there is no previous literature that conceptualizes identity as how one views themselves and/or how others view them (i.e., concordance), it is beneficial to turn to the literature on identity centrality to make predictions about how concordance might impact mental health and well-being. Studies on racial identity suggest that greater racial identity centrality is associated with lower levels of subsequent psychological distress and better mental health (Sellers et al., 2003; Carter, 1991; Munford, 1994; Branscombe et al., 1999; Umaña-Taylor & Updegraff, 2007; Seaton, 2009; Lee & Ahn, 2013). Among literature on sexual and gender identity centrality, however, findings are mixed. Some studies show a positive impact of sexual identity centrality on psychological outcomes (Mohr and Kendra 2011) while others show a

negative impact (Shramko et al. 2018; Calhoun 2018; Quinn & Chaudoir 2009). For gender identity centrality, prior research has shown a positive impact of gender identity centrality and psychological outcomes (Schmitt et al., 2002; Perry & Pauletti, 2011). However, Martire et al. found that stress related to being a wife was associated with decreased life satisfaction for women with a central wife identity (2000).

Thus, prior research shows that there is evidence that racial identity centrality, without taking into account how others view an individual, suggests that identity centrality may be associated with greater life satisfaction. Although traditional centrality literature has investigated the question of mental health outcomes, findings in sexually minoritized and gender minoritized populations have been mixed. Furthermore, little research has examined the impact of identity centrality on life satisfaction and depression outcomes in individuals with multiple minoritized identities. Lastly, centrality literature has not taken into account that both how one views oneself and how others view them may be important to one's identity.

Current Study

Iris Young presents a conceptualization of identity that places importance not only on how one defines oneself, but how they are defined by others, considering the ways in which how one is viewed by others may impact how one relates to their own identity (1990). In this study, identity concordance describes possessing an identity and claiming it as important to how they view themselves and/or how others view them. Whether individuals reflect a concordance in their identities may have meaningful consequences for psychological health and well-being (Sellers et al., 2003; Carter, 1991; Munford, 1994; Young, 1990). The present work seeks to investigate how identity concordance/discordance relates to depression and life satisfaction among racially, sexually, and gender minoritized, both for those who hold one minoritized

identity, as well as for those who hold multiple minoritized identities. I tested this in two studies with diverse participants. In the context of the discrimination and oppression that minoritized individuals face due to how others view them, I hypothesize that greater identity concordance will be associated with decreased life satisfaction and greater levels of depression. I am also interested in understanding whether these patterns will be the same or different across different minoritized populations.

Methods

Participants and Procedures

Data for this study was drawn from two previously collected data sets that contain the variables of interest. Study 1a was an online survey conducted via Qualtrics Panel services which consisted of community members of racially, sexually, and gender minoritized backgrounds ($N = 420$). Study 1b was an online survey conducted via Prolific which consisted of community members of racially, sexually, and gender minoritized backgrounds ($N = 303$). Both studies included measures of demographics, life satisfaction, depression, and a measure given to participants in order to assess identity concordance.

All study protocols were approved by the university's Institutional Review Board. Participants were provided consent to participate in the study. Inclusion criteria for the studies included being 18 years of age or older, being located in the US, and claiming at least one minoritized identity (e.g., racially/ethnically minoritized, sexually minoritized, gender minoritized, disability status). Participants were compensated according to Qualtrics Panels and Prolific policies.

Measures

Demographics. Participants across both studies provided information on a number of demographics questions, including age, gender, sexuality, race/ethnicity, socioeconomic status and income. This demographic data was used to establish minoritized identities held by individuals in order to determine identity concordance.

Multilevel Oppression Scale (MOS). Participants across both studies completed the MOS. The MOS was developed to capture minoritized individuals' perceptions of oppression. Participants are given an orientation to social identities, and an explanation that people can have

multiple group identities and that one's identities may vary in importance to their sense of self (Soto et. al., 2024). They were asked to select which of the six identity categories (gender, race/ethnicity, sexual orientation, nationality, religion, and socioeconomic status/class) they deemed as important to them. The instructions in the MOS state:

“This survey will ask you questions about your experiences and impressions of your everyday environment and of society in general. **Specifically, we would like to know how your unique identity and group memberships may influence these experiences.** First, we would like to know what parts of your identity are important to how you view yourself and how others view you. While there are many parts to an identity, some parts may be more important to some people than others. For example, when considering who they are and how others treat them, race and gender may be more important for some, while for others religion or sexual orientation may be more important. There may be several components to your identity that you consider important to understanding who you are as a person and how others view you, including your gender, race or ethnicity, sexual orientation, nationality, religion, or social class. Please move one or more of these six categories into the "Important to my identity" box and leave unimportant parts on the side. **Please include at least one category in the "Important to my identity" box.** The order you use does not matter.”¹

Once their set of identities was selected, participants were presented with several items intended to capture different aspects of experienced oppression, which were not of interest to the present study.

¹ Instructions varied slightly across the studies. In the second study, the instructions asked for the “*Most Important Identities.*” However, the rest of the instructions remained the same, including that important identities took into account how others view them.

The Center for Epidemiologic Studies Depression Scale (CES-D). Participants in Study 1a completed the CES-D. The CES-D (Radloff, 1977) is a 20-item measure that asks individuals to rate how often they experienced depressive symptomology, such as restless sleep, poor appetite, and feeling lonely, over the past week. The scale consists of items (e.g., “I was bothered by things that usually don’t bother me”) rated on a 4-point Likert scale ranging from 0-3 (0: rarely or none of the time - less than 1 day to 3: mostly or almost all the time – 5 to 7 days). Scores range from 0-60, with higher values indicating greater depressive symptoms. Positively worded items were reverse coded, and all items were summed into a total score to represent the participants’ overall depression score. The CES-D has been used across diverse age ranges (Lewinsohn et al., 1997), and although it varies slightly across racial and ethnic groups, it can be used appropriately across different populations (Roth et al., 2008). The scale demonstrated good reliability in Study 1a ($\alpha = .89$).

Depression Anxiety Stress Scale-21 Items (DASS-21). Participants in Study 1b completed the DASS-21. The DASS-21 is a 21-item measure developed to measure emotional states of depression, anxiety, and stress over the past week (Lovibond & Lovibond, 1995). It consists of three 7-item subscales: depression, anxiety, and stress. The depression subscale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, and situational anxiety. The stress scale addresses levels of chronic non-specific arousal and assesses difficulty relaxing, nervous arousal, and being easily upset or irritable. Participants completed both subscales, though only the depression scale was used in this study. The DASS-21 depression scale consists of items (e.g., “I couldn’t seem to experience any positive feeling at all”) rated on a 4-point Likert scale (0 = Did not apply to me at all to 3 = applied to me very much or most of the time).

The depression subscale demonstrated good reliability ($\alpha = .94$) (Antony et al., 1998). Items were summed into a total score, then multiplied by 2, to calculate a score that represents depression level, with higher scores indicating greater depression (Lovibond & Lovibond, 1995). The DASS-21 has been shown to be a valid and reliable measure that can be used across both clinical and non-clinical samples (Antony et al., 1998).

Satisfaction with Life Scale (SWLS). Participants across both studies completed the SWLS. The SWLS is a 5-item measure that captures global cognitive judgments of an individual's sense of personal life satisfaction (Diener et al., 1985). The SWLS consists of items (e.g., "In most ways my life is close to my ideal.") rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). The scale demonstrated good reliability for Study 1a ($\alpha = .91$) and Study 1b ($\alpha = .93$). Items were summed into a total score which represents overall life satisfaction, with higher scores indicating greater life satisfaction. The SWLS has been shown to be a valid and reliable measure of life satisfaction that can be used across a variety of age groups (Pavot et. al, 1991).

Data Analysis

Data analysis was conducted using the Statistical Package for Social Science (SPSS), Version 27. Data preparation included reviewing attention check items and response time outliers. Data was examined for participants who missed any of the three attention checks or had missing data. Participants were given the freedom to deny answering any survey questions, and cases were excluded if data was missing for any variables used (listwise deletion). One participant was removed from Study 1a due to missing data, and no participants were removed from Study 1b.

Descriptive statistics were used to characterize sociodemographic variables for the sample. The samples have three major subsets of minoritized social identities: racially, sexually, and gender minoritized individuals. The identities selected in the demographics section were used in combination with the identities listed as important to the participant on the MOS in order to gauge identity concordance and discordance. Participants were identity concordant if they claimed an identity in the demographics portion *and* claimed that same identity to be important to their self-concept in the MOS. Participants were identity discordant if they claimed an identity in the demographics portion *and did not* claim that same identity to be important to their self-concept in the MOS. This categorization resulted in several subsamples for our analysis, depending on the type of concordance. Generally, the subsamples were large enough to conduct the analyses described below. However, the difference between the gender concordant vs discordant individuals resulted in a highly imbalanced sample with a very small number of discordant individuals. I ran these analyses for thoroughness, though the small *n*'s per cell suggest caution in interpretation. Subset sample sizes can be found in Table 1.

To test the hypothesis that identity concordance (vs. discordance) will lead to decreased life satisfaction and increased depression, I ran independent samples t-tests for each of the three subsets, as well as for participants with multiple minoritized identities (individuals who were both racially and gender minoritized individuals, racially and sexually minoritized individuals, sexually and gender minoritized individuals, and individuals who were racially, sexually and gender minoritized individuals). For those with multiple minoritized identities, individuals who were concordant for all minoritized identities they hold (ex: an individual who is both a racially and gender minoritized identity rates both of these identities as important to them) were considered concordant in combined analyses, while those who were discordant for one or more

of the minoritized identities they held (ex: an individual who is both a racially and gender minoritized identities rates one or both of these identities as *not* important to them) were considered discordant.

Results

Study 1a

Sample Characteristics

The sociodemographic characteristics of the Study 1a are displayed in Table 2. Of the 419 participants, 177 identified as female (42.2%), 122 identified as male (29.1%), 98 identified as nonbinary (23.4%), 15 identified as other (3.6%), and 7 indicated that they did not know (1%). 85 participants identified as transgender (20.3%). Regarding racial identity, 253 participants identified as White (60.4%), 82 as Black or African American (19.6%), 29 as Hispanic or Latine (6.9%), 22 as American Indian or Alaska Native (5.3%), 60 as Asian (14.3%), 2 as Native Hawaiian (.5%), 4 as Middle Eastern or North African (1%) and 14 as other (3.3%). For sexual orientation, 89 participants identified as bisexual (21.2%), 58 as gay/lesbian (13.8%), 20 as asexual (4.8%), 200 as straight (47.7%), and 52 as other (12.4%). On average, participants were 41.80 (range 18-84, SD 18.92) years old. Participants were asked to rate their socioeconomic status on a scale from 1-7, with the highest option representing “the people who are best off – those who have the most money, the most education and the most respected jobs,” and the lowest option representing “the people who are the worst off – those who have the least money, the least education, the least respected jobs or are unemployed.” 46 individuals (11.1%) rated their socioeconomic status as 1, 90 individuals (21.8%) rated their socioeconomic status as 2, 83 individuals (20.1%) rated their socioeconomic status as 3, 82 individuals (19.9%) rated their socioeconomic status as 4, 78 individuals (18.9%) rated their socioeconomic status as 5, 24 individuals (5.8%) rated their socioeconomic status as 6, and 10 individuals (2.4%) rated their socioeconomic status as 7.

Study 1a Findings

Seven separate t-tests were conducted to compare life satisfaction and depression outcomes for identity concordant vs discordant individuals for the following identity subsets: (a) racially minoritized, (b) sexually minoritized, (c) gender minoritized, (d) sexually and gender minoritized, (e) racially and gender minoritized, (f) racially and sexually minoritized, and (g) racially, sexually, and gender minoritized individuals. Results revealed no significant differences in life satisfaction between identity concordant and discordant individuals across any of the seven identity subsets in Study 1a. For depression, t-tests revealed that among sexually minoritized individuals, depression scores were higher among concordant individuals ($M = .464$) relative to discordant individuals ($M = .181$), $t(217) = -1.832$, $p = .034$. Additionally, among individuals who are both sexually and gender minoritized, results revealed that depression was significantly higher among those who were concordant vs. discordant ($M_{conc} = .763$, $M_{disc} = .273$), $t(121) = -2.465$, $p = .008$. Finally, no significant differences were found in depression outcomes for any of the other subsets.

Study 1b

Sample Characteristics

The sociodemographic characteristics of the sample are displayed in Table 2. Of the 303 participants, 95 identified as female (31.4%), 98 identified as male (32.3%), 100 identified as nonbinary (33.0%), and 10 identified as other (3.3%). 94 participants identified as transgender (31.0%). Regarding racial identity, 176 participants identified as White (58.1%), 61 as Black or African American (20.1%), 48 as Hispanic or Latine (15.8%), 19 as American Indian or Alaska Native (6.3%), 43 as Asian (14.2%), 2 as Native Hawaiian (.7%), 3 as Middle Eastern or North African (1%) and 5 as other (1.7%). For sexual orientation, 95 participants identified as bisexual

(31.4%), 55 as gay/lesbian (18.2%), 27 as asexual (8.9%), 88 as straight (29.0%), and 38 as other (12.5%). On average, participants were 32.15 (range 18-75, SD 10.84) years old. Participants were asked to rate their socioeconomic status on a scale from 1-9, with the highest option representing “the people who are best off – those who have the most money, the most education and the most respected jobs,” and the lowest option representing “the people who are the worst off – those who have the least money, the least education, the least respected jobs or are unemployed.” 7 individuals (2.3%) rated their socioeconomic status as 1, 29 individuals (9.6%) rated their socioeconomic status as 2, 83 individuals (27.4%) rated their socioeconomic status as 3, 57 individuals (18.8%) rated their socioeconomic status as 4, 56 individuals (18.5%) rated their socioeconomic status as 5, 37 individuals (12.2%) rated their socioeconomic status as 6, 20 individuals (6.6%) rated their socioeconomic status as 7, 12 individuals (4.0%) rated their socioeconomic status as 8, and 2 individuals (0.7%) rated their socioeconomic status as 9.

Study 1b Findings

Seven separate t-tests were conducted to compare life satisfaction and depression outcomes for identity concordant vs discordant individuals for the following identity subsets: (a) racially minoritized, (b) sexually minoritized, (c) gender minoritized, (d) sexually and gender minoritized, (e) racially and gender minoritized, (f) racially and sexually minoritized, and (g) racially, sexually, and gender minoritized individuals. For life satisfaction, results revealed that among racially minoritized individuals, those who are concordant have greater life satisfaction ($M = 19.27$) relative to those who were discordant ($M = 14.72$), $t(161) = -3.083$, $p = .001$. Results also revealed that those who were concordant with respect to sexual orientation demonstrated lower life satisfaction ($M = 15.87$) than those who were discordant ($M = 18.23$), $t(213) = 1.712$, $p = .044$. Lastly, results revealed that life satisfaction was significantly higher among those whose

identities were discordant ($M=19.52$) with respect to sexual and gender orientation than those with concordant identities ($M=14.39$, $t(115) = 2.845$, $p = .003$). T-tests revealed no significant differences in life satisfaction for any of the other subsets. For depression, t-tests revealed that for individuals who were both sexually and gender minoritized, depression was significantly higher among those who were concordant vs. discordant ($M_{conc} = .032$, $M_{disc} = -.103$), $t(114) = -2.792$, $p = .003$. T-tests revealed no significant differences in depression for any of the other subsets.

Table 1. Subset sample sizes.

Subset	Outcome	Study	Concordance <i>N</i>	Discordance <i>N</i>	Total <i>N</i>
Race	Life satisfaction	Study 1a	137	59	196
		Study 1b	127	36	163
		Total	264	95	359
	Depression	Study 1a	137	59	196
		Study 1b	125	35	160
		Total	262	94	256
Gender	Life satisfaction	Study 1a	114	13	127
		Study 1b	108	13	121
		Total	222	26	248
	Depression	Study 1a	114	13	127
		Study 1b	108	12	120
		Total	222	25	247
Sexuality	Life satisfaction	Study 1a	170	49	219
		Study 1b	172	43	215
		Total	342	92	434
	Depression	Study 1a	170	49	219
		Study 1b	172	42	214
		Total	342	91	433
Gender & sexuality	Life satisfaction	Study 1a	103	20	123
		Study 1b	96	20	117
		Total	199	41	140
	Depression	Study 1a	103	20	123
		Study 1b	96	21	116
		Total	199	40	139
Gender & race	Life satisfaction	Study 1a	18	18	36
		Study 1b	32	13	45
		Total	50	31	81
	Depression	Study 1a	18	18	36
		Study 1b	32	12	44
		Total	50	30	80

Race & sexuality	Life satisfaction	Study 1a	29	30	59
		Study 1b	51	27	78
		Total	80	57	137
	Depression	Study 1a	29	30	59
		Study 1b	51	26	77
		Total	80	56	136
Gender & race & sexuality	Life satisfaction	Study 1a	16	18	34
		Study 1b	30	14	44
		Total	46	32	68
	Depression	Study 1a	16	18	34
		Study 1b	30	13	43
		Total	46	31	77

Table 2. Demographic characteristics of participants.

	<i>N</i> _{overall}	Mean (SD) _{overall}	<i>N</i> _{Study1a}	Mean (SD) _{Study1a}	<i>N</i> _{Study1b}	Mean (SD) _{Study1b}
<i>Age</i>	722	37.75 (16.72)	419	41.80 (18.92)	303	32.15 (10.84)
	<i>N</i> _{overall}	% _{overall}	<i>N</i> _{Study1a}	% _{Study1a}	<i>N</i> _{Study1b}	% _{Study1b}
<i>Gender</i>						
Male	220	30.5	122	29.1	98	32.3
Female	277	37.7	177	42.2	95	31.4
Nonbinary	198	27.4	98	23.4	100	33.0
Other	25	3.5	15	3.6	10	3.3
Do not know	7	1	7	1.7	0	0
Transgender	179	24.8	85	20.3	94	31.0
<i>Race/Origin</i>						
White	429	59.4	253	60.4	176	58.1
African American, Black	143	19.8	82	19.6	61	20.1
Hispanic, Latine	77	10.7	29	6.9	48	15.8
American Indian, Alaska Native	41	5.7	22	5.3	19	6.3
Asian, Asian-American	103	14.3	60	14.3	43	14.2
Native Hawaiian	4	.6	2	.5	2	.7
Middle Eastern or North African	7	1	4	1	3	1
Other	19	2.6	14	3.3	5	1.7
<i>Sexual identity</i>						
Heterosexual	288	39.9	200	47.7	88	29.0
Gay/lesbian	113	15.7	58	13.8	55	18.2
Bisexual	184	25.5	89	21.2	95	31.4
Asexual	47	6.5	20	4.8	27	8.9
Other	90	12.5	52	12.4	38	12.5

Discussion

This study examined associations between identity concordance/discordance and life satisfaction and depression in racially, sexually, and gender minoritized populations. Identity concordance includes possessing a minoritized identity and indicating it as important to how one views oneself and/or how others view them, while identity discordance includes possessing a minoritized identity and not indicating that it is important to how one views oneself and/or how others view them. Identity concordance captures that while an identity may not be important to an individual's self-concept, they may believe it to be important to how others interact with them, making it important to their identity overall. This is especially important for individuals who hold minoritized identities and are more likely to be discriminated against (Kwate et al., 2003; Sears & Mallory, 2011; Herek, 2009). I found that racially minoritized individuals with concordant identities had greater life satisfaction compared to those with discordant identities, while sexually minoritized and sexually & gender minoritized individuals with concordant identities had lower life satisfaction compared to those with discordant identities. I also found that sexually minoritized and sexually & gender minoritized individuals with concordant identities had greater depression compared to those with discordant identities. In short, racially minoritized individuals with concordant identities have greater life satisfaction than those with discordant identities, while sexually minoritized and sexually and gender minoritized individuals with concordant identities are lower in life satisfaction and higher in depression than those with discordant identities.

Although some results were present across both studies (i.e., among individuals who were both sexually and gender minoritized, depression was significantly higher among those who were concordant vs. discordant), other results were only found in one study (i.e., differences

in life satisfaction were only found in Study 1b). It is possible that these differences are due to study characteristics. Specifically, the mean age was approximately 10 years higher in Study 1a, and Study 1b had a greater percentage of sexually minoritized individuals. Additionally, Study 1a was collected in 2017, while Study 1b was collected in 2021. The time of data collection may have influenced the differences observed in the studies due to the significance of the social movements (ex: Black Lives Matter, Stop Anti-Asian Hate) contexts (i.e., COVID-19 pandemic) of 2020 for minoritized individuals.

Identity concealability

There are several possible explanations for the pattern of findings we found (racial identity concordance seeming relating to more positive outcomes than gender and sexual identity concordance). One explanation could be identity concealability. Concealable stigmatized identities are socially stigmatized identities that can be hidden from others, such as mental illness, sexual assault, childhood sexual abuse, HIV-status, minoritized sexual orientation, and others (Quinn et al., 2014). Individuals may choose to conceal their identities for a variety of reasons, including avoiding discrimination or managing others' perceptions of them (Day & Schoenrade, 2000; Schmitz & Tyler, 2018). This choice is made possible by the invisible nature of the identities – whereas some stigmatized identities, such as race, are physically manifested, identities such as sexual orientation (bisexual, gay/lesbian, etc.) or gender (ex: transgender, non-binary, etc.) are not inherently observable. Therefore, these individuals decide whether to reveal their identities to others (Chaudoir & Fisher, 2010; Ragins, 2008).

Since individuals who hold minoritized identities are more likely to experience prejudice, discrimination, and oppression (Brewer & Brown, 1998; Sue, 2003; Young, 1990), those with racially, sexually, and gender minoritized identities may be more likely to be put in a position

where they are forced to deal with discrimination. Due to the fact that racially minoritized individuals cannot conceal this identity, they may have developed coping skills or gained greater acceptance which buffers against the negative impacts of discrimination. Thus, racially minoritized individuals who are identity concordant (i.e., indicate that it is important to how they view themselves and/or how others view them) may have skills that buffer against the negative impacts of discrimination and oppression, therefore, recognizing that their identity *is* important to how others view them may not be associated with negative psychological outcomes.

Sexual and gender identities, on the other hand, are concealable identities. Thus, sexually and gender minoritized individuals who reveal their identities may face discrimination, though they may not have learned skills to deal with discrimination in the same way as racially minoritized individuals. Therefore, higher identity concordance may lead to worse psychological outcomes for those who reveal their concealable identity, as they believe their identity is important to how others view them, yet they may not have the skills to deal with the discrimination that comes with revealing it. Faced with this, sexually and gender minoritized individuals may instead choose to conceal their identity. Previous studies have investigated the negative impacts of concealment, including not feeling belonging to their authentic selves and an increased risk of internalizing negative views that others have about their identities (Newheiser, Barreto, & Tiemersma, 2017; Pachankis, 2007). In this case, higher identity concordance may also lead to worse psychological outcomes for those who conceal their identity, as they believe their identity is important to how others view them, and therefore conceal it, leading to dealing with the negative consequences of concealment. In sum, whether sexually and gender minoritized individuals reveal their identities or conceal them, the result may lead to worse psychological outcomes. If they reveal them, they face discrimination and associate this

discrimination with how people view them. On the other hand, if they conceal them and are doing so because they believe it is important to how people view them, it leads to worse psychological outcomes due to the negative consequences of concealment.

Consistency across lifetime

One's race is consistent across one's lifetime; in other words, when individuals are born, the race they are assigned remains their race throughout their life. Importantly, because race is a visible identity, how other people view an individual with regard to race is relatively consistent, and thus the way they are treated based on their race remains consistent. For sexuality and gender, due to the context of cisheteronormativity – or the naturalization of heterosexuality and a binary system of assigned sex/gender – individuals are instinctively assumed to be and treated as if they are part of the majority group (i.e. as if they are heterosexual and cisgender) (Chevrette & Eguchi, 2020). Whereas racially minoritized individuals experience being viewed and treated as a minoritized individual from birth, sexually and gender minoritized individuals are viewed and treated as part of the majority group until they reveal their minoritized identity. Even among individuals with multiple minoritized identities (ex: an individual who holds both racially and sexually minoritized identities), while they may have experienced oppression due to their racial identity, they were viewed and treated as part of the majority group in terms of their sexual orientation until they reveal their minoritized identity. Therefore, their positionality and the way they are treated by the world shifts from a position of privilege to a position of oppression. Given this, identity concordance for sexually and gender minoritized individuals may be associated with decreased life satisfaction and more depression because they have experienced a position of privilege or being part of the majority group, whereas racially minoritized individuals have not.

Implications

Although these are possibilities, it will be crucial to further investigate these, as well as other factors and/or mechanisms that may explain the different impacts of identity concordance between minoritized populations. Our findings on the association between identity concordance/discordance and life satisfaction and depression for racially, sexually, and gender minoritized individuals may have important implications for understanding the relationship between identity and psychological outcomes. The present findings have important implications for both researchers and clinicians. These findings underscore that the experiences of different minoritized groups are not monolithic. Rather, it is important to understand and study the conditions of each group, and how these experiences relate to psychological outcomes. Furthermore, our findings build upon identity theory (Sellers et al., 1998; Luhtanen & Crocker, 1992) by showing that conceptualizing identity as impacted by both how one views themselves and/or how others view them can help clinicians understand the extent to which an individual's relationship to identity may be associated with psychological well-being for racially, sexually and minoritized individuals. Taking into account how others view an individual as a factor in their conceptualization of their own may have important clinical implications, such as further consideration of the way in which others' views may be internalized. For researchers, considering these factors in research, as well as in the therapy room, is important in holistic and comprehensive assessment and treatment of mental health.

Limitations and Future Directions

There are several study limitations that warrant discussion. Firstly, sample sizes for individuals with discordant identities were small in comparison to individuals with concordant identities. This will require fairly large datasets to be able to have smaller subsets of those with

concordant/discordant identities that are large enough to have sufficient analytical power. Secondly, participants were asked about what identities were *most* important to them. It is possible that participants who did not endorse an identity did not mean that they do not consider it important at all, but rather that they consider it to be important, but not the *most* important. It may be useful to explicitly ask participants which identities they find most important, important, or not at all important in order to fully account for identity discordance. Lastly, participants were asked about whether they believe an identity is important to them/how others view them briefly and therefore may not have thought about it in depth, even though this was important to the definition of concordance. Future studies may ask more intentional or holistic questions about whether participants believe an identity is important to how others view them. Future studies should also further explore the relationship, similarities, and differences between identity centrality and identity concordance.

Conclusion

Understanding the relationship between identity concordance/discordance on life satisfaction and depression for racially, sexually, and gender minoritized individuals underscores the importance of assessing individuals' relationships to their identities, as well as the ways in which these relationships impact an individual. Despite its limitations, the current study furthers the understanding of identity as a complex construct and contributes to a growing body of literature that works to understand how minoritized individuals relate to their identities and how these relationships may have broader impacts.

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