

**LGBTQ+ Identifying Individuals With Migration Background and Mental Health:  
Factors Related to Psychological Symptoms and Life Satisfaction**

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## Abstract

The present study examined the relationship between ethno-cultural identity conflict, sense of societal community, sense of LGBTQ+ community, and both psychological symptoms and life satisfaction, as well as the mediating role of self-esteem among LGBTQ+ identifying individuals with migration background. Increased ethno-cultural identity conflict and decreased sense of societal- and LGBTQ+ community were hypothesized to be associated with more psychological symptoms and decreased life satisfaction via (low) self-esteem. In total, 94 participants between 18 and 35 years completed an online questionnaire consisting of the relevant study variables. Bivariate correlation analyses revealed that both lower sense of societal community and greater ethno-cultural identity conflict were significantly correlated with both decreased life satisfaction and more psychological symptoms. Greater ethno-cultural identity conflict and lower sense of societal community were significantly correlated with lower self-esteem. Lower self-esteem was significantly correlated with lower life satisfaction and more psychological symptoms. Mediation analyses revealed that these associations were partly mediated by self-esteem. The findings highlight the promotion of the internalization of two cultures, social support, and community belonging among LGBTQ+ identifying individuals with migration background to protect their mental health and enhance life satisfaction. Implications for clinical practice and future directions are discussed.

*Keywords:* LGBTQ+, Migration Background, Life Satisfaction, Psychological Symptoms, Sense of Community, Sense of Societal Community, Sense of LGBTQ+ Community, Ethno-Cultural Identity Conflict, Self-Esteem

## **LGBTQ+ Identifying Individuals With Migration Background and Mental Health: Factors Related to Psychological Symptoms and Life Satisfaction**

Globally, 272 million people migrated across borders in 2019 (IOM, 2020). That is 3.5% of the world's population. In Germany, 26.7% of the population (21.9 million) had a migration background in 2020 (Statistisches Bundesamt, 2020). In the Netherlands, approximately 24% of the population (4.2 million) had a migration background in 2020 (Statista Research Department, 2020) of which roughly 79000 are considered refugees (i.e., individuals with a forced migration background whose asylum claim is not yet granted). The majority of refugees (68%) worldwide originate from just five countries (UNHCR, 2021). People identifying as LGBTQ+ face criminal persecution, although not always implemented, in all of them, except Venezuela, and in 67 additional countries (69 of them are UN member states) (Ramón Mendos et al., 2020). Afghanistan and 10 other countries still employ the death penalty for same-sex intercourse and/or gender identity/expression of individuals identifying as transsexual. Although no definite numbers are available, it is assumed that the number of LGBTQ+ asylum seekers with claims linked to their gender identity or sexual orientation is considerably high (FRA - European Union agency for fundamental rights, 2017). Due to the (political) discrimination, harassment, and persecution, an elevated vulnerability for mental health issues within this population is assumed (e.g., Garnets et al., 1990; Waldo et al., 1998). Recent setbacks concerning the safety of LGBTQ+ identifying individuals in certain countries such as Russia, the USA, Poland, Hungary, or Ukraine, to name a few, possibly make immigration to more inclusive and protective states and countries more likely to occur (Stella et al., 2017; Winstead, 2018; Zomorodi, 2016). Considering migratory trends and the increasing diversity of the world's population, it is important to keep track of the mental health of the LGBTQ+ population with migration background.

## **LGBTQ+ Identifying Individuals With Migration Background and Psychological Symptoms**

Reasons to migrate include, among others, sexual orientation or gender identity (i.e., sexual migration). Little is known about statistics concerning LGBTQ+ asylum seekers. In the UK, it is estimated that 3% of all asylum claims are based on sexual orientation or gender identity (Home Office, 2020). LGBTQ+ (forced) migrants report a history of traumatic experiences such as emotional, verbal, and physical assaults, sexual abuse (i.e., corrective rape), imprisonment, harassment, discrimination in various aspects (e.g., housing, labor market), forced heterosexual marriage, exclusion of basic rights and protection, “prove” of sexual minority status to authorities, or forced, so-called, “conversion therapies” (Alessi et al., 2020; Kahn & Alessi, 2018; Messih, 2017; Shidlo & Ahola, 2013). It is known from former studies that the LGBTQ+ community is more likely to suffer from mental health problems as compared with heterosexual peers (e.g., Gilman et al., 2001; McDonald, 2018; Meyer, 2003; Sandfort et al., 2001). On top of that, ethnic or racial minorities (e.g., Clark et al., 1999) and the migrant population (e.g., Bermejo et al., 2010) are at increased risk to suffer from mental health problems (e.g., depression, anxiety, helplessness) as compared to the respective majority- or host society (i.e., dominant culture). In addition, LGBTQ+ identifying individuals with migration background seldom find support within their social network (i.e., friends and family) since they may conceal their sexual orientation or sexual identity or the social network is part of the persecution and discrimination (Messih, 2017; Noone et al., 2018). These factors contribute, among others, to the possible development, maintenance, or deterioration of mental health issues such as (complex) post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), social anxiety disorder (SAD), depression, dissociative disorders, panic disorder, and substance abuse before, during, and/or after the immigration process (Alessi et al., 2016; Shidlo & Ahola, 2013).

Considering the aforementioned information, it is no surprise that LGBTQ+ identifying individuals with migration background face different or even more obstacles than people with migration background who do not identify as LGBTQ+ or individuals who do not belong to a minority group. A growing body of research addresses the unique obstacles resulting from the intersection of gender identity, sexual orientation, and race or ethnicity (Cyrus, 2017). LGBTQ+ identifying individuals with a migration background are considered a multiple marginalized group. Meyer (1995, 2003) explains the higher prevalence of psychopathological symptoms among sexual minorities utilizing the minority stress hypothesis that postulates that “stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems.” (Meyer, 2003, p. 1). Hence, a double minority position such as identifying as LGBTQ+ and having a migration background may accumulate the stressors, resulting in a respective higher prevalence of psychopathological symptoms (Cyrus, 2017; Hayes et al., 2011).

Not addressing the distinct needs of LGBTQ+ identifying individuals with migration background may further complicate the process of immigration and, eventually, impact the mental health of this population negatively. The importance of the topic is not only reducing the mental health burdens or even suicidal ideations among LGBTQ+ identifying individuals with migration background by identifying related factors but also building awareness of the issue at hand.

### **Factors Related to Psychological Symptoms and Life Satisfaction**

The prevalence of mental health problems and their negative impact on life satisfaction in the context of both individuals identifying as LGBTQ+ and people with a migration background is apparent as presented in the former literature (i.e., Bermejo et al., 2010; Clark et al., 1999; Gilman et al., 2001; McDonald, 2018; Meyer, 2003; Sandfort et al., 2001). However, the underlying reasons connected to mental health problems and life

satisfaction among LGBTQ+ identifying individuals with a migration background are not thoroughly investigated yet. This project aims to shed light on factors possibly connected to mental health problems and life satisfaction among LGBTQ+ identifying individuals with migration background by focusing on *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and *Ethno-Cultural Identity Conflict*. Furthermore, *Self-Esteem* as a possible explanatory variable for the hypothesized relationship is considered.

### ***Sense of Community***

The *need to belong theory* proposes that every human being has the innate need to form and maintain interpersonal relationships (Baumeister & Leary, 1995). In addition, the social identity theory proposes a need for a positive ingroup identity (Turner, 1975). An unsatisfied need to belong (to a group) (Baumeister & Leary, 1995; Rachel, 2010) or a negative ingroup identity (Haslam et al., 2016; Shinnar, 2010) is linked to mental health issues and decreased overall well-being.

The term “sense of community” is divided into *Sense of Societal Community* and *Sense of LGBTQ+ Community*. This is because individuals may have differing expectations toward the societal community and the LGBTQ+ community, perceive them differently, or attribute different levels of importance or value to the respective community. That may affect the respective sense of community and its ascribed valence.

Social support is an important element contributing to a sense of community. Numerous research has demonstrated the importance of social support regarding the mental health of LGBTQ+ identifying individuals (e.g., McDonald, 2018; Snapp et al., 2015; Trujillo et al., 2016; Vincke & Bolton, 1994). Feelings of belonging to the LGBTQ+ community, connectedness with the community, and collective esteem seem to enhance the mental well-being of LGBTQ+ identifying individuals (Detrie & Lease, 2007; Kaniuka et al., 2019; Rivers et al., 2018; Vincke & van Heeringen, 2004). Similar principles apply to individuals with

migration background. Support from the host community, among others, contributed positively to fewer overwhelming feelings concerning the immigration process (Alessi et al., 2020). Similarly, Garcini and colleagues (2016) identified factors related to the reduction of emotional distress such as “sense of community” and “building an adequate social network”. A sense of community is also linked to social integration (Baumgartner & Burns, 2014) as it includes constructs such as an individual’s sense of belonging and feelings of acceptance within a community (McColl et al., 2001). In addition, social support, especially from people with similar experiences, is linked to increased life satisfaction and mental health (Diamond & Lucas, 2004; Gillespie et al., 2015; Gray & Moore, 2018).

As those factors are integral to the LGBTQ+ community with migration background, it is likely that lower degrees of satisfaction of those factors are related to an elevated prevalence of psychopathological symptoms and decreased life satisfaction.

### ***Ethno-Cultural Identity Conflict***

The cultural identity of LGBTQ+ identifying individuals with migration background may be another integral factor associated with mental health and life satisfaction. The potential struggle of internalizing two cultural identities might pose difficulties for LGBTQ+ identifying individuals with migration background residing in Germany or the Netherlands.

Although much research focuses on social identity in the context of identification with a single social group, a growing body of research emphasizes the role of immigration and globalization in relation to social identity and resulting issues concerning multi- or bicultural identities (Roccas & Brewer, 2002). Environmental, political, or cultural changes (Berry, 1992) and acculturative pressures or stressors (e.g., experiences of discrimination, language barriers, interpersonal issues regarding culturally different individuals, demographically isolated environments depending upon culture, the extent of cultural differences, etc.) (Amiot et al., 2007; Benet-Martinez & Haritatos, 2005; Schwartz et al., 2019) stemming from the

acculturation process can impact various life domains such as core beliefs about the self, values, and behaviors (Ward et al., 2011) and in turn influence the prevalence of mental health issues (Bhugra & Becker, 2005).

It is assumed that individuals who are facing challenges associated with acculturation are more likely to experience identity conflicts (Leong & Ward, 2000; Ward, 2008). During the process of assimilation, individuals' cultural identity may fade as they adapt to the host culture's norms and values (i.e., cultural identity change). Those changes in one's cultural identity may impact the individual's mental health and/or self-esteem (Bhugra & Becker, 2005). Castellanos and colleagues (2016) found that cultural congruity (i.e., perceiving the environment as compatible with one's cultural values) was the strongest predictor of life satisfaction. When cultural norms and values are experienced as not compatible, it may affect life satisfaction negatively (Rahim et al., 2021). Generally, the process of acculturation and resulting challenges can lead to cultural identity conflict that serves as a predictor of decreased mental well-being (Downie et al., 2004).

Related to the cultural aspects, one's sexual orientation or gender identity may result in an identity conflict as well. The fear of coming out or the concealment of one's respective sexual orientation or gender identity because of mistrust in co-workers, family, or friends to protect oneself from being discriminated against might contribute to feelings of insecurity, identity conflict, and decreased well-being or overall life satisfaction (Golembe et al., 2021; Marin et al., 2007; Rosario et al., 2001; Schmitz & Tyler, 2018). On top of that, religious and cultural norms and values can be seen as incompatible with one's own sexual orientation or gender identity resulting in identity conflict (Dehlin et al., 2015; Ganzevoort et al., 2010; Heinemann et al., 2016; Levy & Reeves, 2011; Parks et al., 2004).



### *Self-Esteem*

Both ethno-cultural identity conflict and sense of community are possible factors that are likely to be related to self-esteem, which, in turn, might influence life satisfaction and mental health among LGBTQ+ identifying individuals with migration background.

Numerous studies link self-esteem (i.e., low self-esteem) to psychopathology (e.g., Zeigler-Hill, 2011). Verkuyten (1998) found that both group discrimination and perceived personal discrimination affected self-esteem negatively. Therefore, discrimination may lead to a decrease in self-esteem. Furthermore, internalized negative self-perceptions among devalued groups increase the risk for depression and anxiety (Katz et al., 2002).

According to Lazarus and Folkman (1984), individuals experience a threat to their self-image when they perceive an event to be stressful (i.e., discrimination). This threat may affect one's self-esteem which in turn impacts psychological stress levels (Cassidy et al., 2004). Hence, it can be argued that self-esteem serves as a mediating variable within the relationship between stressors such as discrimination and psychological distress. This finding may be applied to different stressors such as (high) ethno-cultural identity conflict or (lack of) a sense of community, as outlined above.

According to (Diener, 1984), self-esteem is the strongest predictor of life satisfaction and is strongly related to mental health (e.g., Mann et al., 2004). Additionally, perceived social support (e.g., sense of community) is related to both self-esteem and life satisfaction, and, subsequently, sense of community belonging is associated with mental health (Kitchen et al., 2012). Piña-Watson and colleagues (2017) found that an individual's self-esteem can be negatively impacted when one is unable to form meaningful and positive views about one's ethnic identity. When considering those relationships and the literature described above, self-esteem might explain the relationship between sense of community and ethno-cultural identity conflict and their impact on life satisfaction and symptoms of psychopathology.

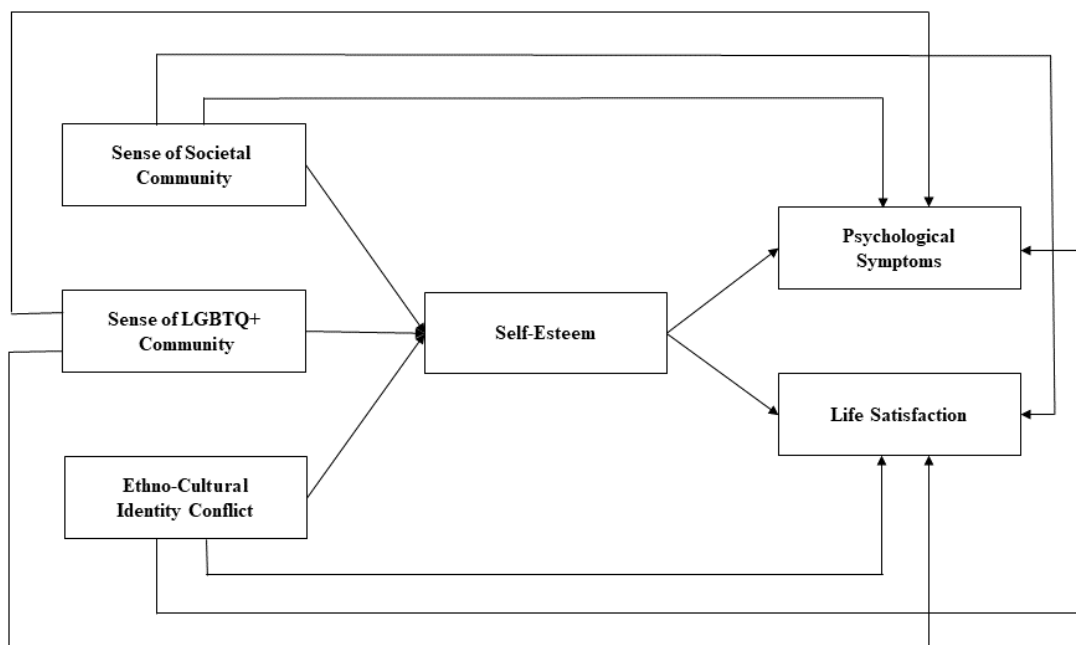
## The Current Research

The study aims to first, explore the levels of psychological symptoms among LGBTQ+ identifying individuals with migration background and, second, identify factors that are linked to psychological symptoms and life satisfaction among LGBTQ+ identifying individuals with migration background. The *Sense of Community* (i.e., *Societal* and *LGBTQ+*) and *Ethno-Cultural Identity Conflict* may increase or decrease *Psychological Symptoms* and may influence the *Life Satisfaction* among LGBTQ+ identifying individuals with migration background. Lastly, assuming this hypothesized relationship exists, *Self-Esteem* might explain the relationship through its mediating role.

Firstly, it is hypothesized that low *Sense of Societal Community*, low *Sense of LGBTQ+ Community*, and higher levels of *Ethno-Cultural Identity Conflict* are related to increased *Psychological Symptoms* and low *Life Satisfaction* among LGBTQ+ identifying individuals with migration background (e.g., Detrie & Lease, 2007; Downie et al., 2004; Ganzevoort et al., 2010; Garcini et al., 2016; Golembe et al., 2021; Heinemann et al., 2016; Levy & Reeves, 2011; McDonald, 2018; Parks et al., 2004). Secondly, it is hypothesized that *Self-Esteem* mediates the relationship between the independent variables (e.g., *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and *Ethno-Cultural Identity Conflict*) and the dependent variables (e.g., *Psychological Symptoms* and *Life Satisfaction*) among LGBTQ+ identifying individuals with migration background (e.g., Cassidy et al., 2004; Diener, 1984; Katz et al., 2002; Mann et al., 2004; Piña-Watson et al., 2017).

**Figure 1**

*Schematic depiction of the study variables and their hypothesized links*



## Methods

### Participants and Design

Participants were recruited by approaching organizations focusing on LGBTQ+ identifying individuals with migration background such as community centers or support centers and via social media. Participants were targeted and recruited who met the inclusion criteria, namely; (1) between 18 and 35 years old, (2) residing in Germany or the Netherlands, (3) identifying themselves as LGBTQ+, and (4) have a migration background at the time being (e.g., someone who “migrated into the present country of residence; and/or previously had a different nationality from their present country of residence; and/or at least one of their parents previously entered their present country of residence as a migrant.”). The data collection was conducted through the online platform Qualtrics. Data was gathered through a

self-report questionnaire. The study got approved by the Ethical Review Board of the Faculty of Social and Behavioral Sciences of Utrecht University.

In total, 215 people participated in the study. Participation was voluntary without monetary exchange. However, 121 people were excluded because they did not meet the inclusion criteria or due to missing data. The final sample consisted of 94 participants. Their age ranged from 18 to 35 years ( $M = 28.16$ ,  $SD = 4.44$ ). The majority (68.1%) received a relatively high education (e.g., high school and higher). Half of the participants (50%) currently attend an educational institute (e.g., university, school, etc.) and 80.9% are employed. Most participants (71.3%) identified themselves as the 1<sup>st</sup> immigrant generation. Among them, 15 participants indicated having a forced migration background (e.g., people who do not leave their usual place of residence as a free choice, as compared to migrants but due to political/religious/national/social/racial persecution, protection of war and violence, (extreme) poverty, natural disasters, sexual orientation or gender identity, consequences of climate change and natural disasters, etc.) while 1 participant did not know and 1 participant preferred not to say anything concerning that. Overall, most participants did identify or partially identified with the German or Dutch culture (28.7% and 45.7% respectively). It is to mention, however, that 25.5% did not identify with the German or Dutch culture. In addition, 70.2% felt as being part of the German or Dutch society.

## **Procedure**

Before participating in the study, participants were asked to read the information letter and give informed consent. Afterward, participants were invited to answer questions about demographics. In the second part of the study, the measurements, *Sense of Societal Community*, *Sense of LGBTQ+ Community*, *Ethno-Cultural Identity Conflict*, *Self-Esteem*, *Psychological Symptoms*, and *Life Satisfaction* were introduced. At the end of the survey, participants were thanked for their effort, asked for remaining remarks or complaints, and

invited to leave their e-mail addresses to receive the study's results. It took 30 minutes to complete the questionnaire.

## **Measures**

All the measurements used in the present study were already available in the English language and were not translated into German or Dutch.

### ***Demographic Variables***

A maximum of 19 items were administered including questions about the participant's age, country of residence, past and current education, employment status, LGBTQ+ identification, migration background and generation, length of stay in the country of residence, identification and integration with both the host culture (and, if applicable, the extent of similarity compared with the participant's identified culture) and host society respectively, language fluency, and their intention to stay. Only variables relevant to the current research were included in the subsequent analyses.

### ***Ethno-Cultural Identity Conflict***

Participants' levels of experienced *Ethno-Cultural Identity Conflict* were assessed utilizing the Ethno-Cultural Identity Conflict Scale (EICS; Ward et al., 2011). In total, the scale consists of 20 items relating to participants' identity or how they see themselves in relation to their cultural and ethnic background (e.g., "I have difficulties fitting into the wider society because of my cultural background"). On a Likert scale from 1 to 5, where 1 indicates *strongly disagree* and 5 *strongly agree*, participants had to indicate the most appropriate response ( $\alpha = .91$ ). Higher scores refer to greater levels of ethno-cultural identity conflict. Overall, the scales included in the EICS demonstrated internal consistency, and support for its reliability and construct validity in minority samples was found (Szabo & Ward, 2015; Ward et al., 2011).

### ***Sense of Community***

To assess participants' *Sense of Community*, two scales were introduced. Namely, the Community Integration Measure (CIM; McColl et al., 2001) (i.e., *Sense of Societal Community*) and the Psychological Sense of LGBT Community Scale (PSOC-LGBT; Lin & Israel, 2012) (i.e., *Sense of LGBTQ+ Community*).

The CIM consists of 10 statements asking about participants' experiences concerning community integration and participation (e.g., "I feel like part of this community, like I belong here"). On a 5-point Likert scale ranging from *always disagree* (1) to *always agree* (5) participants had to indicate to what extent they agree or disagree with the respective statement ( $\alpha = .84$ ). Higher scores indicate greater feelings of societal community. Overall, the scale shows good psychometric properties (Griffen et al., 2010; McColl et al., 2001) and was considered reliable and valid in a cross-cultural context (Liu et al., 2014).

The PSOC-LGBT consists of 22 questions divided into subgroups (i.e., Influence, Shared Emotional Connection, Membership, Needs Fulfillment, and Community Existence) (e.g., "How often do you feel like you belong in the LGBTQ+ community?"). On a 5-point Likert scale ranging from *none* (1) to *a great deal* (5), participants had to indicate the most appropriate answer to questions concerning their perception of and experiences within the LGBTQ+ community ( $\alpha = .90$ ). The scores of the subscales add up to a total score. Higher scores indicate greater feelings of an LGBTQ+ community. The scale offers good psychometric properties (Lin & Israel, 2012) but has not yet been validated within a cross-cultural context.

### ***Psychological Well-Being***

**Life Satisfaction.** The Satisfaction With Life Scale (SWLS; Diener et al., 2010) was used to assess participants' global life satisfaction. On a 7-point Likert scale where 1 indicates

*strongly disagree* and 7 indicates *strongly agree*, participants were asked to rate each of the 5 statements (e.g., “In most ways, my life is close to my ideal”) ( $\alpha = .85$ ). Higher scores indicate greater life satisfaction. The SWLS has favorable psychometric properties (e.g., Arrindell et al., 1991; Diener et al., 1985; Neto, 1993) and Ponizovsky and colleagues (2013) noted that the SWLS is feasible across cultures and among immigrants.

**Psychological symptoms.** Participants’ mental well-being was assessed using the Self-Report Questionnaire (SRQ-20; Harding et al., 1980). They had to answer 20 questions on a dichotomous (0 = no, 1 = yes) scale concerning certain pains and problems that occurred to them in the last 30 days ( $\alpha = .88$ ). Higher scores are related to higher symptoms of psychopathology and the probable existence of a mental disorder. Overall, the SRQ-20 has good psychometric properties and can be applied in cross-cultural settings (Barreto Do Carmo et al., 2018; Chen et al., 2009; Netsereab et al., 2018; Scholte et al., 2011; Ventevogel et al., 2007).

### ***Self-Esteem***

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to assess participants’ levels of self-esteem. On a 4-point Likert scale ranging from (1) *strongly disagree* to (4) *strongly agree*, participants had to indicate to what extent they agree or disagree with each of the 10 statements (e.g., “I take a positive attitude toward myself”) ( $\alpha = .90$ ). Overall, higher scores are associated with lower self-esteem. The RSES has good psychometric characteristics and was applied in cross-cultural contexts (Gnambs et al., 2018; Mimura & Griffiths, 2007; Schmitt & Allik, 2005; Sinclair et al., 2010).

### **Statistical Analyses**

Statistical analyses were carried out using IBM SPSS Statistics version 28. First, descriptive statistics were calculated. Secondly, bivariate associations between *Ethno-*

*Cultural Identity Conflict*, *Sense of Societal Community*, *Sense of LGBTQ+ Community*, *Life Satisfaction*, *Psychological Symptoms*, and *Self-Esteem* were analyzed using Pearson correlation coefficients as the data did not show indications of skewness. Lastly, mediation analyses were conducted using PROCESS macro for SPSS including *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, and *Sense of LGBTQ+ Community* as independent variables, *Self-Esteem* as a mediator, and *Life Satisfaction* and *Psychological Symptoms* as dependent variables. According to (Hayes, 2018) the mediation analyses include sub-analyses; First, hierarchical regression analyses were conducted in which *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, and *Sense of LGBTQ+ Community* were entered in Step 1, and *Self-Esteem* was entered in Step 2 to calculate both the total (Step 1) and direct (Step 2) effects of the predictor variables as well as the effect of *Self-Esteem* on the two outcome variables *Life Satisfaction* and *Psychological Symptoms*. Second, indirect effects of *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, and *Sense of LGBTQ+ Community* on *Life Satisfaction* and *Psychological Symptoms* through *Self-Esteem* were examined using bootstrap analyses with 5000 bootstrap samples and bias-corrected and accelerated 95% confidence intervals (Hayes & Scharkow, 2013). All coefficients are reported in standardized form.

## Results

### Descriptive Statistics

Means and standard deviations for the measurements are presented in Table 1. Participants' scoring on the SRQ-20 was above commonly used cut-off scores of 7/8 ( $M = 9.71$ ,  $SD = 5.24$ ) (Harpham, 2003). In total, 61.7% scored higher than a 7, indicating an elevated prevalence of psychological symptoms (i.e., probable existence of a mental disorder). Additionally, the mean score of *Ethno-Cultural Identity Conflict* in the current sample ( $M = 2.95$ ,  $SD = .83$ ) was significantly higher than the mean score of a comparable bicultural



reference group from the Netherlands ( $M = 2.39$ ,  $SD = .70$ ) of 473 first-, second-, or third-generation immigrants with a mean age of 25.38 ( $SD = 4.58$ ),  $t(93) = 6.12$ ,  $p < .0001$ , from a study by Rahim and colleagues (2021).

**Table 1**

*Means, Standard Deviations, Scale Range, and Bivariate Correlations Between Study Variables*

			Scale						
	<i>M</i>	<i>SD</i>	range	1	2	3	4	5	6
1. Ethno-Cultural									
Identity Conflict	2.95	.83	1-5	-					
2. Sense of Societal									
Community	3.88	.67	1-5	-.39**	-				
3. Sense of LGBTQ+									
Community	3.24	.62	1-6	-.14	.39**	-			
4. Life Satisfaction	4.11	1.31	1-7	-.47**	.45**	.14	-		
5. Self-Esteem	2.65	.61	1-4	-.62**	.35**	.13	.63**	-	
6. Psychological									
Symptoms	9.71	5.24	0-1	.63**	-.28**	.06	-.60**	-.59**	-

Notes. \*\* $P < .001$

## **Bivariate Associations Between Study Variables**

Bivariate correlations between the study variables are reported in Table 1. In accordance with the hypotheses, both lower *Sense of Societal Community* and greater *Ethno-Cultural Identity Conflict* were significantly correlated with both lower *Life Satisfaction* and more *Psychological Symptoms*. However, lower *Sense of LGBTQ+ Community* was not significantly correlated with lower *Life Satisfaction* and more *Psychological Symptoms* which is not in accordance with the hypotheses. The correlations further revealed that greater *Ethno-Cultural Identity Conflict* and lower *Sense of Societal Community* were significantly correlated with lower levels of *Self-Esteem*. However, lower *Sense of LGBTQ+ Community* was not significantly related to lower levels of *Self-Esteem*. Further, low levels of *Self-Esteem* were significantly correlated with both lower *Life Satisfaction* and more *Psychological Symptoms*.

### **Total, direct, and indirect effects of *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and *Ethno-Cultural Identity Conflict* on *Life Satisfaction* and *Psychological Symptoms* through *Self-Esteem***

The assumptions of multiple linear regression were tested and no violation was detected. The results of the regression analyses are shown in Table 2.

#### ***Life Satisfaction***

Concerning *Life Satisfaction*, a significant total effect (Step 1) but no significant direct effect (Step 2) of *Ethno-Cultural Identity Conflict* on *Life Satisfaction* was found. This indicates that *Ethno-Cultural Identity Conflict* is contributing to a decrease in *Life Satisfaction*. However, when including *Self-Esteem* in the analysis, the effect disappears (Step 2) which suggests that *Self-Esteem* might explain this relationship. Additionally, a significant total effect (Step 1) and a significant direct effect (Step 2) of *Sense of Societal Community* on

*Life Satisfaction* were found. This indicates that a higher sense of societal community was related to increased life satisfaction. A total of 45,6% of the variance in *Life Satisfaction* could be explained by *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and *Self-Esteem*.

The bootstrap analysis revealed a significant indirect effect of *Ethno-Cultural Identity Conflict* on *Life Satisfaction* through *Self-Esteem* (*Indirect* = -.45, *SE* = .11, 95%CI: -.71, -.25). As expected, more ethno-cultural identity conflict was related to lower self-esteem, which, in turn, was related to decreased life satisfaction. In contrast with the hypothesis, no significant indirect effect of both *Sense of Societal Community* (*Indirect* = .12, *SE* = .09, 95%CI: -.05, -.25) and *Sense of LGBTQ+ Community* (*Indirect* = -.00, *SE* = .05, 95%CI: -.09, .08) on *Life Satisfaction* through *Self-Esteem* was detected.

### ***Psychological Symptoms***

Concerning *Psychological Symptoms*, a significant total effect (Step 1) and a significant direct effect (Step 2) of *Ethno-Cultural Identity Conflict* on *Psychological Symptoms* was found. This indicates that more ethno-cultural identity conflict is related to increased psychological symptoms. Additionally, a significant total effect (Step 1) and a significant direct effect (Step 2) of *Sense of LGBTQ+ Community* on *Psychological Symptoms* were found indicating that a higher sense of LGBTQ+ community is related to decreased psychological symptoms. A total of 49.6% of the variance in *Psychological Symptoms* could be explained by *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and *Self-Esteem*.

The bootstrap analysis revealed a significant indirect effect of *Ethno-Cultural Identity Conflict* on *Psychological Symptoms* through *Self-Esteem* (*Indirect* = 1.12, *SE* = .38, 95%CI: .54, 2.03). As expected, more ethno-cultural identity conflict was related to decreased self-esteem, which, in turn, was related to increased psychological symptoms. In contrast with the

hypothesis no indirect effect of both *Sense of Societal Community* (*Indirect* = -.32, *SE* = .27, 95%CI: -.98, .11) and *Sense of LGBTQ+ Community* (*Indirect* = -.00, *SE* = .26, 95%CI: -.45, .56) on *Psychological Symptoms* was found.

**Table 2**

*Results of the hierarchical regression analyses with Life Satisfaction and Psychological Symptoms as outcome variables: Total and direct effects of Ethno-Cultural Identity Conflict, Sense of Societal Community, Sense of LGBTQ+ Community on Life Satisfaction and Psychological Symptoms.*

<b>Life Satisfaction</b>			
Predictors		$\beta$ step 1	$\beta$ step 2
Step 1: $R^2 = .31$ , $F(3, 90) = 13.20^{***}$			
Ethno-Cultural Identity Conflict		-.35 <sup>***</sup>	-.07
Sense of Societal Community		.32 <sup>**</sup>	.26 <sup>**</sup>
Sense of LGBTQ+ Community		-.04	-.04
Step 2: $R^2 = .46$ , $F(4, 89) = 18.69^{***}$			
Self-Esteem			.50 <sup>***</sup>
<b>Psychological Symptoms</b>			
Predictors		$\beta$ step 1	$\beta$ step 2
Step 1: $R^2 = .43$ , $F(3, 90) = 22.73^{***}$			
Ethno-Cultural Identity Conflict		.61 <sup>***</sup>	.43 <sup>***</sup>
Sense of Societal Community		-.12	-.07

Sense of LGBTQ+ Community	.19*	.19*
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Step 2:  $R^2 = .50$ ,  $F(4, 89) = 21.87^{***}$

Self-Esteem		-.33**
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*Note.*  $\beta$ 's in step 1 represent total effects of Ethno-Cultural Identity Conflict, Sense of Societal Community, and Sense of LGBTQ+ Community on Life Satisfaction and Psychological Symptoms.  $\beta$ 's in step 2 represent direct effects of Ethno-Cultural Identity Conflict, Sense of Societal Community, and Sense of LGBTQ+ Community on Life Satisfaction and Psychological Symptoms. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

### Discussion

The study explored the levels of psychological symptoms among LGBTQ+ identifying individuals with a migration background and examined the relationship between *Ethno-Cultural Identity Conflict*, *Sense of Societal Community*, *Sense of LGBTQ+ Community*, and both *Life Satisfaction* and *Psychological Symptoms*. Furthermore, the study examined the mediating role of *Self-Esteem* in these relationships.

In the current sample, an elevated prevalence of *Psychological Symptoms* (Harpham, 2003) and increased *Ethno-Cultural Identity Conflict* scores were assessed, as compared to previous research with similar sample characteristics (Rahim et al., 2021). This highlights the possible negative impact of the accumulation of minority stressors on mental health among individuals with a double minority position (Cyrus, 2017; Hayes et al., 2011; Meyer, 1995, 2003). Furthermore, it highlights that the current sample population may experience difficulties concerning the integration of differing or opposing cultural norms, values, and expectations into a coherent cultural identity (Ward et al., 2011). This may be due to the possible incompatibility of sexual orientation or gender identity with cultural norms and

values (Heinemann et al., 2016; McDougall, 2006) or religious beliefs (e.g., Ganzevoort et al., 2010).

Furthermore, in line with previous research (e.g., Bhugra & Becker, 2005; Garcini et al., 2016; Rahim et al., 2021), the results revealed that both lower *Sense of Societal Community* and higher levels of *Ethno-Cultural Identity Conflict* were related to both lower *Life Satisfaction* and more *Psychological Symptoms*. Both (high) *Ethno-Cultural Identity Conflict* and (low) *Sense of Societal Community* may serve, therefore, as a risk factor for mental health problems and decreased life satisfaction among LGBTQ+ identifying individuals with migration background. This may be because factors linked to a *Sense of Societal Community* such as a lack of adequate social networks and difficulties with the acculturation process may impact the mental health and life satisfaction negatively (e.g., Bhugra & Becker, 2005; Garcini et al., 2016; Prezza & Costantini, 1998).

More importantly, the results highlighted the mediating role of *Self-Esteem* in the hypothesized relationships. The present findings support the notion that increased *Ethno-Cultural Identity Conflict*, low *Sense of Societal Community*, and low *Sense of LGBTQ+ Community* partly yield reduced *Self-Esteem* that, in turn, increases susceptibility to elevated *Psychological Symptoms* and decreased *Life Satisfaction* among LGBTQ+ identifying individuals with migration background. First, *Self-Esteem* mediated the relationship between *Ethno-Cultural Identity Conflict* and both *Psychological Symptoms* and *Life Satisfaction*. Indeed, experiencing conflict over one's identity can impact self-esteem negatively (Vivero & Jenkins, 1999) which in turn impacts life satisfaction (Diener, 1984) and psychological symptoms (Mann et al., 2004). Second, *Self-Esteem* mediated the relationship between *Sense of Societal Community* and *Life Satisfaction*. Self-esteem is influenced by feelings of exclusion, lack of emotional support, or missing social networks (Leary & Baumeister, 2000). Emotional support or social networks contribute to increased life satisfaction (Barger et al.,

2009). Hence, both *Self-Esteem* and *Life Satisfaction* are likely to be influenced by *Sense of Societal Community* (Prezza & Costantini, 1998). The factors related to a low *Sense of Societal Community* resulting in decreased self-esteem are especially likely to occur among LGBTQ+ identifying individuals with a migration background (Basok, 2004; Cyrus, 2017) as they are more likely to face adverse experiences such as oppression, disadvantage, or discrimination. Contrary to previous research (Alessi et al., 2020; Garcini et al., 2016; Kitchen et al., 2012), *Self-Esteem* did not mediate the relationship between *Sense of Societal Community* and *Psychological Symptoms*. Further research is needed to explore underlying factors that influence the relationship between *Sense of Societal Community* and *Psychological Symptoms* via *Self-Esteem*. Lastly, *Self-Esteem* mediated the relationship between *Sense of LGBTQ+ Community* and *Psychological Symptoms*. Indeed, belongingness to the LGBTQ+ community was associated with increased psychological well-being in previous studies as well (Kertzner et al., 2009). In contrast to previous research (Domínguez-Fuentes et al., 2012), however, *Self-Esteem* did not mediate the relationship between *Sense of LGBTQ+ Community* and *Life Satisfaction*. Further research is needed to understand the underlying factors influencing the relationship between *Sense of LGBTQ+ Community* and *Life Satisfaction* via *Self-Esteem*.

It is to mention that the contribution of *Sense of LGBTQ+ Community* regarding the outcome variables *Life Satisfaction* and *Psychological Symptoms* remained the same after adding *Self-Esteem* into the model. Therefore, the findings suggest that self-esteem might not have an additional contribution to the hypothesized relationships. A study conducted by Fish et al. (2019) highlighted the positive effect of active involvement on self-esteem and mental health. In addition, LGBTQ+ identifying individuals may automatically belong to the LGBTQ+ community simply because they identify as LGBTQ+. Therefore, active participation rather than belonging to the LGBTQ+ community might influence self-esteem and subsequently psychological symptoms and life satisfaction. Generally, the opposing

findings concerning the impact of *Sense of LGBTQ+ Community* and *Sense of Societal Community* on *Life Satisfaction* and *Psychological Symptoms* via *Self-Esteem* justify further research.

### **Limitations**

The results of the current study should be interpreted with caution. LGBTQ+ identifying individuals with a migration background are a very diverse population. People with different (cultural) backgrounds might differ in terms of various factors such as the concealment of their sexual orientation or gender identity (e.g., Rosario et al., 2004), coping mechanisms, or resilience factors (e.g., McConnell et al., 2018; Meyer, 2010, 2015). Therefore, the results may be limited in their generalizability as the findings may portray only a specific subsample which might have affected the results. Furthermore, the high number of highly educated people in the sample may have affected the results as educational status can influence the prevalence of mental health problems (Barnes et al., 2014). After all, it is difficult to make general claims from a small subsample drawn from a population characterized by diversity. Lastly, the findings are gathered through self-report questionnaires. Individuals who did not feel safe or were afraid that someone could find out about their LGBTQ+ identity, among other reasons, did, perhaps, not participate. Therefore, the findings might be limited in their generalizability as perspectives and experiences of rather cautious, anxious, or insecure individuals could not be considered. Future research might address these limitations in subsequent studies. Besides that, the present study justifies further research.

### **Suggestions for Future Research**

First, concerning *Sense of Societal Community*, future research might apply factorial analyses to reveal what underlying factors are important concerning their influence on the *Sense of Societal Community* regarding *Psychological Symptoms*, especially among LGBTQ+ identifying individuals with migration background. It may also be of interest to control for



already existing mental health problems as they could pose difficulties (Granerud & Severinsson, 2006) or barriers (Ramon, 2001) to social integration which subsequently may result in a decreased sense of community. Additionally, lowered self-esteem might be the result of both mental health problems and resulting social rejection or lack of social integration (Wright, 2000) instead of mediating the relationship between (a lack of) *Sense of Societal Community* and *Psychological Symptoms*.

Second, further research is needed to fully understand the relationship between *Sense of LGBTQ+ Community* and *Life Satisfaction*. For instance, serial mediation analyses including disclosure of one's sexual identity may be the subject of future research as disclosure of sexual identity is related to both self-esteem and social support (Jordan & Deluty, 2008) and life satisfaction (Wong & Tang, 2003). On top of that, the interconnectedness between the study variables may be considered. For instance, individuals who experience a high ethno-cultural identity conflict may have difficulties integrating within the German or Dutch society (Ward et al., 2012), and their sense of community might be influenced (Baumgartner & Burns, 2014) due to a possible lack of belonging (McMillan & Chavis, 1986) or acceptance (McColl et al., 2001).

### **Clinical Implications**

The information revealed by the current study may be of great importance as described as follows. First, the study highlights the negative impact of ethno-cultural identity conflict on mental health and life satisfaction among LGBTQ+ identifying individuals with migration background, thereby promoting biculturalism [e.g., having internalized two cultures instead of experiencing conflict over them (Benet-Martínez et al., 2002)] as biculturalism is associated with increased mental health and life satisfaction (David et al., 2009; LaFromboise et al., 1993; Nguyen & Benet-Martínez, 2012). Biculturalism may be encouraged through the promotion of *bicultural self-efficacy* (i.e., the perceived subjective capability to perform best

in two cultures) to enhance the mental well-being and life satisfaction of LGBTQ+ identifying individuals with migration background (Brewster, 2013; David et al., 2009). Second, social support (Budge et al., 2013), community belonging (Barr et al., 2016; Singh et al., 2011), and involvement (Singh & McKleroy, 2011), among others, may be promoted to protect the mental health of LGBTQ+ identifying individuals with migration background as those factors are related to resilience that may shield individuals from stressors such as discrimination or harassment (Meyer, 2015).

## **Conclusion**

LGBTQ+ identifying individuals with migration background are at increased risk to suffer from mental health problems. Keeping track of and gaining a more thorough understanding of the mental health of LGBTQ+ identifying individuals is needed. The findings and implications of the current study contribute to the empirical foundation to understand the distinct needs and struggles of LGBTQ+ identifying individuals with migration background by revealing insights into the relationships of the study variables. At the same time, it justifies further research on (societal) factors that influence or protect the mental health or life satisfaction of LGBTQ+ identifying individuals with migration background. In clinical practice, the promotion of biculturalism, social support, and community belonging and involvement may increase self-esteem, psychological well-being, and life satisfaction in this distinct group. This would enable LGBTQ+ identifying individuals with migration background to feel understood, (socially) integrated, accepted, and perceive their background and identity as a strength rather than a burden.

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