

Centralizing the Psychology of Sexual Minority Asian and Pacific Islander Americans

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The purpose of this literature review article was to centralize a holistic view of sexual minority Asian and Pacific Islander American (SM APIA) experiences and offer recommendations to guide psychological practice. Theoretical and empirical works from various disciplines were synthesized and found to demonstrate the central role of API cultural values in the development and management of SM APIA sexual expressions. Connectedness to communities and cultures of origin, maintenance of prized social relationships, traditional expectations related to family and gender, as well as coping with minority stress emerged as key elements to understanding and working with this population. Findings suggest that conceptualizing SM APIAs through the lens of predominantly White LGBTQ community norms may lead psychologists to pathologize healthy approaches to navigating the sexual minority experience and intervene in culturally inappropriate ways. The authors discuss the broader API cultural context as a framework for understanding the following thematic sections that emerged from the literature: identity development, coming out, minority stress, and issues related to seeking healthy communities and relationships. They conclude with recommendations with which psychologists can support SM APIAs to draw on, and reconnect to, relevant cultural strengths to thrive despite exposure to multiple oppressions.

Keywords: Asian American, intersectionality, LGB, Pacific Islander, queer people of color, QPOC

Sexual minority (SM) people of color (SMPOC) have distinct experiences compared to White SM people and need specified research and clinical attention (Fukuyama & Ferguson, 2000; Greene, 1996; Harper, Jernewall, & Zea, 2004). Recent contributions have yielded more sophisticated, technical knowledge of SMPOC through content analyses (Huang et al., 2010), measure development (Balsam, Molina, Beadnell, Simoni, & Walters, 2011), and methodological reviews (DeBlaere, Brewster, Sarkees, & Moradi, 2010).

The growth in this scholarship has been rapid, substantive, yet not without challenges. Cross-cultural variations require detailed explications beyond brief descriptions of select groups presented as part of a generalized SMPOC perspective (Nadal & Corpus, 2013). Some topics have been addressed empirically (particularly risk of sexually transmitted infections for SM men of color), whereas other topics (e.g., intersectional identity development) have been largely addressed only conceptually or anecdotally in the literature (Huang et al., 2010). Although the wealth of medical perspectives narrowly focused on disease and other health risks in SM men of color addresses important psychophysiological issues,

it potentially delimits SMPOC experiences to bodily harm and perpetual suffering. In response, scholars have called for a more comprehensive evaluation that also involves strengths and resilience (Akerlund & Cheung, 2000; Meyer, 2010).

The literature regarding SM Asian and Pacific Islander Americans (APIAs) reflects these patterns in that numerous pockets of theoretical and empirical works have yet to be organized. Although APIAs have received very little attention in LGB-focused scholarship overall (Chan, 1989; Juan, Lee, & Bates, 2012; Kim, Wong, & Maffini, 2010; Nadal, 2010; Nadal & Corpus, 2013), similar to the larger population of SMPOC, there is an overrepresentation of work related to AIDS/HIV and other health risks (Huang et al., 2010).

To understand ethnic, sexual, and racial minorities without further marginalizing these populations, Moradi, DeBlaere, and Huang (2010) recommended that psychologists “centralize the experiences of lesbian, gay, and bisexual POC.” That is, affirming SMPOC experiences as normative in their own right involves moving beyond treating this group as a minority to be compared to a “natural” or “healthy” standard, a convention that has actually reinforced their invisibility and marginal location in the study of sexual diversity. Centralizing may thus lead to a more holistic view that encompasses, but not solely focused on, those characteristics that can be compared to the dominant norm. We are unaware of any literature reviews presenting such a perspective in cultural context in regards to the psychology of SM APIAs. To better centralize the experiences of this population, we offer a synthesis of the available evidence and recommendations for psychological practice.

To identify a broad range of relevant works, we relied on an interdisciplinary set of eight online databases (e.g., PsycINFO) spanning psychology, sociology, and other social sciences. We

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used various combinations of the following terms in the “Abstracts” search window: “Asian American,” “Asian Pacific Islander,” “bisexual,” “gay,” “lesbian,” “LGBT,” “Pacific Islander,” and “queer.” Results were limited to peer-reviewed scholarly articles published in English and having an APIA focus. The combined total of initial hits was 1,133 results. After screening for duplication and topical relevance, we retained 152 articles for review. The references identified included anecdotal literature (e.g., Wooden, Kawasaki, & Mayeda, 1983), social science research, descriptive community-based reports (e.g., Dang & Hu, 2005), and empirical and theoretical work that shed light on cultural context for SM APIAs (e.g., Suh, 2002). As they have been described elsewhere (e.g., Adih, Campsmith, Williams, Hardnett, & Hughes, 2011; Yep, 1993), HIV/AIDS-related works were selected and included only insofar as they addressed SM issues in APIA communities. We organized the references in accordance with emergent themes and conceptual relations among the literature (Bem, 1995; Torracco, 2005). A large majority of articles formed a domain involving identity development and related issues of coming out, navigating family systems, and managing relationships. Another domain included topics of minority stress (e.g., discrimination, disparities) and challenges to seeking healthy relationships and communities, as well as corresponding coping strategies.

There are several caveats regarding the scope of this review. The APIA community is characterized by profound and intersecting within-group differences along many known sources of population heterogeneity (e.g., Cole, 2009; Pew Research Center, 2013). Indeed, there is a long history of works aiming to distinguish the constructs of culture, ethnicity, nationality, and race (Betancourt & López, 1993; Cokley, 2007; Phinney, 1996). Also pressing is the underrepresentation of various subgroups (e.g., Pacific Islander, South Asian, and Southeast Asian Americans) in the literature regarding general and sexuality-specific experiences. Although it is beyond the bounds of this review to present a full and nuanced discussion, we acknowledge the significance of these issues in the study of SM APIAs and the need for further dialogue and research, as the intersectional expressions of APIA and sexual identities vary across culture, ethnicity, generation, and so forth. As such, we focused on describing cultural commonalities shared across the SM APIA community as a distinctive whole. Examples from specific subgroups were described insofar as we believed them to be generalizable to the larger SM APIA experience. We additionally focused on cisgender experiences in terms of the availability of literature and transgender issues warranting an attention distinct from sexual orientation (Israel, 2005). However, there are many Asian cultural expressions in which gender and sexual identities are mutually constitutive of one another, including, for example, *baklas* and *mahuwahines* in the Filipino and Hawaiian communities, respectively (Nadal & Corpus, 2013; Stotzer, 2011).

We begin with a discussion of the broader API cultural context as a framework for discussing the following thematic sections that were derived from the literature: identity development, coming out, minority stress, and issues related to seeking healthy relationships and communities. We conclude with the recommendations for psychological practice.

Cultural Context

Same-sex sexuality was long tolerated across many traditional South, Southeast, and East Asian cultures, as well as socially integrated in areas of the Pacific Islands (Kimmel & Yi, 2004; Loos, 2009). In certain Polynesian communities, sexual and gender diversity was public, considered socially conventional, and often occupied positions of social status (Murray, 2002). For instance, historical records from the Hawaiian Islands describe same-sex attracted men as wielding power and significantly involved in the politics of cross-cultural dialogue at the onset of colonial incursion (Morris, 1990). More broadly, the existence of same-sex sexuality itself seems to have been less important than whether its enactment was “public” and, moreover, whether “formal” cultural expectations around gender roles (e.g., heterosexual marriage) were met to maintain the social order. This trend persists in contemporary APIA communities, in part through conventions that inhibit open discourse around sexuality outside of heterosexual marriage (Chng, Wong, Park, Edberg, & Lai, 2003; Kanuha, 2000). Many Asian languages also do not have explicit terms for identifying and discussing same-sex sexuality (Hahm & Adkins, 2009; Murray, 2002). For example, Hmong descriptions of gender are inherently heteronormative (e.g., the word *man* as equivalent with *husband to a wife*), bringing added considerations to self-definition and finding culturally responsive support networks (Ngo, 2012).

Indeed, gender roles differentiate the experiences of SM APIA women and men. Patriarchal vestiges of various Asian cultures inform a binary and rigid perspective on gender (Chung & Katayama, 1998), which include stereotyping of women’s sexuality as “passive” and unimportant, or otherwise strange and “exotic” (Greene, 1994). Women’s worth has been evaluated based on prescribed family roles as the procreator and caretaker of culture. These beliefs translate to cultural practices surrounding casual dating versus chastity, monogamous relationships, and others that lead to the notion that “choosing” to be SM is a selfish decision grounded in a “conscious” desire to reject and dishonor one’s family and culture (Greene, 1996). Social regulations that expect and impose heteronormative duties can lead to the internalization of these stereotypes (Greene, 1996). Although men held societal and relational power in traditional Asian cultures and were valued for familial leadership and intellectual achievement (e.g., Liu, Iwamoto, & Chae, 2011), colonial and imperial powers approached Asian women and men as exotic others to be dominated. Early U.S. immigration acts toward Asian immigrants barred families from accompanying male workers, resulting in a surplus of bachelors who necessarily took on traditionally “female” roles (Chua & Fujino, 1999). The dominant establishment also excluded Asian men from employment in “masculine” occupations and, in concert with miscegenation laws and other discriminatory policies, constructed Asian American men as inherently “feminine” (e.g., a disempowered social location) relative to White American males (Chua & Fujino, 1999; Shek, 2007). In addition, cultural values of modesty and restraint were and still are misinterpreted as asexuality and passivity (Okazaki, 2002).

The emergence of the Western gay rights movement has brought additional complexity to how SM APIAs approach sexuality both privately and publically (Kimmel & Yi, 2004; Murray, 2002; Sullivan, 2001). The importation of available cultural and sexual practices associated with Western LGBTQ identities (Sullivan,

2001), including the norm of disclosing one's sexual identity across social contexts, were and are often experienced as culturally incongruent by many SM APIAs (Kimmel & Yi, 2004). Early conversations around the inadequacy of extant cultural frameworks to understand this interaction may have influenced the emergence and predominance of the "warring selves" paradigm that framed sexual and ethnocultural identities as inherently incompatible (Meyer & Ouellette, 2009; Nemoto et al., 2003). Indeed, contemporary Asian American culture is largely characterized by heterosexist attitudes buttressed by gendered expectations for men and women to contribute to family progeny, as well as the view that nonheterosexuality is a "White" or "Western" phenomenon (Chan, 1989; Choi, Yep, & Kumekawa, 1998; Chung & Katayama, 1998; Kimmel & Yi, 2004; Nadal & Corpus, 2013). Qualitative studies have documented the experiential struggles of individuals attempting to integrate their cultural and sexual identities, with many alluding to an eternal incommensurability in the SM APIA experience (Chan, 1989; Nadal & Corpus, 2013; Nemoto et al., 2003; Wooden et al., 1983). These issues often create a climate of alienation and hostility for SM individuals in their cultural communities, interfering with help-seeking behavior and access to services (Choudhury et al., 2009).

Even amid the validity of these findings, however, the available research also suggests a reframing in which SM APIAs actively navigate, negotiate, and understand their sexualities in context of API cultural worldviews, not necessarily against them (Nadal & Corpus, 2013; Okazaki, 2002; Wooden et al., 1983). APIA sexualities are embedded in social relationships and cultural landscapes, which involve values of modesty and self-restraint that significantly influence dialogue (or lack thereof) around sexuality and sexual practices. Self-concepts and self-images are contingent on close significant others and, as such, being part of a community is what makes an individual a "viable" person (Boulden, 2009; Markus & Kitayama, 1994; Nadal & Corpus, 2013; Ngo, 2012). Boulden (2009) illustrated these considerations through analyzing narratives of gay Hmong men that collectively described how their individual sexual identities were preceded and largely defined by their social roles in relation to family progeny and community order (Han, Operario, & Choi, 2011; Kitano, 2000; Yoshioka & Schustack, 2001). These issues contribute to SM APIAs often holding conservative perspectives on sexual behavior, for example refraining from publically acknowledging stigmatized SM issues in order to maintain "face" and community harmony (Alimahomed, 2010; Hahm & Adkins, 2009; Nemoto et al., 2003; Okazaki, 2002).

Identities

SM APIAs face the task of developing a meaningful self-image while navigating the incongruence between their sexuality and their culture of origin, parental culture, as well as mainstream U.S. culture (Hahm & Adkins, 2009; Homma & Saewyc, 2007). APIA youth may begin identifying (and managing) same-sex attractions earlier in life, given the confines of culturally laden gender role socialization practices (Newman & Muzzonigro, 1993).

Influence of Context

Navigating multiple generational and social contexts while retaining a sense of self and belonging is a central element to APIA

same-sex sexualities (Boulden, 2009). Ethnocultural communities of origin, family, geography (e.g., rural vs. urban), gendered spaces (e.g., men and women's spaces), and religious settings are salient in API identity formations, all of which are additionally influenced by immigration status and acculturation (Boulden, 2009; Chung & Szymanski, 2006; Hahm & Adkins, 2009; Nadal, 2010; Nadal & Corpus, 2013; Operario, Han, & Choi, 2008). Contexts also vary in ways that bear on the expression of marginalized sexualities (Chan, 1989; Eguchi, 2011; Narui, 2011). For example, spaces can be appraised regarding the extent to which social identities are accepted, as well as whether they are predictable and consistent in offering a climate of safety (or vulnerability), and presenting situational expectations may call for conformity to others (or in some cases, more autonomy).

The cultural significance of these domains requires a nuanced and complex approach to self-understanding, identity enactment, and a more global orientation toward the world (Nadal, 2010; Operario et al., 2008), such that individuals present themselves in ways that consider both internal experience and external expectations (Eguchi, 2011). Indeed, cross-cultural research suggests that for those of Asian descent, the experiencing and expression of self-states are situationally determined and readily adaptable to cultural spaces that are often regulated by values of social harmony (Markus & Kitayama, 1994; Suh, 2002). The ability to detect and maneuver one's persona to subtle situational expectations is likewise an inherent element of socialization across many Asian communities (Choi, 2000). In contrast to an assumed intrinsic locus, identity can be understood as a social product that reflects the characteristics of the relationships in which SM APIAs create, present, and understand themselves (Chan, 1989; Eguchi, 2011; Hahm & Adkins, 2009; Li & Orleans, 2001; Nadal, 2010; Nadal & Corpus, 2013; Narui, 2011; Suh, 2002). In other words, the cultural emphasis on interpersonal harmony seems to yield personalities and self-concepts that are flexibly responsive to contextual factors in this population.

A central function of identity is to allow people to make sense and meaning of themselves in relation to others and larger social structures (Andersen & Chen, 2002). It is important to acknowledge that these may present both supportive resources as well as marginalizing experiences. Ethnocultural communities and families of origin, for example, often provide significant buffers against discrimination related to racism and xenophobia insofar as heterosexuality is assumed (Boulden, 2009; Ngo, 2012; Yoshikawa, Wilson, Chae, & Cheng, 2004). Thus it may be quite "normal" for SM APIAs to hold inconsistent and conflictual feelings about their attachment to a particular community, in terms of maximizing supportive potential and minimizing experiences of oppression (Boulden, 2009; Chung & Szymanski, 2006; Greene, 1994; Nadal & Corpus, 2013; Operario et al., 2008).

Development

Scholars have recently critiqued traditional models of sexual identity development (Bilodeau & Renn, 2005). For example, the idea of sequentially progressing through "stages" to achieve a stable sexual identity is no longer responsive to evidence documenting the diversity and fluidity of sexual expressions (Diamond, 2007). Bilodeau and Renn (2005) likewise suggested adapting a life span perspective for understanding SMPOC and other under-

served segments of the LGBTQ community, specifically that contextualizing sexual identity development within the influence of other psychosocial identities and relationships may better capture cultural complexities and nuances. Supporting evidence include findings that link full-time employment, socioeconomic status, and social support with positive dual identity development, suggesting that access to resources and satisfying basic needs are implicated in enabling critical self-reflections on intersectionality (Vu, Choi, & Do, 2011).

Developing ethnic and sexual identities are parallel and interactive processes for this population (Chung & Katayama, 1998; Chung & Szymanski, 2006), and research suggests that supportive cultural and ethnic communities can actually facilitate sexual identity development and psychosocial well-being (Operario et al., 2008). Having a positive ethnic identity is indeed significantly associated with having a positive sexual identity (and vice versa), in context of supportive social networks (Vu et al., 2011). Racial consciousness may entail political, psychological, and relational approaches that facilitate self-awareness regarding other social identities, including accessing supportive others and culturally relevant resources (e.g., Asian texts or media that portray same-sex relationships as acceptable or positive), as well as awareness of the constructed nature of dominant narratives and systems of oppression. SM APIA men with higher levels of racial consciousness, for example, report feeling better equipped to balance and negotiate their sexual identities (Operario et al., 2008). Bilingual fluency (in English and an API language) is also related to having positive dual identities in U.S.-born gay men of Asian descent, lending support to the notion that a stronger sense of one's cultural community and bicultural self-efficacy are influential in healthy identity development (Vu et al., 2011). Experiences related to acculturation can similarly influence SM APIA identity development, although foreign-born and recent immigrant constituents may face added challenges with accessing resources (e.g., language barriers), structured social support, and recognition of their cultural experiences (Hahm & Adkins, 2009; Nehl et al., 2014; Vu et al., 2011).

The developmental experiences of SM APIAs can more broadly be characterized as a continuous, unfolding process by which identities are "cycled," that is explored, compartmentalized, negotiated, and integrated at progressively intricate levels of complexity (Akerlund & Cheung, 2000; Hahm & Adkins, 2009; Operario et al., 2008; Parham, 1989; Wynn & West-Olatunji, 2009). That is, ethnocultural, sexual, and other identities may be variously configured over time (Operario et al., 2008; Nadal & Corpus, 2013). Identities can be compartmentalized and shaped in accordance to situational demands, accounting for appropriateness, relevance, and safety in relation to a corresponding social context. A particular identity may be more meaningful, salient, and thus prioritized over another at certain developmental periods. Identities may be psychologically experienced as intersecting and held simultaneously in a mutually constituting way. They may further "merge" and transform into new forms that better capture the idiosyncrasies of one's lived experience.

It is important to consider the possibility that the actual configuration of identities may be less relevant in terms of well-being than whether it enables adequate functioning across particular situational demands. That is, no one configuration is "good," "bad," or necessarily "better" than another, although they may be

experienced as comfortable, distressing, or empowering to varying extents (Hahm & Adkins, 2009). Supporting these notions is research that finds self-identity consistency (e.g., the extent to which the self is uniform across contexts) much less predictive of well-being in Asian relative to White Americans (Suh, 2002). In lieu of a singular sense of selfhood, developing multiple personae that are open to change may contribute to increased internal harmony insofar as they facilitate an authentic negotiation of the needs of self and others (Operario et al., 2008; Suh, 2002).

In addition, these complexities may contribute to an elongated sexual maturity "timeline" (e.g., first time having sex) for SM APIAs (Okazaki, 2002). Dubé and Savin-Williams (1999), for example, found that relative to other ethnic groups, Asian American male youth (ages 16–26) reported an approximate 3-year delay in sexual onset terms of same-sex encounters. These youth were also more likely to engage in same-sex activities only after labeling themselves as gay or bisexual, with the authors suggesting that cultural forces (as described previously) may motivate abstinence from sex until early adulthood, and simultaneously provide an extended period of time in which to reflect on the meanings of same-sex attractions and corresponding labels. Likewise, data analyses from the National Longitudinal Study of Adolescent Health found that influences of sexual orientation on health outcomes (e.g., substance use) did not emerge until young adulthood (ages 18–27), suggesting that critical developmental periods related to sexuality may extend beyond adolescence (Hahm, Wong, Huang, Ozonoff, & Lee, 2008; Okazaki, 2002).

Coming Out

"Coming out," or the disclosure of one's sexual orientation to others, is also an ongoing process located in biographically and socially shifting contexts rather than a one-time, public event (Li & Orleans, 2001). Identity development involves transforming the coherency of self-understanding in relation to close others, groups, and institutions, which may necessitate reconfiguring identity management strategies for differing situations (Narui, 2011). Decisions around disclosure are thus not a simple matter of whether to or not, but also considering to whom, when, and how (Hom, 1994; Li & Orleans, 2001; Ngo, 2012; Wooden et al., 1983). Research suggests that SM APIAs continually develop new perspectives and strategies for self-presentation throughout their lifetime, often recounting past coming-out experiences for insights (Li & Orleans, 2001). For example, Singh, Chung, and Dean (2006) found in a sample of SM APIA women that one's extent of public disclosure was parallel to the degree of identification with "Western" norms and/or being bicultural (relative to more enculturation in one's natal culture), suggesting that coming out approaches vary as a function of acculturative identity development.

Many API cultures emphasize developing identity and self-awareness in internal, private ways, rather than outwardly and/or publically (Hom, 1994; Li & Orleans, 2001). Thus, decisions around disclosure transcend personal needs and encompass "saving face," maintaining social order within cultural communities, as well as prioritizing cherished relationships over individual necessities (Nadal & Corpus, 2013; Ngo, 2012). Open identification and parading of one's "unique" attributes are more likely to be considered unnecessary for social functioning (Alimahomed, 2010; Han, Proctor, & Choi, 2014). Indeed, youth from more "tradi-

tional” Asian homes are less likely to be open about same-sex feelings (Newman & Muzzonigro, 1993), a trend that continues in adulthood with those adhering more strongly to Asian cultural values being less likely to be out (Szymanski & Sung, 2013). Multiple studies (Dubé & Savin-Williams, 1999; Moradi, Wiseman et al., 2010) have also found significantly lower rates of public disclosure by SM APIAs and POC relative to White counterparts, further contextualizing the prototypical narratives privileging an “out and proud” SM identity as a reflection of Western values (Kimmel & Yi, 2004; Ngo, 2012; Wooden et al., 1983).

Concealing one’s sexual orientation is not necessarily a distressing experience, nor do they always elicit feelings of dishonesty or deceptiveness. For example, although internalized heterosexism (IH) predicts psychological distress, this relationship does not seem to be affected by outness, implying that concealment is not necessarily due to negative feelings regarding being SM. Having a public SM identity, on the other hand, is significantly correlated with exposure to heterosexist events and racist events in LGBTQ communities, paradoxically suggesting that being out can increase one’s risk for overt discrimination across social domains (Szymanski & Sung, 2010). As such, concealment may be experienced as a healthy and pragmatic alternative that maintains harmony across prized relationships in cultures that does not indiscriminately discuss sexual topics (Nemoto et al., 2003). Some SM APIAs may also experience empowerment in resisting the hegemonic coming-out discourse generally endorsed by the White LGB community (Narui, 2011).

Family Considerations

When a child reveals a nonheterosexual orientation, the family also often undergoes a “coming out” process (Hom, 1994; Kitano, 2000; Li & Orleans, 2001; Ngo, 2012). Across many APIA communities, parents may lack basic understanding of sexual and gender diversity, and their children’s disclosure can elicit shock, pain, feelings that they “no longer know their children,” as well as guilt associated with questioning whether they had “failed” in parenting. In addition, parents must negotiate how and with whom to share this information, and to navigate their own “coming out” in the larger community (Hom, 1994).

Dominant SMPOC coming out narratives often describe a distressing “ultimatum” of making a mutually exclusive choice between maintaining family membership and a public SM identity (e.g., Kitano, 2000; Meyer & Ouellette, 2009; Nemoto et al., 2003). However, API cultural values may actually help mitigate the “destructive” effects of coming out. When both children and family are invested in maintaining the cultural framework, API culture and same-sex sexuality are not always incompatible (Ngo, 2012; Stotzer, 2011). Many APIA families approach both honor (e.g., children’s achievements) and “disgrace” (e.g., coming out) with the mentality that “everyone is in it together” (Li & Orleans, 2001). Indeed, many parents come to accept their SM children over time and serve as resources for other parents going through the process (Hom, 1994). Such patterns of family responses reflect an activation of cultural mechanisms in service of keeping the group intact and surviving unexpected circumstances (Li & Orleans, 2001). These also reflect efforts to maintain integrity and authenticity to both individually private and family domains, yet not choosing one over the other (Ngo, 2012). Indeed, being out to

one’s family does not seem to be significantly related to psychological distress (Szymanski & Sung, 2010).

Minority Stress and Resilience

Navigating identities outside of “mainstream” communities is an experience characterized by multiple forms of societal stigma and oppression, including classism, heterosexism, racism, sexism, and xenophobic anti-immigrant sentiments (Akerlund & Cheung, 2000; Chan, 1989; Chung & Katayama, 1998; Chung & Szymanski, 2006; Fukuyama & Ferguson, 2000; Greene, 1994, 1996; Hahn & Adkins, 2009; Harper et al., 2004; Nadal & Corpus, 2013; Wilson & Yoshikawa, 2004; Wynn & West-Olatunji, 2009). Research demonstrates that this population is consistently exposed to elevated levels of discrimination, with one study finding that 82% and 76% of SM APIAs reported experiencing racism and homophobia, respectively (Dang & Hu, 2005; Han et al., 2014). Likewise, SM APIA youth report higher rates of threatening situations and unsafe feelings in public schools as a result of bias against their sexual orientation (Pinhey & Brown, 2005). As adults, SM APIAs encounter more racial and sexual microaggressions than any other SM ethnic group (Balsam et al., 2011).

Reflecting the minority stress framework (Meyer, 2003), SM APIA youth report that their internal conflict, guilt, shame, and other mental health issues arise not from same-sex attractions per se, but from gradually recognizing the institutionalized nature of traditional gender roles and heterosexism (Newman & Muzzonigro, 1993). Indeed, racist and heterosexist experiences are linked to negative mental health outcomes, including depression, psychological distress, and perceived stress (Balsam et al., 2011; Chen & Tryon, 2012; Szymanski & Gupta, 2009; Szymanski & Sung, 2010). This population also experiences disparities through an approximately 20% chance of meeting diagnostic criteria for mental disorders at any given point (Chae & Ayala, 2010). However, SM APIAs draw from relevant cultural practices to develop creative and innovative ways of coping with difficulties around their intersecting identities, which contribute to their resilience (Meyer, 2010; Wilson & Yoshikawa, 2004).

Awareness and Coping

Developing a critical and “oppositional” consciousness can help SM APIAs to contextualize their problems by recognizing how interpersonal and systemic processes are involved in inequality and marginalization. An awareness of broader social forces can facilitate the ability to present their identities skillfully in ways that enable a more effective adaptation to varying contexts (Alimahomed, 2010; Operario et al., 2008; Thompson, 2000; Thompson, 2012). Some SM APIAs report considering their marginalization as paradoxically offering opportunities for “liberation,” in terms of meaningfully exploring their lived experiences and constructing better fitting identities (Alimahomed, 2010; Poon & Ho, 2008; Thompson, 2000; Thompson, 2012). This perspective can contribute to the development of “alternative” support networks that emphasize a common mentality of resisting multiple oppressions, rather than a focus on configured social identities (Alimahomed, 2010; Thompson, 2000; Thompson, 2012).

Nevertheless, a common difficulty experienced by SMPOC involves finding communities that actively support intersectional-

ity, in relation to the predominance of “mono-identity” communities that often privilege a particular identity while disregarding another. Research demonstrates that accessing social networks that are supportive of one’s dual identities is instrumental to combating discrimination and stigmatizing experiences, as well as maintaining positive self-esteem (Yoshikawa et al., 2004). Thus, learning how to meet different needs by intentionally claiming and managing membership in various social groups can enable an expansion of one’s network of support, while also resisting the dominant narratives that segregate racial/ethnic and SM experiences (Alimahomed, 2010; Thompson, 2000; Thompson, 2012). Thompson (2000, 2012), for example, described how SM APIA women develop cognitive flexibility and interpersonal skillfulness in context of navigating multiple communities, including cultural, ethnic, queer, personal, professional, and women’s spaces. Cognitive flexibility constitutes effective code-switching, and corollary abilities better connect with others who can share in some aspect of experiencing oppression, even if the identity components themselves are not aligned. With heightened levels of social adaptability and sensitivity to contextual cues, SM APIAs can learn how to assess accurately what is actually being asked when questions seem to be implicitly loaded and, furthermore, craft responses that are both authentic and strategic when certain information (e.g., sexuality) must be withheld.

Choi, Han, Paul, and Ayala (2011) and Han et al. (2014) have also produced work that challenges dominant narratives that “active” coping is a better alternative to “passive” coping in terms of mental health. SM APIA men, for example, are often assumed to be “passive” or “nonconfrontational” in the ways they cope against racist and heterosexist discrimination. However, qualitative research has shown that GB APIA men consciously draw from cultural variables, including acceptance, critical consciousness, mindfulness, self-control, and using oppressive experiences to build a stronger sense of self, to selectively avoid certain social venues, and dismiss aggressors as being flawed or representing an imperfect society (Choi et al., 2011; Han et al., 2014). Developing these assets enables one to evaluate and respond to social contexts more effectively (Wilson & Yoshikawa, 2004).

Relationships, Communities, and Health

Issues of culture and gender bring complexity to SM APIAs and their experience of relationships, communities, and health. We present the following section in a gendered context to reflect the distinct findings between cisgender SM APIA women and men, in part owing to previous studies’ specific foci on examining either gender.

Women

Childhood and intimate partner violence. In one study, almost 40% of SM APIA women had experienced childhood physical and/or sexual abuse (Morris & Balsam, 2003). Childhood abuse was the strongest predictor of adulthood victimization, and over 30% reported sexual abuse and/or assault from female partners or general acquaintances. Kanuha’s (2013) qualitative work revealed a number of themes in terms of the context of abuse. Abusive dating was found to often begin in association to fantasies of relationships as a refuge from an oppressive society, including

themes of “rebounds” or “rescues” from bad heterosexual relationships, as well as the “romantic” imagery of intimacy derived from women bonding through political activism. Jealousy and possessiveness emerged as significant precipitators of abuse, especially if one partner was dependent on the other in terms of immigration and other status-related issues. Emotional and psychological abuses were reported to be most damaging, especially in light of the intensity of the relationships coupled with lacking other forms of support. Relational aggression was prominent in terms of threats to “out” a partner in order to control and intimidate, reflecting cultural elements of hurting someone through their prized relationships (e.g., shaming family reputation). LGBT networks were reported to “take sides” on relational issues, often magnifying ethnic tensions. Paradoxically contrasting gender stereotypes, “femmes” were reported as more controlling and abusive, whereas “butch” women who internalized a more “masculine” role of “taking care of the woman in every way,” often experiencing stigma when they were not able to “manage the girl.”

Health risks. These stressors may be associated with elevated health risks, especially with substance-related coping. Hahm et al. (2008) found that at adolescence, SM APIA women binge drank significantly more than their heterosexual female and male peers. At young adulthood, SM women reported the highest incidence of substance use (e.g., alcohol, drugs, and tobacco) relative to men and heterosexual women. Moreover, they were twice as likely to use marijuana and five times as likely to use street drugs compared to peers, with SM status itself predicting a ninefold increase in the usage of street drugs, in comparison to the 3–4-fold increase in men. Cochran et al. (2007) similarly found that SM APIA women (as with Latina women) were significantly more likely to report recent history of a drug abuse disorder as well as lifetime and recent evidence of depressive disorders. Other corroborating studies have identified past and current tobacco use as significantly higher in this group relative to heterosexual women (Mays, Yancey, Cochran, Weber, & Fielding, 2002).

SM APIA women also experience increased risks with unhealthy body weight. Dibble, Sato, and Haller (2007) found in her sample of SM APIA women that 40% had an unhealthy body mass index (overweight), and over two thirds had an unhealthy hip-to-waist ratio. Deputy and Boehmer (2014) likewise found that bisexual APIA women have increased risks of becoming overweight with age. These findings may be constellated in context of a more gender-rigid culture, one in which gender nonconforming and same-sex attracted girls may be at elevated risk for childhood abuse (Dibble et al., 2007), predicting later abuses by partners (Morris & Balsam, 2003), which may then associate with substance-related coping (Cochran et al., 2007), in part affected by the enactment of more “masculine” behaviors of drinking, smoking, and a particular orientation to body size (Hahm et al., 2008)

Men

Representation and Whiteness in the LGBTQ community. Within mainstream LGBTQ communities, APIA men are frequently assumed to be effeminate, passive, and unmasculine, stereotypes that do not necessarily represent inherent qualities but are externally defined and function to assign masculine, “positive” attributes to White men (Chua & Fujino, 1999; Han, 2008a; Han, 2008b; Phua, 2007; Poon & Ho, 2008; Shek, 2007; Wooden et al.,

1983). For example, textual analyses of popular gay magazines reveal the predominance of Eurocentric standards of beauty, whereas SM APIA men are often represented in suggestive ways designed for consumption or derogation by a White audience (Han, 2008a; Han, 2008b; Phua, 2007). Notions of effeminacy, infantilism, passivity, playfulness, and youthfulness commonly color the sexualized narratives that depict SM APIA men as nonthreatening and “naturally” fit for the dependent role in romantic and sexual relationships (Han, 2006). The prevalence of such stereotypes is institutionally problematic in terms of normalizing White privilege and supremacy at the expense of marginalizing SM APIA men as variously “exotic,” “foreign,” and/or undesirable (Han, 2006; Han, 2008a; Han, 2008b; Phua, 2007; Teunis, 2007).

SM APIA men also report barriers to engaging in activism related to racial parity in mainstream LGBTQ communities, often receiving messages that they have it better than “where they come from,” are too “pushy,” and/or “have lost their values of respect” (Han, 2006). These responses assume a distortion that API countries or communities of origin are necessarily homophobic and/or subordinate to Western domination, and further function to reify “LGBTQ” or “gay” communities as inherently White (Han, 2008b). As such, initiatives to redress social inequities more acutely experienced by SM APIA constituents (e.g., health care, immigration, unemployment, unionization, etc.) are often relegated to secondary status to concerns that privilege White, middle-class lifestyles (Han, 2007, 2008b).

Dating in the LGBTQ community. SM APIA men experience a paradox in which they encounter negative stereotypes through both eroticization and stigmatization, but they nevertheless have shared consequences of emasculation, social exclusion, and marginalization (Han, 2006; Paul, Ayala, & Choi, 2010; Phua, 2007; Poon & Ho, 2008). Particularly in dating, gendered and sexual racism is prevalent and strongly associated with anxiety, depression, and other negative psychological outcomes (Balsam et al., 2011; Choi, Paul, Ayala, Boylan, & Gregorich, 2013). Online dating platforms (e.g., websites, mobile applications), for example, are rampant with racialized selection criteria and rejection practices, to which scholars have raised the concern that such trends may contribute to the rigidification of racial stereotypes as a “legitimate” feature to contemporary dating (Paul et al., 2010). Qualitative studies suggest that sustaining interpersonal and cultural prejudice can lead SM APIA to develop internalized oppression in which they accept decreased self-worth and distorted self-images, as well as reenact discrimination in terms of considering other APIA men unattractive and undesirable as partners (David, 2013; Han, 2006; Han, 2007; Han, 2008a; Han, 2008b; Phua, 2007; Poon & Ho, 2008). Indeed, SM APIA men who are foreign born or recent immigrants may experience heightened acculturative stress and racist stigma, developing racial dating preferences (e.g., White individuals) perhaps as a response to social forces that pressure assimilation into mainstream American society (Choi et al., 2011; Nehl et al., 2014; Poon & Ho, 2008). Compounding decreased confidence and self-esteem related to dating, these dynamics may further predispose unaware APIA men to see their own as being in “competition” for White men, inhibiting supportive ties and community solidarity (Han, 2006; Han, 2008b).

Whether in interracial relationships or broader LGBTQ domains, men whose primary desire is to “fit in” may be at risk of unbalanced power dynamics (e.g., socioeconomic), intimate part-

ner violence, and unsafe sexual behavior (Tan, Pratto, Operario, & Dworkin, 2013). These patterns and a concurrent lack of supportive spaces may predispose SM APIA men to heightened vulnerabilities and, indeed, this population experience significantly increased odds of suicidality in the past year compared to women and straight male counterparts (Cochran et al., 2007). To minimize interference with pre-existing cultural mechanisms of ethnic identification and support that protect against external and internalized oppression (David, 2013; Han, 2006), acculturation into mainstream (White) LGBTQ communities may necessitate a critical awareness and evaluation.

Recommendations for Psychological Practice: Reintegration Through Reconnection

As is apparent from the preceding literature review, the central role of cultural and social connection in shaping positive identities and psychosocial well-being cannot be understated for this population (Mao, Van de Ven, & McCormick, 2004; Vu et al., 2011; Yoshikawa et al., 2004). SM APIA individuals may experience significant distress with feeling pervasively dislocated from the various communities that are important to their sense of self. These may be paralleled by an equally disconnected internal experience between various identities, compounded by what is often a lifelong history of internalizing negative messages, shame, and perceived barriers to help-seeking (Choudhury et al., 2009; Greene, 1994; Greene, 1996). Thus, it is important for clinicians to prioritize supporting clients from this population to reintegrate helpful aspects of their cultural contexts while managing SM status. This may also involve preventing further alienation and/or rejection related to cultural elements that are often intrinsic and facilitative of SM APIA experiences and well-being (Operario et al., 2008). Traditional models of identity development assume sexual minority status as superseding all else, which may be experienced as inconsistent, unhelpful, and/or further distressing by this population (Moradi, Wiseman et al., 2010). In contrast, the centralizing the experiences of SMPOC led us to recommendations for psychological practice focused on reconnection of clients to cultural heritage and history, family and community, and self and relationships. Such reconnection may enable clients to experience their multiple identities in ways that are harmonious and consistent with cultural values.

Reconnecting to Cultural Heritage and History

There is a scarcity of visible cultural frameworks that resonate with SM APIA identities (Thompson, 2000, 2012). Clients may enter services having felt unable to locate their experiences within a seemingly mutually exclusive relationship between mainstream sexual minority and API social narratives. Clinicians can normalize and reframe these concerns as a reaction to social structures that fail to accommodate intersecting identities (Bridges, Selvidge, & Matthews, 2003; Greene, 1994, 1996; Ohnishi, Ibrahim, & Grzegorek, 2006). Reclaiming historical representation is central to healing in communities that have experienced colonialism, cultural erasure, and other types of systematic oppression (Watkins & Shulman, 2008). Thus, clinicians can support clients to regain access to cultural materials that might be explored and/or modified to better fit the idiosyncrasies of individual experiences and needs.

Psychoeducational interventions may be particularly effective for bringing rich stimulus material for processing these issues.

These might involve exploring how sexual diversity was understood and handled in various API cultures and time periods, attending to historical practices and strategies that may be useful for dealing with present-day dilemmas. Using stories of key SM API figures (Moradi, Wiseman et al., 2010) may help clients feel connected to a deeper heritage and sense of belonging. Collaborating with cultural workers and experts more deeply familiar with these topics may bring more substance to service delivery as well as expand clients' network of resources. Relatedly, facilitating access to bibliotherapy resources may also entail a culturally competent intervention that supports clients who wish to take a more private approach to self-exploration (Hom, 1994; Li & Orleans, 2001; Operario et al., 2008). These activities may also position the therapeutic alliance to explore culturally consistent use of language and labels for describing client experiences (Bridges et al., 2003).

Discussing cross-cultural issues related to historical relationships between Western and API communities may provide further context for understanding structural origins of contemporary difficulties (e.g., stereotypes). Clinicians can help clients develop a critical consciousness regarding the broader social and political determinants of their presenting problems. Clients can be guided to examine how dominant narratives regarding what is considered a "normal" sexual minority experience are informed by White, individualist assumptions, while opening pathways to exploring and redrafting a more authentic and pragmatic sexual identity (Alimahomed, 2010; Narui, 2011). Clinicians may also need to process feelings of mourning and loss as clients recognize that society is imperfect and oppressive, including that some of their most meaningful and prized relationships may have also contributed to their marginalization (Han, 2008a).

Reconnecting to Family and Community

Psychoeducational outreach may contribute to building awareness and inclusion of sexual diversity within APIA communities, specifically by correcting misinformation and stereotypes around SM issues. Clinicians can use their scholarly abilities to survey and identify needs specific to particular communities and deliver anecdotal, historical, and scientific information in ways that are synthesized and accessible. Clinicians can draw from their clinical skills to manage the anxiety and resistance expectable from community members for whom sexual diversity may be a wholly new concept (Hom, 1994; Li & Orleans, 2001; Ngo, 2012). A specific domain might involve organizing support groups for families with SM members (e.g., children). Clinicians can draw on the strengths of collective cultures to facilitate families to connect and mutually support each other in managing culture-bound issues related to having an SM family member (Hom, 1994; Li & Orleans, 2001; Ngo, 2012; Stotzer, 2011).

These interventions may be particularly helpful for youth experiencing added vulnerabilities as a result of living in more "traditional" homes that are often associated with increased feelings of parental disapproval, hostility, not belonging, and/or being unable access socioemotional support (Newman & Muzzonigro, 1993). A promising venue involves support groups for SM APIA youth who experience severe limitations to safe and supportive spaces (Hahm & Adkins, 2009) and share broader difficulties communicating their genuine feelings and being frequently ignored when they do

so (Sommers-Flanagan & Sommers-Flanagan, 2009). Supporting this population to resist the "model minority" stereotype that values APIAs solely for their academic performance is also important in recognizing that being SM already disrupts the "model minority," and youth may feel they are far from "performing as expected" (Hahm & Adkins, 2009; Narui, 2011).

To facilitate further access to supportive networks, clinicians can draw on the communication and interpersonal skills that clients may have already developed (Thompson, 2000, 2012). A strengths-based reframe may be useful for considering multiple identities and associated communities (e.g., culture, gender, sexuality) as enabling access to a wider range of supportive networks. While normalizing common experiences of feeling "fragmented," clinicians can help clients to adapt more helpful perspectives in which it is normal and useful to address differing needs in different spaces, while identifying contexts in which they can "fully" be themselves. Relatedly, clinicians can pull on salient cultural values to help clients to develop multiple personae and worldviews that balance authenticity and pragmatic coping strategies around self-presentation across various venues. Refining skills related to generalized sensitivity and self-efficacy may support clients in responding to shifting cultural frameworks (Hahm & Adkins, 2009). Clients may find it beneficial to also practice cognitive strategies (e.g., compartmentalization) and affect regulation in context of navigating internal and external multiplicities (Ohnishi et al., 2006). A specific (and commonly encountered) example might be to develop collaboratively a decision-making model in terms of considering the "outness paradox," and organizing various coming out strategies matched in accordance to issues unique to family and other environmental settings. Conversely, clients may be interested in exploring how to be equally proud and self-accepting of their sexuality in an internal, private manner.

Reconnecting Self and Relationships

SMPOC commonly report significant distress around integrating various identities (Bridges et al., 2003). These difficulties are often reflective of negative internalized messages about one's own culture, race, sexuality, and other dimensions (Greene, 1996). Clinicians can facilitate identity development by first identifying and collaboratively processing the societal origins of negative messages germane to client concerns, exploring ways in which they can be externalized and overcome. In turn, clients may be better positioned to identify positive aspects and strengths garnered from the idiosyncrasies of their intersectional experiences (e.g., Almario, Riggle, Rostosky, & Alcalde, 2013). Probing questions might involve asking clients what they have learned from being an SM APIA, and identifying life domains to which they can transfer any insights or skills developed from their experiences. In overcoming negative messages, clients may be interested in redrafting a more affirming and supportive life narrative (e.g., Li & Orleans, 2001). The combination of these elements may potentially encourage broadening of psychosocial resources for finding creative solutions to identity development and management (e.g., Fredrickson, 2001).

Beyond individual concerns, clinicians can support clients with their exploration, goals, and progress related to interpersonal needs. This population may be at risk for abuse, stereotypes, and imbalanced power in intimate relationships (e.g., Kanuha, 2013;

Tan et al., 2013). As such, it may be important to help clients clarify their needs while developing skills to build healthy and fulfilling relationships. These might involve exploring client attitudes and hopes related to sex and romance, as these elements often operate as vehicles for communicating deeper conflicts and emotions around intimacy (Greene, 1996; Layton, 2006). Assumptions and meanings underlying attractions that are based on racial experiences may also warrant exploration, as relationship problems can be related to enactment and projections of racist stereotypes (Layton, 2006). Interracial situations often involve partners bringing differing attitudes, coping strategies, and levels of experience in dealing with mainstream norms, privilege, and oppression, which bring added complexity that warrants clear and effective communication in terms of shared (and unshared) perspectives regarding the relationship, its goals, and so forth (Greene, 1994, 1996).

Conclusion

The purpose of this article was to centralize a holistic view of SM APIA experiences and offer guidance for psychological practice. Theoretical and empirical works from various fields demonstrate the central role of API cultural values in sexual expressions. Connectedness to one's community of origin, maintenance of prized social relationships, traditional expectations related to family and gender, and coping with minority stress emerged as key themes germane to sexual identity development and management. Conceptualizing SM APIAs through the lenses of Western psychology and predominantly White LGBTQ community norms may lead clinicians to pathologize healthy approaches to navigating the SM experience, as well as potentially intervene in culturally inappropriate ways. Alternatively, helping clients reconnect with cultural heritage and history, family and community, and self and relationships offers a strengths-based, culturally informed approach. Drawing on the theme of reconnection, psychologists can guide the crucial task of supporting this population in drawing on relevant cultural strengths to thrive despite exposure to multiple oppressions (Israel, 2008; Thompson, 2012).

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