




I Embrace My LGB Identity: Self-Reassurance, Social Safeness, and the Distinctive Relevance of Authenticity to Well-Being in Italian Lesbians, Gay Men, and Bisexual People

Nicola Petrocchi¹ · Jessica Pistella² · Marco Salvati² · Nicola Carone² · Fiorenzo Laghi² · Roberto Baiocco² 

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Abstract

We explored the differences among 327 lesbian, gay, and/or bisexual (LGB) individuals on the dimensions of the Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM), a recently developed instrument to assess positive facets of LGB identity. We evaluated the relationship between the dimensions of LGB-PIM and self-relating processes (self-criticism, self-hate, and self-reassurance), internalized sexual stigma (ISS), social safeness and well-being, and the distinctive impact of the LGB-PIM dimensions on well-being. Lesbian/gay participants showed significantly higher levels of all five dimensions of positive identity than bisexual people. All LGB-PIM dimensions, except for commitment to social justice, showed correlations with well-being, self-relating processes, ISS, and social safeness. When controlling for other variables, only authenticity showed a significant unique relevance to positive psychological functioning in this population.

Keywords LGB positive identity · Well-being · Self-criticism · Self-reassurance · Authenticity

Introduction

To have a positive lesbian, gay, and/or bisexual (LGB) identity means to have positive emotions and thoughts about oneself in the context of identifying as LGB. Research has shown that positive LGB identity is not a unidimensional construct but a

multifaceted one in which multiple elements, or dimensions, contribute to a sense of positive well-being as a LGB individual (Mohr and Kendra 2011; Rostosky et al. 2018). Moreover, to have a positive LGB identity is not simply the result of *not having* negative feelings about one's own identity: in fact, positive LGB identity is distinct from negative LGB identity, and they are not opposite ends of the same continuum (Moradi et al. 2009).

Dealing with stress associated with living in a heteronormative context can offer LGB people opportunity to develop skills and attitudes that lead to self-awareness, authenticity, and resilience (Riggle et al. 2008; Rostosky et al. 2010; Sung et al. 2015; Szymanski et al. 2017). This particularly applies to socio-cultural contexts bound by pronounced heteronormative values and fairly negative attitudes toward sexual minorities, such as Italy where this study was conducted (Fisher et al. 2017; Ioverno et al. 2018). However, the few studies conducted so far in the Italian context have adopted a deficit model focusing on the negative outcomes of being LGB (Salvati et al. 2018; Vaughan and Rodriguez 2014). For example, whether Italian LGB people frequently face several heterosexist prejudices in their daily life has been investigated, addressing which factors (e.g., social rejection and discrimination) prevent them to disclose their sexual orientation (Baiocco et al. 2012; Pistella et al. 2016; Salvati et al. 2017, 2018). Other studies have found a higher percentage

✉ Roberto Baiocco
roberto.baiocco@uniroma1.it

Nicola Petrocchi
npetrocchi@johncabot.edu

Jessica Pistella
jessica.pistella@uniroma1.it

Marco Salvati
marco.salvati@uniroma1.it

Nicola Carone
nicola.carone@uniroma1.it

Fiorenzo Laghi
Fiorenzo.Laghi@uniroma1.it

¹ Department of Economics and Social Sciences, John Cabot University, Via della Lungara 233, 00165 Rome, Italy

² Department of Social and Developmental Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Via dei Marsi, 78, 00185 Rome, Italy

of binge drinkers in the LGB young adults relative to heterosexual people (Baiocco et al. 2010; Verrastro et al. 2016). Overall, internalized sexual stigma has resulted to a significant correlate of sexual minorities' well-being (Baiocco et al. 2014). Of note, no study has explored the positive identity of Italian LGB people.

With regard to the measurement of this construct, Riggle et al. (2014) have created a measure, the Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM) which assesses five main factors of LGB positive identity: *self-awareness*, a belief that one's LGB identity has increased one's self-awareness; *authenticity*, a comfort with one's LGB identity and with expressing one's identity in interactions with others; *community*, a sense of involvement with and support from LGBT communities; *intimacy*, a belief that one's LGB identity enhances one's capacity for intimacy and sexual freedom; and *social justice*, a belief that one's LGB identity has increased one's concern with all forms of oppression and activism for social justice. Different from previous conceptualizations and measures of LGB identity which focus mostly on individual *acceptance* of an LGB identity, the five facets of this questionnaire capture *positive feelings or experiences* that may occur in relation to that identity and have a distinct contribution to well-being (Szymanski et al. 2017). In fact, results of the validation study of the questionnaire have shown that, after controlling for negative LGB identity, the five facets of the LGB-PIM accounted for unique variance in positive but not negative psychological functioning, confirming the distinctive relevance of LGB-PIM scores to positive psychological well-being (Riggle et al. 2014).

Despite the usefulness of assessing positive facets of LGB identity, to our knowledge, no research has investigated differences between lesbians, gay men, and bisexual people on positive dimensions of LGB identity. For example, bisexual people experience more discrimination and negative feelings than lesbians and gay men (Rust 2002). It is the lack of identity validation and support which seems to account for the higher rates of psychological distress and substance use documented in bisexual individuals (Verrastro et al. 2016). In fact, bisexuality and young age often were associated with decreased well-being (Eliason 1997; Kertzner et al. 2009; Rosario et al. 2006), self-esteem (Frale et al. 1997), and psychological adjustment (Miranda and Storms 1989). No gender difference has been reported on LGB positive identity (Luhtanen 2002).

Having a positive self-identity has a relevant impact on the psychological well-being of individuals belonging to sexual minorities; however, the correlation between positive facets of LGB identity and self-relating processes, such as self-reassurance and self-criticism, has not been explored yet. The way we "relate to ourselves," if criticizing and attacking ourselves or trying to be warm, encouraging, and kind with ourselves in front of failure, has shown to be strongly correlated with adaptive psychological functioning and well-being

(Bluth et al. 2017; Neff et al. 2007; Petrocchi and Couyoumdjian 2016), also in LGB individuals (Greene and Britton 2015; Matos et al. 2017). However, it is possible that not all the LGB positive identity facets have the same link with how LGB individuals relate to themselves in front of setbacks and failures. Given that criticizing or reassuring ourselves (which often takes the form of inner self-talk) stimulate the same neurophysiological systems as criticism or reassurance that we receive by others (Gilbert et al. 2006; Longe et al. 2010; Petrocchi et al. 2016; Petrocchi and Couyoumdjian 2016), it is relevant to assess if specific factors of positive LGB identity are particularly correlated with self-reassurance and/or self-criticism. Moreover, given the high impact of self-criticism and self-reassurance on well-being, the specific effect of the different aspects of positive identity on well-being while controlling for these self-relating variables needs to be evaluated.

Research has also been confirming the negative impact of internalized heterosexism on LGB individuals. According to Meyer (2003), minority stress processes in lesbians and gay men are caused not only by external objective events, such as discrimination and violence, and by the vigilance that such expectations bring but also by internalization of negative attitudes, feelings, and representations toward homosexuality that LGB individuals experience, even unconsciously, toward themselves as non-heterosexuals. In fact, internalized sexual stigma is a significant correlate of mental health (Baiocco et al. 2015; Cochran and Mays 2006; Meyer and Northridge 2007; Russell and Horn 2016) and consistently interferes with the psychological and relational well-being of the person (Baiocco et al. 2010; Balsam and Mohr 2007; Herek 2007; Herek and Garnets 2007; Riggle et al. 2010). More specifically, recent research has shown that internalized sexual stigma increases psychological distress through depriving LGB people of positive interactions with other sexual minorities, thus generating a lack of connectedness with other LGB individuals (Cox et al. 2010; Puckett et al. 2015; Russell and Richards 2003; Sung et al. 2015). Strong associations between the different positive identity facets of LGB-PIM and both measures of internalized sexual stigma and emotional intimacy to another person have been reported (Riggle et al. 2014), which is in line with the literature on LGB identity (Frost 2011; Meyer and Dean 1998; Šeić et al. 2016; Szymanski et al. 2016).

Given the positive impact that a sense of connectedness with other LGB people has on the well-being of a LGB individual, it is important to assess the relationship between different aspects of LGB positive identity and the extent to which LGB people experience their *overall* social world as safe, warm, and soothing. Even if they have never been explored yet, these potential relationships are crucial, given that difficulty in experiencing warmth and safeness system in social interaction has been suggested as a trans-diagnostic

vulnerability factor for several psychological problems (Schanche 2013). In fact, different from the need to belong (mostly viewed as a motivational construct; Baumeister and Leary 1995; Kelly et al. 2012) and social support (mostly described as a cognitive construct; Kelly et al. 2012), social safeness is considered an emotional experience encompassing feelings of belonging, acceptance, and of warmth from others. Social safeness plays a positive and facilitative role on the well-being of individuals: it is positively related to self-esteem and secure attachment (Kelly et al. 2012). Individuals with a higher level of sense of social safeness tend to act in a more pro-social manner and are less vulnerable to psychological problems than to their decreased fear of compassion from others, lower submissive behavior, shame, and feelings of inferiority (Gilbert et al. 2009). Thus, social safeness might be a crucial correlate of positive identity dimensions of LGB individuals; however, to the best of our knowledge, this correlation has never been assessed yet. Moreover, the differential impact of the different facets of positive identity on well-being while controlling for both internalized sexual stigma and feelings of belonging, acceptance, and warmth from others is still to be evaluated.

The Present Study

Evidence reviewed so far suggests the importance of assessing positive facets of LGB identity and their specific impact on well-being and positive psychological outcomes (Szymanski et al. 2017), especially in cultural contexts bound by pronounced heteronormative values such as Italy. In addition, the literature on possible differences between lesbians/gay men and bisexual people has grown in importance in the last decade. Thus, the first aim of the study was to explore group differences among the Italian LGB young adults on the levels of LGB-PIM subscales to identify potential variability due to gender and sexual orientation. In particular, given that previous research found significant differences between bisexual people and lesbians/gay men in general well-being and positive identity (Eliason 1997; Rosario et al. 2006) and that bisexual people face unique stigma related to their sexual orientation even within the same LGB community (Pistella et al. 2016; Rust 2002), we hypothesized that bisexual people would show lower levels of positive LGB identity than lesbians and gay men, while we did not expect to find differences between men and women.

Second, we evaluated the relationship between the five dimensions of positive LGB identity and measures of self-relating processes (self-criticism, self-hate, and self-reassurance), internalized sexual stigma, social safeness, and well-being. In line with Riggle et al. (2014), the dimensions of authenticity, community, and intimacy were all expected to positively correlate with constructs related to positive

functioning (self-reassurance, well-being, and social safeness) and to show a negative correlation with measures of negative psychological functioning (self-criticism, self-hate, and internalized sexual stigma). No specific hypothesis was formulated as to the relationship between the dimension of self-awareness and social justice and both positive and negative psychological functioning variables. In fact, these dimensions showed weak correlations with a measure of life satisfaction and a non-significant correlation with a measure of depressive symptoms assessed in the validation study by Riggle et al. (2014).

The third aim of this study was to assess the distinctive impact of the different facets of positive identity on well-being while controlling for self-relating processes, internalized sexual stigma, and social safeness, and some background characteristics, such as age, gender, sexual orientation, education level, and religious importance. In fact, the literature on sexual minorities suggests that it seems important to control for the effects of individual-level characteristics. For example, several studies emphasized the distinctive role of education level or religious commitment on LGB people's well-being and mental health (Lingiardi et al. 2012). In addition, previous works (Baiocco et al. *in press*; Kertzner et al. 2009) found that female gender, a lesbian/gay identity, and higher age were significantly associated with greater levels of positive identity. Authenticity, community, and intimacy, which describe an openly positive attitude toward the self and others (both the community and one's partner), were expected to impact on well-being more than self-awareness and social justice. In fact, these two dimensions depict a condition of increased awareness of oneself and of the prejudice and discrimination present in the society which might not be necessarily linked to a sense of increased well-being in LGB individuals.

Materials and Methods

Participants and Procedures

Participants consisted of 327 Italian people self-defined as lesbian (29.1%), gay (43.7%), or bisexual (27.2%). One-hundred and sixty-two were women (50.5%), whereas the remaining 165 were men (49.5%), all aged between 18 and 32 years (lesbians: $M_{\text{age}} = 25.7$, $SD = 4.5$; gay men: $M_{\text{age}} = 27.8$, $SD = 5.7$; bisexual women: $M_{\text{age}} = 25.2$, $SD = 4.2$; bisexual men: $M_{\text{age}} = 27.1$, $SD = 6.9$). There were significant differences between the groups of women and men ($F(326) = 15.63$, $p < .001$) with respect to age.

The majority (75%) was recruited from LGB organizations in university and community settings in Rome (Italy). In this case, people who accepted to take part in the study were given a link to access to an Internet-based survey. The remaining 25% was recruited via several professional mailing lists

(consisting of subjects who had previously provided consent to be contacted for participation in future studies) and Web advertising. Participants were assured of anonymity and given the option not to participate in the project. Written informed consent was obtained from all study participants. Inclusion criteria were to be self-identified as lesbian, gay, bisexual or “other.” Twenty-three participants were excluded because their sexual orientation was not lesbian, gay, or bisexual (four heterosexuals, one pansexual; the other 18 participants were excluded because they selected “other” but they did not clarify their identity in the box provided). A total of 94% of distributed questionnaires were completely filled in.

Respondents answered individually the same questionnaire packet, employing about 15–20 to complete the survey. Before the administration, the original English version of the measures was translated into Italian and then back-translated into English from an Italian native speaker who also had a high proficiency in English to check for potential problems in the translation. The study was conducted in accordance with ethical standards of the responsible committees on human experimentation and with the 1964 Helsinki Declaration. Before the data collection started, the protocol was approved by the Ethics Commission of the Department of Developmental and Social Psychology of the Sapienza University of Rome.

Measures

Demographic Information An identifying information questionnaire was completed by all the participants to collect data about demographic characteristics such as age, gender, and sexual orientation. Participants were asked to report their sexual orientation by answering an item with four alternative responses (1 = lesbian, 2 = gay, 3 = bisexual, 4 = other). In the case of the “other” alternative, participants were allowed to specify their sexual orientation. The participants were asked to indicate their level of education (a 6-point scale ranged from 1 [primary school] to 6 [PhD, specialization]). Religious importance assessed the “importance of religion in your life” by using a 5-point Likert-type item (1 = not important; 5 = extremely important).

Self-Criticism and Self-Reassurance The Forms of Self-Criticizing and Self-Reassuring Scale (FSCRS; Gilbert et al. 2004) was used to evaluate how people criticize and reassure themselves “when things go wrong.” The FSCRS have three subscales: inadequate self (e.g., I am easily disappointed with myself), hated self (e.g., I have a sense of disgust with myself), and reassured self (e.g., I find it easy to forgive myself). The participants could answer on a 5-point Likert scale from 0 (*not at all like me*) to 4 (*extremely like me*). A mean score of items was calculated, whereby a higher score indicated greater corresponding self-criticism form. In the present study,

Cronbach’s α values were .76 (inadequate self) and .76 (reassured self). Hated self showed a Cronbach’s α of .64: this low value could be due to the floor effect that the hated self subscale tends to show in non-clinical samples (Gilbert et al. 2011).

Social Safeness The Social Safeness and Pleasure Scale (SSPS; Gilbert et al. 2009) is an 11-item self-report measure of social safeness. The items relate to feelings of belonging, reassurance, and warmth from others (e.g., “I feel easily soothed by those around me” or “I feel a sense of warmth in my relationships with people”). Participants rate their agreement using a 5-point Likert scale from 1 (*almost never*) to 5 (*almost all the time*). Scores are summed to produce a score ranging between 0 and 55, with higher scores indicating higher levels of social safeness. In the present study, Cronbach’s α was .91.

Internalized Sexual Stigma An adapted version of the Measure of Internalized Sexual Stigma for Lesbians, Gay, and Bisexual People—short version (MISS-LGB; Lingardi et al. 2012; Salvati et al. 2018) was used to measure internalized sexual stigma in LGB people. This short version of the MISS consists of five items that measure lesbian, gay, and bisexual persons’ negative attitudes toward homosexuality and bisexuality in general and toward such aspects of themselves. In this study, we used internalized sexual stigma (ISS) as an indicator of internalized negative feelings about their own LGB identity. Example items are “At work, I pretend to be heterosexual (being interested in someone of the opposite sex)” or “If it were possible, I’d do anything to change my sexual orientation.” The participants could answer on a 5-point Likert scale from 1 (*I disagree*) to 5 (*I agree*). A mean score of items was calculated, whereby a higher score indicated greater ISS. In the present study, Cronbach’s α was .79.

LGB Positive Identity The Multifactor LGB-PIM (Riggle et al. 2014) is a 25-item measure designed to assess positive LGB identity. The LGB-PIM evaluated positive LGB identity as a multifactorial construct composed of five dimensions: self-awareness (e.g., “my LGBT identity motivates me to be more self-aware”), authenticity (e.g., “I embrace my LGBT identity”), community (e.g., “I feel included in the LGBT community”), intimacy (e.g., “my LGBT identity allows me to understand my sexual partner better”), and social justice (e.g., “I am more sensitive to prejudice and discrimination against others because of my LGBT identity”). Respondents rated each item on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An average score was calculated for each subscale, where a higher score indicated a greater level of self-awareness, authenticity, community, intimacy, and social justice. The overall valence of the subscales was positive, and there were no questions formulated in a negative

valence. In the current sample, Cronbach's α for the subscales were .92, .91, .94, .92, and .84 for self-awareness, authenticity, community, intimacy, and social justice, respectively.

Well-Being The Well-Being Questionnaire Short-Form (W-BQ12; Riazi et al. 2006) is a questionnaire composed of 12 items rated on a 4-point Likert type scale, ranging from 0 (*never*) to 3 (*always*), in which participants indicate the degree and quality of well-being (e.g., "I have lived the kind of life I wanted to"; "I feel tired, worn out, used up or exhausted"). The scale consists of three dimensions: negative well-being, energy, and positive well-being, which are of equal length and achieve a balance of positively and negatively worded items. Riazi et al. (2006) confirmed that all items loaded highly ($r > 0.55$) on the same factor and provided support for combining all items (after reversing negative ones) into a total general well-being score that can be interpreted as a measure of self-perceived psychological well-being. In the present study, the internal consistency reliability was 0.86. Participants' demographics and descriptive statistics of the measures used in the study are shown in Table 1. We did not consider possible gender differences between lesbians and gay men because this was not the purpose of the research.

Data Analysis

To conduct bivariate and multivariate analyses, we used the Statistical Package for the Social Sciences (SPSS 22.0). Group differences (in terms of gender and sexual orientation) on the levels of LGB-PIM subscales were analyzed using multivariate analysis of variance (MANOVA). Bivariate correlations (Pearson's r , two-tailed) were performed to examine the

associations among social safeness, FSCRS subscales, internalized sexual stigma, LGB-PIM subscales, and well-being. Next, hierarchical multiple regressions were conducted to investigate the relevance of identifying variables, self-criticizing subscales, social safeness, ISS, and positive LGB identity to predict well-being of sexual minorities.

Results

Sexual Orientation and Gender Differences in LGB-PIM Subscales

We conducted a 2 (participants' sexual orientation: lesbian and gay vs. bisexual people) \times 2 (gender: men vs. women) MANOVA on positive LGB identity (LGB-PIM subscales). The analysis revealed a significant effect for sexual orientation (Wilks' lambda = .92; $F(5,319) = 5.83$; $p < .001$, $\eta_p^2 = .09$), though no significant effect for gender (Wilks' lambda = .98; $F(5,319) = 1.40$; $p = \text{n.s.}$, $\eta_p^2 = .02$). Lastly, the effect of interaction sexual orientation \times gender was not significant (Wilks' lambda = .97; $F(5,319) = 1.61$; $p = \text{n.s.}$, $\eta_p^2 = .02$). There was a significant difference between the scores of lesbian/gay participants and those of bisexual people. In particular, lesbian/gay participants showed higher levels of self-awareness ($F(1,323) = 11.30$; $p < .01$, $\eta_p^2 = .03$), authenticity ($F(1,323) = 23.90$; $p < .001$, $\eta_p^2 = .07$), community ($F(1,323) = 13.14$; $p < .001$, $\eta_p^2 = .04$), intimacy ($F(1,323) = 3.76$; $p < .05$, $\eta_p^2 = .01$), and social justice ($F(1,323) = 5.22$; $p < .05$, $\eta_p^2 = .02$) than those of bisexual people. Means and standard deviations are shown in Table 2.

Table 1 Descriptive (means, standard deviations, and gender differences) of the sample's characteristics

| Description of the sample's characteristics | Lesbian/gay people ($n = 238$) | | | Bisexual people ($n = 89$) | | | LGB people ($n = 327$) | | |
|---|----------------------------------|--------------|--------------|------------------------------|--------------|---------------|--------------------------|-------|--------|
| | Total | Women | Men | Total | Women | Men | Total | F | p |
| Age | 27.03 (5.39) | 25.20 (4.59) | 27.88 (5.71) | 25.65 (5.07) | 25.16 (4.24) | 27.14 (6.95) | 26.65 (5.33) | 15.63 | < .001 |
| Education level | 3.90 (1.11) | 3.82 (.96) | 3.96 (1.19) | 3.78 (1.08) | 3.87 (.98) | 3.50 (1.33) | 3.87 (1.10) | .22 | .638 |
| Religious importance | 1.89 (.94) | 1.88 (.92) | 1.90 (.97) | 2.20 (1.06) | 2.09 (.96) | 2.55 (1.26) | 1.98 (.98) | .01 | .908 |
| Inadequate self (FSCRS) | 2.77 (.81) | 2.72 (.79) | 2.79 (.81) | 2.84 (.77) | 2.79 (.69) | 2.97 (.97) | 2.79 (.79) | .51 | .472 |
| Hated self (FSCRS) | 1.59 (.64) | 1.66 (.69) | 1.55 (.61) | 1.65 (.61) | 1.70 (.64) | 1.52 (.49) | 1.61 (.63) | 3.53 | .061 |
| Reassured self (FSCRS) | 3.41 (.72) | 3.46 (.76) | 3.37 (.70) | 3.29 (.82) | 3.39 (.83) | 3.00 (.72) | 3.37 (.75) | 1.66 | .197 |
| Social safeness | 36.19 (8.28) | 36.43 (8.42) | 36.04 (8.21) | 35.10 (9.26) | 36.47 (8.60) | 30.91 (10.15) | 35.89 (8.56) | 1.33 | .249 |
| MISS-LGB short version | 1.71 (.77) | 1.63 (.75) | 1.76 (.78) | 1.81 (.73) | 1.73 (.69) | 2.06 (.80) | 1.73 (.76) | 2.36 | .121 |
| Well-being (W-BQ12) | 26.24 (2.55) | 26.24 (2.38) | 26.24 (2.70) | 25.65 (2.70) | 25.84 (2.43) | 25.09 (3.39) | 26.07 (2.60) | .001 | .970 |

The F it refers to the gender differences in total sample (women vs. men). Standard deviations are in parentheses. Participants rated the continuous measures on education level (1 = primary school to 6 = PhD, specialization), religious importance (1 = not important to 5 = extremely important), self-criticizing subscale (FSCRS; 0 = not at all like me to 4 = extremely like me), social safeness (1 = almost never to 5 = almost all the time), MISS-LGB (1 = I disagree to 5 = I agree), and well-being (0 = never to 3 = always)

Table 2 Means and standard deviations for LGB-PIM subscales by gender and sexual orientation

| LGB-PIM subscales | Self-awareness | Authenticity | Community | Intimacy | Social justice |
|------------------------------------|----------------|--------------|-------------|-------------|----------------|
| Gender | | | | | |
| Women (<i>n</i> = 162) | 5.30 (1.36) | 5.67 (1.30) | 4.61 (1.67) | 5.45 (1.42) | 5.75 (1.16) |
| Men (<i>n</i> = 165) | 5.27 (1.59) | 5.75 (1.38) | 4.39 (1.69) | 5.01 (1.76) | 5.66 (1.25) |
| Sexual orientation* | | | | | |
| Lesbians/gay men (<i>n</i> = 238) | 5.45 (1.47) | 5.90 (1.21) | 4.69 (1.65) | 5.30 (1.68) | 5.80 (1.20) |
| Bisexual people (<i>n</i> = 89) | 4.84 (1.43) | 5.19 (1.54) | 3.99 (1.64) | 5.04 (1.42) | 5.46 (1.19) |
| Total sample (<i>n</i> = 327) | 5.28 (1.48) | 5.71 (1.34) | 4.50 (1.68) | 5.23 (1.62) | 5.70 (1.21) |

*Significant main effect of sexual orientation on LGB-PIM subscales: lesbian/gay participants reported higher scores for all the five subscales than bisexual people. Participants rated the continuous measures on LGB-PIM subscales (1 = strongly disagree to 7 = strongly agree)

Correlations Among Study Variables

We performed correlations between demographic variables, religious importance, social safeness, FSCRS subscales, internalized sexual stigma, LGB-PIM subscales, and well-being (Table 3). All the dimensions of LGB positive identity correlated negatively and significantly with both measures of self-

criticism (hated self and inadequate self) except for the intimacy dimension, which did not correlate with hated self, and the social justice dimension, which did not show a significant correlation with none of the two forms of self-criticism (hated self and inadequate self).

The reassured self-dimension showed a significantly positive correlation with all subscales of LGB positive identity except for

Table 3 Pearson's *r* between age, self-criticizing, social safeness, ISS, and LGB-PIM subscales (*n* = 327)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|-------|-------|--------|--------|--------|-------|--------|--------|-------|-------|-------|-------|------|------|
| 1. Age | 1.00 | | | | | | | | | | | | | |
| 2. Education level | .40** | 1.00 | | | | | | | | | | | | |
| 3. Religious importance | .10 | -.11* | 1.00 | | | | | | | | | | | |
| 4. Inadequate self (FSCRS subscale) | -.10 | -.09 | .06 | 1.00 | | | | | | | | | | |
| 5. Hated self (FSCRS subscale) | -.12* | .04 | .08 | .42** | 1.00 | | | | | | | | | |
| 6. Reassured self (FSCRS subscale) | .01 | .09 | -.03 | -.24** | -.25** | 1.00 | | | | | | | | |
| 7. Social safeness (SSPS) | .17* | .12* | .03 | -.25** | -.26** | .45** | 1.00 | | | | | | | |
| 8. Internalized sexual stigma (MISS-LGB) | -.05 | -.03 | .27** | .30** | .30** | -.12* | -.25** | 1.00 | | | | | | |
| 9. Self-awareness (LGB-PIM subscale) | .02 | -.07 | -.07 | -.18** | -.11* | .28** | .31** | -.28** | 1.00 | | | | | |
| 10. Authenticity (LGB-PIM subscale) | .08 | .03 | -.20** | -.26** | -.22** | .31** | .28** | -.57** | .55** | 1.00 | | | | |
| 11. Community (LGB-PIM subscale) | -.01 | -.07 | -.08 | -.11* | -.17** | .19** | .31** | -.34** | .51** | .47** | 1.00 | | | |
| 12. Intimacy (LGB-PIM subscale) | -.01 | .05 | -.01 | -.12* | -.08 | .25** | .28** | -.31** | .66** | .49** | .56** | 1.00 | | |
| 13. Social justice (LGB-PIM subscale) | .01 | .01 | -.12 | -.04 | .05 | .10 | .14** | -.24** | .50** | .41** | .46** | .42** | 1.00 | |
| 14. Well-being (W-BQ12) | .17** | .13** | -.12* | -.40** | -.30** | .33** | .34** | -.34** | .15** | .38** | .24** | .17** | .06 | 1.00 |

* $p < .05$; ** $p < .01$

social justice. The ability to experience a sense of social safeness (feeling connected, supported, and safe with others) was positively correlated with all five dimensions of LGB positive identity, and internalized sexual stigma was negatively correlated with all LGB positive identity dimensions. Age and level of education were not associated with LGB-PIM subscales, whereas religious importance showed a significant negative association with the authenticity dimension.

LGB-PIM Subscales as Predictors of Well-Being in Sexual Minorities

A hierarchical multiple regression was conducted to evaluate the predictive relevance of LGB-PIM subscales on well-being in sexual minorities in relation to identifying information (age, gender, sexual orientation, education level) and religious importance, FSCRS subscales, internalized sexual stigma, and social safeness (Table 4). In the first step of the regression, we entered the identifying information of the participants and religious importance. FSCRS subscales were entered in the second step, social safeness in the third step, internalized sexual stigma in the fourth step, and LGB-PIM subscales in the last step. The inclusion of LGB-PIM subscales in the model increased the variance accounted for by 3%.

In the last step, the analysis of the sample showed that high scores of well-being were associated with lower inadequate self ($\beta = -.22$, $t = -3.98$, $p < .001$), higher reassured self ($\beta = .15$, $t = 2.64$, $p < .01$), higher levels of social safeness ($\beta = .12$, $t = 2.18$, $p \leq .05$), and higher level of authenticity ($\beta = .23$, $t = 3.25$, $p < .01$). The adjusted R^2 for the whole model was .33.

Discussion

LGB people face the constant challenge of developing a positive identity in an environment characterized by social stigma and marginalization (Meyer 2003; Rostosky et al. 2018). Studies exploring well-being in LGB communities have shown that individual differences in different dimensions of positive identity of LGB individuals account for variance in measures of well-being and psychological functioning above and beyond measures of LGB negative identity (Herek 2007; Herek and Garnets 2007; Riggle and Rostosky 2012; Russell and Horn 2016; Szymanski et al. 2017). Thus, the need to measure positive LGB identity dimensions in different samples and explore their correlations with other constructs highly linked to psychological well-being has become extremely evident, particularly in socio-cultural contexts characterized by pronounced heteronormative values such as Italy.

The first aim of this study was to explore group differences among Italian LGB individual on the levels of LGB-PIM subscales to identify potential variability due to gender and sexual orientation. The analysis revealed significant differences due to sexual orientation but not to gender, in line with previous research on bisexual people (Eliason 1997; Kertzner et al. 2009; Rosario et al. 2006; Luhtanen 2002). Lesbian/gay participants showed significantly higher levels of all five dimensions of positive identity than bisexual people. Interestingly, research conducted by Flanders (2015) has shown that positive identity experiences were negatively related to stress and anxiety, whereas negative identity experiences were positively related to stress. He also observed that bisexual participants

Table 4 Hierarchical regression analyses for LGB-PIM subscales predicting well-being in sexual minorities ($n = 327$)

| | <i>B</i> | SE <i>B</i> | β | R^2 | ΔR^2 |
|--|----------|-------------|---------|--------|--------------|
| Step 1 (identifying variables) | | | | .06** | .06 |
| Age | .003 | .002 | .08 | | |
| Gender (0 = man, 1 = woman) | -.002 | .02 | .01 | | |
| Sexual orientation (0 = lesbian/gay, 1 = bisexual) | -.001 | .025 | -.01 | | |
| Education level | .01 | .01 | .05 | | |
| Religious importance | -.02 | .02 | -.06 | | |
| Step 2 (FSCRS subscales) | | | | .26*** | .20 |
| Inadequate self | -.06 | .02 | -.22** | | |
| Hated self | -.02 | .02 | -.05 | | |
| Reassured self | .04 | .02 | .15** | | |
| Step 3 (measure of social safeness) | | | | .28* | .02 |
| The Social Safeness and Pleasure Scale (SSPS) | .003 | .001 | .12* | | |
| Step 4 (measure of negative LGB identity) | | | | .30** | .02 |
| Internalized sexual stigma (ISS) | -.02 | .02 | -.08 | | |
| Step 5 (LGB-PIM subscales) | | | | .33** | .03 |
| Self-awareness | -.02 | .01 | -.12 | | |
| Authenticity | .04 | .01 | .23*** | | |
| Community | .01 | .01 | .08 | | |
| Intimacy | .001 | .01 | -.003 | | |
| Social justice | -.01 | .01 | -.06 | | |

The tabled values for beta reflect *B* values after step 5

* $p < .05$; ** $p < .01$; *** $p < .001$

experienced daily stressors related to their sexual identity that gay and lesbian participants did not experience. This might contribute to explain why bisexual people tend to report poorer mental health than heterosexual and gay/lesbian people do (Conron et al. 2010; Herek 2007; Kerr et al. 2013; Pistella et al. 2016). Research has shown the role that community or peer support could play in affirming bisexual identity (Flanders et al. 2016), which parallels the evidence of the importance of social support in promoting well-being for other sexual minority groups (Baiocco et al. 2012; Costa et al. 2013; Smalley et al. 2015). However, the difficulty bisexual people report in identifying other bisexuals might make community building and social support more difficult to accomplish than with other sexual minority groups, hindering the emergence of positive identity dimensions in these individuals (Riggle et al. 2008; Riggle and Rostosky 2012).

The second aim of this study was to evaluate the relationship between the five dimensions of positive LGB identity and measures of self-relating processes, internalized sexual stigma, social safeness, and well-being. As hypothesized and in line with previous findings (Riggle et al. 2014), the four positive dimensions of self-awareness, authenticity, community, and intimacy all showed correlations in the expected direction with well-being and the other well-being-related constructs. The belief that identifying oneself as a LGB individual enhances one's self-awareness and one's capacity for intimacy and sexual freedom, feeling at comfort with expressing one's LGB identity and having a sense of involvement with and support from LGBT communities were all correlated with reduced internalized sexual stigma (Baiocco et al. 2012). However, similar to findings by Riggle et al. (2014), it was the dimension of authenticity to show the strongest negative correlation with the tendency to self-denigration and self-invalidation that constitutes internalized sexual stigma. The dimension of authenticity describes a tendency to be honest and comfortable with oneself, to embrace and experience a "sense of inner peace" with one's LGB identity, and seems to capture an inclination to self-acceptance and emotional self-warmth connected to the LGB identity which is relatively distinguishable by a mere sense of inclusion in, and acceptance by the LGB community or by a more cognitive dimension of increased self-awareness (Riggle et al. 2008; Rostosky et al. 2010). In fact, authenticity is a core concept of the person-centered approach in psychology and includes having a conscious awareness of "the true self" and living and behaving in accordance with one's values and beliefs (Riggle et al. 2017; Wood et al. 2008).

The positive dimensions of self-awareness, authenticity, community, and intimacy were all negatively correlated with self-criticism, one of the most pervasive features of psychopathology (Gilbert and Irons 2005). Self-criticism is highly associated with shame (Gilbert et al. 2012), and its pathogenic qualities derive from the strength of self-directed negative emotions related to it, especially anger, disgust, and contempt

(Whelton and Greenberg 2005). Our data confirmed that high levels of self-awareness, authenticity, community, and intimacy of LGB individual are connected to a reduced tendency to attack and "bullying oneself" in response to failures or setbacks. This is relevant, considering that research has shown that we respond to our own attacks with the same response systems that we use to face external attacks and threats (Longe et al. 2010) and that the self-to-self relationship that characterizes self-criticism constitutes a serious risk of depression and related disorders (Whelton and Greenberg 2005; Zuroff et al. 2004). Crucially, as expected, self-awareness, authenticity, community, and intimacy dimensions of positive self-identity all showed significantly positive correlations with self-reassurance, an alternative response to failure characterized by self-support or compassion for the self (Gilbert 2014)—to show acceptance and compassion for one's own distress and be able to refocus and consciously activate "safeness" self-signaling systems (Petrocchi et al. 2016). We found this to be a critical correlate of LGB positive identity dimensions, given that the ability to be self-reassuring and experience compassion toward ourselves is not only predictive of increased mental health and well-being in LGB population (Greene and Britton 2015; Matos et al. 2017), but it has also been found to be a resilience-promoting response to stigma messages received from bias-based bullying (Baiocco et al. 2015; Vigna et al. 2018). Importantly, self-awareness, authenticity, community, and intimacy dimensions also showed a positive relationship with a measure of social safeness—the extent to which people experience their social worlds as safe, warm, and soothing. Data show that social safeness is an emotional experience encompassing feelings of belonging, acceptance, and of warmth from others, and that it plays a positive role on the well-being of individuals (Kelly et al. 2012). We believe the correlation between social safeness and the positive identity dimensions of LGB individuals to be crucial, given that individuals with a higher level of sense of social safeness are less vulnerable to psychological problems than to their lower submissive behavior, shame, and feelings of inferiority (Gilbert et al. 2009).

As expected, the LGB positive identity dimension of social justice, a belief that one's LGB identity has increased one's concern with all forms of oppression and activism for social justice, showed a different pattern of correlations with the other constructs of the study. In line with previous results by Riggle et al. (2014), it was negatively correlated to internalized sexual stigma and positively correlated with social safeness. However, it was correlated neither with the self-relating process of self-criticism and self-reassurance nor with well-being, partially paralleling previous findings where this dimension was found to be correlated with a measure of satisfaction with life but not with a measure of psychological distress (Riggle et al. 2008; Riggle and Rostosky 2012). Different from the other dimensions of positive LGB identity that seem

to capture more emotional and self-related aspects of positive identity (self-awareness, authenticity, feelings of connection with the LGB community, and intimacy in close relationships), social justice dimension describes a heightened sensitivity to prejudice and discrimination against others and an increased willingness to fight for the rights of others (Sung et al. 2015). Coherently, Swank and Fahs (2013) found that experiencing heterosexist discrimination predicted engagement in activism among LGB persons. It is plausible that this active attitude does not necessarily correlates with well-being, especially when the desire to advocate and fight for LGBT rights stems from feelings of anger and resentment or leads to emotions of frustration or defeat. Future studies might explore at what conditions this dimension is conducive of well-being.

The third aim of this study was to assess the distinctive impact of the different facets of positive identity on well-being while controlling for potentially interfering variables. In the original validation study of the LGB-PIM, Riggle et al. (2014) assessed the unique relevance of all LGB-PIM dimensions to positive psychological well-being and found that LGB-PIM subscales accounted for unique variance in positive but not negative psychological functioning. However, no information was provided on the specific relevance of each LGB-PIM dimension to well-being. We found that, after controlling for all the other variables of our study related to well-being (age, gender, sexual orientation, education level, religious importance, self-relating processes, internalized sexual stigma, and social safeness), LGB-PIM dimensions significantly improved the model performance in explaining well-being. However, only authenticity remained as a significant predictor of well-being of LGB individuals. This is not surprising, considering that both in this study and in the validation study by Riggle et al. (2014) the dimension of authenticity showed the strongest associations with both positive and negative indicators of well-being. Our findings seem to indicate that not all dimensions of positive identity are equally conducive of well-being of LGB individuals. However, the ability to be honest about and at peace with one's LGB identity appears to have a significant unique relevance to positive psychological functioning in this population. Previous research has shown that there is a strong relationship between acting in accordance with one's values and experiencing authenticity (Smallenbroek et al. 2016; Villicana et al. 2016), and that authenticity is a predictor of optimal self-esteem (Davis et al. 2014). Moreover, higher levels of LGB-specific authenticity were significantly associated with higher psychological well-being, fewer depressive symptoms, and lower levels of perceived stress (Riggle et al. 2017). Riggle et al. (2017) highlight that authenticity is a distinct concept in LGB positive identity, different from outness and concealment. Even if a LGB individual's sense of authenticity may influence decisions about disclosure and concealment of an LGB identity, these decisions stem from intrapersonal assessments of whether one is being true to oneself and one's values.

Intriguingly, as discussed earlier, of all the LGB-PIM dimensions, authenticity is the one that seems to describe not just an acceptance of the one's identity but rather a sense of "inner peace," comfort, and closeness to oneself as a LGB individual. This positive self-relating attitude has been described as a component of what constitutes a *compassionate* attitude toward ourselves; it is the target of novel compassion-focused interventions designed to help LGB people access and cultivate care-focused motives and emotions to address issues of shame and self-criticism and build supportive inner resources (Kirby et al. 2017a, 2017b; Pepping et al. 2017). Future research might explore whether compassion-focused interventions can increase this dimension of positive identity in LGB individuals and provide sexual minorities with an additional source of resilience and well-being.

Limitations and Conclusion

Our results should be considered within the context of several limitations. First, the use of a convenience sample predominantly self-identified as White may limit the generalizability of our results. Moreover, the correlational and cross-sectional nature of the study prevents conclusions being drawn regarding causal links between the several facets of positive identity and well-being. However, that this study was conducted in Italy represents strength. It, in fact, shares the view that LGB people's well-being is closely related to the socio-cultural context in which they live, as the sexual minority status is consistent with culturally bound strengths, as well as challenges (Vaughan and Rodriguez 2014). In this vein, although earlier studies acknowledged the role of the socio-cultural specificity in influencing the development and the shaping of human experience, samples were mainly drawn from the USA (Riggle et al. 2008; Rostosky et al. 2010; Sung et al. 2015; Szymanski et al. 2017)—a context which is well known to be not representative of those contexts, such as Italy, wherein LGB rights cannot be taken for granted (ILGA-Europe 2017). To construct and deal with own LGB identity may be considered, especially for adolescents and young adults, a developmental task which may not only cause stress but further enhance the growth of intra- and interpersonal skills (Baiocco et al. *in press*; Kwon 2013; Riggle and Rostosky 2012). In this vein, this study provides empirical support to the use of strength-based measures with LGB individuals, whereas studies conducted so far have mainly focused on psychopathology, negative events, and stress (for a wider discussion, see Riggle et al. 2008). By the same token, although the current socio-political Italian context still discriminates LGB people (ILGA-Europe 2017) and thus increases the likelihood to negatively affect their psychological and physical well-being (Meyer 2003), this study suggested that specific aspects of a sexual minority identity, such as self-

awareness authenticity, may contribute to transform oppressive experiences and adversities into resilient behaviors and even optimal functioning. This also gives indications for psychological interventions with LGB people, as well as for educational training for practitioners who interact with them.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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