



Identity Centrality and Well-being in Lesbian and Bisexual Women College Students

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ABSTRACT

Identity centrality and well-being may hold relevance to lesbian and bisexual women college students as they navigate emerging adulthood, develop their identities, and work towards greater authenticity and self-acceptance. This study sought to investigate identity centrality clusters in a sample of lesbian and bisexual identified college students. Drawing upon extant literature, we hypothesized that lesbian and bisexual women would have profiles of identity centrality that emphasize different aspects of identity and that balanced identity centrality profiles would be associated with higher eudaimonic well-being. Six profiles (or clusters) of identity centrality were found. Interestingly, obtained profiles differed between the group of lesbian and the group of bisexual-identified women. Identity centrality profiles, which demonstrated high centrality across all components (engaged/public) and those that deemphasized collective identity (low collective) profiles, were associated with higher eudaimonic well-being among both participant groups.

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1. Introduction

Understanding the sexual identity development processes of sexual minority women has been a focus of researchers for decades. However, identity centrality, or the idea that some components of self-concept are more central than others in one's overall sense of self, remains largely understudied amongst sexual minorities (Settles, 2004; Stryker & Serpe, 1994; Quinn & Earnshaw, 2011). Current research suggests that while having several important personal identities may promote positive psychosocial functioning, there may also be a risk of incongruence between different aspects of the self, which may be problematic for the individual (Settles, 2004). This may be particularly relevant to lesbian and bisexual women college students as different aspects of their identities (i.e., individual, interpersonal, cultural, and social identities) may conflict as they progress through various stages of identity development and work to synthesize who they understand themselves to be with cultural and societal norms and expectations.

Interest in eudaimonic well-being has increased in the previous two decades in conjunction with the rise of the positive psychology movement (Huta & Waterman, 2014; McNulty & Fincham, 2012). Eudaimonic well-being may be particularly salient for lesbian and bisexual women college students. This is due to their likely engagement in processes of exploring their identity; discovering, developing, and implementing their potentials; resolving internal conflicts; and moving towards identity synthesis and self-actualization (Cass, 1979; Macapagal, Greene, Rivera, & Mustanski, 2015; Waterman, 2011). Furthermore, obstacles such as stigma, discrimination, and minority stress may present a significant obstacle to the attainment of eudaimonic well-

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being for sexual minority women (Riggle, Rostosky, & Danner, 2009). Previous research suggests that identifying as female or as a sexual minority is negatively associated with eudaimonic well-being, possibly due to minority stress or the stigmatization of these identities (Meyer, 2003; Riggle et al., 2009). However, there is limited research that examines the intersection of identity centrality and eudaimonic well-being in lesbian and bisexual women. As such, the purpose of the present study is to 1) examine whether aspects of identity cluster to form distinct identity centrality profiles, and 2) assess the relationship between identity centrality profiles and eudaimonic well-being for lesbian and bisexual college students.

1.1. Identity Centrality

Identity centrality (the varying degrees of importance or prominence of certain aspects of one's personal identities) has been shown to significantly impact several areas of individual experience (Quinn & Chaudoir, 2009). When certain identities become more salient, an individual's actions and experience will be more in keeping with those relevant identities (Stryker & Serpe, 1994). The impact of one's central identity is also apparent in terms of the depth of processing these identities. This processing can be complicated by how "visible" this identity is to others. For example, if a concealable identity (e.g., sexual orientation) is also a stigmatized one, it can have a negative impact on the individual's mental and physical well-being (Quinn & Chaudoir, 2009). This negative impact is especially pronounced if the concealable identity is central to the individual's overall self-concept.

Identity centrality is multidimensional. In a national study of college students, Meca et al. (2015) found four components of identity centrality: personal, relational, collective, and public identity. They also discovered that within each of these components are six possible profiles: (1) *fully engaged* (moderately high levels of personal, relational, and collective identity centrality and low levels of public identity centrality); (2) *low collective/public* (moderate levels of personal and relational centrality and low levels of collective and public centrality); (3) *engaged/public* (high centrality across all components); (4) *disengaged* (low centrality across all components); (5) *low collective* (moderately high centrality across all components less collective identity); (6) *low personal/relational* (low centrality across personal and relational identity and moderate centrality across collective and public identity).

Meca et al. noted that participants with balanced identity configurations (i.e., those which were distinguished by high centrality across components or by moderate centrality across personal, relational, and collective identity and low centrality of public identity) possessed higher levels of positive psychosocial functioning. Although identity centrality was found to be related to positive psychosocial functioning, identity centrality and its impact on eudaimonic well-being in sexual minority women college students have been studied less extensively.

1.2. Eudaimonic Well-Being and Sexual Minority Identity

Eudaimonic well-being is defined as happiness resulting from the pursuit of self-realization, living in accordance with one's true self, and the identification and pursuit of self-concordant goals and potentials (Waterman, 2007; Waterman, Schwartz, Zamboanga, Ravert, Williams, Agocha, Kim, & Donnellan, 2010). It may be particularly relevant to emerging adults as they explore and resolve questions of identity, the definition of self, and personal values or ethics. Research suggests that eudaimonic well-being and positive psychosocial functioning are associated with identities that emphasize personal values and beliefs, relationships with others, and identification with groups and which place less emphasis on a public self (Meca et al., 2015).

Eudaimonic well-being may also be of significance to lesbian and bisexual women college students as they traverse through stages of sexual minority identity development and face obstacles to achieving their goals and living in accord with their true selves. Ultimately, personal, relational, and public identities are synthesized, and the sexual minority identity is integrated into the self. Due to stigmatization, lower levels of connectedness to community, and perceived and experienced discrimination, extant research has shown self-identification as a bisexual to be associated with lower levels social well-being and the combination of self-

identification as a sexual minority and being female to predict lower levels of eudaimonic well-being (Kertzner, Meyer, Stirratt, & Frost, 2009; Riggle et al., 2009).

Research suggests that having a positive sexual minority identity contributes to well-being (Rostosky, Cardom, Hammer, & Riggle, 2018; Kranz & Pierrard, 2018). In a study of lesbian, gay, and bisexual (LGB) identity, Rostosky et al. (2018) found that having a positive identity and connection with the LGB community was significantly associated with well-being. Furthermore, participants with positive LGB identity reported having a positive relationship with others and purpose in life. Similarly, in a study of general well-being, Kranz and Pierrard (2018) found that participants who reported a positive sexual minority identity scored higher on well-being.

1.3. Hypothesis

Previous research has demonstrated that different configurations of identity differentially predict psychosocial functioning (Meca et al., 2015) and that self-identification as a lesbian and bisexual and being female are predictors of lower eudaimonic well-being (Riggle et al., 2009). However, no studies have directly examined identity centrality and eudaimonic well-being in lesbian and bisexual women. Since identity centrality and eudaimonic well-being may hold relevance to college-age lesbian and bisexual women as they navigate emerging adulthood, develop their identities, and journey towards their authentic selves and self-acceptance, these may be important constructs to consider. As such, we extend Meca et al.'s (2015) study by examining whether: (a) the six identity centrality clusters identified by Meca and colleagues could be replicated in a sample of lesbian and bisexual college students; (b) profiles differ between lesbian and bisexual participants; and, (c) profiles differ regarding eudaimonic well-being. We hypothesized that study participants will (1) have profiles of identity centrality that emphasize different components of identity, (2) have different profiles of identity centrality, and (3) balanced identity centrality profiles, which place less emphasis on the public or social self, will be associated with higher eudaimonic well-being.

2. Methods

2.1. Sample

Data used for this study was from a larger study on identity and culture (Castillo & Schwartz, 2013). The sample in the parent study included a sample of 10,573 undergraduate students from 29 colleges and universities in 20 states across the United States. Data were collected between September 2008 and October 2009. Details on the parent study's sampling procedures are reported by Castillo and Schwartz (2013). Parent study data has not been used to examine lesbian or bisexual women; this study contributes uniquely to the literature.

In the parent study, students were recruited with paper recruitment materials and electronic announcements. Students who were recruited attended classes in the fields of sociology, psychology, business, education, family studies, and nutrition. Interested students were instructed to access a website to participate. They completed a consent form and continued forward with the study. All survey scales were provided in English. Institutional Review Board approval was received at each of the participating colleges and universities.

Given the focus on the current study, the working sample consisted of participants who self-identified as lesbian ($n = 82$) and bisexual ($n = 98$). Ages ranged from 18 to 35 years old ($M = 20.74$; $SD = 3.26$). Approximately, 57.9% of respondents self-identified as White, 12.6% as Black, 14.8% as Hispanic, 10.9% as East Asian, 2.2% as South Asian, and .5% as Middle Eastern. Two individuals did not provide information regarding their ethnicity.

2.2. Measures

2.2.1. Sexual Orientation. Using a Likert-type scale, participants self-selected their identified sexual orientation from the following: completely heterosexual, mostly heterosexual, bisexual, mostly homosexual, completely homosexual, and not sure. Those individuals who identified as female and either completely homosexual or bisexual were selected for inclusion in this study.

2.2.2. Identity Centrality. The Aspects of Identity Questionnaire (AIQ-IV: Cheek & Briggs, 2013) was utilized to measure identity centrality. Participants responded to each of the 45 items on a Likert-type scale that ranged from 1 (*not important to my sense of who I am*) to 5 (*extremely important to my sense of who I am*). The AIQ-IV is comprised of four subscales that represent four identity orientations: personal identity orientation, relational identity orientation, social identity orientation, and collective identity orientation. Scores on these subscales are obtained by summing scores on items within the subscale. Higher scores indicate greater relevance of the identity orientation to an individual's sense of self. Cronbach's Alpha estimates for the four identity orientations were as follows: .84 (personal identity orientation), .91 (relational identity orientation), .80 (social identity orientation), and .77 (collective identity orientation).

2.2.3. Eudaimonic Well-being. Questionnaire on Eudaimonic Well-Being (QEWB: Waterman, Schwartz, Zamboanga, Ravert, Williams, Agocha, Kim, & Donnellan, 2010) was utilized to measure eudaimonic well-being. Participants responded to each of the 21 items on a five-point Likert-type scale that ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate greater eudaimonic well-being. Cronbach's alpha estimates for the QEWB was .87.

2.3. Data Analysis

Descriptive statistics and cluster ANOVA's were analyzed using IBM SPSS Statistics v22.0. The cluster analysis on the AIQ, yielding the identity centrality clusters, was conducted in Ginkgo Software (version 1.4; De Caceres, Oliva, Font, & Vives, 2007). Analyses were partly replicated from Meca et al. (2015). A two-step cluster procedure was utilized to obtain the identity centrality clusters (Gore, 2000). In Ginkgo, the following specification is made simultaneously in its k-means cluster analysis procedure; however, theoretically, it is broken down into two steps. The first step consisted of running a hierarchical cluster analysis specifying squared euclidean distances and using Ward's method (Steinley & Brusco, 2007). The cluster centers from the previous hierarchical cluster analyses were then used as nonrandom starting points in a k-means cluster analysis (Breckenridge, 2000). The number of means in the k-means analysis was set to 6, as 6 was the chosen cluster count in Meca et al. (2015).

3. Results

3.1. Cluster Analysis

The AIQ subscale total scores relating to Personal Identity Orientation, Relational Identity Orientation, Social Identity Orientation, and Collective Identity Orientation were used to create the identity centrality clusters. They were first standardized into z-score form and screened for univariate outliers. Any cases with scores over +/- 3 on a subscale were removed from the analysis; three cases were dropped at this stage. The standardized scores were run in the cluster analysis. Z-scores for the AIQ subscales for each cluster for lesbian and bisexual women are presented in Tables 1 and 2, respectively.

Table 1. Mean Z-Scores for the Six Clusters on the Subscale Scores of the Aspects of Identity Questionnaire for Lesbian Women

| Cluster | Meca et al. (2015) Cluster Membership | Personal Identity | Relational Identity | Social/Public Identity | Collective Identity |
|---------|--|----------------------|------------------------|---------------------------|------------------------|
| 1 | Engaged/Public | 1.27 | 1.19 | 1.59 | 1.82 |
| 2 | Not Replicated | 0.43 | 0.51 | 0.60 | 0.23 |
| 3 | Fully Engaged | 0.51 | 0.44 | -1.05 | 0.85 |
| 4 | Low Collective/Public | 0.41 | 0.24 | -0.81 | -0.98 |
| 5 | Not Replicated | -0.91 | -0.05 | 0.03 | -0.49 |
| 6 | Disengaged | -1.33 | -1.27 | -0.67 | -0.37 |

Table 2. Mean Z-Scores for the Six Clusters on the Subscale Scores of the Aspects of Identity Questionnaire for Bisexual Women

| Cluster | Meca et al. (2015) Cluster Membership | Personal Identity | Relational Identity | Social/Public Identity | Collective Identity |
|---------|--|----------------------|------------------------|---------------------------|------------------------|
| 1 | Low Personal/Relational | -0.19 | -0.55 | 0.09 | 0.70 |
| 2 | Low Collective/Public | 0.11 | 0.50 | -1.12 | -0.68 |
| 3 | Engaged/Public | 1.04 | 1.04 | 1.41 | 1.12 |
| 4 | Low Collective | 0.73 | 0.70 | 0.86 | -0.53 |
| 5 | Not Replicated | -0.46 | -0.83 | -0.22 | -1.01 |
| 6 | Disengaged | -1.70 | -1.94 | -0.78 | -0.61 |

Once the six clusters were established from the cluster analysis, eudaimonic well-being mean differences were investigated. Levene's test was statistically significant leading to the use of Welch ANOVA's and Games-Howell post-hoc comparisons. Descriptive statistics for eudaimonic well-being are presented in Tables 3 and 4.

Table 3. Descriptive Statistics for Eudaimonic Well-Being by Cluster for Lesbian Women

| Cluster | N | Mean | Standard Deviation | Minimum | Maximum |
|---------|----|-------|-----------------------|---------|---------|
| 1 | 4 | 84.00 | 5.60 | 79 | 92 |
| 2 | 23 | 73.22 | 6.22 | 61 | 85 |
| 3 | 12 | 78.00 | 15.14 | 54 | 104 |
| 4 | 8 | 82.75 | 4.89 | 76 | 93 |
| 5 | 12 | 73.17 | 8.19 | 57 | 84 |
| 6 | 13 | 71.85 | 8.60 | 60 | 88 |
| Total | 72 | 75.42 | 9.50 | 54 | 104 |

Table 4. Descriptive Statistics for Eudaimonic Well-Being by Cluster for Bisexual Women

| Cluster | N | Mean | Standard Deviation | Minimum | Maximum |
|---------|----|-------|-----------------------|---------|---------|
| 1 | 21 | 72.62 | 11.00 | 49 | 88 |
| 2 | 17 | 80.35 | 8.76 | 65 | 92 |
| 3 | 13 | 76.85 | 8.66 | 63 | 92 |
| 4 | 16 | 75.75 | 11.60 | 57 | 95 |
| 5 | 12 | 65.92 | 15.16 | 35 | 85 |
| 6 | 9 | 66.33 | 4.53 | 59 | 73 |
| Total | 88 | 73.75 | 11.47 | 35 | 95 |

For lesbian women, the means of eudaimonic well-being differed statistically significantly by cluster, $F(5, 19.52) = 5.72, p = .002$, est. $\omega^2 = .25$. Table 5 presents the post-hoc comparisons. There were three statistically significant mean differences between clusters. There was a statistically significant difference between Cluster 2 ($M = 73.22, SD = 6.22$) and Cluster 4 ($M = 82.75, SD = 4.89$), $SE = 2.16, p = .005$, Hedges's $g = -1.61$. There was a statistically significant difference between Cluster 4 ($M = 82.75, SD = 4.89$) and Cluster 5 ($M = 73.17, SD = 8.19$), $SE = 2.93, p = .042$, Hedges's $g = 1.35$. Lastly, there was a statistically significant difference between Cluster 4 ($M = 82.75, SD = 4.89$) and Cluster 6 ($M = 71.85, SD = 8.60$), $SE = 2.95, p = .016$, Hedges's $g = 1.46$. Generally,

the clusters representing lack of focus upon any identity component (i.e., clusters 5 and 6), had lower mean eudaimonic well-being scores while those that demonstrated focus upon all identity components (i.e., clusters 1 and 3) had higher eudaimonic well-being scores. Interestingly, clusters demonstrating relatively low focus upon collective identity (i.e., clusters 2 and 4) also demonstrated higher eudaimonic well-being scores. The major differences existed between clusters 2, 5 and 6 and cluster 4 (low collective/public).

Table 5. Games-Howell Post-hoc Comparisons Between Clusters on Eudaimonic Well-Being for Lesbian and Bisexual Women

| Lesbian - Cluster Membership | | | | | |
|-------------------------------|-----|-----------------|--|----------------|----------------|
| (I) | (J) | Mean Difference | | Standard Error | Hedges's g^a |
| | | (I-J) | | | |
| 1 | 2 | 10.78 | | 3.08 | 1.75 |
| | 3 | 6.00 | | 5.19 | .44 |
| | 4 | 1.25 | | 3.29 | .24 |
| | 5 | 10.83 | | 3.66 | 1.41 |
| | 6 | 12.15 | | 3.68 | 1.50 |
| 2 | 3 | -4.78 | | 4.56 | -.47 |
| | 4 | -9.53* | | 2.16 | -1.61 |
| | 5 | .05 | | 2.70 | .01 |
| | 6 | 1.37 | | 2.72 | .19 |
| 3 | 4 | -4.75 | | 4.70 | -.39 |
| | 5 | 4.83 | | 4.97 | .40 |
| | 6 | 6.15 | | 4.98 | .51 |
| 4 | 5 | 9.58* | | 2.93 | 1.35 |
| | 6 | 10.90* | | 2.95 | 1.46 |
| 5 | 6 | 1.32 | | 3.36 | .16 |
| Bisexual - Cluster Membership | | | | | |
| 1 | 2 | -7.73 | | 3.21 | -.77 |
| | 3 | -4.23 | | 3.40 | -.41 |
| | 4 | -3.13 | | 3.77 | -.28 |
| | 5 | 6.70 | | 4.99 | .53 |
| | 6 | 6.29 | | 2.84 | .65 |
| 2 | 3 | 3.51 | | 3.21 | .40 |
| | 4 | 4.60 | | 3.60 | .45 |
| | 5 | 14.44 | | 4.87 | 1.22 |
| | 6 | 14.02* | | 2.61 | 1.84 |
| 3 | 4 | 1.10 | | 3.77 | .11 |
| | 5 | 10.93 | | 4.99 | .90 |
| | 6 | 10.51* | | 2.84 | 1.44 |
| 4 | 5 | 9.83 | | 5.25 | .74 |
| | 6 | 9.42 | | 3.27 | .97 |
| 5 | 6 | -.42 | | 4.63 | -.03 |

Note. (I) is the first mean in the comparison, and (J) is the second mean. (I-J) is the direction of the mean difference. * $p < .05$. a. Corrected Hedges's g for uneven groups.

For bisexual women, the means of eudaimonic well-being differed statistically significantly by cluster, $F(5, 35.91) = 6.91, p < .001$, est. $\omega^2 = .25$. For bisexual women, there were two statistically significant mean differences between clusters. There was a statistically significant difference between Cluster 2 ($M = 80.35, SD = 8.76$) and Cluster 6 ($M = 66.33, SD = 4.53$), $SE = 2.61, p < .001$, Hedges's $g = 1.84$. There was a statistically significant difference between Cluster 3 ($M = 82.75, SD = 4.89$) and Cluster 6 ($M = 66.33, SD = 4.53$), $SE = 2.84, p = .016$, Hedges's $g = 1.44$. As with lesbian women, the lack of focus upon any identity component (i.e., clusters 5 and 6), had lower mean eudaimonic well-being scores while those that demonstrated focus upon all identity

components (i.e., Cluster 3) had higher eudaimonic well-being scores. Interestingly, those clusters which demonstrated relatively low focus upon collective identity (i.e., clusters 2 and 4) also demonstrated higher eudaimonic well-being scores. The major differences existed between cluster 6 (disengaged) with the lowest eudaimonic well-being score and clusters 2 and 4 (low collective/public and low collective, respectively).

4. Discussion and Recommendations

The present study examined how different aspects of identity cluster together to form distinct identity centrality profiles in sexual minority women, and whether these identity centrality profiles differ in terms of eudaimonic well-being. Findings from this study support and extend research on the identity development processes of lesbian and bisexual women by providing an alternative perspective on previously established models of identity development. Further, by examining the relationship between clusters of identity centrality and eudaimonic well-being, this study extends research on eudaimonic well-being and offers novel information on the well-being of lesbian and bisexual women at different stages of identity development.

For lesbian-identified participants, identity centrality clusters identified partially replicated Meca et al.'s (2015) findings. Cluster 3 (moderately high levels of personal, relational, and collective identity centrality and low levels of public identity centrality) also appear to coincide with Meca et al.'s *fully engaged* cluster. Cluster 4 (moderately high centrality across personal and relational identity and low levels of public/social and collective identity) appears to align with Meca and colleague's *low collective/public* cluster. Finally, Cluster 1 aligned with the *engaged/public* cluster and Cluster 6 with the *disengaged* cluster.

Notably, Meca and colleagues' (2015) *low personal/relational* and *low collective* clusters were not replicated in this sample of lesbian-identified women; rather, a cluster depicting moderately high levels of all aspects of identity (i.e., *moderately engaged*) and a cluster comprised of low personal, relational, and collective aspects of identity and a moderately high social/public identity emerged. This cluster (i.e., *social/public*) appears distinct from Meca and colleagues' *disengaged* cluster and instead reflects a group of individuals who have relatively low self-concept clarity or esteem, whose self-concept is not strongly defined by or derived from relationships or identified social groups, and who place some focus upon their public/social identity (Sedikides et al., 2013). These individuals may focus on monitoring their verbal and nonverbal communication and display and shape their presentations to align with their social environments (Cheek & Briggs, 2013; Snyder, 1979).

For bisexual-identified participants, findings partially replicated those depicted by Meca et al. (2015). Furthermore, identified clusters diverged from lesbian-identified participants. For example, Cluster 4 (moderately high centrality across personal, relational, and public and low levels of collective centrality) aligns with Meca et al.'s *low collective* cluster. Meca and colleagues' *low personal/relational* cluster appears to align with Cluster 1 and their *disengaged* cluster aligns with Cluster 6. Finally, clusters 2 and 3 appear to align with Meca et al.'s *low collective/public* and *engaged/public* clusters, respectively.

Interestingly, Meca et al.'s *fully engaged* cluster was not replicated. The failure of the *fully engaged* cluster to replicate in a sample in bisexual-identified women as it did a sample of lesbian-identified women may depict divergent experiences within the LGBT community within these groups of women. Additionally, an additional disengaged cluster in which there were comparatively moderately low levels of personal, relational, and social identity and a low level of collective identity emerged. Individuals within this cluster reported less emphasis on membership in or identification within social groups and may have less defined roles within personal relationships (Sedikides et al., 2013). This cluster may depict experiences of heightened marginalization within this community. That is, it may reflect decreased social well-being and integration into communities due to negative attitudes towards bisexuals from within and outside the LGBTQ community, the questioning of the authenticity of their identity or the legitimacy of bisexuality by others, stigmatization, biphobia, and difficulty finding or forming a strong social support system or community (Dodge & Sandfort, 2006; Herek, 2002; Kertzner et al., 2009).

Results of the study suggest the presence of individuals across the spectrum of the identity development process in a sample of lesbian and bisexual-identified college students. These findings further provide a snapshot of the varied and diverse identity development processes extant within this population.

Drawing upon extant literature, we hypothesized that lesbian and bisexual women would have profiles of identity centrality that emphasize different aspects of identity and that balanced identity centrality profiles would be associated with higher eudaimonic well-being. In alignment with present hypotheses, but departing from the results of Meca and colleagues (2015), the engaged/public cluster demonstrated the highest reported eudaimonic well-being in the sample of lesbian women and the second highest level of eudaimonic well-being in the sample of bisexual women. In the sample of lesbian women, the fully engaged cluster reported the third highest eudaimonic well-being.

Interestingly, lesbian and bisexual women who placed less focus upon collective and public/social identity components endorsed the high eudaimonic well-being. Lesbian women in the low collective/public cluster who reported the least focus upon collective identity reported the second highest eudaimonic well-being while bisexual women in the low collective/public cluster reported the highest eudaimonic well-being. Further, bisexual women participants who placed less emphasis on collective identity, relative to other aspects of identity, also reported a high level of eudaimonic well-being. It may be that participant's lower identity in a community is made up for by their other aspects of identity, including their emphasis upon personal and relational components. These results may demonstrate alignment with eudaimonic identity theory and an associated emphasis upon self-realization, personal expression, and finding opportunities to act in alignment with personally identified values and purpose (Waterman, 2011).

In alignment with the results of Meca and colleagues (2015), lesbian and bisexual women who endorsed the lowest eudaimonic well-being demonstrated a lack of attention or focus upon any identity component (i.e., Clusters 5 and 6 in both samples of lesbian and bisexual women). These results highlight the meaning of the self in the human experience. Without a motivationally primary self, an individual may struggle to formulate an understanding of who they are in relation to others and to define roles in or attain esteem from valued groups. Because of this, an individual may struggle to attain happiness derived from living one's true self (Sedikides et al., 2013; Waterman, 2007; Waterman et al., 2010).

Several limitations may restrict the generalizability of these findings. First, there is a diversity of sexual identities and orientations encapsulated by the umbrella term "sexual minority women." Sexual minority women who do not specifically identify as lesbian or bisexual were *not* identified in the sample. The lack of this data limits the generalizability of the results to all sexual minority women. Future research should consider differences in identity centrality within sexual minority women and within women with unlabeled identities or nonexclusive attractions (i.e., lesbian, bisexual, pansexual, asexual, and queer-identified women) (see Diamond, 2006). The relatively low sample size and subsequent reduction in power may restrict the generalizability of the obtained results to other samples of sexual minority women. The limited range of education level and age (i.e., largely college-educated and young adult) may further hinder the generalizability of these results to non-college educated or older lesbian and bisexual groups.

Further, this study provides a snapshot of reported identity development processes; it is, therefore, unable to assess sexual identity development over time, as suggested by Diamond (2006). Future research would benefit from the administration of measures of identity centrality and eudaimonic well-being across several developmental periods. Finally, with a majority (57.9%) of participants self-identifying as White, the generalizability of the present findings to ethnically diverse sexual minority women is limited.

The present study has several implications for clinical practice, particularly in work with lesbian and bisexual college-aged women and within university counseling centers. This developmental period marks an ideal time in which lesbian and bisexual college-aged women would benefit from thoughtful, affirming therapeutic interventions that meaningfully link their presenting mental health concerns and their identity development. This research further supports the formation and implementation of sexual minority women inclusive

psychoeducational or process groups that provide space for dialogue and about multiple aspects of identity and process how stigma, discrimination, and lack of community may impact eudaimonic well-being.

The study also implies the importance of clinicians' acknowledgment and work within a developmental model of identity with lesbian and bisexual women clientele. Developmental models (e.g., Meca et. al, 2015; Cass, 1979) allow for greater complexity and specificity in clinical conceptualization lesbian and bisexual women in emerging adulthood. Greater conceptual complexity in clinical practice would mean both clinicians and clientele could utilize a more specific vocabulary in service of more efficacious therapeutic work. Additionally, this study lends further support for the connection between lesbian and bisexual identity development and eudaimonic well-being. Psychoeducation with clients about these models of identity development and their own experiences in the different developmental stages could be an important part of empowering lesbian and bisexual women clients to more fully understand the complexity of their sexual orientation identity and how it may impact their eudaimonic well-being. This psychoeducational approach, whether deployed via individual therapy, group therapy, or workshops, would lay a strong foundation for self-understanding and self-acceptance that would serve further therapeutic endeavors.

Additionally, this study suggests clinical connections between positive psychology and identity theory. Specifically, this study highlights the unique relationship between eudaimonic well-being and identity centrality of lesbian and bisexual identity development. The results indicate that both lesbian and bisexual women with identity profiles that either balance all aspects of identity or deemphasize collective or public identity meaning and promote a balance between personal meaning and meaning generated via relational connections exhibited the highest levels of eudaimonic well-being. Clinically, this would suggest that aiding lesbian and bisexual college students in identifying core values and purpose, recognizing personal potentials, and working towards the expression of or meaningful action toward their values and true selves may facilitate their ability to increase eudaimonic well-being. It should be considered that based on different regions, cultures, or a client's sense of safety, being open about one's sexual orientation may not be an option for some clients. This should be thoroughly discussed with clients on an individual basis, as a "blanket approach" may alienate some clients.

Despite the aforementioned limitations, to our knowledge, this study is the first to examine profiles of identity centrality in lesbian and bisexual women and to investigate differences in eudaimonic well-being based upon these clusters of identity centrality. Therefore, this study represents an extension of the field's empirical base in its provision of a more nuanced perspective of lesbian and bisexual identity and its relation to eudaimonic well-being. As they may be of particular relevance to sexual minorities, it is hoped that this study will inspire continued conversation and research on identity centrality and eudaimonic well-being as well as the examination of these constructs for sexual minorities at the intersection of other identities. Future research should consider examining identity centrality and eudaimonic well-being in lesbian and bisexual women across the spectrum of sexual identity, racial and ethnic identity, religious identification, geographic locale, age, and education level.

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