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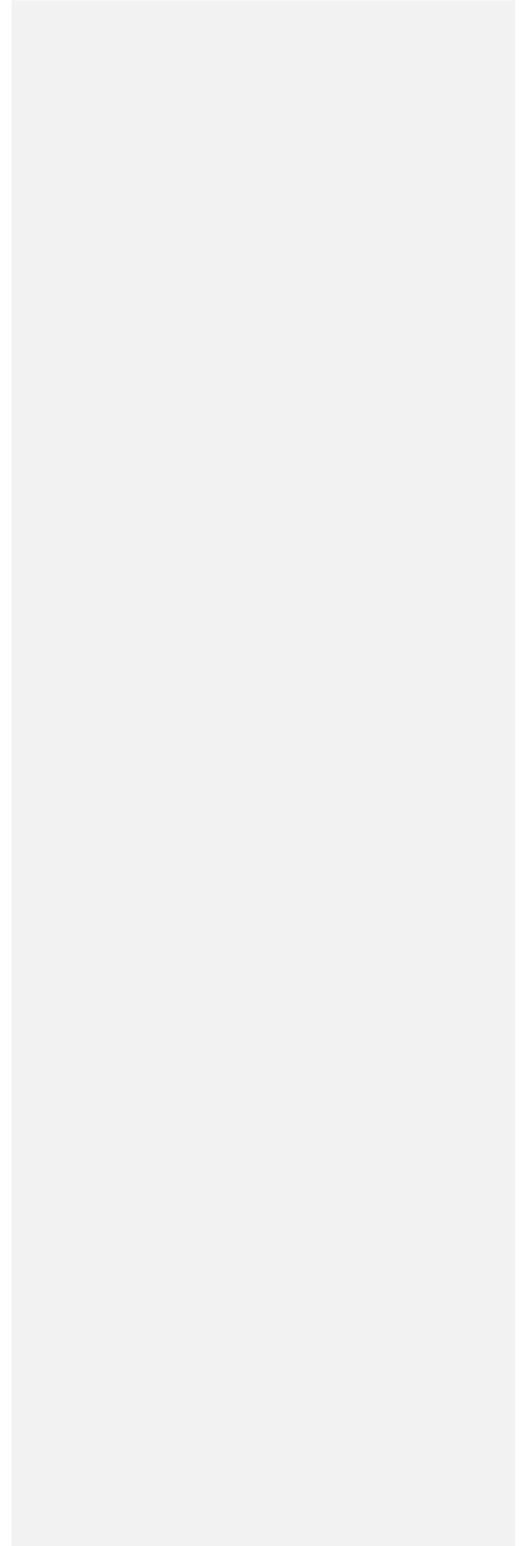
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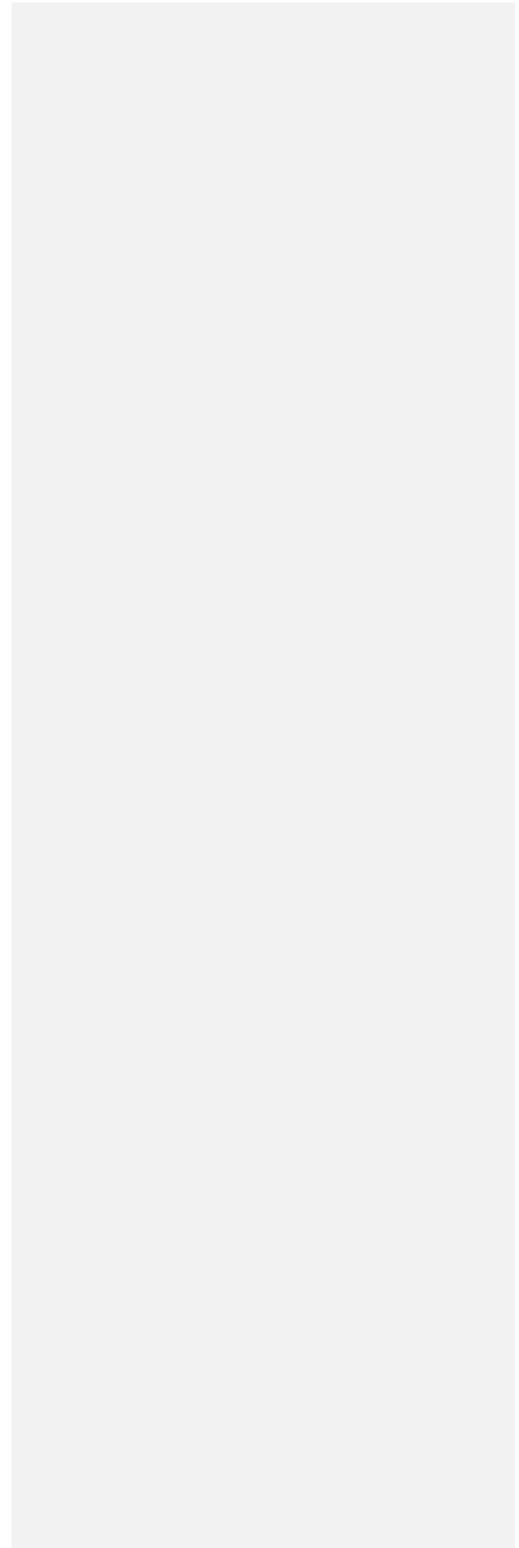
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2023





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## Chapter I

Interpersonal relationships are influenced by many factors, each of which has been an object of reflection and interpretation. Sexuality is one of these factors, and it is historically tied to norms of gender, power, and entitlement (Fahs, 2014; McClelland, 2011). Besides concerns about sexual health and sexual dysfunction, literature has evidenced that women, in particular, often sacrifice their emotional and sexual needs and engage in sexual behaviors to accommodate societal and relational expectations, avoid any assault or violence, and maintain their relationships.

Authors adopting feminist lenses have stressed that, as part of a culture and society, humans construct their sexual beings and practices as deeply rooted in their societal and cultural contexts, which therefore can be considered absorbent, flexible, and variable (Fahs, 2014). Critical sexuality studies have questioned the many assumptions and heteronormative principles implied in the sex research literature, as evidenced by a large number of studies focused on intercourse, penetrative sex, and heterosexual marriages, often with a pleasure-centered perspective where orgasms are assumed to be the only representation of one's sexual satisfaction (Fahs & McClelland, 2016). These studies further emphasize a focus on heteronormative sexuality, reaffirming oppressive influences, dynamics of power, and assumptions made on gender roles and heterosexual practices. Applying critical lenses to sexuality studies leads to increased awareness and acknowledgment of power imbalances, challenging researchers' and consumers' confirmation biases and knowledge gaps (Fahs & McClelland, 2016). Sexual agency within heterosexual dynamics has been one of the most discussed topics due in feminist sexuality research due to its role as a protective and empowering factor for sexual experiences, as well as its correlation to social justice and enhanced mental health (Lerum & Dworking, 2015; Tolman

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et al., 2015). Studies analyzing this topic also focus on the way that women's sexual subjectivity is formed, as this is seen as a fundamental component of agency (Horne & Zimmer-Gembeck, 2005). This influences sexual knowledge, sense of power, and awareness (Rubin, 1984), and its relation to a woman's cultural background, acculturative process, and perception of gender roles (Fahs & McClelland, 2016).

The present study will focus on sexual subjectivity, acculturative stress, and gender roles, and the influences that these factors can have on each other before and after immigrating to the United States. Specifically, it will study such phenomena in a population of cisgender immigrant women who identify as Latinx, Asian, and European, and currently reside in the U.S.

### **Sexual subjectivity**

Sexual subjectivity refers to a person's sexual self-perceptions and sexual self-reflection, which include sexual body-esteem and sexual self-esteem, one's perception of sexual self-efficacy, sexual agency, and entitlement to sexual desire and pleasure from themselves and others (Horne & Zimmer-Gembeck, 2006; Zimmer-Gembeck & French 2016). The concept of sexual subjectivity has emerged in recent years as an intervention to better build on traditional forms of knowledge in human sexuality, which some authors (Fahs & McClelland, 2016; Martin, 1996; Sheff, 2005; Tolman, 1994) have more recently viewed as noncritical and discriminative. By contrast, a stance of sexual subjectivity can bring attention to "what and how people enact what is often assumed the most private or the most 'true' self" (Fahs & McClelland, 2016, p. 398). Introduced by Karin Martin in 1996, sexual subjectivity has been initially linked to adolescent women and their changing relationship with their bodies, and their lifelong relationships with family members, partners, and peers (Fahs & McClelland, 2016).

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Sexual subjectivity has been acknowledged as a critical component of sexual health as well, emphasizing the importance of stressing not only the negative outcomes of sexual behaviors but rather encompassing a positive and empowering approach to one's sexual identities and ability to perceive and seek sexual pleasure (Bond et al., 2020). Thus, sexual subjectivity may be considered as an underrepresented target for sexual health interventions: many cultural frames undermine women's sexuality and their experiences of it due to representing them as passive gatekeepers of sexual activity, whereas men are often illustrated as the active and initiating agents of sexual behaviors (Fine, 1988; Tolman & McClelland, 2011). Satinsky and Jozkowski (2015) found that cisgender, heterosexual women who reported higher levels of entitlement to pleasure, a component of sexual subjectivity, were also more likely to report enhanced self-efficacy in verbally communicating their consent to receiving oral sex from their partners, suggesting that sexual subjectivity could be related to clear patterns of communication among partners and, therefore, safer sexual experiences (Bond et al., 2020).

Most research studies on sexual subjectivity have focused on individuals' ability to create their narratives regarding their sexual selves and lives, often disrupting the narratives already created by existing literature. Indeed, such studies assume that much of the existing knowledge on sexuality has been imposed upon people rather than granting them the floor to appropriately describe their diversity, stories, and identities (Fahs, 2011). Thus, sexual subjectivity studies adopt a socially just perspective by aiming to allow these voices to emerge, to gain a more complex yet representative conceptualization of sexuality, sexual identities, and practices (Fahs & McClelland, 2016).

### Sexual Subjectivity and Culture

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Given that sexual subjectivity is a flexible concept indicating one's unique experiences and narratives in their sexuality, it significantly varies across sociocultural contexts and backgrounds (Fahs & McClelland, 2016). Scholars have noted that sexual subjectivities can vary based on one's socio-economic status, with those in disadvantaged positions being more challenged (Cheng et al., 2014; Martin, 1996). Such disadvantages may be perpetrated by disparities in accessing up-to-date, positive, and empowering information about sexuality, class and race-based stereotypes of sexuality, all of which might add up to negative and chastity-based familial values around sexuality and to the lack of access to high-quality health care (Cheng et al., 2014). Although most research has recognized the importance of considering their participants' sociocultural identities, all have failed to document the diversity between these participants. For instance, the majority of studies have focused on adolescents and young adults (Boislard & Zimmer-Gembeck, 2011; Bond et al., 2020; Horne & Zimmer-Gimbeck, 2005; Horne & Zimmer-Gimbeck, 2006; Schalet, 2010; Zimmer-Gembeck et al., 2011; Zimmer-Gimbeck & French, 2016), with only a few available articles focusing on adults (Ellison & Papps, 2020; Satisnky & Jozkowski, 2015; Sheff, 2005), despite acknowledging that sexuality develops throughout the lifespan (Horne & Zimmer-Gembeck, 2006). That is, one's sexual subjectivity matures with sexual experiences, decision-making about sexuality and sexual behaviors (Tolman, 1999), received knowledge, and meta-cognitive reflection (Horne & Zimmer-Gembeck, 2006).

Finally, the existing literature is geographically and culturally limited. Most studies on sexual subjectivity were conducted in Australia (Boislard et al., 2011; Ellison & Pappas, 2020; Horne & Zimmer-Gembeck, 2005; Horne & Zimmer-Gembeck, 2006; Zimmer-Gembeck et al., 2011; Zimmer-Gembeck & French, 2016), whereas little research was conducted in the United

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States (Bon et al., 2020; Satinsky & Jozkowski, 2015; Sheff, 2005). Similarly, only one study has analyzed sexual subjectivity in non-White participants (i.e., Indian; Lorway et al., 2009), while a single article compared two cultures (i.e., Dutch and American) and their influence on their participants' sexual subjectivity (Schalet, 2010). Therefore, there is a dearth of research including participants who endorse diverse identities and multicultural backgrounds.

Immigrants from all countries are underrepresented in research studies regarding sexuality, and no studies have focused on the intersectionality of sexual subjectivity and immigration status. Sex research has not fully analyzed the nuances of within-group and between-group differences in sexual identities and has not yet investigated the effects of institutionalized and systemic oppression on the experiences of sexuality, even more than 50 years after the sexual liberation and sex positivity movements began (Mosher, 2017).

### Acculturative stress

Immigrants' acculturation does not take place in a social vacuum, as it occurs and is revealed within intrapersonal and interpersonal processes, intragroup and intergroup relations that can either constitute support or additional barriers towards the reconstructive and de-alienating process of the self and its identities (Horenczyk, 2008). The term *acculturation* refers to the cultural changes resulting from social encounters of diverse groups, whereas the concept of psychological acculturation refers to the psychological changes and outcomes resulting from one's experiences of acculturation (Berry, 1997). Specifically, acculturation results from the encounter of two or more groups and has consequences for both, although the non-dominant one and its members may experience a greater impact. Thus, both group members experience a mutual process involving their attitudes, behaviors, and perceptions of the other group's members (Berry, 2001).

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As a result of immigration, societies become “culturally plural” (Berry, 1997, p. 8), as many people from diverse socio-cultural backgrounds start living together in a more diverse society. In these plural societies, both members of dominant and non-dominant groups deal with the issue of acculturation, facing two main issues: cultural maintenance (i.e., to which extent cultural values and identities are to be maintained) and contact and participation (i.e., to what extent becoming involved with other socio-cultural groups; Berry, 1997). When an immigrant does not wish to maintain their cultural heritage but rather prefers to be more involved with other cultures, they are adopting the assimilation strategy. Conversely, if there is a predominant interest to maintain one’s culture of origin values and identities, and avoid interacting with others, they prefer the separation strategy. Integration is defined as the interest in both maintaining one’s cultural heritage and discovering new ones by engaging in interactions with other groups’ members. Finally, immigrants also have the possibility of marginalization, explained as having little possibilities or interest in cultural maintenance and in creating relationships with other groups’ members, thus feeling disconnected from both culture of origin and host culture (Berry, 1997; Rosario & Dillon, 2020).

Individuals can hold diverse attitudes towards these four ways of acculturating, which can be reflected in their behaviors, and the addition of attitudes and behaviors constitutes acculturative strategies (Berry, 1990). Learning new types of behaviors that are deemed more appropriate to the host culture is linked to psychological adaptations, shifting to culture-specific behaviors, and to acculturation, which may also include unlearning aspects of one’s behavioral repertoire as they are considered no longer appropriate, and could also lead to cultural shedding (Berry, 1992, 2001). Immigrants often experience serious internal conflicts due to cultural

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shocks (Grigoryev & Berry, 2017; Ward et al., 2001), whereas their response to environmental stressors may lead to acculturative stress (Berry, 1974).

Acculturative stress is dependent on the cultural features that the dominant and non-dominant groups bring into play during the process of acculturation, whereas it has been hypothesized to be more relevant and impeding in encounters where the dominant and non-dominant cultures have greater cultural and behavioral differences, and where there is a more pressing demand for these communities to become acculturated (Berry, 1974). Adapting to a new culture and society has several psychological effects, including one's sense of well-being,

belonging, self-esteem, and overall quality of life, all factors that influence one's mental health.

Indeed, heightened levels of acculturative stress are correlated to several mental health conditions, including but not limited to anxiety and depression (Berry, 2005; Cheung et al., 2019; Driscoll & Torres, 2019; Ponciano et al., 2020; Renner & Berry, 2011; Tineo et al., 2020), substance use (Jankowski et al., 2018; Paulus et al., 2019; Tineo et al., 2020), post-partum depression (Calzada et al., 2019), hopelessness and suicidal ideations (Brown et al., 2015; Lane & Miranda, 2018; Lipsicas et al., 2012), eating disorders (Creighton et al., 2012; Figueroa et al., 2020) and negative long-term effects on cognitive abilities (Gruber, 2020).

Moreover, acculturation has been shown to imply changes that can be more or less easily accomplished, and result in behavioral shifts, manifested in one's way of speaking, dressing, eating, and manners of endorsing one's cultural and personal identities (Berry, 1971). These behavioral shifts are apparent before, during, or after the initial stages of contact with another culture, and typically emerge as a response to acculturative influences (Berry & Annis, 1974).

Theoretically, all human behaviors are candidates for such shifts after contacting another culture, which implies processes of suppressing or forgetting (i.e., cultural shedding) and replacing

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behaviors (i.e., cultural learning; Berry, 2001). These changes highlight how the culture in which individuals live shapes their identities and sense of self: after moving to another country and/or culture, several aspects of immigrants' self-identities are modified to accommodate information and traditions from the new culture (Redfield et al., 1936; Ryder et al., 2000).

Thus, immigrants' acculturation process leads to alterations at a core level, including their sense of self. Scholars have investigated many behaviors that, as a result of acculturative processes, can shift (e.g., eating, greeting others, dressing; Berry, 2001), however, limited research has explored the possible changes in their sexual behaviors, sexual identity, or sexual subjectivity. Reflecting the common emphasis on sexual health, literature has attempted to explain immigrant detainees' attitudes towards testing for sexually transmitted infections (STIs; Lederman et al., 2020), immigrants' risky sexual behaviors, particularly linked to the use of contraceptives and/or substances with sex among sexually active immigrants (Kaplan et al., 2002; Keller Weiss & Harker Tillman, 2009), and their knowledge, attitudes, and perceptions toward HIV testing (Blondell et al., 2021; Dias et al., 2014; Hoyos et al., 2013; Foley, 2005; Kakalou et al., 2014; Uccella et al., 2017).

Guilamo-Ramos *et al.* (2005) observed no significant association between variables related to acculturation (i.e., time spent in the U.S. and language barriers) and being sexually active in Latinx adolescents. Such results are contrary to Bámaca-Colbert *et al.*'s results (2014), which found first-generation Latinx immigrants more likely to have early sexual intercourse with their partners when compared to second-generation immigrants. These outcomes were consistent with existing literature, showing a significant correlation between acculturation and sexual behavior among Latinx immigrants, whereas lower levels of acculturation were significantly influencing Latinx teens' initiation of sexual activity (Adams et al., 2005). To this date, only one

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study analyzed adult immigrants' (i.e., Latin American and Caribbean men) sexual behaviors and their HIV-related risky sexual practices (Akin et al., 2008). Further, almost all studies analyzed Latinx adolescents' behaviors, neglecting adult immigrants with diverse cultural backgrounds (Adams et al., 2005; Bámaca-Colbert et al., 2014; Guilamo-Ramos et al., 2005). This phenomenon is undoubtedly reflective of the trends in immigration debates, as these tend to be focused on immigrants of Latin/Hispanic origins, the largest ethnic minority group in the United States, which amounts to 60.6 million individuals in the United States and constitutes 18.5% of the nation's total population (United States Census Bureau, 2020a).

Although Latinx individuals continue to represent the largest group of immigrants in the U.S., the Asian population in the United States has become the fastest-growing race group in the last decade when compared to all other populations (United States Census Bureau, 2021). A substantial body of research has focused on the issues of acculturation and acculturative stress in Asian immigrants in the United States; nonetheless, the vast majority of them lack a sexually positive stance. That is, most authors have centered their attention on Whites' sexual victimization of Asian women and men in the United States throughout history (Kim, 2020; Mukkamala & Suyemoto, 2018; Sueyoshi, 2018), and Asians' sexual health and risky behaviors (Nemoto et al., 2020). These stances perpetuate oppressive and discriminative stances towards Asian individuals and, specifically women, who are already experiencing racism, sexism, marginalization, and consequent social invisibility (Mukkamala & Suyemoto, 2018). In addition, they continue the stigmatizing portrayal of immigrants as agents of subversion of the sexual norms and behaviors of their hosting communities, creating and/or contributing to the local sex industry, showing high-risk behaviors, and spreading sexually transmitted diseases (STDs; Hoy, 2007; Zuman et al., 2004). Moreover, all these data reflect a dearth of evidence for many

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minority groups that immigrated to and are residing in the United States (Andreescu, 2019), adding up to the need for knowledge regarding immigrants, the process of acculturation, and its related difficulties, among which are changes in immigrants' sexuality.

Europeans have historically immigrated to the United States for centuries (Walch, 1994), and currently contribute to the 71% of those who identify as White in the U.S. (United States Census Bureau, 2020b). To date, most research on European immigrants has been focused on the acculturation-related issues that they have been and continue to face, including depression (Renner & Berry, 2011), language barriers, and socio-economic adaptations (Grigoryev & Bercry, 2017). On the other hand, some suggest that Europeans may experience lessened acculturative stress given that, compared to other immigrant groups, they are usually White, tend to move to the United States at a significantly older age, have higher educational achievements, and thus might have better chances to match their employment status in the host culture (Zong & Batalova, 2015). Although these factors (i.e. race, age, and levels of education) are positively correlated with lessened acculturative stress (Berry, 1997), no study has specifically analyzed the similarities between the American and European cultures, which perhaps might increase the possibilities of the successful acculturation and integration of cultures for European immigrants.

A key factor affecting European immigrants is race. Given that the majority of European immigrants are White, they are less likely to encounter racial discrimination, as evidenced by a comparison between Chinese, French-Canadian, and English students: as rated on a self-report survey, Chinese students noted experiencing more prejudice, anxiety, and issues with adaptation to a new socio-cultural environment than their White counterparts (Chataway & Berry, 1989). These results were reflected by another study, analyzing Latino, Asian, and European immigrant adolescents, where White-identifying participants (i.e. Europeans) were more likely to relate

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their ethnic identity and customs to the American culture than Latino and Asian participants, who were found to feel more distanced from the American culture (Hsiao & Wittig, 2008).

There is also a dearth of literature regarding European immigrants' sexuality that uses empowering and sex-positive lenses. Indeed, existing studies have been focusing on their attitudes toward sexual health (e.g. being tested for HIV) and risky sexual behaviors before and after immigrating to another country (Mole et al., 2014; Uccella et al., 2017), without considering immigrants' sexuality, sexual self-concepts and self-esteem, or sexual desires. For instance, although they conducted a study emphasizing risk-prevention behaviors, Mole et al. (2014) interviewed Central and European gay and bisexual individuals who immigrated to London. Participants reported making the life-changing decision of moving to another nation to acquire the ability to freely express their sexual orientation and identities and to act accordingly without being stigmatized by society, providing evidence of the important connection between acculturative processes and sexuality (Mole et al., 2014).

### Gender roles

Gender roles have been noted to influence the acculturation process, and specifically may cause enhanced acculturative stress given the renegotiation of roles necessary for adapting to a new culture (Berry, 1997). Similarly, gender roles are a fundamental component of sexual subjectivity, as the latter has been consistently shown to depend on a person's sociocultural context and consequent gender-based norms (Bond et al., 2020).

Gender roles are to a great extent determined by culture and have been shown to have a variable influence on the acculturation process, wherein cisgender women are considered to be more at risk of experiencing issues with acculturation than cisgender men (Berry, 1997). Gender roles are constructs specific to a given culture and society and are typically focused on the binary

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difference between feminine and masculine characteristics that society attributes to cisgender men and women (Bem, 1981). From birth, children are socialized and stimulated to develop culturally normative traits, attitudes, beliefs, interests, and skills that are consistent with their biological sex, which impact the development of cognitive schemas that are congruent with gender roles, and consequently influence ways of thinking and self-concepts (Arcand et al., 2020; Bem, 1981).

In Western societies, masculinity has historically indicated a socially prescribed male gender role accentuating dominance and emotional invulnerability. It avoids feminine emotions (e.g., sadness, compassion, fear) and encourages males to respond with aggressiveness (Rogers et al., 2020). These norms have been related to increasing emotional rigidity in adolescence (Rogers et al., 2017) and to perceived pressure to maintain a social status by adhering to these norms (Jackson & Dempster, 2009). In similar cultures, women are socialized to behave communally, passively, and to accommodate men, and are encouraged to assume caretaking roles at home and work to appear more desirable and suitable for relationships (Thoman & Zelin, 2020). Researchers consider cisgender immigrant women to be more at risk for emotional and psychological distress than men when encountering and living in a different culture due to the different ways in which women can be socially considered and treated (Fanfan & Stacciarini, 2020). Indeed, in the process of immigration and adaptation to a new culture, the expectations and responsibilities related to gender roles can change (Berry, 2001), stressing once again the relevant influences that one's sociocultural context has on a person's sense of self (Ryder et al., 2000). For instance, Koo et al. (2012) indicated that, in South Asian immigrant communities living in the United States, immigration-related factors such as ethnic identity are correlated to attitudes toward gender roles as well as towards sexual violence against women. Moreover,

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research has noted that immigrants tend to idealize their native socio-cultural traditions, including gender roles, and in doing so, feel more connected with their cultures of origin (Mahalingam & Leu, 2005; Tummala-Narra et al., 2017). These roles are then internalized and eventually transmitted to and may be perpetuated by their children (i.e., second generation; Kallivayalil, 2004; Qin, 2009).

Existing studies have also shown that South Asian and East Asian immigrants living in the United States who endorsed stronger identification with their ethnic heritage and cultural communities also identified with more traditional and conservative attitudes toward gender roles (Leu et al., 2011). Although first-generation immigrants have been described as holding more traditional and less egalitarian perspectives in terms of gender roles than second-generation, scholars have hypothesized that such generational changes may not happen in an immigrant-based context, but are, rather, the result of socialization in the hosting society and culture (Tummala-Narra et al., 2017). In these scenarios, women often play a fundamental role as their native cultures and related gender roles prescribe them to be concerned with preserving family traditions and harmony (Tummala-Narra et al., 2017). These studies suggest that, though beliefs of condoning violence or abuse are not specific to any cultural or ethnic group, these same beliefs may contribute to holding traditional, patriarchal beliefs that may become harmful when applied to instances of violence towards minorities, and specifically women (Tummala-Narra et al., 2017).

Gender roles are a fundamental aspect of one's self-concept, gender identity, and sexual identity (Ciocca et al., 2019), and have a strict bond with socialization. That is, early parental socialization in children was found to have a significant impact on emotional expressions in children when considered along with their peer relationships (Chaplin & Aldao, 2013). In

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cultures where gender differentiation is pronounced, socialization culminates in a person's attitudes and emotional availability, as exemplified by the saying "boys don't cry" (MacArthur & Shields, 2015).

Machismo could be an additional example of culturally based gender roles: defined as a traditional gender role for Latino males, it prescribes the mannerisms, beliefs, behaviors, and attitudes that a male-identifying person should adopt in their society. It highlights characteristics of physical dominance over others, aggression, emotional restrictiveness, and hyper-masculinity (Llamas et al, 2020). Similarly, Marianismo reflects the traditional gender role values for Latina women and is conceptualized as including five dimensions of femininity for Latina women (i.e., being the family pillar, virtuous and chaste, subordinate to others, silencing self to maintain harmony, and the spiritual pillar), including the belief that women should be virtuous and chaste, morally and sexually pure (i.e., refraining from being sexually active), remain a virgin until marriage, and be faithful towards their partners (Castillo et al., 2010; DaSilva et al., 2018). These values are rooted in Catholicism and reflect the expectations of women to embody the Virgin Mary and embrace ideals of being a family and spiritual pillar, subordination to others, and self-silencing (Llamas et al., 2020).

Comparably, many Asian cultures prescribe women and girls to be holders of the traditional family structure so that a sense of connection and stability can be preserved among family members. However, such a scenario has also been described as oppressive, given that such patriarchal views may include misogynistic beliefs (Koo et al., 2012), and be challenging to women's sense and ability to reach personal independence and authority (Tummala-Narra et al., 2017). Indeed, as documented by the author Jildyz Urbaeva (2019), many women in Central Asia are still behind their male counterparts in terms of professional opportunities available,

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employment outcomes, and economic well-being, which could be linked to their inability to reach higher levels of education, highlighting vast gender disparities.

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Several studies have shown that individuals embracing these traditional and conservative gender values may benefit from them in some way (e.g., they encourage close relationships and may provide a sense of social purpose) while experiencing internal conflicts (e.g., emotional, relational, and/or psychological distress; Aranda et al., 2001; Llamas et al., 2020). Certainly, studies have reported that sociocultural factors such as gender roles are better predictors of a deeper understanding of anxiety and depression in men and women than one's biological sex (Arcand et al., 2020). Gender roles should be analyzed in relation to behaviors, attitudes, and traits that society, in a given culture and time, associates with masculinity and femininity (Ciocca et al., 2019). For instance, women in Western countries have been shown to widely differ from Asian, South American, and African women in their eagerness to express their emotions, as this appears to be dictated by society's acceptance of such behaviors (Becht & Vingerhoets, 2002). However, by conducting in-depth interviews with Dutch and American adolescent cisgender females, Schalet (2010) found that these values can change and be embraced differently even within Westernized countries. The author emphasized the importance of considering gender inequalities and other oppressive mechanisms along with health policies, and political, cultural, and familial variations, given that disadvantages like double standards can lead to diverse manifestations of an individual's sexual subjectivity (Schalet, 2010).

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Moreover, gender roles often prescribe desires, needs, and behaviors, particularly as these relate to women's sexual identity and concepts. Women from Western, and particularly Latinx, cultures are typically depicted as self-sacrificing and virginal, while men are encouraged to show sexual virility and embrace sexist values (Llamas et al., 2020; Welsch et al., 2000). Likewise,

women from Eastern countries are also expected to represent purity in their societies and personal relationships by abstaining from any sex-related activity due to the stigma associated with premarital sex (Koo et al., 2012; Tummala-Narra et al., 2017). Theorists posit that such beliefs normalize gender biases, double standards, heteronormativity, and patriarchal perspectives, and ultimately discourage help-seeking behaviors (Da Silva et al., 2018; Reina et al., 2014). Furthermore, endorsing stereotypical gender role values has been linked to higher acceptance of intimate partner violence, which is significantly associated with negative consequences, such as mental illnesses (e.g., depression, posttraumatic stress disorder), sexually transmitted infections and diseases, and social isolation, particularly in minority women (DaSilvia et al., 2018; Stockman et al., 2015).

Immigration also plays a significant role in the cultural and traditional conventions influencing gender roles, barriers, and disparities, particularly given its challenges (e.g., language barriers, financial insecurity, isolation, and alienation). However, little is known about the correlation between such variables, thus affecting the lack of knowledge for interventions that could be implemented to enhance the positive effects and address the negative effects of gender roles and inequities (Januwalla et al., 2018). Lastly, attitudes about gender roles and sexuality are often intertwined (Kowalski & Scheitle, 2020).

### Statement of the problem

Sexual subjectivity is a concept regarding an individual's personal experience of their sexuality and is inclusive of aspects of an individual's experiences, such as their reflections, behaviors, and body esteem. Additionally, sexual subjectivity is dependent on a person's socio-cultural context (Fahs & McClelland, 2006), including gender norms and consequent gender roles. Therefore, those who move from one socio-cultural context to another (i.e., immigrants)

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may not only experience acculturative stress, but also changes in their deeper selves, including core beliefs, reflections, behaviors, and relationships (Berry, 1997), all of which can affect one's self-concept, reflections and behaviors around gender roles, and are components of sexual subjectivity. Cisgender women may encounter enhanced difficulties in their acculturative processes, which entails renegotiating their identities and roles in the host society, as well as psychological, emotional, behavioral, and relational changes (Berry, 1997). As a consequence, immigrant women's sexual subjectivity and attitudes toward gender roles may change as a result of acculturation.

Despite efforts to include immigrants in the study of sexuality and sexual subjectivity, the existing literature embraces a sexually negative stance towards sexuality, as it is exclusively centered on the risks associated with being sexually active rather than adopting a sexually positive, empowering, and educative stance. Similarly, immigrants are too often associated with risky sexual behaviors and the sex industry and are held accountable for the spread of sexually transmitted diseases (Hoy, 2007; Zuman et al., 2004). For instance, Latina women are likely labeled as sexually permissive or as a population "at-risk" and their bodies are often noted as more sexual than those of upper-middle-class White girls (Cheng et al., 2014; Garcia, 2012). Such descriptions are undoubtedly in contrast with the values that Latinx men and women often embrace, such as marianismo beliefs, comprising the traditional Latinx cultural beliefs about how Latina women should behave and relate to others in social, relational, and sexual encounters (Ertl et al., 2019). The endorsement of these values has been shown not only to be predictive of Latinas' behaviors but can be a potential risk factor for negative mental health symptoms, including difficulties with acculturative stress in immigrant Latina women (Ertl et al., 2019). However, no research study has yet investigated the influences that immigration and

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acculturative stress may have on the sexual subjectivity of Latinx, European, or Asian women, who are the largest groups of immigrants in the U.S., as well as the differences among these groups, which ~~have not yet been addressed~~. This study may provide a more comprehensive and inclusive view when considering their strengths as well as the challenges they face as they acquire a new identity as an immigrant.

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Moreover, the existing literature lacks evidence of the varying sexual views and experiences between cultures. Schalet (2010) highlighted how native Dutch girls were more able to integrate their sexual selves with their other identities and roles (e.g. ~~daughterhood~~) than girls born and raised in the United States, who faced more skeptical attitudes from adults and peers towards the feelings and relationship legitimizing their sexual subjectivity. The author also emphasized the need to recognize how such comparisons provide a deeper understanding of the forces shaping individuals' understanding and experiences of gender, intimacy, and sexuality. Further, no study has yet explored the impact of acculturation on sexual subjectivity in immigrants whose cultures of origin are more sexually open than ~~traditional U.S. culture~~.

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Therefore, existing research lacks an inclusive standpoint that appropriately analyzes the impact of acculturative stress and gender roles on sexual subjectivity in immigrant women. Studies examining topics of sexuality should resonate with the complexity of multicultural societies and principles of social justice ~~to investigate and eventually combat the effects of~~ systemic oppression towards minorities and their experiences of sexuality (Mosher, 2017).

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In summary, this dissertation aims to address the limitations of the existing research and to study the relationships between acculturative stress, gender roles, and sexual subjectivity in adult, cisgender female Latinx, European, and Asian immigrants living in the United States.

### **Significance of the study**

Immigrants are more present in the United States than in any other country in the world: to date, more than 40 million individuals residing in the U.S. were born in another country, which adds up to approximately one-fifth of the total number of immigrants in the world (Budiman, 2020). These numbers have significantly and gradually increased in the last decade (United States Department of Homeland Security, 2021), suggesting that this nation will continue to see such increases in the future.

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As immigrants accommodate the host culture, acculturation, defined as “a process of cultural and psychological changes” (Berry, 2005, p. 699) occurs for both groups, which leads to long-term psychological and sociocultural adaptations. During this process, immigrants often experience acculturative stress, which may lead to emotional, psychological, behavioral, and relational changes, and the reconsideration of one’s self-concepts and identities as a member of a new sociocultural context (Fanfan & Stacciarini, 2020). Among these, gender roles are certainly one identity feature that one can revise post-immigration, given that it is a construct specific to a given culture and society (Arcand et al., 2020). Similarly, one’s sexuality can be subject to review as the host culture’s sexual norms may influence one’s sexual self-concept, sexual behaviors, and sexual self-esteem. As sexual subjectivity is highly dependent on sociocultural contexts (Cheng et al., 2014), immigrants are likely to be experiencing related adjustments, however, there is no evidence attesting it.

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Sexual subjectivity accounts for an individual’s understanding of their sexuality, sexual body esteem, and their sense of entitlement to and experience of pleasure (Horne & Zimmer-Gembeck, 2006), therefore is an important yet underrepresented component of sexual health and related behaviors (Bond et al., 2020). Obtaining a better understanding of the role of sexual subjectivity in sexual health and its outcomes, in addition to one’s sense of entitlement to

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pleasure and sexual self-agency, has the potential to assist the designing and implementation of educative programs for many populations, who could learn to advocate for their interests and pleasure with an empowering, informed, and sex-positive perspective (Bond et al., 2020).

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Correspondingly, education and empowerment could also influence their sexual health by reducing stigma around sexuality, providing up-to-date and helpful information regarding birth control and reproductive health, as well as reducing the rates of sexual health negative outcomes,

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such as sexually transmitted infections, which rates have been gradually rising (Centers for Disease Control, 2021). Besides, a deeper knowledge regarding sexual subjectivity could

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empower disadvantaged populations, such as women. By learning more about sexual subjectivity, its correlations to other concepts, its dynamics, and lived experiences of it, scholars could have the opportunity to address and challenge unhealthy, oppressive, and unjust societal phenomena, such as gender inequalities often seeing women as passive, receivers, and gatekeepers of sexual activity (Fahs, 2014). Receiving education on sexual subjectivity can also

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influence how people interpret satisfaction in interpersonal relationships, visions that are also tied to gender norms and roles (McClelland, 2011) and, for instance, address issues of intimate partner violence. Operationalized as sexual body esteem, sense of entitlement to pleasure from self and others, sexual self-efficacy and self-reflection, sexual subjectivity has been associated with higher levels of self-efficacy in condom use, higher self-esteem, resistance to gendered sexual double standards, and lower self-silencing in relationships in adolescent and young women (Horne & Zimmer-Gembeck, 2005). Similarly, empowerment and reduction of one's

adherence to a given society's prescribed gender roles have been linked to lower levels of anxiety and depression in many populations, including Latinx, European, and Asian immigrants (Arcand et al., 2020; DaSilva et al., 2018; Hoy, 2007; Lipsicas et al., 2012).

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This dissertation confronts the fear and common reservation to inquire and answer questions regarding immigration status, sexuality, and beliefs about gender roles, to enrich the current knowledge regarding the intersection and correlation between these three concepts in an underprivileged population such as immigrant women, as well as to contribute to the existing literature regarding the difficulties and changes that these minorities often face when moving to the United States. By recognizing the lively nature of all these concepts (i.e., acculturative stress, gender roles, and sexual subjectivity), this study explored the influences and interactions that they may have on each other in marginalized communities, specifically in European, Asian, and Latinx cisgender immigrant women.

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**Definition of Terms**

*Sexual subjectivity* is defined as a person’s sexual self-perception and self-reflection, including sexual self-esteem and sexual body-esteem, their perception of sexual self-efficacy, sexual agency, and entitlement to sexual desire and pleasure from themselves and others (Horne & Zimmer-Gembeck, 2006; Zimmer-Gembeck & French 2016). This definition encompasses a positive and empowering approach to women’s sexual identities and the ability to perceive and seek sexual pleasure (Bond et al., 2020). For the present study, sexual subjectivity is operationally defined as sexual body esteem (i.e., one’s self-perceptions of sexual attractiveness and desirability), sense of entitlement to pleasure (from self and a partner), self-efficacy in achieving sexual pleasure, and sexual self-reflection (i.e., one’s emotional and cognitive interactions and reflections in regards to sexuality), all of which are included in the Female Sexual Subjectivity Inventory (FSSI; Horne & Zimmer-Gembeck, 2006). Thus, in this study, participants’ sexual subjectivity was their score on this measure (Horne & Zimmer-Gembeck, 2016).

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*Ethnicity*: for this study, ethnicity was defined as a participant's self-reported membership to one of these three groups: Latinx, European, or Asian. Individuals identifying with other ethnic groups were not able to participate in this study.

*Acculturative stress* refers to a specific type of stress, in which the stressors stem from the process of acculturation. Acculturation stress is a reduction in an individual's physical, emotional, and psychological status, and may also include social aspects. For instance, individuals may experience marginalization, disconnection from their cultures and societies, feelings of alienation, and psychosomatic symptoms (Berry et al., 1987; Rosario & Dillon, 2020). For this study, acculturative stress was operationally defined as a participant's score on the Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987). On this measure, the concept of acculturative stress is inclusive of four domains: familial and social (i.e., one's sense of connection and support with and within their host culture and culture of origin), attitudinal (i.e., one's goals and self-efficacy as a member of the host culture) and environmental (i.e., an immigrant's experiences within the host culture, such as discrimination; Mena et al., 1987).

*Gender role attitudes* are defined as attitudes toward gender roles and characteristics typically attributed to individuals by society (Arcand et al., 2020). In this study, gender roles were operationally defined as one's self-reported scores on four items (Phinney & Flores, 2002) regarding gender roles. This measure, based on the North American culture, allows us to differentiate between conservative and egalitarian attitudes towards traits and behaviors that are stereotypically described as appropriate for men and women (Phinney & Flores, 2002).

### Research Questions and Hypotheses

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This study aims to answer the following research questions: how do acculturative stress and gender roles influence sexual subjectivity in European, Asian, and Latinx cisgender immigrant women in the U.S., and do gender role attitudes change following immigration?

As a result, this dissertation ~~was~~ based on the following hypotheses:

- Hypothesis 1: Acculturative stress will have a negative influence on sexual subjectivity in European, Asian, and Latinx cisgender immigrant women.
- Hypothesis 2a: Both Asian and Latinx immigrant women's gender role attitudes will become more egalitarian after immigrating to the United States.
- Hypothesis 2b: European immigrant women's gender role attitudes will remain egalitarian or will become more conservative after immigrating to the United States.
- Hypothesis 3: European, Asian, and Latinx immigrant women who endorse more egalitarian gender role attitudes ~~before~~ immigration will report less acculturative stress than will women who endorsed more conservative gender roles ~~before~~ immigration.
- Hypothesis 4: European, Asian, and Latinx immigrant women currently reporting more egalitarian gender role attitudes will have higher sexual subjectivity after immigrating to the United States.

## Chapter II

### Introduction

This chapter will describe the existing literature examining sexual subjectivity, acculturative stress, and gender roles that may influence the experiences of U.S. immigrant women identifying as European, Latinx, and Asian. Given the limited literature available on European, Latinx, and Asian immigrant women, their sexuality, and how the latter could change after moving to another country, this literature review will discuss the impact of acculturative

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stress and gender roles on both pre-immigration and post-immigration experiences of sexual subjectivity, while noticing empirical gaps in the extant research.

This chapter begins by providing a review of sexual subjectivity and its relation to culture, the process of acculturation, and gender roles. A review of studies analyzing acculturative stress will follow, with an emphasis on its relation to immigrants' sexuality and gender roles. This chapter continues by examining gender roles, their correlation with sexual subjectivity, and acculturative stress. Lastly, a conclusion will provide an overview of the current literature conducted on European, Asian, and Latinx immigrant women and their sexual subjectivity, acculturative stress, and gender roles, in addition to the aspects that this dissertation aims to expand to help Latinx, European, and Asian immigrant women residing in the United States.

### Sexual subjectivity

Defined as an individual's sexual body, esteem, entitlement to desire and sexual pleasure, and sexual self-reflection, sexual subjectivity represents an extensive perspective to adopt when conceptualizing an individual's sexuality. A comprehensive definition of sexuality covers many aspects, going beyond functionality and dysfunctionality, as well as transcending a simple model that teaches healthcare providers to navigate it exclusively for sexual health concerns. Sexuality also includes personal aspects and relationships, all of which are highly influenced by one's sociocultural and historical context, and could benefit from a fluid acceptance of it, accounting for its diversity (Dawson & Burnes, 2019). The concept of sexual subjectivity credits multiculturalism and holds an empowering stance by considering individuals as sexual beings with related perspectives, feelings, beliefs, and desires (Ellison & Papps, 2020). Martin (1996), who used the term "sexuality" to indicate sexual subjectivity, described it as "the necessary

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component of agency and, thus, self-esteem. That is, one's sexuality affects her/his ability to act in the world, and to feel like she/he can and make them happen" (p. 10).

To date, sexual subjectivity has been conceptualized as composed of three elements: sexual body esteem, sexual desire, and pleasure, and sexual self-reflection. Sexual body esteem refers to one's ability to understand and experience pleasure with their body (Martin, 1996).

Buzwell and Rosenthal (1996) analyzed sexual self-perceptions and their relation to body esteem in a sample of high-school-aged Australian adolescents and, by conducting a cluster analysis, found five sexual styles (i.e., sexually driven, sexually adventurous, sexually competent, sexually unassured, and sexually naïve), where those belonging into more advanced groups (i.e., sexually adventurous, driven, and competent) reported higher self-confidence in their sexual appeal and

desirability based on how they conceptualize their sexual appearance and bodies. These perceptions of sexual appearance and bodies can change over time; however, they are not altered in the influence they have on women's confidence in their sexual desirability, as shown by Zielinski et al. (2017), who analyzed adult women's sexual body-esteem after vaginal birth, which was much lower than their prepartum sexual body-esteem, particularly if they perceived their body as vastly changed after giving birth.

Linked to sexual body esteem are sexual desire and pleasure, both of which include experiencing pleasure from the body. Sexual desire indicates one's willingness and readiness to be sexually active, and sexual pleasure is defined as a perceived sense of emotional and physical well-being following being sexually active (Horne & Zimmer-Gembeck, 2006). Most socio-cultural contexts not only reinforce heteronormativity when referring to sexual desire and pleasure, but also support the belief that men are more likely to experience higher levels of desire and pleasure, and that these are uncontrollable and biologically determined (Alle, 2003; Tolman

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et al., 2003). In these scenarios, women are often seen as sexually vulnerable, passive, and even victims of male gratification as they are rather interested exclusively in the emotional aspects of intimacy (Allen, 2003). However, the concept of sexual subjectivity goes against heteronormative and patriarchal values to recognize, give voice, and empower all silent minorities. By adopting such a liberating stance, studies have found that women are more likely and more often voice their opinion, needs, and preferences when being sexually active, which is reflected in the quality of their sexual relationships and their overall physical, emotional, and psychological wellbeing (Horne & Zimmer-Gembeck, 2006). Therefore, sexual subjectivity may be an underrepresented target when considering individuals' and especially women's sexual health. For example, Zimmer-Gembeck and French (2016), analyzing a sample of adolescent Australian girls and their levels of sexual subjectivity, found a positive correlation between their levels of entitlement to pleasure and their self-efficacy in using condoms when being sexually active, suggesting a negative correlation between sexual subjectivity and sexual risk-behaviors. Likewise, Satinsky and Jozkowski (2015), by studying the relationship between sexual subjectivity and women's ability to express their consent to receive oral sex from their partners, found that higher levels of entitlement to pleasure were predictive of higher communication abilities to express their sexual consent.

The third and last element of sexual subjectivity, sexual self-reflection, has a definition based on Bandura's definition of reflection, noting that individuals can reach knowledge by reflecting on their experiences and what these entail for the self and the world (Bandura, 1989). That is, sexual reflection contributes to sexual subjectivity by including the aspect of intrapersonal dynamics and metacognitive reflection, given that one's knowledge and direct experiences may not be providing a comprehensive perspective. By engaging in self-reflection,

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individuals can analyze their experience, review their past behaviors, and plan future ones (Horne & Zimmer-Gembeck, 2006). Therefore, sexual subjectivity emerges not only from bodily experiences and related pleasures, but also from the interaction and reflection of one's emotions and cognitions. Through metacognitive sexual self-reflection, individuals can learn about and know their sexual selves (Martin, 1996). Thus, sexual subjectivity is a multisensorial and multileveled notion, including the experience of pleasure from the body and sexual arousal, which comprise physiological states based on sensory excitability, but also sexual desire and reflection, which entail cognitive and emotional components, such as being aware of one's sexual energy and interest in pursuing sexual activities and/or relationships (Horne & Zimmer-Gembeck, 2006).

Although sexual subjectivity begins to develop during adolescence, it changes throughout a lifetime, has a high relevance and influence on one's self-concept (Horne & Zimmer-Gembeck, 2005), most of the extant research has focused on adolescent and young adult experiences of it (Boislard & Zimmer-Gembeck, 2011; Bond et al., 2020; Horne & Zimmer-Gimbeck, 2005; Horne & Zimmer-Gimbeck, 2006; Schalet, 2010; Zimmer-Gembeck et al., 2011; Zimmer-Gimbeck & French, 2016), whereas to date, only three studies focused on adults as well (Ellison & Papps, 2020; Satsinsky & Jozkowski, 2015; Sheff, 2005). This limited number of studies conducted with adults not only impedes the deepening of knowledge about sexual subjectivity and its variations in time, but also influences healthcare professionals' lack of awareness in attending to their patients' sexual development in its changes and fluctuations (Boislard et al., 2011). Research has found a positive correlation between girls' sexual experiences and levels of sexual subjectivity, which has been hypothesized as related to becoming aware of their sexual bodies, desires, and pleasure, in addition to having had more chances of sexual exploration

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(Boislard et al., 2011). Martin (1996), who interviewed adolescent girls, explained that they feel more comfortable letting their partners explore their bodies than doing it by themselves, leading to the idea that their sexual subjectivity is oftentimes better expressed and acquired when they are or have been involved in a relationship. Moreover, the author noted that adolescent girls' levels of comfort in exploring their bodies are also influenced by cultural meanings about gender, gender roles, and sexuality. That is, when girls reach adolescence, they are often encouraged to alienate themselves from their bodies and, thus, the sexual self, which the author defines as "lethal" (Martin, 1996, p. 12) as it leads to passivity and a slowed development of sexual subjectivity.

This enhanced sexual subjectivity has also been found to be linked to young women's empowerment and their ability to advocate for their sexual interests and safety when being sexually active (Bond et al., 2020), emphasizing women's active role in pursuing sexual pleasure and overall sexual empowerment. These findings are also highlighting the link between women's expectations and confidence in seeking sexual desire and pleasure and their sexual decision-making abilities (Cheng et al., 2014), as well as are undoubtedly more reflective of reality than an abstinence-based approach, given more than 88% of women in the United States engage in premarital sex (Centers for Disease Control and Prevention, 2017). Women's sexual subjectivity could also be enhanced by adopting a comprehensive, socially just, and sex-positive framework, which would expand the concept of sexual wellness and merge an individual's physical health with the multiple and intersecting biological, psychological, social, and emotional levels of functioning (Burnes et al., 2017b). Research and education neglecting the importance and diversity of a person's sexual life and identities can lead to disinformation, misunderstanding of sex concerns, and a narrow, non-inclusive view of sex and sexuality, where the latter could be

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overlooked, minimized, or pathologized (Burnes et al., 2017a). Indeed, the variability of sexual norms among cultures has been documented to influence individuals' habits, preferences, and overall identities (Popovic, 2006). Therefore, minority groups, among which women, would benefit from sex-positive socio-cultural environments and educational programs, where sex-positive could be defined as a framework celebrating inclusiveness and diversity in approaches to sexuality, conferring resilience to individuals suffering from internalized sex-negative oppressive attitudes (Burnes et al., 2017b).

Few psychology research studies have focused on issues of sexuality (Burns et al., 2017b), with the most notable ones published in *The Counseling Psychologist*, a journal focused on counseling psychology practice. In its spring issue of 1975, this journal emphasized human sexuality and sex-related issues in counseling, publishing several articles on the topic. For instance, in the issue, Jacobs and Whitley (1975) provided an overview of the available approaches to sex therapy, Ellis (1975) a description of the history of sex therapy, and Wish explained imagery-based techniques in the treatment of sexual dysfunctions (1975). In the decade following the sexual revolution of the 1960s and 1970s, psychologists' attention shifted to issues of diversity and, particularly, gender identity (Burns et al., 2017b; O'Neil, 1981; Yanico & Hardin, 1985). In the 1990s, the focus of sex research became identity-based, as evidenced by Buhrke and Douce (1991) and Burns (1990), whose studies have focused on psychologists' work with individuals identifying as lesbian and gay and did not examine broader issues of sexual health and sexual functioning (Burns et al., 2017b). Therefore, most of the existing literature focused on sex and sex positivity has been generated outside the field of psychology and in disciplines such as women's studies, gender studies, and sociology. In this scenario, the concept of sex positivity has been re-examined in relatively recent times (Burns et al., 2017a), Burns et

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al. (2017a) highlighted the need to adopt a sex-positive stance for research, practice, training, and advocacy, calling for graduate training programs to include coursework, training opportunities, and discussions on sex and sexuality within multicultural and social justice-based lenses. Since 2017, psychology scholars paid more attention to sex positivity as a topic for research and, for instance, have created a Sex Positivity-Negativity scale (Hangen & Rogge, 2022), and analyzed the correlation between sex positivity and shame (Mercer, 2018). By asking 375 Black, undergraduate students in the U.S. to complete anonymous surveys on sexual knowledge, sexual risk, and sexual satisfaction, Leivo et al. (2022) studied the relationship between sexual knowledge and high-risk sexual behaviors, noting a positive correlation between sexual knowledge and sexual satisfaction, and a negative correlation between these two factors and sexually risky behaviors, resulting in a lack of adequate sexual knowledge, which the authors linked to the urgent need for sex-positive educational programs to address the growing rates of STIs among college students (Leivo et al., 2022).

Gaining a better understanding of the role of sexual subjectivity in individuals' sexual development and activities could lead to the implementation of sexual education programs, which would be more empowering for minorities, such as women, and potentially reduce sexually risky behaviors and negative sexual health outcomes (e.g., lower rates of sexually transmitted infections; Bond et al., 2020; Cheng et al., 2014). Empowerment and sexual pleasure are less likely to be experienced if a person objectifies their sexuality and allows others to judge their right to feel attractive and sexually desirable, which is based on a specific socio-cultural context and gender roles (Tolman et al., 2003). Such a perspective also highlights the importance of considering empowerment and sexual pleasure along with an individual's sexual subjectivity.

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In terms of gender, research has shown that, compared to young females, young males are more likely to experience a higher sense of entitlement to sexual pleasure, self-efficacy, sexual body-esteem, and self-esteem, whereas women reported higher levels of sexual depression, characterized by lower sexual self-esteem, and enhanced feelings of disappointment and sadness about sexual aspects of their lives (Zimmer-Gembeck & French, 2016). These outcomes are reflective of gender-based inequalities that are diffused in many cultures and perpetrate the idea of men as sexual pursuers, active, sexually insatiable, and women as the submissive, passive counterparts, who have to be gatekeepers of sexual activity (Bond et al., 2020).

Existing literature on sexual subjectivity still lacks a comprehensive perspective on many populations, including racial, ethnic, and gender minorities. Following Michelle Fine's call for more desire-focused school education and research in 1988, almost 20 years later, the same author along with Sara McClelland (2006) emphasized the need for more accurate sexual research and education to empower minorities and reduce the prevalence of phenomena as heteronormativity, undesired pregnancies, teen marriages, homophobia, sexual violence, and harassment. Women, among many other minorities, have the right and need to receive an accurate and up-to-date education and resources, which must be inclusive and representative of diversity and multiculturalism (Fine & McClelland, 2006), so that they can fully embrace their identities, desires, relationships, have better chances towards self-realization and of living physically and psychologically healthy lives. Indeed, when compared to other risky behaviors, sex is assumed to be healthy for adults, however, it is still unclear how women are expected to achieve a healthy sex life as adults if there is not a full understanding (and thus, education) of what their healthy sexual development is or entails (Cheng et al., 2014; Fine, 1988).

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In addition to the limitations in research with adult women, immigrants are also not included in many discourses regarding sexual development or sexual subjectivity: existing research has exclusively focused on their risky behaviors (Kaplan et al., 2002; Keller Weiss & Harker Tillman, 2009) and their attitudes towards sexual health (Blondell et al., 2021; Dias et al., 2014; Foley, 2005; Hoyos et al., 2013; Kakalou et al., 2014; Lederman et al., 2020; Uccella et al., 2017), fully disregarding their sexual desires, pleasure, experiences, and sexual self-concepts, which are particularly relevant in the context of their immigration, where a clear change of sociocultural context happens. For instance, after analyzing Hispanic and Caribbean gay men's HIV-risky sexual behaviors post immigrating to Florida and their correlation to drug use and mental health, Akin [et al.](#) (2008) noted the lack of resources that such population faced in their host country and emphasized the need for culturally appropriate interventions to address these underserved populations.

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### Acculturative stress

Sociocultural, economic, and political contexts are of paramount importance when considering the development of an individual's sense of self (Ryder et al., 2000). Moving from one culture to another can thus imply changes in one's [identity](#) and sense of self, which are often modified to accommodate the new aspects of the host culture. Acculturation is the term that originally described those cultural changes resulting from continuous, direct contact between two cultural groups (Redfield et al., 1936). Although Redfield's definition of acculturation proposed a group-level concept, acculturation is now recognized to occur within interpersonal and intrapersonal contexts (Albertini et al., 2018; Bekteshi & Kang, 2020; Berry, 2005). Indeed, acculturation has consequences in both individual and group-level dimensions, wherein such experiences have a greater impact on the nondominant group and its members (Berry, 2001).

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During the acculturation process, both individuals and groups who have relocated, experience various degrees of emotional, physical, and psychological discomfort, all of which can lead to a state of stress (Albertini et al., 2018; Bekteshi & Kang, 2020; Berry & Annis, 1974; Davis et al., 2018; Fanfan & Stacciarini, 2020). Acculturative stress is one kind of stress, in which the process of acculturation is identified as being at the source of it and has the potential to lead to stressful emotional status (e.g., feelings of marginalization, disconnection from socio-cultural networks, and/or alienation), psychosomatic symptoms, intrapersonal conflicts, and identity confusion (Berry et al., 1987; Rosario & Dillon, 2020).

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Berry (2006), a luminary in acculturation and immigration research, noted that in 1927, Thurnwal was the first to express interest in the phenomenon of acculturation out of a concern regarding the effects of European invasions of colonial and indigenous groups throughout the world. Following this initial work, research has then focused on immigrants and their experienced changes after moving and settling into host cultures, arriving at more current times, where authors have been analyzing how the dominant and nondominant groups relate to each other and change as a result of such interactions (Berry, 2006). Initially, Oberg (1960) used the expression culture shock to indicate the concept of acculturative stress, which was introduced by Berry in 1970 as an alternative to the idea of shock.

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Within the existing literature, two predominant formulations are used to analyze the acculturation process and related stress, which Ryder, et al. (2000) have named, unidimensional models and bi-dimensional models. The former implies that acculturation and its identity-related changes happen on a singular continuum over time, between the opposite poles of the culture of origin and the host culture, in which individuals must leave their culture of origin-based values, identities, behaviors, and attitudes to fully embrace those of the host culture. Theorists adopting

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this perspective have more recently proposed that different aspects of cultural identity can move towards the mainstream culture at different paces, also with the ability to potentially go back (i.e., backtracking as a result of a conservative stance, leading to reaffirming one's culture of origin) and go too far (i.e., exaggerating in the endorsement of values from the mainstream culture, leading to the loss of values from their culture of origin) on the continuum of their acculturative process. Moreover, this stance sees the process of acculturation as continuing through generations, up until immigrants' descendants will be culturally identical to mainstream culture (Ryder et al., 2000). On the other hand, the bi-dimensional perspective assumes that one's culture of origin and host culture are separate from each other, therefore can change independently without influencing one another. By viewing acculturation and its related stress from this perspective, individuals can adopt values and behaviors from the mainstream culture without giving up any of those related to their culture of origin (Berry, 1997; Ryder et al., 2000).

From a bi-dimensional perspective, Jean S. Phinney and John W. Berry are the most notable authors. Phinney has focused on the study of ethnic identity, acculturation, and psychological well-being among adolescent and emerging adult immigrants residing in the United States. The author has extensively published work on the intersectionality of ethnic identity and cultural identities and issues, such as nation of origin, language skills, and acculturative stress. Her efforts culminated in a measure of ethnic identity, the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), emphasizing the relevance of ethnic identity in the development of an individual's self-concept across ethnic groups, particularly during adolescence (Phinney, 1992). Her measure provides a means to explain ethnic identity as a general phenomenon, yet indicative of individuals' degree of identification with their ethnic group, regardless of its unique characteristics. Moreover, the MEIM could be used with

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populations who are ethnically diverse and/or of unknown ethnicity (Phinney, 1992). Throughout her career, the author often emphasized the importance of considering within and between-group similarities and differences, given that “each group has its unique history, traditions, and values; yet the concept of a group identity, that is, a sense of identification with, or belonging to one’s own group, is common to all human beings” (p. 158; Phinney, 1992).

As early research has attempted to study immigrants’ process of acculturation within a unilinear, unidirectional process (i.e., immigrants would inevitably be absorbed into the culture of the host society), Berry has hypothesized since the early 1970s that acculturating individuals and groups are faced with two essential questions: “Is it considered to be of value to maintain my cultural heritage?” and “Is it considered to be of value to maintain relations with other groups?” (Berry, 1974). From this bi-dimensional approach, Phinney argued that two coexisting dimensions underlie individuals’ cultural identities, which are respectively their identities related to their culture of origin and those related to their host society. Similarly, Berry conceptualized that there are two dimensions underlying the process of acculturation: individuals’ link to their culture of origin and their host cultures. These links can be represented in many ways, including immigrants’ preferences for involvement in the two cultures (i.e., acculturation attitudes), and behaviors such as language skills and use, and social relationships (Berry et al., 2006). Berry also posited that an individual’s responses to these questions place them in one of four different acculturation strategies: assimilation, separation, integration, and marginalization. The assimilation path is defined when an individual does not want to maintain their values, attitudes, and identities from their culture of origin, and rather seeks to learn via daily interactions with the mainstream culture. Instead, the separation path is characterized by individuals valuing to maintain and develop their culture of origin while avoiding interactions with others from the

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mainstream culture. When an individual is interested in both maintaining and developing their cultural origin and their daily interactions with others, prefer the integration path. Lastly, if an individual does not have the possibility of or interest in maintaining or developing their culture of origin or interactions with others from the mainstream culture (which may be due to exclusions and/or discriminations), this results in marginalization (Berry et al., 1987).

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Studies have shown that immigrants' experiences of acculturative stress may in part depend on which of these four acculturative strategies they adopt (Rosario & Dillon, 2019; Schwartz & Zamboanga, 2008). For instance, assimilation and separation have been associated with moderate levels of acculturative stress, integration (and consequent biculturalism) has been associated with the lowest amount of acculturative stress, while marginalization has been linked to the highest levels of acculturative stress (Berry, 2006; Caplan, 2007; Rosario & Dillon, 2019).

The process of acculturation, as explained by Berry (1970), entails both positive and negative outcomes. Scholars have suggested that, among the positive results of acculturation, are the acquisition of new relationships, enhanced resources, and strengthened professional skills (Bekteshi & Kang, 2020; Berry, 1974). Conversely, acculturation could also lead to psychosocial difficulties such as weakened familial relationships, stigma, discrimination, and marginalization in the host country, all of which are connected to an overall decrease in immigrants' physical and mental health (Albertini et al., 2019; Albqoor et al., 2020; Bakhtiari, 2018; Berry, 1974). For instance, research conducted on Middle Eastern, Hispanic, and Black immigrants living in the United States has shown a paradox in their physical health patterns. These are often better upon their arrival despite their lower socioeconomic status; however, due to stress associated with experiences of discrimination, their physical health status worsens with a greater duration of residence in the U.S. (Bakhtiari, 2018; Cho et al., 2004; Hamilton & Hummer, 2011).

Acculturative stress has also been linked to several negative mental health outcomes, including substance use (Jankowski et al., 2018; Paulus et al., 2019; Tineo et al., 2020), anxiety and depression (Berry, 2005; Cheung et al., 2019; Driscoll & Torres, 2019; Ponciano et al., 2020; Renner & Berry, 2011; Tineo et al., 2020), post-partum depression (Calzada et al., 2019), hopelessness and suicidal ideations (Brown et al., 2015; Lane & Miranda, 2018; Lipsicas et al., 2012), eating disorders (Creighton et al., 2012; Figueroa et al., 2020) and negative long-term effects on cognitive abilities (Gruber, 2020).

On the other hand, scholars have noted that the long-term emotional and psychological consequences of acculturative stress and the general process of acculturation are highly variable and influenced by factors such as social and personal resources from one's culture of origin, from the host culture, and phenomena that exist before and/or can arise during the acculturative process (Berry, 1997). For example, many immigrants move to a different country to escape dangerous conditions of living (e.g. war in their native countries). These past traumatic experiences can undoubtedly affect an immigrant's acculturative process, with potential residual effects of their trauma (Peña-Sullivan, 2020).

The acculturation process is also molded by factors such as education, age, employment, and changes in socialization practices. Scholars have recognized that immigrants can have an active role in their processes of acculturation, particularly given that they can modify their behaviors before and/or during their initial periods of contact with the host culture. These "acculturative influences" (p. 387, Berry & Annis, 1974) stimulate immigrants' acculturated behaviors, which often represent behavioral shifts from those behaviors present in their culture of origin (Berry, 1997). When acculturative stress is low, all these changes in immigrants' lives are likely to be easy, and their behavioral shifts to happen smoothly. Once that happens, immigrants

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frequently experience culture shedding, cultural learning, and cultural conflict. In the former two, immigrants accidentally or deliberately lose some of their behaviors, which are replaced by behaviors seen as a better fit with their host culture. Such changes are mostly observed to be intrapersonal, thus affecting many of an immigrant's identities, whereas if an individual experiences conflict, they are typically resolved by modifying old behaviors with new and more fitting behaviors, leading to the assimilation of cultural and societal values (Berry, 1997). When immigrants initially endorse highly different values from those of their host culture (e.g. religion), their assimilation to host cultures has been associated with less acculturative stress and greater acceptance from their host culture. Matera, et al. (2020) analyzed Italians' attitudes toward Muslim immigrants, noting that immigrants who were perceived to be more willing to or to have mostly lost their connections to their culture of origin were found to elicit more favorable responses from members of the host culture when compared to those immigrants who were perceived as closer to their cultural heritage.

As noted above, immigrants change their behaviors during the process of acculturation for many reasons, most of which are influenced by their contact with the mainstream culture and its related values (Bekteshi & Kang, 2020). Among these, the authors have noticed that gender has a variable influence on the acculturative process, with evidence showing that immigrant women are more at risk of acculturative stress and problems than their male counterparts (Beiser et al., 1988; Berry, 1997; Carballo et al., 1996). Given that in many societies women are denied access to education, employment, goods, services, and their human rights are often not respected, it seems natural that migrating to a more open society and a more economically stable country could represent an opportunity for them to improve their quality of life (Carballo, 1996). However, women's roles are seldom independent of those of their family members and

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particularly of their male partners. Thus, Carballo (1996) noted that core elements of women's roles rarely changed after immigrating, which was likely to increase their perceived acculturative stress and to be detrimental to their emotional and psychological well-being (Carballo, 1996). In patriarchal societies, men's roles are dominant over those of their family members and particularly over women's roles; however, research has shown that, after immigration, these roles are often challenged by women's employment. As men may not be the family's sole or even primary breadwinners anymore, they may perceive themselves to be less respected and have less authority over their family members. Thus, as men's and women's financial roles and responsibilities adapt to become more mutual, the resulting stress in the family often entails conflict (Darvishpour, 2012). By analyzing more recent immigrant women's experiences, Havlin (2017) noticed that both immigrant men and women have been more involved in the labor market, except for jobs in the public sector. In this scenario, men are often employed as manufacturers, and women are predominantly employed in human health and social work-related fields, which anchors their positions in specific sectors of the labor market. These gender-based patterns illustrate a liberalization of women's roles post-immigration, which implies a decreased financial dependency on men and a reconstruction of familial and gender roles, where women are often seen as family breadwinners and decision-makers (Havlin, 2017; Timmerman et al., 2018)

On the other hand, following their migration to a new society and culture, women are also more vulnerable, as they have lost much of their social support and are in an unknown context, where they might still be equally limited by their lack of education and independence. Such sensitive status places them at further risk for sexual abuse and violence, as well as for engaging in risky sexual behaviors, with worsening sexual health and more instances of sexually

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transmitted diseases (STDs), including HIV (Foley, 2005; Okoro & Whitson, 2017). However, there is currently paucity in researchers' understanding of immigrants' sexuality, particularly in those of women, since the extant literature has once again focused mainly on negative sexual health outcomes rather than their lived intrapersonal and interpersonal lived experiences. Such a stance in the research community could potentially further oppressive attitudes and the process of silencing immigrant women, whereas adopting a more multicultural and inclusive stance could be conducive to this population's psychological, emotional, and physical well-being, and to a more socially just society. For instance, gaining a better understanding of immigrant women's sexual subjectivity could guide scholars for future research, thus better understanding their lived experiences from a broader perspective. This may then lead to the development of services and levels of care tailored to their physical and mental health-related needs, which are often off-limits for many immigrants due to barriers such as their documentation status, financial issues, lack of health insurance, language skills, and lack of education (Carballo, 1996; Fanfan & Stacciarini, 2020; Foley, 2005; Okoro & Whitson, 2017).

### Gender roles

Berry (1997) considered culture to be "a powerful shaper of behavior" (p. 6, Berry, 1997), from which many constructs gain their meaning in a given society. An example is undoubtedly the construct of gender roles, defined as the stereotypically feminine and masculine traits that a specific society attributes to males and females (Bem, 1981). From early in life, individuals of all cultures are indeed socialized and encouraged to learn and develop gender-related traits, behaviors, attitudes, and skills that are consistent with their biological sex (Arcand et al., 2020). Bem (1981) also noted that children are encouraged at the initial stages of their lives to develop cognitive schemas that are congruent with their biological sex, which will later

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on influence other cognitive schemas, their sense of self, self-esteem, and perhaps intrapersonal conflicts. More recent literature has reported that gender roles can be more flexible than initially thought, explaining that these can be affected by age (Jones et al., 2011) and life experiences, such as starting to attend school, starting to work, and getting married (Bryant, 2003; Jones et al., 2011; Lemester et al., 2017). For instance, Alyssa Bryant (2003) found that American children were able to modify their gender roles after they started attending school and that traditional gender roles and schemas are heavily reduced by the time men and women attend college, although the latter group assumes more egalitarian views than the former.

According to Bem (1974), individuals can be androgynous by having both masculine and feminine traits, wherein those who endorse elevated levels of both (i.e., persons with an androgynous profile) have better psychological health. Later research has supported Bem's theory, noting that such a profile promotes more cognitive, emotional, and behavioral flexibility, thus the ability to adjust and regulate in arduous situations, fewer chances of developing depressive and/or anxiety symptoms (Cheng, 2005; Juster et al., 2016; Vafaei et al., 2016), less overall discomfort, and overall higher levels of self-esteem (Johnson et al., 2006). Contrary to this profile, endorsing both low feminine and low masculine traits (i.e., individuals with an undifferentiated profile) has been associated with poorer mental health adjustment, including higher levels of depression and anxiety (Bem, 1974; Flett et al., 2009).

Although Bem's theory was created within the context of the North-American culture, many studies have been able to replicate its results in other cultures as well. For instance, Persson (1999) found evidence of the validity of the Bem Sex-Role Inventory (BSRI), a measure based on the author's theory, with 118 male and female Swedish participants. Similarly, Carver et al. (2013) found that the BSRI was a valid indicator of gender roles in a sample of 278

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Brazilians older than 65 years. Other studies have supported Bem's theory and related measures within other cultures, including the British (Colley et al., 2009), Canadian (Conway, 2000), Chinese (Pan et al., 2021), Colombian and Albanian cultures (Vafaei et al., 2014). However, no study to date has analyzed gender roles, their flexibility, or Bem's theory within the context of immigration. As immigrants move from one country to another, they are likely to change their cognitive and behavioral repertoires and act accordingly to the cultural influences and expectations of the host culture (Berry et al., 1992; Berry, 1997). On the other hand, as explained by the concept of marginalization as an acculturative strategy (Berry et al., 1987), immigrants could still retain their cognitive and behavioral processes from repertoires based on their culture of origin, seeking out and eventually gaining more experiences within their in-group, non-dominant, or minority culture instead of the mainstream culture (Berry, 1997).

Gender roles are also entrenched in the creation and development of an individual's sexuality, given that people learn about themselves as sexual beings within a given context and society, which often define the appropriateness of sexual behaviors and roles based on gender roles (Allen, 2003). Within this discourse, many authors have emphasized that the construction and development of women's sexuality and sexual subjectivity are much more negatively impacted by heterosexual and patriarchal cultural and societal norms than is the case with men, given that women are still seen as sexually passive, submissive, and objectified (Allen, 2003; Aroustamian, 2020; Brown-Bowers et al., 2015; Cheng et al., 2014; Fash, 2014). Even if contemporary media are attempting to promulgate sexually empowering images of women, in which they are illustrated as agents of their sexuality, these have been found to increase levels of self-objectification and self-surveillance more so than traditionally objectifying images (Brown-Bowers et al., 2015; Gill, 2009; Harvey & Gill, 2011a, 2011b). For instance, women's body hair

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removal is often described as a voluntary choice, based on women’s personal preferences and/or for body hygiene, which downplays the socio-cultural pressures upon women to depilate to be considered sexually attractive and, ultimately, to find a partner (Fahs, 2014). In an analysis of a popular international women’s magazine, Gill (2009) found that intimate entrepreneurship (i.e., adopting a professional stance to personal relationships, in which romantic and sexual relationships are considered a job in need of strategic planning and efforts), men-ology (i.e., the education regarding men’s needs, as well as on monitoring and pleasing male partners), and transforming the self (i.e., remodeling emotional, psychological, behavioral, and physical traits to achieve a “desirable subjectivity”, p. 345; Gill, 2009) were components present in most articles of the issue. In her study, Gill (2009) emphasized that these three notions were repeated in many discourses (e.g., body image, romantic and intimate relationships) and, even if superficially endorsing women’s freedom of choice, these were encouraging a re-embrace of traditional, stereotypical feminine values.

Similarly, existing research has found that titles in the self-help genre targeting women are, whether clearly or subtly, describing the importance of becoming always sexually open and adventurous, as well as of learning skills to please their male partners and keep them by their sides (Harvey & Gill, 2011a, 2001b). Thus, even if the commonly available resources sell an image of more sexually active, liberated women and of more socially fair gender roles, these are still endorsing an image of women as passive and dependent on men’s desire and pleasure rather than focusing on women’s needs and experiences, perpetrating an oppressive and socially unjust stance (Kiefer & Sanchez, 2007). As sexual subjectivity accounts for sexual desire and pleasure and comprises one’s sexual body esteem, sexual self-concept, and self-reflection, messages regarding gender roles can easily permeate into each component of sexual subjectivity,

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influencing women's sexuality and related intrapersonal and interpersonal experiences within a specific sociocultural context.

The lack of access to accurate and positive information about sexuality, in addition to oppressive gender roles and sociocultural norms, deepens women's disadvantages and experiences challenges within a specific society, discouraging healthy levels of sexual subjectivity (Cheng et al., 2014). Within this scenario, immigrant women are even more disadvantaged, given their commonly experienced lack of social support, and resources, poor language skills, limited access to healthcare, levels of stress originating from the process of moving to another country, and acculturative stress (Read & Reynolds, 2012). Furthermore, immigrant women often move from countries where pervasive gender inequalities exist, leading to experiencing high threats to their psychological and physical well-being, which can potentially influence their gender biases, and aid the perpetration of gender-based violence, such as intimate partner violence, even in their host country (Januwalla et al., 2018). For instance, if raised in a culture emphasizing patriarchal values and traditional gender roles, women may believe that they cannot migrate to another country without their abusive partners, or they may strengthen their existing gender biases to find stability in the destabilizing processes of immigration and acculturation (Januwalla et al., 2018). On the other hand, within their host culture, immigrants are often seen as the reason for or the carriers of sexually transmitted diseases and infections, leading to enhanced stigma towards their sexuality and sexual subjectivity (Hoy, 2007).

#### **Traditional gender roles in North American culture**

Gender roles have also been defined as sociocultural constructs that guide and constrain individuals' behaviors across a wide range of settings, including an individual's preferences in sports, chosen career paths, and personal relationships (Kiefer & Sanchez, 2007). In the United

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States, gender has been predominantly represented as a binary concept, indicating that individuals can belong to one of two gender categories (i.e., male or female; Dess et al., 2018). Along with the sociocultural pressure to conform, this societal assignment of a specific gender identity leads to shared expectations regarding that individual's beliefs system, attitudes, and behaviors, applicable from a very young age (e.g., expectations about toys, childhood activities, and possible careers; Basow, 2006). Societal institutions, such as schools, influence this gender-based socialization and contribute to the foundation of binary gender roles in young children, wherein these gender roles are perpetuated throughout adulthood and are likely to reflect traditional, stereotypical gender outcomes (Steinfeldt et al., 2009).

Traditional masculinity, in Western cultures, refers to the idea that men should be aggressive, stoic, hungry for power, and dominant (Wasylikiw & Clairo, 2018). In addition, literature found many other stereotypical masculine qualities, such as restricted affect, concealed vulnerabilities, independence, and assertiveness, all of which have been linked to poorer mental health outcomes and overall diminished psychological well-being (Ramaecker & Petrie, 2019; Steinfeldt et al., 2011; Steinfeldt et al., 2009; Topkaya, 2014; Vogel et al., 2011; Wasylikiw & Clairo, 2018). Contrary to men, women from Western cultures are encouraged to endorse values of deference, and passivity (Martin, 1996; Rogers et al., 2020), to express more vulnerable emotions, to be the primary caregivers for family members and romantic partners, to show communal behaviors (e.g., being affectionate and nurturing), and to pursue endeavors as home-making and child-rearing (Thomas & Zelin, 2020).

The North American gender roles for women are different from other cultures in many respects, such as the degree to which the expression of emotions is deemed socially acceptable. For instance, Becht and Vingerhoets (2020) found that North American women cry more

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frequently than women in Asian, South American, West, and East African countries, where crying would not be considered socially acceptable. On the other hand, studies have explained that the North American culture shares similar traits with other cultures in terms of the negative consequences that both men and women face when deviating from traditional gender roles established in their sociocultural contexts. Indeed, research has consistently demonstrated that individuals adopting and exhibiting gender-consistent personality traits, behaviors, and roles are evaluated more positively and are more socially accepted than those displaying less traditional and stereotypical behaviors, traits, and roles, regardless of their age (Ben-Zeev & Dennehy, 2014; Kwan et al., 2019; Motro & Ellis, 2018; Salerno & Phalen, 2019; Watterson, 2012). Moreover, such negative reactions to gender roles violations have been reported across various measures of evaluations, such as ratings of social acceptability, possession of positive and negative traits, leadership potential, and willingness to interact with that individual (Koenig, 2018; Motro & Ellis, 2017; Sanborn-Overby & Powlishta, 2020; Sutherland et al., 2015). Scholars have also explained that individuals' gender identities are consistently influencing the negative consequences of gender role violations in the North American culture, which are particularly negative for men. These patterns have been observed in both children, where boys can be labeled as "sissies" and girls as "tomboys" (Baams et al., 2013; Kane, 2012; Martin, 1996; Toomey et al., 2010) and adults (Motro & Ellis, 2017; Nabbijhon et al., 2020; Skidmore et al., 2006). Moreover, these negative consequences have been mainly attributed to the fact that the deviation from typical gender roles is associated with assumptions about homosexuality, which is still highly stigmatized and causes additional negative evaluations (Sanborn-Overby & Powlishta, 2020).

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These discriminatory and oppressive stances have been shown to have negative effects on individuals' psychological well-being (e.g., contributing to symptoms of anxiety and depression; Arcand et al., 2020), on their ability and/or willingness to seek help due to stigma, and thus, reduced levels of self-awareness (Booth et al., 2019; DaSilva et al., 2018; Lipsicas et al., 2012). Gender roles are also salient in aspects of individuals' physical health, including their sexual health: intimate encounters make gender roles more salient, particularly given that a person may feel compelled to conform to traditional or expected gender roles during sexual encounters (Kiefer & Sanchez, 2007; Sanchez et al., 2006). Kiefer and Sanchez (2007) argue that, in the United States, gender conformity may contribute to women's sexual depression, given that their traditional gender roles entail passivity and being the primary caregiver for their romantic partners, implying that they should prioritize their partner's desires and satisfaction over theirs. Such a stance has been corroborated by previous research indicating that college-aged women who embraced a more passive vision of sexuality were more likely to adopt passive sexual behavior, be sexually unsatisfied, and report less sexual arousal (Sanchez et al., 2006). As sexual passivity may undermine a woman's perception of their sexual autonomy (i.e., their ability to freely choose and express themselves), it also puts them at higher risk for reduced sexual satisfaction, desire, and assertiveness about their willingness to be sexually active and/or to practice safe sex with their sexual partners (Kiefer & Sanchez, 2007; Sanchez et al., 2012).

### European immigrant women

Europeans have been migrating to the United States for centuries (Lats et al., 2016; Walch, 1994), and therefore European immigrants and their descendants are currently part of the racial majority in the United States (i.e., Whites, accounting for 71% of the American population; United States Census Bureau, 2020b). Although Europeans are historically a

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population of immigrants, research has rarely focused on their experiences of acculturative stress (Renner & Berry, 2011; Grigoryev & Berry, 2017; Sands & Berry, 1993). Almost 30 years ago, Sands and Berry (1993) analyzed the perceived acculturative stress and related mental health outcomes of Greek immigrants living in Toronto, Canada, and compared it with second-generation Greek Canadians. Their results indicated that first-generation Greek immigrants using marginalization as an acculturative strategy were more likely to experience symptoms of depression and higher levels of acculturative stress (Sands & Berry, 1993). Renner and Berry (2011) analyzed the effectiveness of self-help groups and therapeutic groups utilizing cognitive-behavioral techniques with a population of Turkish immigrant women, noting that their age and length of stay in the host country were positively correlated to better post-intervention outcomes. Indeed, their results showed that younger Turkish immigrant women who lived in Austria for a longer period benefited more from either group intervention (i.e., guided self-help and structured cognitive behavioral groups) when compared to those participants who were older, which the authors attributed to having a higher degree of acculturation to their host society (thus less acculturative stress), in addition to their ability to relate and share more with their group facilitators, who were also young women from their host society (Renner & Berry, 2011).

However, even if European immigrants are experiencing acculturative stress and most of the negative consequences stemming from it, some authors suggest that they might be undergoing less stress when compared to other immigrant groups, given that Europeans are typically White and tend to move to the United States when they are older, thus with lessened possibilities to be discriminated against because of their race, higher educational achievements before their arrival, and therefore better opportunities to gain financial stability in the host country (Zong & Batalova, 2015). Indeed, research has shown that factors such as racial

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similarity to the host culture, age, and levels of education are likely to reduce an immigrant's overall experiences of acculturative stress (Berry, 1997; Cabirou, 2019; Interiano-Shiverderdecker et al., 2021; Mena et al., 2005). However, in addition to the dearth of literature analyzing Europeans' experiences of immigration, there is a dearth of literature comparing cultures, including the American and European ones, which would allow for a deeper understanding of acculturative stress, as well as could increase immigrants' chances to live successfully as integrated members of their host cultures.

Similarly, the lack of attention to international differences in the extant research regarding sexual subjectivity is notable, particularly given the strong differences in which different countries attribute meaning to gender, sexuality, and intimacy (Schalet, 2010). Schalet (2010) is the only author to date who compared two cultures (i.e., North American and Dutch) in the significance attributed to sexuality, sexual subjectivity, and relationships in female-identifying participants. Dutch girls reported experiencing and feeling more entitled to sexual agency and pleasure when compared to their American counterparts (Schalet, 2010). So far, only one study analyzed the correlation between immigrants' acculturative process and their sexual health and behaviors with bisexual and gay Central European immigrants living in London, United Kingdom (Mole et al., 2014), remarking that most of the existing research conducted with immigrants has focused exclusively on their sexual health and sexual risky behaviors (e.g., their attitudes towards being tested for HIV; Uccella et al., 2017). In their qualitative analysis, Mole et al. (2014) found that gay and bisexual Central European immigrants' sexual behaviors were influenced by the process of immigration, given that, after immigrating to the U.K., they felt free to express their sexuality and free from oppressive and stigmatizing values of their cultures of origin, where they perceived more pressures to conform and less acceptance towards their sexual

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identities. However, the study also emphasizes that this population was at an increased risk of sexually transmitted infections and HIV due to the lack of information and access to condoms, as well as inappropriate risk-preventative behaviors (Mole et al., 2014). Hence, existing literature lacks a comprehensive, diverse, empowering, and sexually positive stance towards minorities, their sexuality, and sexual subjectivity.

Europeans appear to adhere to Westernized gender roles, wherein men are expected to restrict the expression of more feminine emotions, strengthening barriers to their help-seeking behaviors and fostering stigma around them, promoting stoicism and self-reliance, and where women are seen as characterized by emotional availability and vulnerability, as well as nurturing and caring traits and behaviors for themselves, their partners, and family members (Booth et al., 2019; Ciocca et al., 2020). Studies have shown that Europeans' adherence to stereotypical gender roles is changing, wherein egalitarianism and corresponding arrangements have been substituting traditional gender role attitudes (Bornatici & Heers, 2020; Knight & Brinton, 2017). However, research has shown that European countries often differ from one another in the endeavors in which egalitarian perspectives are endorsed (e.g. labor, family, and politics; Boterman, 2020; Dominguez-Folgueras, 2012; Knight & Brinton, 2017), with some Central and Northern countries as Germany, Sweden, and Austria showing higher levels of overall gender equality (Reeves & Stuckler, 2016). Although research has been progressively focusing on Europeans' progression towards more egalitarian gender roles attitudes, scholars have not yet analyzed European immigrants' experiences in the American culture, and whether their values and identifications with gender roles and norms have influenced or are influenced by the acculturative process. Thus, there is a dearth of research explaining the process of acculturation and its link to gender roles in European immigrants in the United States, whereas scholars have

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noted that individuals migrating within Europe often change their perspectives by adopting more egalitarian gender role views, particularly towards women's roles (Kanas & Muller, 2021; King & Zontini, 2000; Roder & Muhlau, 2014). For instance, Roder and Muhlau (2014), by analyzing data from two rounds of the 2004 and 2008 European Social Survey (which includes respondents identifying as native, first-generation immigrants, and second-generation immigrants), noted that, at their arrival, immigrants from European countries with conservative gender roles hold less egalitarian attitudes than natives or other immigrants from countries with similar gender role attitudes as the host culture. However, as part of their acculturative process, their gender role attitudes become more similar to those of natives, wherein their differences are even less apparent in second-generation immigrants (Roder & Muhlau, 2014). The authors further noted that immigrant women acculturate more than men to egalitarian gender roles, which they attributed to the fact that women can feel liberated as a result of living in more egalitarian societies (Roder & Muhlau, 2014).

Therefore, even if authors have recognized the importance of analyzing gender roles concerning a society and a culture, as these shape an individual's gender roles, attachment style, as well as sexual self-perceptions and behaviors (Ciocca et al., 2020), there is still a shortage of information available regarding European immigrants and their acculturative experiences outside of their continent of origin.

#### **Asian immigrant women**

In the last decade, the population of Asians in the United States has become the fastest growing compared to other populations (i.e., 82.2% compared to 56% of American Indians and Alaska Natives, and 23.1% of Blacks or African Americans; United States Census Bureau, 2021a). The existing research regarding Asian immigrants has focused on their experiences of

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acculturation, and their perceived acculturative stress in their host country (Brown et al., 2015; Jankowski et al., 2020; Lane & Miranda, 2018; Lapkin & Fernandez, 2018; Lee et al., 2011). Researchers have explored the impact of factors such as religion, social and familial support, noting how these can constitute protective factors against acculturative stress (Lats et al., 2016; Matera et al., 2020). For instance, Lats et al. (2016) investigated the relationship between perceived acculturative family distancing (i.e., the ability to acculturate to a host culture even if adopting values that are perceived as distant from the values of their culture of origin and/or family), religious support, and overall wellbeing in a population of young adults identifying as Eastern European immigrants, emphasizing that all these factors had a positive correlation to their population's wellbeing, who experienced less acculturative stress. Similarly, Matera et al. (2020) studied the relationship between acculturative preferences (i.e., desire for contact or cultural maintenance) and social support from the host culture. The authors found that Muslim immigrants living in Italy who desired and sought intergroup contact with their host culture (e.g., by adapting some behaviors of their host culture) were more likely to receive social support from the members of their host culture when compared to those immigrants who preferred to fully maintain values of their culture of origin. By utilizing the Big Five dimensions of personality, which describes an individual's personality as composed of five main traits (i.e., agreeableness, conscientiousness, extraversion, neuroticism, and openness) with a sample of first-generation Chinese graduate students, Ryder et al. (2000) found that traits of extraversion and openness had a strong positive correlation with healthy acculturation (i.e., fewer experiences of acculturative stress), whereas neuroticism and high conscientiousness were positively correlated to acculturative stress. Lee et al. (2011) studied the differences in healthcare outcomes between foreign-born Asians who did and did not speak English fluently, emphasizing how the language

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of their medical interviews could change the outcomes of their visits. Indeed, compared to the immigrants speaking English fluently, those with limited English proficiency perceived more barriers to healthcare, which the authors described as having a negative correlation with their overall physical health and acculturative process. They further noted that such a correlation can be linked to the fact that having more positive medical experiences can lead to an enhanced likelihood of using such resources again and seeking help and support when in need. These results are consistent with Waldman et al.' study (2019), which analyzed the relation between acculturative stress and health treatment utilization in Asian and Latinx immigrants in the U.S. Their results emphasized that acculturative stress was significantly associated with experiences of discrimination, self-reports of reduced self-care, as well as of physical and mental disabilities. On the other hand, acculturative stress was negatively correlated to their utilization of mental and physical health services, wherein immigrants reported being influenced also by their experiences of discrimination and socioeconomic status. Concerning immigrants' psychological health, Brown et al. (2015) focused on the correlation between years of residence in the United States and levels of suicidality among Asian and Afro-Caribbean immigrants. The authors conducted a cross-sectional study using data from the National Survey of American Life and the National Latino and Asian American Study, from which they gathered information about Afro-Caribbean and Asian respondents. Their sample included Afro-Caribbean immigrants (*N* = 1,044) from countries such as Haiti, Jamaica, Trinidad and Tobago, and immigrants from Asian countries (*N* = 1,638) including Vietnam, Philippines, and China. Self-reports of suicidal ideations (i.e., having thoughts about committing suicide) and of suicide attempts (i.e., personal history of attempting suicide) were used as an indication of participants' suicidality. Their outcomes showed that there was no significant association between the duration of U.S. residence and

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suicidal ideations for Afro-Caribbeans, whereas there was a modest positive association for the Asian sample. That is, Asian immigrants who had been in the U.S. for more than 20 years had 30% greater odds of suicidal ideations than those Asian immigrants who had been residing in the U.S. for less than 5 years. Likewise, Ali and their team (2021) studied South Asian immigrants' mental health after living in the United States, and noted how, among 682 participants, 9.4% displayed symptoms of mild to moderate depression, a third reported often feeling lonely, and 39.1% experienced some type of emotional distress.

Though a vast body of research has focused on the issues of acculturative stress in Asian immigrants residing in the United States, most lack a sexually positive stance, which would be particularly relevant and empowering for this population given that Asian immigrants have been sexually victimized (e.g., via racialized sexism, hypersexualization such as fetishization, and exotification) for centuries (Castillo et al., 2020; Mukkamala & Suyemoto, 2018; Sueyoshi, 2018). Nonetheless, all the studies focusing on this population's sexuality is, once again, centered exclusively on their sexual health and risky behaviors (Nemoto et al., 2020). As a result, this continues the oppressive and discriminative stances towards Asian individuals and, in particular, Asian women, who are already dealing with systemic issues of racism, sexism, marginalization, and consequent social invisibility (Kim, 2011; Mukkamala & Suyemoto, 2018). This lack of attention towards Asian women's sexuality and intersectionality of identities with their sexual subjectivity contributes to the oversimplification of their experiences as targets of racial exotification, objectification, and fetishization by assuming that they share these experiences with other social groups (Mukkamala & Suyemoto, 2018). With a qualitative analysis of Asian American women, Mukkamala and Suyemoto (2018) shed light on their participants' experiences of racialized sexism and sexualized racism. The authors interviewed 94

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Asian immigrant women from South, Southeast, and East Asian countries, during three focus groups (i.e., two conducted in Northeast America and one in Southern California) and asked their participants about their experiences of discrimination and how these influenced their well-being. Participants disclosed instances of being mislabeled as “bad drivers” or “inevitably successful,” described as exotic, and denied experiences due to their racial and ethnic identities. In particular, some of their participants articulated their experiences of gender racism and racialized sexism as setting them apart from Asian men and White women and being identified as exoticized and fetishized objects. With such sexual objectification and discrimination, participants reported feeling unsafe and anxious, particularly with strangers, due to previous instances of being called “China Doll” (p. 42; Mulkamala and Suyemoto, 2018), or having their personal spaces invaded due to unwanted touching and catcalling with sexualized names. At the same time, the authors explained that their participants noted how these beliefs and behaviors can also be used to perpetuate a submissive and passive image of Asian women, who are “cute and small, invisible and silent, and service providers” (p. 42, Mulkamala & Suyemoto, 2018). Another qualitative study conducted by Bitna Kim (2011), a Korean immigrant woman living in the U.S., also focused on these instances of fetishization, objectification, and consequent discriminative stances, however from the perspective of White males, whom she interviewed individually. Her study’s results corroborate with those of Mulkamala and Suyemoto (2018), indicating that Asian women are seen as inferior to White/European women, as sexually submissive, and are often the invisible, oppressed parts of society and relationships (Kim, 2011). The author further explains how these false assumptions about Asian immigrant women are the product of the Eurocentric prejudice against the East, as well as of historical phenomena such as colonialism and

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imperialism, which defined the West as the representation of superior civilization and power and the East as its inferior counterpart (Kim, 2011).

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On the other hand, the recent growth of women's employment rates, added to the preference for the labor of immigrant women (which is still based on racism and sexism), has transformed Asian immigrant women's perspectives in terms of gender roles. In the United States, they are more employable than men, leading to a possibility of change in patriarchal gender roles and family relations (Espiritu, 2003). Gender inequalities exist in most Asian cultures (Unicef, 2021), including Chinese (Li et al., 2015), Korean, Japanese (Seo et al., 2019), Indian, and Bengali (Bal, 2021; Kaur, 2020; Unicef, 2021), where women are expected to preserve family harmony and honor, to follow the rules set by their husbands and in-laws. On the contrary, Asian men are socialized to believe that men are the family breadwinners and should be given unquestioned authority. However, when individuals from traditional Eastern cultures migrate to Western cultures, they are likely to encounter internal conflict (which could lead to acculturative stress) and interpersonal conflict as well (Li et al., 2015). In the U.S., women are allowed to express their opinions, which could lead to becoming less obedient partners, thus challenging previously established relational balances, as evidenced by enhanced instances of marital discord (Li et al., 2015). By analyzing the relationship between gender inequality and educational attainment in U.S. immigrants, Huh (2017) found that higher gender-based income inequality in their country of origin is one of the main reasons for young Asian women to migrate, particularly if they are more highly educated or are willing to pursue higher levels of education and pursue a career in a similar field. In contrast, Seo et al. (2020) noted that Korean immigrant women have still to abide by the notion of a "wise mother and good wife" (p.1, Seo et al., 2020) when moving to the United States, which highlights the potentially enhanced

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acculturative stress that they might encounter since their partners, family members, and values from their cultures of origin prescribe such high standards even within a new sociocultural context, where they lack social support networks, experience language barriers, and lower overall mental and physical health. In their literature review, the authors analyzed the historical background of the gender roles and norms associated with being a woman in Korea, as well as their potential role in the adjustment challenges that these women face during their acculturative process and while residing in the United States. They further noted that such difficulties may lead to changes in these women's support networks, parenting styles, and mental and physical health, all of which can be traced in their distance from their families and friends, their potential to renegotiate their gender roles, and change their personal and social identities, which may have an impact on their relationships as well. Therefore, as Asian women migrate to the United States, they are likely to face difficulties (e.g., socio-economic marginalization, discrimination, racism, the process of acculturation) that make them more vulnerable to mental illness as well as physical health problems, including HIV (Zhou et al., 2016). For instance, Zhou, Majumdar, and Vattikonda (2016) conducted a qualitative study analyzing the relationship between vulnerability to HIV and the personal identities within a population of Indian immigrants residing in Canada. Although India has been facing a large HIV epidemic, there is still a cultural taboo imposed on it, given its association with non-heterosexual sexual behaviors and/or "sexual promiscuity" (p. 1068, Zhou et al., 2016), which immigrants hold as a belief even after immigrating. However, after conducting 27 individual interviews with Indian immigrants residing in Canada, the authors argue that, instead of the sole stigma regarding HIV, there is an intersectionality of personal identities (e.g., one's socioeconomic status, language skills, race, ethnicity, sexuality, and gender) and experiences (e.g., discrimination, fear of encounter racism)

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that should be accounted for when attempting to solve Indian immigrants' reluctance to seek medical health services (Zhou et al., 2016).

In summary, immigrants' mental and medical health could be addressed more easily if there was a deeper understanding of the interpersonal and intrapersonal changes that they face after moving to the United States.

### Latinx immigrant women

Although Asians comprise the fastest growing group, the Latinx population has been recognized as the largest ethnic minority group in the United States, accounting for the 18.5% of its total population (United States Census Bureau, 2020a). As the foreign-born Latinx population grew 23% in the past year compared to 4.3% in 2010, it will continue to do so for decades (United States Census Bureau, 2012b), research on their experiences of immigration has proliferated during the past decade (Bekteshi & Kang, 2020). Although the process of acculturation can lead to experience positive experiences for immigrants (e.g. strengthened professional skills, enlarged social support networks, and prosocial behaviors), the extant literature has also found negative consequences of acculturation and acculturative stress that Latinx individuals endure when moving to the United States. Among these, psychiatric disorders found to be common in this population and associated with acculturative stress include mood disorders (e.g. depression, Brown et al., 2015; Dona & Berry, 1994; Driscoll & Torres, 2013; Kim et al., 2014; Rosario & Dillon, 2020), anxiety (Davis et al., 2017; Hovey & Magaña, 2000; Schlaudt et al., 2020; Zvolensky et al., 2018), suicidality (Brown et al., 2015; Lane & Miranda, 2018), and substance use (Jankowski et al., 2020; Paulus et al., 2019), in addition to physical illnesses (e.g. obesity, Figueroa et al., 2020). These negative outcomes may occur as soon as several years after they immigrate to the United States (Zvolensky et al., 2018). Like many other

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sociocultural groups, Latinx immigrants face many difficulties with their acculturative process (Bekteshi & Kang, 2020; [Brown et al., 2015](#); Fanfan & Stacciarini, 2020; Guilamo-Ramos et al., 2005; Hun et al., 2021; Peña-Sullivan, 2020; Paulus et al., 2019; Rosario & Dillon, 2020; Schlaudt et al., 2020; Tineo et al., 2020). Indeed, in a literature review of all studies conducted about acculturative stress within the Latinx populations living in the United States, Bekteshi and Kang noted that these populations' experiences of acculturative stress are caused by factors that often [interact](#) with one another. The authors further emphasized the importance of considering risks [such](#) as racial and ethnic discrimination, the lack of social and/or familial support, gender, and traditional gender roles, as well as protective [such](#) factors as income, English fluency, and particularly social support, which [is](#) the most common protective factor mentioned in the extant literature (Bekteshi & Kang, 2020). Similarly, Davis [et al.](#) (2018) studied the correlation between family values, prosocial behaviors, and acculturative stress in first-generation college-aged Latinx students ( $N = 1,527$ , of which 75.2% identified as women, and the rest as men) attending 30 private and public universities in the U.S. By measuring their levels of familism (i.e., prioritization of family, family interconnectedness, and family reciprocity), prosocial behaviors (e.g., altruistic behaviors, emotional expression), and their levels of acculturative stress they showed that the former two have a negative correlation to acculturative stress, noting that these could be considered as protective factors for young Latinx immigrants (Davis et al., 2018).

Some of the factors influencing acculturative stress in the Latinx population, however, are unique to their sociocultural and historical context. For instance, Bekteshi and Kang (2020) emphasize the ambivalent role of family stress, conceptualized as both being far from their family of origin, thus lacking primary social support, as well as experiences of being pressured by family members to conform to roles and/or behaviors stemming from their cultures of origin.

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Moreover, Latinx immigrants often experience racial and ethnic discrimination but are also stigmatized and discriminated against because of their actual or assumed documentation status (i.e., given the considerable number of undocumented Latinx immigrants in the U.S.; Tineo et al., 2020). Furthermore, Latinx immigrants experience unique stressors related to their moving process to the U.S., which is often stressful and even traumatic (Tineo et al., 2020). Many Latinx immigrants also suffer from limited economic resources and reside in substandard living conditions, which can overtax their psychological resources (Bekteshi et al., 2017). After recruiting in a federal primary care center 142 participants (i.e., low-income, adult Latinx immigrants residing in the United States), Viana et al. (2019) analyzed the correlation between anxiety sensitivity (i.e., the belief that anxiety-related sensations, such as accelerated heartbeat, are a signal of impending catastrophe) and acculturative stress. Their study found that participants' enhanced sensitivity to anxiety-related cues exacerbated their acculturative stress and that this was particularly accurate for women (who, however, accounted for the majority of the sample, with 87.9% of the total number of participants; Viana et al., 2019).

Hence, after moving to the U.S., Latinx immigrants add and/or remove behaviors to their repertoire due to being in contact with a new sociocultural context, which corresponds to behavioral shifts when compared to their behaviors in their cultures of origin (Berry, 1997). Another example is sexual behavior, wherein existing literature has found contradicting outcomes regarding the correlation between the acculturation process and related stress and Latinx immigrants' sexual behaviors (Adam et al., 2005; Reynoso et al., 1993; Guilamo-Ramos et al., 2005). Reynoso et al. (1993) initially found that Latinx immigrants' condom usage and the number of sexual partners were predicted by their English-speaking skills and length of time residing in the United States. However, these results were not replicated by Guilamo-Ramos et

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al. (2005), who found that Latinx immigrant youth living in English-speaking homes were less likely to be sexually active and engage in risky behaviors than those from Spanish-speaking homes. The results of a study conducted by Adam et al. (2005) stand in the middle of such controversy. After recruiting 7,270 Latinx adolescents and young adults, aged 12 and 18 years and attending school in Arizona, the authors asked their participants to indicate their primary language (i.e., English or Spanish), their demographic data (e.g., age, sex, religious beliefs), and to self-report experiences of acculturative stress and sexual behaviors (i.e., sexual intercourse). They then analyzed the influences of acculturation, of which their participants' primary spoken language was a measure, on Latinx teens' sexual behaviors (i.e., onset of sexual intercourse), showing that high acculturation was a strong predictor for Latinx teens initiating sexual intercourse, wherein Latinx Spanish-speakers were the least likely to have initiated intercourse, and Latinx English-speakers were the most likely (Adam et al., 2005). Although scholars have begun to attend to the relationship between acculturative stress and Latinx sexuality, there is still a paucity of existing knowledge about it, as well as there is still a missing sex-positive discourse on this population's sexuality, thus neglecting their sexual subjectivity and its development throughout their life experiences.

The influence of gender roles on sexuality and sexual subjectivity has been well-documented (Ciocca et al., 2020; Horne & Zimmer-Gembeck, 2005), wherein these might also be one of the factors affecting the paucity of research studies on Latinx immigrants' sexuality and sexual subjectivity. Indeed, Latinx culture often promotes the values of marianismo and machismo, both of which dictate Latinx individuals' roles and behaviors within society, their relationships with others, and their families based on their gender identity (DaSilva et al., 2018). Machismo is described as a traditional gender role value for Latino males (Arciniega et al.,

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2008), prescribing the beliefs, values, and attitudes they should hold in their societies, and is composed of both positive (e.g., caballerismo, the being chivalrous, brave, and with good manners) and negative (e.g., physical dominance, hypermasculinity, sexual virility) aspects (Arciniega et al., 2008). Marianismo is the correspondent traditional gender role for Latina females, which also delineates the roles, attitudes, and behaviors that they should reflect in their lives. Deriving from Catholicism, the values of marianismo expect Latina girls and women to embody the Virgin Mary (Llamas et al., 2020). As machismo, marianismo describes both positive and negative aspects of traditional Latina femininity, emphasizing qualities such as being selfless to promote interpersonal harmony, inner strength, being virginal, self-sacrifice, and morality (Da Silva et al., 2018). Researchers have conceptualized marianismo as composed of five key behaviors: being the family pillar (i.e., the woman should be the family's source of strength); being virtuous and chaste (i.e., Latinas should be morally pure in thoughts and sexuality, remaining virginal until marriage, and be faithful to their husbands); being subordinate to others (i.e., Latina should show obedience and respect for hierarchies, mainly dictated by gender-based power); silencing themselves to maintain harmony (i.e., withholding personal thoughts and needs, even as they relate to health or behaviors, such as sex, to avoid conflicts in relationships); and finally, being the spiritual pillar (i.e., being the family spiritual guide and leader, responsible for spiritual growth and practices; Da Silva et al., 2018). Such values impose an idea of right and wrong behaviors, attitudes, and beliefs, especially regarding women's sexuality and sexual subjectivity, wherein literature has documented its negative outcomes in terms of Latinas' mental health (i.e., depression, anxiety, deciding to stay in abusive relationships regardless of the abusive dynamics; Castillo et al., 2010; Kulkarni, 2007) and physical health, including risky-sexual behaviors such as less frequent condom use and

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intentions to do so (Velazquez et al., 2017), increased risk to contract HIV and sexually transmitted infections (STIs; Moreno, 2007).

Once again, the extant literature has focused on the impacts of gender roles on a population's sexual health, disregarding the importance that these can have on women's sexual growth and development of their sexual subjectivity. Only Sanchez, Whittaker, Hamilton, and Zayas (2016) analyzed the influences of marianismo on 205 Mexican American preadolescent girls living in Central Texas, United States, of which 10.7% identified as immigrants. Based on their participants' self-reports, the authors analyzed the relationship between perceived discrimination, psychological distress, marianismo beliefs, and sexual precursor behaviors. Their categorical confirmatory factor analysis showed that perceived discrimination had a significant positive correlation to sexual behaviors among their participants. The authors also highlighted that 83% of the participants reported at least one experience of discrimination, and those reporting higher rates of perceived discrimination also reported higher engagement in sexual behaviors. The authors hypothesized that perhaps, engaging in early sexually intimate behavior is a way for young Latinas to escape, avoid, and compensate for feelings of distress (Sanchez et al., 2016). Moreover, the researchers noted that marianismo beliefs were not correlated with perceived discrimination and sexual precursor behaviors. However, the value of being the family pillar was significantly and negatively linked with sexual precursors behaviors, suggesting that family values and support may be protective factors for early sexual behaviors. The marianismo values of being virtuous and chaste, subordinate to others, and silencing themselves to maintain harmony were also significantly and negatively linked to lower rates of sexual precursor behaviors, suggesting how these values can lead to a sexually conservative stance (Sanchez et al., 2016). Endorsing more traditional and conservative values regarding gender roles has also

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been shown to be predictive of lower levels of acculturation (Phinney & Flores, 2002). By measuring acculturation as individuals' knowledge and usage of the English language and their ability to socialize with other ethnic groups, Phinney and Flores (2002) asked 170 male and female Latinx participants residing in Southern California (self-labeled as Hispanic, Latino/a, Mexican/Mexican American, Central or South American, and other Hispanic) to self-report their gender role attitudes, language skills, and perceived social support. The authors noted that immigrants who were able to establish friendships with members of other ethnic groups and who knew and used the English language were more likely to endorse egalitarian gender role attitudes, suggesting that adaptation to the host culture is predictive of the endorsement of more egalitarian gender role attitudes in Latinx immigrants when compared to Latinx immigrants who spoke Spanish only and whose social support originated exclusively from within-group relationships (Phinney & Flores, 2002).

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### Conclusion

European, Asian, and Latinx immigrants are the most predominant immigrant groups in the United States (Baker, 2021). Although they represent diverse cultures and societies, they certainly share the fact that extant research has still not focused on the potential correlations between their sexual subjectivity, acculturative stress, and gender roles. The literature has explained the importance of factors influencing sexual subjectivity, such as gender roles, sociocultural environment, self-esteem, and sexual experiences. However, there is a dearth of data supporting such findings in minority communities, including immigrants, and their sexuality, particularly given that most research exploring these variables has been very narrowly focused on White, adolescent females living in Australia (Boislard & Zimmer-Gembeck, 2011; Horne & Zimmer-Gimbeck, 2005; Horne & Zimmer-Gimbeck, 2006; Zimmer-Gembeck et al.,

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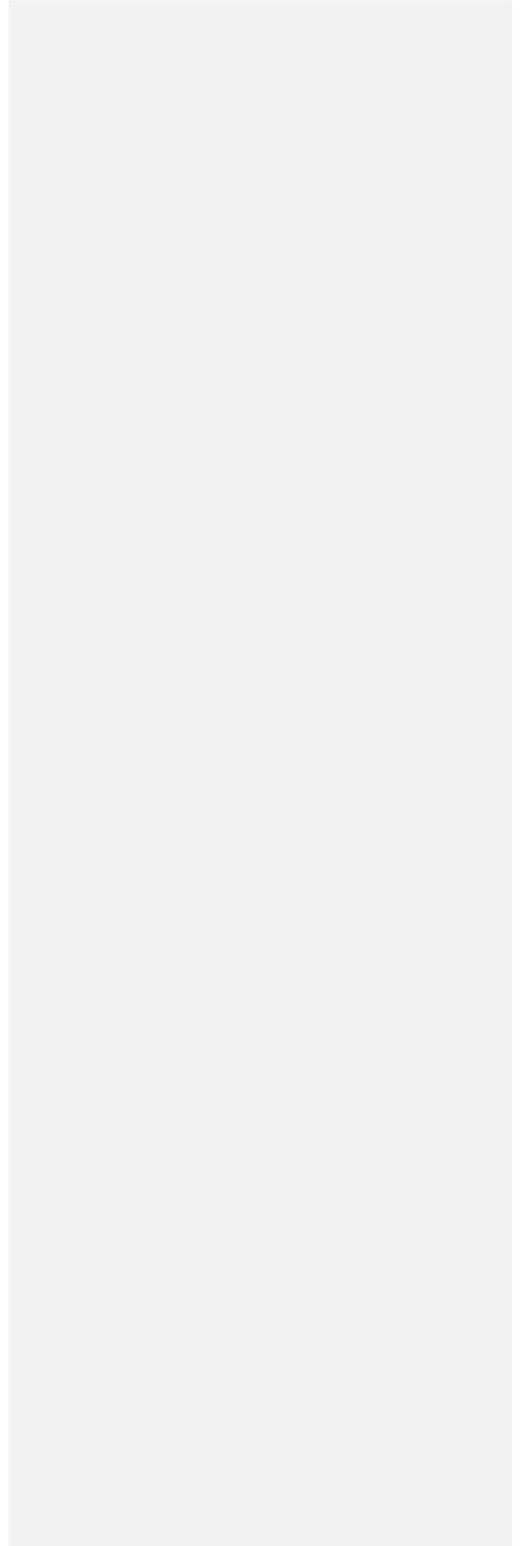
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2011; Zimmer-Gimbeck & French, 2016). Such limitations lead to a gap in understanding adults belonging to minority groups, which are already underserved (Washington, 2020).

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Values such as marianismo are clear examples of the influence of culture-specific gender roles on women's sexual identities, behaviors, and overall experiences (Moreno, 2007; Velazquez et al., 2017), and highlight the paucity of researchers' awareness regarding their representations in other cultures, how these change when women change their socio-cultural contexts, and their correlation with other variables affecting their sexual lives (Sanchez et al., 2016). Furthermore, the scarcity of research regarding immigrants' sexual experiences and subjectivity continues the stigmatizing portrayal of immigrants as the reason for a given host society's destabilization of sexual norms and behaviors, the creation of a local sex industry, and the proliferation of risky sexual behaviors, including the spreading of sexually transmitted diseases (STDs; Hoy, 2007; Zuman et al., 2004). Besides the fact that these notions are highly stigmatizing, they also reflect the lack of evidence for many minority groups immigrated and residing in the United States (Andreescu, 2019), adding up to the need for knowledge regarding immigrants, their experiences of acculturative stress, and its related difficulties, among which are changes in immigrants' sexuality and gender roles.

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## Chapter III

### Methodology

This third chapter describes the methodology of the current study. It provides an outline of its design, research participants and group categorization, psychometric instruments, procedures of data collection, and analysis of collected data. This chapter also includes a review of this study's research questions and hypotheses.

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#### Study Design

This study examined the relationship between sexual subjectivity, acculturative stress, and gender roles in Latinx, European, and Asian immigrant women residing in the United States by utilizing a multivariate, cross-sectional correlational analysis. Participants were recruited via Amazon's Mechanical Turk (MTurk), an online platform where they were able to learn about the study and access demographic and psychometric instruments by clicking on a link directed to a Qualtrics webpage.

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#### Participants

Participants ( $N = 102$ ) were women over the age of 18 who self-identify as immigrants from European, Asian, and Hispanic countries, who moved directly to the United States from their country of origin, and who currently reside in the United States.

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As described in Chapter 1, sexual subjectivity changes over time, starting to develop in adolescence and evolving through adulthood, maturing with sexual experiences, sexual behaviors, received knowledge, and cognitive reflections (Horne & Zimmer-Gembeck, 2006; Tolman, 1999). Sexual subjectivity is also highly influenced by an individual's socio-cultural context (Fahs & McClelland, 2016), which changes when immigrating to another country.

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Literature has shown that adult women tend to have a fundamental role in the acculturation of

their families and of their romantic partners to a new culture, as well as in the preservation of traditional values, often including gender roles and norms (Tummala-Narra et al., 2017). Moreover, existing research has highlighted the intergenerational differences among immigrants' sexuality, such as similarities and differences between first-generation and second-generation immigrants, noting, for instance, that the likelihood of engaging in sexual intercourse in pre-adolescence and early adolescence was higher among the former group than the latter (Bámaca-Colbert et al., 2014; Guilamo-Ramos et al., 2005). However, existing research has neglected to address the changes and difficulties faced by first-generation immigrants in terms of their sexual identities, behaviors, and subjectivities. As a consequence, this study focused on women over the age of 18 who immigrated to the United States as first-generation immigrants.

### Participant Groups

This study directly compared self-reported perspectives on acculturative stress, gender roles, and sexual subjectivity of adult women who immigrated during and/or after adolescence from European, Hispanic, and Asian countries. To best capture participants' sexual subjectivity and its development before and after immigration, participants needed to have immigrated to the United States during and/or after adolescence, as that period in an individual's life is considered to coincide with their development of their sexual identity and their new awareness around sexuality (Boislard & Zimmer-Gembeck, 2011; Zimmer-Gembeck & Collins, 2003). Based on the World Health Organization's (WHO) definition of adolescence as a phase of life occurring between the ages of 10 and 19 (World Health Organization, 2022), participants needed to have immigrated to the United States from the age of 10 on. These three groups, categorized by nation of origin, were labeled "European," "Latinx," and "Asian" based on participants' self-reports. No exclusion was made based on the subject's race, sexual orientation, disability status, religion, or

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place of residency in the United States.

### *Region of origin groups*

Participants were asked to participate in this study exclusively if they identify as women and as “European” or “Latinx” (i.e., Hispanic, Latina women) or “Asian” immigrants. Thus, they were asked to indicate their region of origin by choosing among these three options, which were also the group labels.

The rationale for choosing these three groups is related to their presence in the United States. The Latinx population in the U.S. constitutes the largest ethnic or racial minority in the nation, representing 18.5% of its population (United States Census Bureau, 2020a). Similarly, the Asian population in the U.S. has been reported as the fastest-growing racial group in the last decade (United States Census Bureau, 2021), accounting for 7% of the population, with 22 million individuals living in the U.S., a number projected to reach 46 million by 2060 (Budiman & Ruiz, 2021). Europeans have historically immigrated to the United States for centuries, though they currently make up 11% of their foreign-born population (United States Census Bureau, 2018), contributing to the 71% population of Whites in the nation (United States Census Bureau, 2020b).

The choice of these three groups was a limitation of this study, given that it did not allow it to account for the racial, ethnic, and cultural diversity that the United States is characterized by. Such diversity undoubtedly contributes to varying religious and/or spiritual beliefs, socioeconomic statuses, and Indigenous heritage, all of which may affect acculturative stress, perspectives on gender roles, and one’s sexual subjectivity. However, given the limited amount of literature focused on immigrants’ sexual identities, behaviors, and sense of sexual self, this study contributed to the expansion of the existing literature, as currently there is a dearth of

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research investigating immigrants' sexual subjectivity and the influences that factors as acculturative stress and beliefs about gender roles may have on it. Moreover, this study did not include immigrants who do not have internet access due to the recruitment methods and participation criteria. Future research could focus on within-group differences in each of these three groups to better understand how diversity within racial, ethnic, and cultural groups may influence cisgender women's gender roles, acculturative process, and sexual subjectivity, as well as be inclusive of immigrants who may not have access to [the internet](#).

### Instruments

Participants initially completed a demographics questionnaire, followed by one of two administrations of four items regarding gender roles (i.e., [sex role attitudes](#), Phinney & Flores, 2002). For these [items](#), participants were asked to think retrospectively and respond as they would have before immigrating to the United States. This study considered the possibility that participants' retrospective views of their prior gender roles may not be accurate, given that their personal values and cognitive abilities may change [over](#) time and following immigration, and thus may encounter difficulties in retrieving such information (Gruber, 2020; Haan et al., 2011). Then, the same psychometric measure [was](#) administered again, in addition to the Female Sexual Subjectivity Inventory (FSSI; Horne & Zimmer-Gembeck, 2006) and the Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987). For this second administration, participants were instructed to base their responses on their current, post-immigration experience. The demographic questionnaire (Appendix A) included questions asking participants to identify their age, race, nation of origin, sexual orientation (i.e., [heterosexual](#)/straight, gay/lesbian, bisexual, other), and years of residence in the United States.

### Gender role attitudes

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Participants' gender role attitudes were measured with four items (Appendix B) initially created by Phinney and Flores to be utilized with immigrants and acculturating populations (2002). In their study, the authors aimed to analyze aspects of acculturation, such as knowledge and usage of the English language and individuals' ability to socialize with members of other ethnic groups, and their relationship to traditional gender roles attitudes with a sample of 87 males and 83 female Latinx immigrants, self-identified as Hispanic (17.1%), Latino/a (20.6%), Mexican/Mexican American (41.8%), Central or South American (7.6%), and other Hispanic (12.9%) and residing in Southern California. The four items are measured on a five-point Likert scale ranging from 1, indicating the answer "Strongly disagree", to 5, reflecting the answer "Strongly agree". The possible scores for these items ranged from 0 to 20, with higher total scores indicating more conservative and traditional gender role attitudes, and lower scores indicating more egalitarian attitudes (Phinney & Flores, 2002). This measure has shown solid reliability and validity, wherein its Cronbach's alpha is very good (i.e.,  $\alpha = .87$ ; Phinney & Flores, 2002). In the present study, Cronbach's alpha was .87. To date, Phinney and Flores' research (2002) has been cited by many authors analyzing gender role attitudes in diverse populations, including high school female students (Erasian & Rankin, 2013), Asian Indian immigrants in the U.S. (Tummala-Narra et al., 2017), Latinx immigrants residing in Florida (Sastre et al., 2015), Chinese, Filipino, Vietnamese, Japanese, and Korean immigrant women living in Washington (Leu et al., 2010), and children of Canadian immigrants (Abada & Tenkorang, 2009). Specifically, their measure of gender role attitudes has been utilized as a component of a qualitative study conducted by Erasian and Rankin (2013), who examined the relationship between school type (i.e., single-sex and coeducational) and gender role attitudes among 259 young adolescents residing in Istanbul, Turkey. Phinney and Flores' measure contains four items,

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related to financial responsibilities (i.e. “In a family, the father should take most of the responsibility for earning the money”), gender-based social privileges (i.e. “A teenage boy should be allowed to go out alone at night or to date at an earlier age than a girl”) and household chores (i.e. “Girls should help out with housework more than boys” and “The wife should be mostly responsible for household chores and childcare” p.325, Phinney & Flores, 2002).

### **Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale**

The Social, Attitudinal, Familial, and Environmental Acculturative Stress scale (SAFE; Appendix C), initially created by Padilla, Wagatsuma, and Lindholm for use with immigrants and acculturating populations (1985), has been modified to a 24-item questionnaire by Mena et al. (1987) from the revision of the original 60-item SAFE Scale (Padilla et al., 1985). The full SAFE scale measures aspects of acculturative stress in four domains: familial, attitudinal, social, and environmental. These are measured on a five-point Likert scale ranging from 1, indicating the answer “Not stressful”, to 5, reflecting the answer “Extremely stressful”, with a response of 0 indicating that the specific event never occurred or the described experience does not apply to the participant. The possible scores for the SAFE ranged from 0 to 120, with higher total scores indicating higher levels of acculturative stress (Ertl et al., 2019). Its original form was normed on a population of Japanese and Mexican first-generation students, while this revised form was normed on a population of undergraduate immigrant students (Mena et al., 1987). To date, the SAFE has been proven to be a valid instrument for populations varying in age, race, socioeconomic status, educational background, and relational status, including African American young adults (Joiner & Walker, 2002), and Latina women (Ertl et al., 2019). This measure has shown solid reliability and validity in several studies (McGinley et al., 2010), wherein its Cronbach’s alpha is excellent (i.e.,  $\alpha = .91$ ). Similarly, its internal consistency reliability estimate

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has been shown in a variety of populations, such as Latina women (i.e.,  $\alpha = .97$ ; Ertl et al., 2019), Asian Americans (i.e.,  $\alpha = .89$ ; Mena et al., 1987), Haitians (i.e.,  $\alpha = .89$ ; Chrispin, 1999) and African American students (i.e.,  $\alpha = .87$ ; Perez et al., 2002), and generally ranging from .89 to .93 (Suh et al., 2016). In the present study, the Cronbach's alpha for the overall scale was .96, with the social scale alpha of .84, the Attitudinal scale alpha of .79, the Familial scale .82, and the Environmental scale of .93, supporting their very good internal consistency. The scale contains items measuring several sources and experiences of acculturative stress, including feelings of isolation (e.g., "I don't have any close friends"), conflicts arising from cultural clashes with the host culture (e.g., "People think I am unsociable when in fact I have trouble communicating in English"), with one's goals and the expectations of their family of origin (e.g., "It bothers me that family members I am close to do not understand my new values"), and experiences of discrimination (e.g., "I feel uncomfortable when others make jokes about or put down people of my ethnic background." Mena et al., 1987).

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### The Female Sexual Subjectivity Inventory

The Female Sexual Subjectivity Inventory (FSSI; Appendix D) was developed by Sharon Horne and Melanie J. Zimmer-Gembeck in 2006 as a tool to measure "intraindividual aspects of sexuality, including self-perceptions and related cognitions." all aspects of sexual subjectivity (p. 125, Horne & Zimmer-Gembeck, 2006). The authors included three intraindividual themes in the scale: the body, desire and pleasure, and sexual self-perception. Then, they related these themes to three elements: the sexual body esteem, characterized by items aimed to reflect positive self-perceptions of sexual attractiveness and desirability (e.g., "Physically, I am an attractive person"), sexual desire and pleasure, including items reflective of experiences of pleasure from the body, and sexual self-reflection, comprising of the emotional and cognitive interactions and

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reflections in the sexual domain (e.g., “I think about my sexuality”; Horne & Zimmer-Gembeck, 2006). After validation studies, the same authors changed the second element, sexual desire, and pleasure, to divide it into three elements: sense of entitlement to sexual pleasure from self (e.g., “I believe self-masturbating can be an exciting experience”), sense of entitlement to sexual pleasure from partner (e.g., “I would expect a sexual partner to be responsive to my sexual needs and feelings”), and self-efficacy in achieving sexual pleasure (e.g., “I would not hesitate to ask for what I want sexually from a romantic partner”).

This inventory consists of 20 items in total, some selected from previously validated instruments, and where each subscale is made up of three to five questions (Horne & Zimmer-Gembeck, 2006). Responses are based on a five-point Likert scale, with 1 indicating “strongly disagree” and 5 “strongly agree”, and where higher scores indicate higher sexual subjectivity. The entire inventory and all of its subscales have high reliability, with Cronbach’s alpha ranging from .74 and .86 (Boislard & Zimmer-Gembeck, 2011). In the present study,  $\alpha = .89$  for the entire scale, with the following subscale scores:  $\alpha = .80$  for the Sexual Body Esteem subscale,  $\alpha = .77$  for the Sense of Entitlement to Pleasure from Self,  $\alpha = .75$  for the Sense of Entitlement to Pleasure from Partner,  $\alpha = .81$  for Self-efficacy, and  $\alpha = .79$  for Sexual Self-reflection.

Although the FSSI was developed on a normative sample of undergraduate and graduate, female-identifying females in Australia (Horne & Zimmer-Gembeck, 2006), several additional studies proved its effectiveness and validity with a wide variety of populations, including Australian adult women (Ellison & Papps, 2020), American adult women (Satinsky & Jozkowski, 2015), and adult Indian women (Lorway et al., 2009).

## Procedures

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Following IRB approval, participants were recruited using Amazon’s Mechanical Turk (MTurk), which is a web resource that allows researchers to pay nominal advertising fees to recruit participants for surveys. These fees help cover small monetary payments (i.e., \$1.50 for a 30-minute survey), that Amazon.com provides individuals for participating in the study via their Mechanical Turk website. As this service charges the researcher one bulk advertising fee and then manages the distribution of small monetary payments themselves (in the form of credit for purchases on the Amazon.com website), the participants can receive small payments while retaining their anonymity to the researchers.

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To become a worker on Mechanical Turk, participants must be over the age of 18. Once on Mechanical Turk, participants using the software from the United States were presented with a letter of solicitation (Appendix E), which included an explanation of the financial incentives. After reading the letter of solicitation, participants were redirected to Qualtrics, and given a screening questionnaire that assessed their current immigration status, gender identity, and region of origin. The Survey Flow function of Qualtrics allows the researcher to send participants to a future point of the survey based on how they answer a question.

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Participants must identify as European, Asian, or Latinx immigrant women who immigrated to the United States directly from their country of origin and who are currently residing in the United States. Once they responded to the inclusion criteria screening question provided, participants whose identities do not reflect the inclusion criteria for this study were automatically skipped to the end of the survey. The message participants received if they did not meet the eligibility criteria was, “We thank you for your interest, but the study is open only to European, Asian, or Latinx immigrant women who immigrated to the United States from their country of origin and who are residing in the United States at this time.” These participants did

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receive compensation. If the participants met this study's participation eligibility criteria, they were directed to a demographic questionnaire (Appendix A), where they were asked non-

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identifying questions regarding their age, ethnicity, country of origin, and level of education.

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Then, the participant was asked to complete the first round of the gender role attitudes measure

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(Phinney & Flores, 2002), a 4-item questionnaire measuring participants' egalitarian or

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conservative gender role attitudes, based on retrospective, pre-immigration experiences.

Subsequently, participants were asked to fill out the same psychometric measure, with the addition of the Female Sexual Subjectivity Inventory (FSSI; Horne & Zimmer-Gembeck, 2006), which consists of 20 items regarding participants' sense of sexual body-esteem, self- and other-sexual entitlement, and sexual self-reflection, followed by the Social, Attitudinal, Familial, and

Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987), a 24-item questionnaire

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measuring their levels of acculturative stress. In the second part, however, participants were

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instructed to base their responses on their current, post-immigration experiences. After the completion of these surveys, the participants were directed to the following message: "We thank you for your time spent taking this survey. Your response has been recorded." Once they have

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completed all the surveys, they were approved for compensation by the principal investigator.

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Research has shown that internet-based interviews and surveys do not generate social desirability effects when asking participants about sensitive topics such as racial and ethnic

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attitudes (Chang & Krosnick, 2009; Ostfeld, 2017). Moreover, Berinsky et al. (2012) provided evidence for the validity of Mechanical Turk as a recruitment resource. Qualtrics indicates that their servers are protected by high-end firewall systems and vulnerability scans are performed regularly. Qualtrics also conducts yearly penetration tests. Additionally, complete backups are performed nightly. According to Qualtrics (2019), they use Transport Layer Security (TLS)

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encryption (also known as HTTPS) for all transmitted data. The surveys are protected with passwords and HTTP referrer checking. Data is hosted by third-party centers that are SSAE-16 SOCII certified. All data at rest were encrypted, while data on deprecated hard drives were destroyed by U.S. DOD methods and were delivered to a third-party data destruction service. Qualtrics met or exceeded the minimum requirements, as outlined in FIPS Publication 200, HIPAA Statement: with some restrictions, Qualtrics may be designated as a Business Associate when the Qualtrics BA Agreement is signed with a Covered Entity (those organizations required to comply with HIPAA privacy rules). All client data are considered confidential and treated as such, with no specific designation (such as medical [PHI], PII, or public). Related to HIPAA, the Health Information Technology for Economic and Clinical Health Act (HITECH) are updated assessment rules to ensure that data are properly protected, and the best security practices are followed. The data in this study were collected through Qualtrics to protect participants' confidentiality. Similarly, MTurk uses SSL (Secure Socket Layer) and is a protocol developed for transmitting private documents or information via the internet. SSL creates a secure connection between a client and a server, encrypting sensitive information being transmitted through the web page. SSL encryption is automatically turned on for surveys. Participants on MTurk have a unique Worker ID, which is a semi-random alphanumeric string, and that is all the researchers know about the participants. All collected data is associated only with this Worker ID. Additionally, MTurk provides the same level of protection for personal data as all other Amazon.com services, such as the protection of credit card information. Participants were informed that any work performed on Amazon Mturk can potentially be linked to information about them on their Amazon public profile page, depending on the settings they have for their Amazon profile. Researchers did not access any personally identifying information about

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participants that they may have put on your Amazon public profile page. Given these limitations, researchers are advised to therefore collect data using third-party survey software, such as Qualtrics, with known policies for data security and anonymity, directions that I followed by collecting data on Qualtrics to protect the subject's confidentiality. Data from participants' responses were then downloaded to IBM's Statistical Package for Social Sciences (SPSS version 28) statistical software and analyzed at Seton Hall University. The collected data was input and analyzed using SPSS. Survey respondents remained anonymous, information and data received from the Qualtrics system were stored on a USB memory key, which will be kept in a locked, secure location in my home. This information will be safely stored for a minimum of 3 years.

### Statistical Power

A power analysis was necessary to calculate the total number of participants needed to achieve valid statistical results for this study. Brownlee (2018) explained that a power analysis can be used to estimate the minimum sample size required for a research study, given "a desired significance level, effect size, and statistical power" (p.1; Brownlee, 2018). *A priori* power analyses were conducted using the program G\*Power 3.1.9.2 (Faul et al., 2009) to determine the minimum number of participants needed to obtain meaningful statistical results in this study. The statistical software is used to determine an adequate sample size and assist in reducing the possibility of incurring a Type II error (i.e., failure to detect an effect when one is present), which would lead to erroneously retaining the null hypothesis. It occurs when a sample size is too small. Power analyses are provided for each hypothesis test, below.

### Research Questions and Hypotheses

As described in Chapter 1, this proposed study attempts to address the following research questions: how do acculturative stress and gender roles influence sexual subjectivity in

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European, Asian, and Latinx cisgender immigrant women in the U.S., and do gender role attitudes change following immigration?

As a result, this dissertation was based on the following hypotheses:

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- Hypothesis 1: Acculturative stress will have a negative influence on sexual subjectivity in European, Asian, and Latinx cisgender immigrant women.

This hypothesis was tested by linear regression, with acculturative stress as the predictor variable and sexual subjectivity as the criterion variable.

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A power analysis of linear regression was conducted in G-Power to determine sample size using an alpha of 0.05, a power of .80, and a medium effect size of 0.25. The results showed that the desired sample was 53.

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- Hypothesis 2: Both Asian and Latinx immigrant women's gender role attitudes will become more egalitarian after immigrating to the United States. European immigrant women's gender role attitudes will remain egalitarian or will become more conservative after immigrating to the United States.

This hypothesis was tested using a mixed between-within ANOVA, with the region of origin as the between-subjects factor, and time as the within-subjects factor to compare European, Asian, and Latinx immigrant women's pre-immigration and post-immigration scores on gender role attitudes.

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A power analysis of a mixed between-within ANOVA was conducted in G-Power to determine sample size using an alpha of 0.05, a power of .80 and a medium effect size of 0.25, and several groups. Its results showed that the desired sample is 90.

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- Hypothesis 3: European, Asian, and Latinx immigrant women who endorse more egalitarian gender role attitudes before immigration will report less acculturative stress than will women who endorsed more conservative gender roles before immigration.

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This hypothesis was tested by bivariate regression, with pre-immigration gender role attitudes and immigration status as the predictor variable, and acculturative stress as the criterion variable.

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A power analysis of a bivariate regression was conducted in G-Power to determine sample size using an alpha of 0.05, a power of .80, and a medium effect size of 0.25. The results showed that the desired sample was 53.

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- Hypothesis 4: European, Asian, and Latinx immigrant women currently reporting more egalitarian gender role attitudes will have higher sexual subjectivity after immigrating to the United States.

This hypothesis was tested by bivariate regression, with post-immigration gender role attitudes as the predictor variable, and sexual subjectivity as the criterion variable.

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A power analysis of a bivariate regression was conducted in G-Power to determine sample size using an alpha of 0.05, a power of .80, and a medium effect size of 0.25. The results showed that the desired sample was 53.

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## Summary

This study aims to explore the relationship between acculturative stress, gender role attitudes, and sexual subjectivity in European, Asian, and Latinx immigrant cisgender women residing in the United States. This chapter provides information regarding the methodology. This chapter discussed this study's research design, participant recruitment, the conduct of the study, and research procedures. In addition, it described the measurement tools, their reliability, and

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their validity. Lastly, this study's research questions and hypotheses were described in detail, together with the corresponding power analysis and statistical plan.

## **Chapter IV**

### **Results**

The primary purpose of this study was to examine the relationship between sexual subjectivity, acculturative stress, and gender roles in Latinx, European, and Asian immigrant

women residing in the United States. Hence, this study focused on groups categorized by these three regions of origin. Additional analyses were also conducted to measure differences in the participants' attitudes toward gender roles before and after immigrating to the United States.

Immigrant women residing in the United States completed surveys including a demographic questionnaire and psychometric instruments examining their sexual subjectivity, acculturative stress, and gender role attitudes. This chapter outlines the statistical procedures and results, including data exploration and evaluation, a demographic summary of the sample, and findings from each of the analyses related to the original research question and hypotheses are discussed.

This was a survey-based study, with participants recruited on Amazon's Mechanical Turk (MTurk), and psychometric instruments administered to participants through Qualtrics' web-based survey platform. A total of 191 participants started the survey, however, 89 ineligible participants were immediately excluded due to not meeting the criteria for the study (i.e., gender identity, immigration status, residency in the United States, age of immigration, and ethnicity) and automatically redirected to a message stating: "We thank you for your interest, but the study is open only to European, Asian, or Latinx immigrant women who immigrated to the United States from their country of origin and who are residing in the United States at this time." One hundred and two participants were included in the final analyses. All analyses used SPSS Version 28.

### Sample Description

The participants in the final sample were between 20 and 63 years old ( $M = 34.85$ ,  $SD = 9.886$ ). All identified as female ( $n = 102$ ), immigrants, and resided in the United States as per inclusion criteria. The majority of participants identified as White ( $N = 62$ ; 63%), followed by

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Latinx/Hispanic ( $N = 22$ ; 22%) and Asian/Asian American ( $N = 18$ ; 17%). Participants indicated *that they had* lived in the United States for *between 2 and 59* years ( $M = 26.79$ ,  $SD = 14.27$ ).

Sixty-two participants self-identified as heterosexual (60.78%), whereas 38 identified as bisexual (37.25%), one as gay/lesbian (0.98%), and one as queer (0.98%). Additionally, participants were asked to report their highest levels of education. The vast majority of participants held a bachelor's degree ( $N = 76$ ; 74.5%), whereas one participant held a high school diploma or GED (0.98%), 22 a master's degree (21.57%), two a doctoral degree (1.96%), and one a professional degree (0.98%). Among these, 99% of participants ( $N = 100$ ) reported having completed their highest level of education in the United States.

### **Reliability**

All three psychometric scales were checked for reliability using Cronbach's alpha, a measure of internal consistency (Green & Salkind, 2017). As summarized in Table 1 below, all the measures used in this study had computed Cronbach's alphas equal to or greater than .75, hence were found to be sufficiently reliable.

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**Table 1***Scale and Subscale Reliability using Cronbach's Alpha*

| Scale   | Number of items | Cronbach's Alpha |
|---|-----------------|------------------|
| Gender Role Attitudes                         | 4               | .873             |
| SAFE  | 24              | .965             |
| Social  | 4               | .837             |
| Attitudinal                                   | 4               | .795             |
| Familial                                      | 3               | .816             |
| Environmental                                 | 13              | .933             |
| FSSI  | 20              | .897             |
| Sexual Body Esteem                            | 5               | .801             |
| Sense of entitlement to pleasure from self    | 3               | .766             |
| Sense of entitlement of pleasure from partner | 4               | .751             |
| Self-efficacy in achieving sexual pleasure    | 3               | .810             |
| Sexual self-reflection                        | 5               | .787             |

*Note.* SAFE = Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale (Mena et al., 1987). FSSI = Female Sexual Subjectivity Inventory (Horne & Zimmer-Gembeck, 2006).

**Preliminary Analysis**

Before conducting the main analyses, data were screened to ensure that no data was missing by carefully reading each participant's responses, wherein no data was found missing.

Subsequently, all variables involved in the analyses were evaluated to ensure that they met statistical assumptions of normality. This screening included an examination of continuous

variable items through the mean-to-standard deviation ratio, as well as an examination of standardized skewness and kurtosis values, which need to fall between -2 and +2 to support

approximately normal distributions (Kline, 2015). All the variables for this study fell within this threshold, indicating that the assumption of normality was met for the sample.

**Descriptive Statistics**

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Mean scores on and correlations with the Female Sexual Subjectivity Inventory (FSSI) by acculturative stress and gender role attitudes (pre- and post-immigration) are displayed below in Tables 2, 3, and 4.

**Table 2**  
*Descriptive Statistics: Gender Role Attitudes by dimension, pre- and post-immigration*

| Gender Role Attitudes | Acculturative Stress | <i>M</i> | <i>SD</i> | N   |
|-----------------------|----------------------|----------|-----------|-----|
| Pre-immigration       | Social               | 9.42     | 4.71      | 102 |
|                       | Attitudinal          | 9.85     | 4.29      | 102 |
|                       | Familial             | 7.03     | 3.32      | 102 |
|                       | Environmental        | 29.54    | 11.96     | 102 |
|                       | Total                | 57.79    | 23.77     | 102 |
| Post-immigration      | Social               | 9.24     | 4.71      | 102 |
|                       | Attitudinal          | 9.85     | 4.29      | 102 |
|                       | Familial             | 7.03     | 3.32      | 102 |
|                       | Environmental        | 29.54    | 11.96     | 102 |
|                       | Total                | 57.59    | 23.77     | 102 |

**Table 3**  
*Descriptive Statistics: Acculturative Stress by dimension, pre- and post-immigration*

| Acculturative Stress | Gender Role Attitudes | <i>M</i> | <i>SD</i> | N   |
|----------------------|-----------------------|----------|-----------|-----|
| Social               | Pre-immigration       | 9.24     | 4.71      | 102 |
|                      | Post-immigration      | 9.36     | 4.78      | 102 |
| Attitudinal          | Pre-immigration       | 9.85     | 4.29      | 102 |
|                      | Post-immigration      | 9.93     | 4.39      | 102 |
| Familial             | Pre-immigration       | 7.03     | 3.32      | 102 |
|                      | Post-immigration      | 7.05     | 3.40      | 102 |
| Environmental        | Pre-immigration       | 29.54    | 11.96     | 102 |
|                      | Post-immigration      | 29.55    | 12.18     | 102 |
| Total                | Pre-immigration       | 57.59    | 23.77     | 102 |
|                      | Post-immigration      | 58.07    | 24.24     | 102 |

**Table 4****Correlations**

| Variable                               | <i>n</i> | <i>M</i> | <i>SD</i> | 1      | 2      | 3     | 4 |
|--|----------|----------|-----------|--------|--------|-------|---|
| 1. Sexual Subjectivity                 | 102      | 51.60    | 7.07      | 1      |        |       |   |
| 2. GRA <sup>1</sup> – Pre-immigration  | 102      | 8.11     | 2.68      | .440** | 1      |       |   |
| 3. GRA <sup>1</sup> - Post-immigration | 102      | 9.46     | 2.44      | .282** | .588** | 1     |   |
| 4. Acculturative Stress                | 102      | 57.79    | 23.77     | .038   | -.146  | -.023 | 1 |

Note: <sup>1</sup> GRA = Gender Role Attitudes.

\*\*  $p < .001$

**Primary Analyses**

This study aims to address the following research question: how do acculturative stress and gender roles influence sexual subjectivity in European, Asian, and Latinx cisgender immigrant women in the U.S., and do gender role attitudes change following immigration? As a result, the study was based on four hypotheses, described below.

**Hypothesis 1.** The first hypothesis of this study predicted that acculturative stress would have a negative influence on sexual subjectivity in European, Asian, and Latinx cisgender immigrant women. This hypothesis was tested by linear regression. In the analysis, acculturative stress served as a predictor (independent variable), and sexual subjectivity as the criterion (dependent variable). The results of the linear regression indicated several positive and significant associations. Firstly, sexual subjectivity and acculturative stress showed a small but

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significant negative association,  $r(245) = -.16, p < .01$ . These findings suggest that immigrant women with a higher degree of acculturative stress may experience changes in their sexual subjectivity. Secondary multiple regressions were conducted to evaluate the relationships between the four domains of acculturative stress and the five domains of sexual subjectivity.

Their results are in [Tables 5, 6, 7, 8, and 9](#). The first multiple regression studied the influence of all four domains of acculturative stress (i.e., social, attitudinal, familial, and environmental) on the sexual subjectivity domain of sexual body esteem. As illustrated in [Table 5](#), the social, familial, and environmental domains of acculturative stress accounted for a significant portion of the sexual subjectivity domain of sexual body esteem,  $R^2 = .22, F(4, 97) = 6.79$ . In the social domain, the results suggested that immigrant women with experiences of acculturative stress in their social lives (i.e., feelings of isolation, difficulties in socializing with members of the host culture) experienced more concerns regarding their sexuality and desirability as it relates to their body and related self-esteem. For the familial domain of acculturative stress, results suggest that immigrant women who experience stress with their families of origin (e.g., due to differences in values, expectations, and feeling understood) may also endure more concerns regarding their sexual body esteem. Moreover, results showed that immigrant women who are stressed by more environmental barriers such as discrimination, oppression, stereotypes, and pressure to assimilate may also bear difficulties with their sexual body esteem. The second multiple regression analyzed the relationship between all four domains of acculturative stress on the sexual subjectivity domain of entitlement to pleasure from self, as shown in [Table 6](#). In this analysis, the environmental domain of acculturative stress resulted in having to account for a significant portion of the variance of entitlement to pleasure from self  $R^2 = .08, F(4, 97) = 2.21$ , suggesting that immigrant women faced with environmental barriers may experience an enhanced sense of

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entitlement to obtain sexual pleasure from themselves. In the third multiple regression, the influences of acculturative stress domains on the sexual subjectivity domain of entitlement to pleasure from partner were analyzed. This analysis did not highlight any significant relationship, as shown in Table 7, suggesting that acculturative stress may not have an influence on immigrant women's sense of entitlement to sexual pleasure from their partners. Similarly, the multiple regression conducted to study the relationship between acculturative stress domains and the sexual subjectivity domain of sexual self-efficacy did not show any significant results (Table 8). The last multiple regression was conducted to analyze the relationship between the four domains of acculturative stress and the sexual subjectivity domain of sexual self-reflection. Here, the familial domain of acculturative stress was significantly associated with sexual self-reflection,  $R^2 = .13$ ,  $F(4, 97) = 3.60$ , suggesting that immigrant women experiencing stressors with their families of origin resulted to dedicate more time to reflecting on their sexuality.

**Table 5**

*Multiple Regression of Association Between Acculturative Stress Domains and Sexual Body Esteem*

| Variable      | Model 1 |         |      | R    | R <sup>2</sup> |
|---------------|---------|---------|------|------|----------------|
|               | B       | $\beta$ | SE   |      |                |
| Step 1        |         |         |      | .468 | .22            |
| Constant      | 12.957  |         | .630 |      |                |
| Social        | .371*   | .682    | .107 |      |                |
| Attitudinal   | -.173   | -.289   | .119 |      |                |
| Familial      | .398**  | .516    | .117 |      |                |
| Environmental | -.149** | -.698   | .050 |      |                |

*Note.*  $N = 102$ . The influence of acculturative stress domains on the sexual subjectivity domain of sexual body-esteem.

\* $p < .001$ . \*\* $p < .005$

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**Table 6**

*Multiple Regression of Association Between Acculturative Stress Domains and Entitlement to Pleasure from Self*

| Variable      | Model 1  |         |           | R    | R <sup>2</sup> |
|---------------|----------|---------|-----------|------|----------------|
|               | <i>B</i> | $\beta$ | <i>SE</i> |      |                |
| Step 1        |          |         |           | .289 | .08            |
| Constant      | 8.361    |         | .506      |      |                |
| Social        | .086     | .213    | .086      |      |                |
| Attitudinal   | .164     | .371    | .095      |      |                |
| Familial      | .090     | .158    | .094      |      |                |
| Environmental | -.116*   | -.730   | .040      |      |                |

*Note.*  $N = 102$ . The influences of acculturative stress domains on sexual subjectivity domain of

entitlement to pleasure from self.

\* $p < .005$

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**Table 7**

*Multiple Regression of Association Between Acculturative Stress Domains and Entitlement to Pleasure from Partner*

| Variable      | Model 1  |         |           | R    | R <sup>2</sup> |
|---------------|----------|---------|-----------|------|----------------|
|               | <i>B</i> | $\beta$ | <i>SE</i> |      |                |
| Step 1        |          |         |           | .196 | .04            |
| Constant      | 9.266    |         | .814      |      |                |
| Social        | .044     | .070    | .138      |      |                |
| Attitudinal   | .073     | .104    | .153      |      |                |
| Familial      | .137     | .152    | .152      |      |                |
| Environmental | -.107    | -.429   | .064      |      |                |

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*Note.*  $N = 102$ . The influences of acculturative stress domains on sexual subjectivity domain of entitlement to pleasure from a partner.

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**Table 8**

*Multiple Regression of Association Between Acculturative Stress Domains and Sexual Self-Efficacy*

| Variable      | Model 1  |         |           | R    | R <sup>2</sup> |
|---------------|----------|---------|-----------|------|----------------|
|               | <i>B</i> | $\beta$ | <i>SE</i> |      |                |
| Step 1        |          |         |           | .183 | .03            |
| Constant      | 6.683    |         | .581      |      |                |
| Social        | -.002    | -.005   | .099      |      |                |
| Attitudinal   | .107     | .216    | .109      |      |                |
| Familial      | -.074    | -.117   | .108      |      |                |
| Environmental | -.039    | -.220   | .046      |      |                |

*Note.*  $N = 102$ . The influences of acculturative stress domains on sexual subjectivity domain of sexual self-efficacy.

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**Table 9**

*Multiple Regression of Association Between Acculturative Stress Domains and Sexual Self-Reflection*

| Variable      | Model 1  |         |           | R    | R <sup>2</sup> |
|---------------|----------|---------|-----------|------|----------------|
|               | <i>B</i> | $\beta$ | <i>SE</i> |      |                |
| Step 1        |          |         |           | .359 | .13            |
| Constant      | 14.907   |         | .654      |      |                |
| Social        | .118     | .221    | .111      |      |                |
| Attitudinal   | -.193    | -.329   | .123      |      |                |
| Familial      | .253*    | .335    | .122      |      |                |
| Environmental | .015     | .072    | .051      |      |                |

*Note.*  $N = 102$ . The influences of acculturative stress domains on sexual subjectivity domain of entitlement to pleasure from self.

\* $p < .05$

**Hypothesis 2.** The second hypothesis of this study was divided into two statements. The first predicted that both Asian and Latinx immigrant women's gender role attitudes would become more egalitarian after immigrating to the United States. The second statement predicts that European immigrant women's gender role attitudes would remain egalitarian or would become more conservative after immigrating to the United States. This hypothesis was tested by a 2x3 Mixed Model ANOVA, with the region of origin as the between-subjects factor and time as the within-subjects factor to measure gender role attitudes of European, Asian, and Latinx cisgender immigrant women before immigration and after immigration. Based on this hypothesis, the analyses would predict the effect of time and region of origin on immigrant women's gender role attitudes. Specifically, gender role attitudes of Asian and Latinx immigrant women are expected to change in a positive direction, whereas those of European immigrant

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women are expected to change in a negative direction. The analysis revealed a main effect of time,  $F(1, 99) = 23.62, p < .001$  in a positive direction, although with a non-significant effect of region of origin,  $F(2, 99) = .583, p = .560$ , and an interaction between time and region of origin,  $F(2, 99) = .165, p = .848$ . Hence, there was an absence of an effect for the region of origin or interaction of time and region of origin on immigrant women's gender role attitudes, which is counter to what this hypothesis predicted. Partially as predicted, immigrant women's gender role attitudes were influenced by the time of immigration ( $p < .001$ ), however, changes cannot be attributed to their different regions of origin.

**Table 10**

*Estimated Marginal Means: Time and Region of Origin*

|                  | Mean  | Std. Error | 95% Confidence Interval |             |
|------------------|-------|------------|-------------------------|-------------|
|                  |       |            | Lower Bound             | Upper Bound |
| Time             |       |            |                         |             |
| Pre-immigration  | 8.255 | .305       | 7.649                   | 8.861       |
| Post-immigration | 9.554 | .279       | 9.000                   | 10.109      |
| Region of origin |       |            |                         |             |
| Europe           | 8.605 | .291       | 8.028                   | 9.182       |
| Asia             | 8.895 | .525       | 7.852                   | 9.937       |
| Latinx           | 9.214 | .500       | 8.223                   | 10.206      |

**Hypothesis 3.** The third hypothesis of this study predicted that European, Asian, and Latinx immigrant women who endorsed more egalitarian gender role attitudes before immigration would report less acculturative stress after immigration than those women who endorsed more conservative gender roles before immigration. This hypothesis was tested by a bivariate regression, with pre-immigration gender role attitudes as the predictor (independent variable), and acculturative stress as the criterion (dependent variable). The results of this

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bivariate regression did not indicate an overall significant association between pre-immigration gender roles and acculturative stress  $r(146) = .02, p = .143$ . To avoid the occurrence of a Type I error in testing this hypothesis, a Bonferroni correction was calculated, wherein only analyses resulting in a  $p < .0125$  were considered significant. Four additional bivariate regressions were conducted to study the relationships between pre-immigration gender role attitudes and each of the four domains of acculturative stress. A bivariate regression analysis did not reveal a significant relationship between pre-immigration gender roles and the social domain of acculturative stress,  $r(198) = .039, p = .047$ . This result suggests that the gender role attitudes immigrant women held before immigrating did not influence acculturative stress in their social endeavors (e.g., feelings of isolation, and difficulties in socializing). Similarly, pre-immigration gender role attitudes did not have a significant relationship with the attitudinal domain of acculturative stress, as shown by the result of the second additional bivariate regression,  $r(198) = .004, p = .522$ . The third bivariate regression, which studied the relationship between pre-immigration gender role attitudes and the familial domain of acculturative stress, also did not reveal a significant relationship  $r(206) = .04, p = .038$ . This result suggests that the gender role attitudes that immigrant women held before immigrating have not influenced their experiences of acculturative stress within their relationships with members of their families of origin. Lastly, the fourth bivariate regression found no significant relationship between pre-immigration gender roles and the environmental domain of acculturative stress,  $r(123) = .01, p = .218$ .

**Hypothesis 4.** The fourth and final hypothesis of this study predicted that European, Asian, and Latinx immigrant women reporting more egalitarian gender role attitudes would have a higher sexual subjectivity after immigrating to the United States. This hypothesis was tested by a bivariate regression, with post-immigration gender role attitudes as the predictor (independent

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variable) and sexual subjectivity as the criterion (dependent variable). The results of this bivariate regression,  $r(282) = .08, p = .004$ , highlight a significant relationship between the two variables. Thus, the gender role attitudes that immigrant women endorsed post-immigration may influence their sexual subjectivity. For hypothesis 3, a Bonferroni correction was calculated to avoid the occurrence of a Type I error, wherein only analyses resulting in a  $p < .01$  were considered significant. Additional bivariate regressions were conducted to analyze the relationships between post-immigration gender role attitudes and the five domains of sexual subjectivity. Firstly, the relationship between the predictor and the domain of sexual body esteem did not result to be significant  $r(143) = .02, p = .151$ . Similarly, the relationship between the predictor variable and the domain of entitlement to sexual pleasure from self was not significant either,  $r(032) = .001, p = .748$ . However, the relationship between post-immigration gender role attitudes and the third domain of sexual subjectivity, entitlement to pleasure from a partner, was shown to be significant,  $r(335) = .11, p < .001$ . Such a result suggests that immigrant women's gender role attitudes after immigration may influence their sense of entitlement to sexual pleasure from their partners. Similarly, post-immigration gender role attitudes resulted in having a significant relationship with sexual self-efficacy in immigrant women,  $r(527) = .27, p < .001$ , suggesting that the gender role attitudes they endorse after immigrating may affect their self-efficacy in their sexual endeavors. The last bivariate regression, which analyzed the influences of post-immigration gender roles on the fifth domain of sexual subjectivity, self-reflection, did not indicate a significant relationship,  $r(168) = .02, p = .091$ .

### Summary

This chapter presented and summarized the statistical results depicting the relationship between acculturative stress, gender role attitudes, and sexual subjectivity in European, Asian,

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and Latinx immigrant women in the U.S. Several analyses of linear regression and a mix of between and within ANOVAs were conducted to test this study's four hypotheses.

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The first hypothesis of this study was that acculturative stress would have a negative influence on sexual subjectivity in European, Asian, and Latinx cisgender immigrant women. However, the results of the linear regression revealed a significant and positive relationship between these variables, thus indicating that acculturative stress has a significant effect on the dependent variable and may influence its changes. Moreover, the results of secondary analyses showed a significant relationship between the social, familial, and environmental domains of acculturative stress and sexual subjectivity's domains of sexual body esteem. Similarly, the familial domain of acculturative stress resulted to be strongly associated with sexual subjectivity's domain of self-reflection. Lastly, the environmental domain of acculturative stress was found to be significantly associated with the sexual subjectivity domain of entitlement to pleasure from self.

The second hypothesis proposed that both Asian and Latinx immigrant women's gender role attitudes would become more egalitarian after immigrating to the United States, as well as that European immigrant women's gender role attitudes would remain egalitarian or would become more conservative after immigrating to the United States. The mixed between-within ANOVA results suggested that time of immigration does influence gender role attitudes,  $F(1, 99) = 23.62, p < .001$ , resulting in more egalitarian gender role attitudes post-immigration. Using the same analysis, the region of origin resulted in not having a significant interaction with gender role attitudes, indicating that the change for all women was in the same direction, thus failing to support half of this hypothesis.

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The next hypothesis proposed that European, Asian, and Latinx immigrant women who endorsed more egalitarian gender role attitudes before immigration would report less acculturative stress than those women who endorsed more conservative gender roles before immigration. The analyses did not support this hypothesis, as none of the four domains of acculturative stress showed a significant relationship with prior-to-immigration gender role attitudes, indicating that prior-to-immigration gender role attitudes do not have any influence on immigrant women's acculturative stress.

Finally, the fourth and last hypothesis posited that European, Asian, and Latinx immigrant women reporting more egalitarian gender role attitudes would have a higher sexual subjectivity after immigrating to the United States. Results of the linear multiple regression showed that post-immigration gender role attitudes have a significant relationship with sexual subjectivity. Moreover, additional analyses indicated that these attitudes were strongly associated with sexual subjectivity's domains of entitlement to pleasure from a partner and sexual self-efficacy. These results support the original research hypothesis, indicating that gender role attitudes had a strong effect on sexual subjectivity. The next chapter will focus on exploring several explanations for the results of this study, in addition to reviewing this study's limitations and ways in which these findings can be expanded upon in future research involving immigrant women.

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## Chapter V

### Discussion

The present study examined the influences of acculturative stress and gender role attitudes on the sexual subjectivity of European, Asian, and Latinx cisgender immigrant women residing in the United States. This study addressed the gaps in the literature addressing gender roles and acculturative stress, and in understanding their relationship with sexual subjectivity. Precisely, this study was designed to deepen the extant knowledge and understanding of how acculturative stress and changes in gender role attitudes after immigrating to the United States affect cisgender immigrant women’s perceptions and experiences of their sexual subjectivity. An additional objective of this study was to assist in clinical work by providing mental health professionals with information about the cognitive, behavioral, and overall psychological changes that European, Asian, and Latinx cisgender women can experience due to immigrating to the United States. This chapter includes an interpretation of the statistical results related to these goals and a discussion of the study limitations, clinical implications, and directions for future research.

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### **Interpretation of Findings**

The first research question asked whether acculturative stress would have a negative influence on European, Asian, and Latinx immigrant women’s experiences of their sexual subjectivity. Results of this multiple regression showed that acculturative stress does indeed have a significant effect on immigrant women’s sexual subjectivity. These findings suggest that as cisgender immigrant women experience higher levels of acculturative stress, their experiences of sexual subjectivity also increased. Specifically, as highlighted by additional multiple regressions, the social, familial, and environmental domains of acculturative stress accounted for a significant portion of the body-esteem domain of sexual subjectivity. Furthermore, the environmental domain of acculturative stress was found to account for a significant portion of the variance in

entitlement to pleasure from self in cisgender immigrant women. Lastly, the familial domain of acculturative stress is significantly associated with sexual self-reflection.

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These are important findings for multiple reasons. Firstly, they solidify previous research findings (Cheng et al., 2014; Martin, 1996; Schalet, 2010), providing additional evidence to extant literature showing that many types of stress, including changes in women's socio-cultural settings, do influence their sexual subjectivity. This result is particularly relevant in the time in which this study has been conducted. For instance, participants recently experienced a global COVID-19 pandemic, which has been physically, emotionally, and psychologically distressful for many (Centers for Disease Control and Prevention, 2023). Secondly, these results highlight several aspects of a woman's adjustment to a new society and environment, such as her social support, relationships and difficulties with families of origin, and experiences of environmental barriers such as discrimination, oppression, stereotypes, and pressure to assimilate impact on her sexual subjectivity. Therefore, these results also emphasize that women's socio-cultural contexts may have altered the outcomes of previous studies examining their sexual subjectivity if taken into consideration, thus needed to be accounted for to better understand its development and changes throughout their lifetimes. By definition, sexual subjectivity is influenced by women's narratives regarding their sexual selves and lives (Fahs & McClelland, 2016). However, the majority of studies conducted on this concept neglected to emphasize how narratives about women's sexuality can be influenced by societal and cultural backgrounds and related experiences. Immigration and acculturation to a new country's culture and society is an impactful and stressful experience that affects women's sense of themselves, behaviors, and new and existing relationships. Hence, even if sexual subjectivity is known to be a flexible concept and based on a woman's unique experiences and narratives of her sexuality (Fahs & McClelland,

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2016), immigrant women's experiences of acculturative stress have thus far been neglected as an influencing factor.

The second research question of this study asked whether Asian and Latinx immigrant women's gender role attitudes would become more egalitarian after immigrating to the United States, while European immigrant women's gender role attitudes would remain egalitarian or become more conservative after immigrating to the United States. The results of this 2x3 Mixed Model ANOVA revealed that only the time of immigration (i.e., pre and post-immigration) could account for the changes in immigrant women's gender role attitudes, with overall scores increasing after immigration, whereas their region of origin and interaction with their time of immigration did not influence their gender role attitudes. Hence, these findings partially failed to support the original hypothesis predicting that time, region of origin, and their interaction would have a positive influence on Asian and Latinx immigrant women and a negative one on European immigrant women. Asian and Latinx immigrant women showed a slightly higher mean score in their pre- and post-immigration gender role attitudes (respectively,  $M = 8.21$  became  $M = 9.58$ , and  $M = 8.67$  became  $M = 9.76$ ) than European immigrant women ( $M = 7.89$  became  $M = 9.32$ ). However, results of the Mixed Between-Within ANOVA showed that the differences between these groups were not large enough to be considered statistically significant after controlling for time of immigration. Therefore, these findings revealed that immigrant women's region of origin did not have any impact on their gender role attitudes, partially failing to support Hypothesis 2.

There could be many reasons why Hypothesis 2 was not fully supported, and, specifically, region of origin was not a significant factor in predicting immigrant women's gender role attitudes. One of these could be that Asians and Latinx only accounted for, respectively, 17% and 22% of the participants, whereas European immigrant women represented the majority of the

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sample (i.e., 63%). The fact that two of the three groups investigated in this study represented a total of 37% of the overall participants, suggests that findings may not have been representative of Asian and Latinx immigrant women. Moreover, within each of these three groups, there are within and between-group differences in culture, related values, and beliefs, that likely can influence immigrant women's gender role attitudes. Participants in this study indeed reported being born in more than twenty different countries in Asia, Middle and South America, and Europe. Within each of these countries, there are certainly differences in sociocultural habits, beliefs, and values that can easily influence a person's gender role attitudes. In addition, there has been a recent emphasis placed on the importance of women's rights in the United States due to proposed healthcare regulations that could change their reproductive rights and access to healthcare services. Even though the women's rights movement started in 1848 in the United States (Butler, 2007), conversations about abortion, gender bias, and sexual and reproductive health have returned as frequent topics of discussion in media, emphasizing that women have still not reached full equality with men in many personal and social endeavors (Belluck, 2023; Brown & Lent, 2013; Donner & Goldberg, 2021; Ruti, 2015). Horowitz and Igelnik (2020) surveyed 3,143 adults residing in the U.S. via an online survey panel and described that most women believe that the country has not gone far enough to reach gender equality and that society still has different expectations for women and men. As a result, immigrant women living in the United States are likely to have heard, if not participated in these discussions, which might have influenced and perhaps changed their gender role attitudes from those they endorsed before immigrating to the U.S., regardless of their region of origin.

The third hypothesis of this study predicted that European, Asian, and Latinx Immigrant women who endorsed more egalitarian gender role attitudes before immigration would report

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less acculturative stress after immigration than women who endorsed more conservative gender roles before immigration. The bivariate regression results, however, showed a non-significant result between pre-immigration gender role attitudes and acculturative stress, suggesting that the gender role attitudes that women held before immigrating did not influence their general experiences of acculturative stress or within their social, attitudinal, familial, and environmental endeavors. Here again, there could be a plethora of possible explanations for the lack of relationship between these two variables. Acculturation has been shown to entail a sense of marginalization from the hosting society and culture, and at times it can be even utilized as a strategy to maintain one's culture and identity (Berry, 2006). If an immigrant would use this strategy to maintain their sense of culture and personal identities unaltered, they would be more likely to avoid interactions with persons from the dominant group. Hence, their levels of acculturative stress would not be linked to their identities, values, beliefs, or attitudes, including their gender role attitudes, and perhaps experience less acculturative stress overall. Recent literature has also analyzed immigrants' acculturative strategies and their relationship to their social behaviors (i.e., tendencies to actively engage in social activities to establish and maintain good interpersonal relationships with members of their hosting culture; William & Liu, 2022). Some authors have explained that immigrants who do not care to belong in their host culture or to establish relationships with its members are motivated mostly by individual gain and self-interest as opposed to networking (Leung et al., 2011). These immigrants are most likely to utilize the acculturative strategy of marginalization and avoid comparing their beliefs, values, and attitudes to those of the dominant group, hence lowering the possibility of experiencing acculturative stress. In this case, if immigrant women would prefer marginalization as a strategy, their beliefs and attitudes around gender roles attitudes would not be linked to their potential

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experiences of acculturative stress, as they would not be comparing themselves with others due to having little contact with members of the host culture. On the other hand, immigrants who prefer to establish and maintain positive relationships with members of the host culture, thus value perceiving a sense of belonging, would be more likely to utilize the integration strategy during the process of acculturation. Moreover, they would be more likely to avoid conflict (Leung et al., 2011; William & Liu, 2022). In this case, given the importance of maintaining harmony and peace within their new relationships, immigrant women might decide to silence, not to compare, or act accordingly to their worldviews and deep values with those of the host culture members to avoid conflict and maintain their newly formed bonds, therefore their gender role attitudes would not be linked to their experiences of acculturative stress.

Education might be an additional factor influencing the lack of relationship between gender role attitudes that immigrant women held before immigration and acculturative stress. Literature has consistently shown that an individual's level of education highly influences their socio-political attitudes and behaviors (Scott, 2022). As the vast majority (*N* = 100) of participants in this study reported having completed their highest levels of education in the United States, their gender role attitudes may have been influenced by their educational experiences. That is, participants who pursued their educations within the United States might have experienced less acculturative stress given that they were learning and developing their attitudes and behaviors for socio-political issues within the same socio-political culture and environment, thus their acculturation process might have been facilitated by their education. Although their acculturative stress scores were higher than those endorsed by the development population (i.e., 43.5) of the Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987) immigrant women who participated in this study did still

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endorse moderate levels of acculturative stress, as shown by their mean score of 57.79 on the Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale (SAFE; Mena et al., 1987), whereas the total score for the scale is 120. Therefore, their average score might indicate an overall lower level of acculturative stress, which might have influenced the lack of a significant relationship with the gender role attitudes that they held before immigration.

Lastly, participants' responses may have been affected by recall bias. Given that they were asked to recall their gender role attitudes before immigrating to the United States, participants may have struggled to accurately remember these. As part of the demographic questionnaire, this study asked participants to indicate the number of years they have resided in the U.S., which ranged from 2 to 59 years, with an average of 26 years. As immigrants can idealize or romanticize their home countries and cultures of origin (Wright & Nabavi, 2011) and hence forget or avoid more negative aspects and their experiences in it, immigrant women who responded to the questions regarding their pre-immigration gender role attitudes may have not remembered these accurately, hence reporting them as more favorable than they were. By doing so, these scores might have negatively influenced the analysis to discover their relationship to acculturative stress.

The fourth and final hypothesis of this study predicted that European, Asian, and Latinx immigrant women reporting more egalitarian gender role attitudes would have a higher sexual subjectivity after immigrating to the United States. The bivariate regression results confirmed this hypothesis by indicating that immigrant women endorsing more egalitarian gender role attitudes experience higher sexual subjectivity after immigrating to the United States. These findings suggest that as cisgender women endorse more egalitarian gender role attitudes after immigrating to the U.S., their experiences of sexual subjectivity also increase. Specifically, as

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highlighted by additional bivariate regressions, the entitlement to sexual pleasure from partners and sexual self-efficacy domains of sexual subjectivity accounted for a significant portion of the positive relationship with gender role attitudes. These findings can be considered relevant for several reasons. Firstly, they solidify extant research findings, providing additional evidence to previous research showing that gender roles and related attitudes influence women's sexual subjectivity. Secondly, these results highlight that several aspects of a woman's experiences of sexual subjectivity, such as their sense of entitlement to ask for and receive pleasure from their sexual partners, as well as their self-efficacy in achieving sexual pleasure, can be impacted by their attitudes toward gender roles in the United States. Therefore, these results further emphasize that women's attitudes towards their gender identity and related prescribed roles within a specific socio-cultural environment can influence their sexual subjectivity, thus need to be accounted for to better understand its development and potential changes throughout their lifetimes. From birth, women are socialized and stimulated to develop culturally normative traits, interests, beliefs, and attitudes that are consistent with their biological sex, thus influencing their sense of self, which includes their sexuality and related experiences. Hence, neglecting to account for such influence would result in an incomplete understanding of women's sexual subjectivity and how it can be impacted by changes in their sociocultural environments.

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### Limitations

There were many limitations in the present study. Firstly, this study relied on self-report measures. Although these are often utilized in psychological research, there is a possibility that misrepresentations and errors can occur in survey-based responses. In addition, participants were not randomly selected as they elected to participate in this study by themselves. The criteria necessary to participate were to be at least 18 years old, identifying as a cisgender woman, an

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immigrant, as well as European, Asian, or Latinx, residing in the United States, and having a working proficiency in English. Thus, this restricts the possible range of acculturation within the sample, as individuals who are not yet proficient in English would have been screened out.

Within this group, there may have been extraneous variables related to levels of motivation, ethnic identity, gender identity, proficiency with the English language, exposure to previous surveys, and the mental and physical health of participants.

Moreover, this study's recruitment method can represent another limitation. Participants were gathered through Amazon's MTurk, a valid and reliable platform for empirical research (Berinsky et al., 2012). However, despite the substantial evidence supporting its validity and reliability, participants' anonymity as well as their self-reported responses prevented any way of confirming their actual identities. There is a possibility that participants felt intrigued by the subject of this study and chose to participate in it even if not fulfilling its participation requirements. In addition, despite precautions being taken to ensure the legitimacy of participants' MTurk qualifications, it is also possible that they have responded carelessly or erroneously given that this study was conducted with online-based surveys. This study included two check-in questions (i.e., "2+2 = ?" and "1+1 = ?", each with five options to choose from) respectively after the last item of the Female Sexual Subjectivity Inventory and after the sixth item of the SAFE Scale. The first check-in item stopped four participants from continuing with the survey, whereas the second check-in item did not stop any of the remaining participants. Measures to reduce the possibility of these errors were also enforced after the collection of data, as 2 ineligible participants who did not complete all the instruments were excluded from the analyses. However, the possibility of additional illegitimate data not being found or excluded, remains a limitation.

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Furthermore, the study was partially retrospective, as it asked participants to answer four questions about their gender role attitudes before immigrating to the U.S. using a Likert scale format. Having to recall their attitudes from before they moved to the U.S. might have been a challenging task for some participants, particularly given that the average number of years that participants have resided in this country is 26 years. Hence, as previously discussed, scores for their pre-immigration gender role attitudes may have been affected by recall bias. Moreover, this study does not consider if and how sexual subjectivity may have been changing in their countries of origin for women who did not immigrate to the U.S., as it did not compare its results to those of European, Asian, and Latinx women who are still residing in their countries of origin. In addition to having to retrieve this information, having several Likert scale measures might have had an impact on participants' motivation or accuracy in responding to these items, despite the results passing data screening and statistical assumptions (i.e., normality).

There are also limitations to this study related to the sample of research participants. Because all participants were cisgender women, these results cannot be generalized to non-binary or male-identifying individuals. There were also discrepancies in demographic factors such as self-reported age and ethnicity. Because participants were required to be 18 years or older, the responses could have been variable based on their age or developmental stage. There was a wide range of age in this sample, as participants were between the ages of 20 to 63 ( $M = 34.85, SD = 9.88$ ). Consequently, the responses of a 20-year-old woman may differ from those of a 63-year-old woman because of age-related developmental factors and lived experiences, as well as cohort differences.

The results of this study also reflected limited generalizability due to the limited ethnic diversity among respondents. As discussed in Chapter IV, the participants consisted of 62 White

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women (63%) and 40 people of color (37%), among which 22 participants identified as Latinx/Hispanic and 18 as Asian/Asian American. Although, as evidenced by a supplemental ANOVA, the relationship between race and acculturative stress in this study was not significant, the fact that the majority of participants identified as White may still reflect a somewhat biased representation of acculturative stress, hence needs to be acknowledged as a potential limitation. Similarly, the results of this study could not be generalized to cisgender women who endorse different ethnicities, which may also reflect a somewhat biased representation of sexual subjectivity, acculturative stress, and gender roles. Lastly, participants' self-reported sexual orientation may also represent a potential limitation of this study. Sixty-two participants (60%) identified as heterosexual, 38 as bisexual (37%), one as gay/lesbian (0.98%), and one as queer (0.98%). Because an individual's sexual orientation can develop over time and has a mutually influential relationship with gender identity, the variety of sexual orientations reported by this study's participants may have affected their gender role attitudes, both prior and post-immigration, as well as their sexual subjectivity scores.

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### Clinical Implications

Despite its limitations, the findings of this study provide valuable information for mental health clinicians regarding the connections between sexual subjectivity, acculturative stress, and gender role attitudes for European, Asian, and Latinx immigrant cisgender women residing in the U.S., and how these factors could be affecting their ability to access or utilize mental health resources. The first hypothesis of this study, proposing that acculturative stress would have a negative influence on participants' sexual subjectivity, was supported. From a clinical perspective, this information is useful for many reasons. Firstly, this outcome provides mental

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health clinicians with additional knowledge and evidence of the fact that acculturative stress has the potential to influence many aspects of an individual's intra and interpersonal endeavors.

Research has consistently shown that acculturative stress impacts a person's mental and physical health (Albqoor et al., 2020; Ali et al., 2021; Bakhtiari, 2018; Berry, 1997; Berry & Anis, 1974; Brown et al., 2015; Guilamo-Ramos et al., 2005; Rosario & Dillon, 2020). However, understanding the degree to which experiences of acculturative stress can have an impact on individuals and, specifically, women's sexual health, can aid in better preparing professionals in identifying and intervening in the several layers of stress that immigrant women experience when they move to the United States. Endorsing a more comprehensive definition of sexuality, inclusive of an individual's socio-cultural background, personal identities, attitudes, and lived experiences would help healthcare providers to navigate sexuality, go beyond sexual health concerns and a binary vision of sexuality as functional or dysfunctional (Dawson & Burnes, 2019). By learning about the psychological, emotional, behavioral, and relational risks that acculturative stress entails, including sexual subjectivity, professionals can also contribute to lowering the stigma around counseling by educating, normalizing, and validating immigrant women's experiences, hence reducing the barriers impeding them to access healthcare resources, including mental health care.

Having a more proactive stance, with discussions and education on sexual subjectivity accounting for its diversity and fluidity, and the influences that a person's socio-cultural background and relationships can have on it would allow immigrant women to feel seen and empowered by their healthcare providers, allowing them to voice their perspectives, preferences, feelings, and desires (Ellison & Papps, 2020). Extant research defined the concept of sexual subjectivity as going against heteronormative and patriarchal values and as being intrinsically

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empowering for minorities that have been silenced by these (Horne & Zimmer-Gembeck, 2006; Satinsky & Jozkowski, 2015), which this study supported by finding that more egalitarian gender role attitudes are significantly linked to enhanced experiences of sexual subjectivity. When girls reach adolescence, they are often encouraged to alienate themselves from their bodies, thus their sexual self, which can lead to passivity and slowed development of sexual subjectivity (Martin, 1996). By bringing awareness to the sociocultural systems of oppression in which immigrant women live throughout their developmental stages, mental health clinicians could also reduce the possibility for immigrant women to experience lower sexual self-esteem and enhanced feelings of sadness and disappointment (Zimmer-Gembeck and French, 2016), contributing to raising awareness on the meanings that their clients attribute to gender, gender roles, and sexuality, instilling hope for these to become more subjective, thus, free.

### Recommendations for Future Research

Based on the findings and limitations of this study, it is clear that more research is needed to deepen the existing understanding of how acculturative stress and gender roles can influence sexual subjectivity for immigrant women in the United States. Future research may utilize a mixed methods approach that would include a qualitative portion, which could help in explaining quantitative results. Furthermore, a mixed method could allow for a more comprehensive understanding of the relationship between acculturative stress, gender role attitudes, and sexual subjectivity in cisgender immigrant women. By interviewing participants, literature is enriched through an in-depth understanding of immigrant women's experiences, which consequently could aid in explaining the relationship between these three variables.

Future research should also build upon this study's limitations. Expanding the sample and incorporating participants with more diverse ethnic backgrounds than European, Asian, and

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Latinx would help to expand knowledge on the existing differences between diverse ethnic backgrounds. In addition, future studies could recruit an equal number of participants from European, Asian, and Latinx countries, particularly given that the majority of responders to this study's surveys identified as European, hence its results could be more representative of this group. As a consequence, there were also inequalities among the number of participants in each of the racial groups included in this study. Incorporating more people endorsing diverse racial identities could result in less disparity and a more accurate representation of the relationship between acculturative stress, gender role attitudes, and social subjectivity.

Similarly, it would be important to include more individuals endorsing non-binary gender identities and queer sexual orientations as there is a clear gap in the extant literature addressing acculturative stress, gender role attitudes, and sexual subjectivity for these populations. Given the unique barriers and struggles that non-binary and queer individuals face in their diverse socio-cultural backgrounds, it would be critical for mental health practitioners to understand how these factors might influence their development of mental health difficulties so that they could better support them in counseling. Future studies could also include a comparison of the influences that acculturative stress and gender role attitudes have on sexual subjectivity with individuals endorsing diverse gender identity and sexual identity. Given how differently these minorities are regarded in several cultures, it might be relevant to analyze how these can affect their gender role attitudes and sexual subjectivity, hence their overall psychological health.

Lastly, future research could integrate qualitative data to further the current understanding of within and between-culture differences, as it would provide an opportunity to focus on specific sociocultural backgrounds, thus intrapersonal and interpersonal experiences of acculturative stress, gender role attitudes, and their influences on sexual subjectivity. Individuals

can endorse highly diverse values and beliefs from one region to another, as well as within their culture of origin, which could affect their attitudes on gender roles, development of sexual subjectivity, and strategies they would utilize if they would immigrate to another country. By lacking an understanding of immigrants' sociocultural background, clinicians may incur the risk of increasing the stigma toward mental health and perpetuating systems of oppression that have historically been silencing women. Therefore, future research should continue to focus on this at-risk population, prioritizing an in-depth understanding of the many risk factors and barriers that can enhance acculturative stress and hinder immigrant women to endorse more egalitarian gender role attitudes and freely develop their sexual subjectivity. \_

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