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“Family Is the Beginning but Not the End”: Intergenerational LGBTQ Chosen Family, Social Support, and Health in a Vietnamese American Community Organization

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ABSTRACT

Homophobia and anti-LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) discrimination within ethnic communities can negatively impact the health of LGBTQ people. The formation of chosen families has been a source of social support that may have health benefits for LGBTQ people. This ethnographic study explores how participation in a LGBTQ Vietnamese American community organization reveals the salience of chosen family in informing individual members' perceptions of their health and well-being. Fifteen members were interviewed and over 30 were included in a 6-month participant-observation period. Three themes emerged: 1) queering family and kinship, 2) Vietnamese motherhood and the social reproduction of the family, 3) social ties and community connectedness as relational dimensions of health. Findings suggest that specific ethnic social support via chosen family formations for LGBTQ Vietnamese Americans can shape individuals' sense of self, sense of belonging, purpose in life, and consequently perceptions of well-being.

KEYWORDS

Chosen family; LGBTQ; Vietnamese; social support; health; ethnography; community

Introduction

When I first marched with the Viet Rainbow of Orange County (VROC, pronounced V-Rock) in the Têt (Lunar New Year) parade in 2018, I remembered hearing other Vietnamese people, who were watching from the sidelines, shout, “GO HOME!” At that moment, I felt immense shame and fear; shame for being queer and fear that we would be met with violence. As a gay, queer, Vietnamese American man who had just joined VROC as a volunteer, I was stunned. I had never put myself in a publicly televised situation, where my grandparents might be shocked to see their grandson marching with the gay people on the street where they go grocery shopping. However, the other members of VROC were not phased. In response to the crowd, one of VROC's leaders turned toward the audience and joyously shouted into the megaphone, “We're here! We're queer! Happy New Year!” This loud declaration

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reminded me of how powerful and resilient the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Vietnamese American community was and is. (A note about terminology: in this article, I use the word “queer” interchangeably with LGBTQ.)

In 2013, the Vietnamese American Federation of Southern California stated, “LGBT is not part of Vietnamese culture.” They used this as a rationale for denying a group of five LGBTQ Vietnamese Americans from marching in the Tết parade in Little Sài Gòn, California. Later on that year, the group took on the formal name of Viet Rainbow of Orange County to mobilize against this discriminatory act (History | VROC | Viet Rainbow of Orange County, 2013). Implicit in the Federation’s discriminatory statement is the symbol of the heteronormative family—an important aspect of Vietnamese culture that stems from Confucian ideas of procreation and patriarchy (Kibria, 1990).

Through persistent community organizing, protesting at city council meetings and elsewhere, VROC’s demands to be allowed to march in the parade were met. Over the course of 5 years, VROC transformed into an all-volunteer-run 501(c)(3) nonprofit organization that seeks to create a more equitable, safe, and unified Vietnamese diaspora where all individuals are treated justly. VROC is an intergenerational organization complete with a parent advisory board and a youth advisory board. Members span a range of ages, sexual orientations, and gender identities. At the core of VROC’s organizational structure is the concept of an intergenerational, chosen family.

By conducting ethnographic research with VROC members, I explore how participation in this multiple identity-based (ethnicity, gender, and sexuality) organization might contribute to LGBTQ and allied Vietnamese American individuals’ perceptions of their health and well-being. This exploratory study seeks to understand the processes behind practices of constructing family and kinship, and practices of fostering health (physical health and psychological well-being).

Literature review

Anti-LGBTQ discrimination and stigma

Rampant discrimination and stigma against LGBTQ people continue to exist both within and outside Vietnamese America, which refers to the estimated 2.1 million ethnically Vietnamese people living in the United States (Budiman, 2019). LGBTQ Vietnamese Americans simultaneously experience several forms of structural violence such as racism, homophobia, transphobia, and restricting gender norms. For instance, racism constitutes structural policies that enforce discrimination and segregation against Vietnamese people (Ford & Airhihenbuwa, 2010), interpersonal discrimination such as being physically attacked during heightened anti-Asian violence amidst COVID-19 (Nham & Huynh, 2020), hypersexualized and/or desexualized in LGBTQ and

heterosexual communities, culturally deviant from U.S. norms) (Nguyen, 2014; Zhou & Ocampo, 2016). Homophobia comprises institutional and cultural practices that preclude LGBTQ people from accessing the same rights and resources as heterosexual people, not being welcomed in public spaces, and being rejected by biological or given family members) (Choi, Paul, Ayala, Boylan, & Gregorich, 2013; Knotts & Gregorio, 2011). Transphobia can look like being kicked out of one's home for embodying and/or presenting as a gender identity other than one's given gender at birth, being called the incorrect gender pronouns by others and being incorrectly identified by legal, medical documents (Nadal, 2018). Lastly, restricting gender norms can include having to act and present oneself in prescriptive masculine or feminine ways that adhere to a gender binary of man and women predicated on Western colonial conceptions of gender (La, Jackson, & Shaw, 2019; Ward, 2008).

While this article specifically discusses Vietnamese Americans, much of the empirical data about Asian American Pacific Islander (AAPI) populations has not been disaggregated. According to the Center for American Progress, about 25% of LGBTQ AAPI individuals experience higher levels of psychological distress, which is greater than the prevalence in any other racial/ethnic group and is more than four times higher than heterosexual AAPI individuals (Krehely, 2009). When compared to heterosexual AAPI populations, LGBTQ AAPI individuals experience lower quality of life as evidenced by higher unemployment rates, homelessness, violence, and less social participation (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Wilson & Yoshikawa, 2004).

Social support and chosen family

Social support, as a concept, describes the intentional, helpful assistance provided in interpersonal relationships (Heaney & Israel, 2008). According to House (1981), the provision of social support is one of the most fundamental functions in social relationships, serving as a protective factor against stress. Although social support has been shown to decrease negative mental health outcomes across heterosexual and LGBTQ populations, some studies show stronger effects among LGBTQ youth compared to heterosexual youth (Mustanski & Liu, 2013; Rutter, 2006). McConnell, Birkett, and Mustanski (2015) identified how different combinations of social support from family, peers, and significant others resulted in varying mental health outcomes among LGBTQ youth. While McConnell and colleagues empirically tested for differential impacts between family, peers, and significant others, this article seeks to blur the lines between these sources of social support by asking questions about *who* is considered family and *what* meaning family has in queer relationships. Masequesmay's (2003a, 2003b) important scholarship on the lesbian, queer Vietnamese support group, Ô-Môi, points to the

marginalization that can occur within a multiple-identity based organization; thus, cautioning us to pay attention to the potential harm that these groups can enact amongst its own members.

Across populations, feeling connected to a community and having a sense of belonging are associated with positive health outcomes (Frost & Meyer, 2012; Glanz, Rimer, & Viswanath, 2015). However, for LGBTQ people, connectedness to other LGBTQ people is especially important for improved identity development and health (Frost & Meyer, 2012). The notion of a chosen family—a family that is not necessarily blood-related, but rather created from forming non-biological kinship—has been popularized in the LGBTQ community as a response to the violence inflicted upon LGBTQ people when they choose to disclose their sexual and/or gender minoritized identities to their biological family (Chambers-Letson, 2018; Weston, 1991). Prior research shows that informal caregiving amongst midlife and older LGBTQ adults was more likely to be done by chosen family members than biological ones (Croghan, Moone, & Olson, 2014). In her groundbreaking ethnographic project on 1980s San Francisco chosen family formations, anthropologist Kath Weston argues that “that gay families could not be understood apart from the families in which lesbians and gay men had grown up” (Weston, 1991, p. 5). In essence, Weston’s project points to the interconnectedness between families of origin and families of choice instead of viewing the two as distinct and separate entities. The interconnectedness that Weston points motivates this article’s aims.

Research questions

This article aims to explore two questions: 1) What meanings and practices of family and kinship are constructed by VROC members? 2) How might participation in VROC impact members’ perceptions of their sức khỏe (or health)?

I posit that the members of VROC reconfigure and queer the concept of the Vietnamese family in ways that position both biological and chosen families as co-existing entities that can drive political change. For many LGBTQ people, chosen family can often be an entirely separate social space that is a reprieve from biological family (Jackson Levin, Kattari, Piellusch, & Watson, 2020). By queer, I am referring to the process of deconstructing an accepted set of norms to recreate a form that exists outside of convention. I also use queer to denote sexual and gender identity (Chambers-Letson, 2018; Eng & Hom, 1998). VROC members literally queer the Vietnamese family with their bodies, but they also create different meanings of family through their intergenerational, non-procreative and non-biological relationships. It is through the reimagining of the family and through storytelling that VROC members claimed a space for themselves in the Tết parade and in the hearts of the Little Sài Gòn Vietnamese

people. In this article, I aim to show how the reconfiguration of the family serves as an important intervention into public health studies of community organizing groups, social support, and chosen families as protective health factors.

Theoretical frameworks

I draw on feminist and queer of color perspectives on family and kinship as theoretical frameworks to anchor this article. For the purposes of this article, I use family and kinship interchangeably as the two concepts are often used together in the literature, especially since in the U.S. both have been legally and culturally constructed to connote blood relations, co-residence, and procreation (Eng, 2010; Jackson Levin et al., 2020; Weston, 1991). My usage of theory follows a social constructivist lens, in which multiple truths exist and are co-constructed through social interactions between individuals and the contexts in which they live, to elucidate the many formations of family, kinship, ethnicity, gender, and sexuality in connection to health (Carpiano & Daley, 2005).

Feminist and queer of color perspectives on family and kinship. From a feminist standpoint, the family remains a contested site of analysis, as it reproduces and enshrines patriarchal relationships (Collier & Yanagisako, 1987; Eng, 2010). Feminist and queer scholars have pointed to the family as a social construct that is permeable to the political economy, gendered divisions of labor, and racial hierarchies (Chambers-Letson, 2018; Collier & Yanagisako, 1987; Weston, 1991). Yanagisako and Collier argued that families should not be strictly defined to those of genetically, blood-related relations nor should one be conflated with the other (Collier & Yanagisako, 1987). Relatedly, Weston's work shows us that lesbians and gay men extend kinship beyond notions of procreation and nonbiological ties that are patterned after a biological model such as adoption. Instead, she illustrates how kinship terminology is used to describe a nonterritorial understanding of community "that rest[s] on a sense of belonging with one's "own kind" (Weston, 1991, p. 125). In thinking about "one's own kind," queer of color critique can extend the analysis of family and kinship to include how racial and class hierarchies define LGBTQ people of color as marginal and oppressed subjects (Cohen, 1997). Due to this shared marginalization along multiple axes of domination, queer of color critique contends that overlapping forms of family, including both families of choice and families of origin, may be necessary in order for queer and trans children of color to survive a world structured by racism, heterosexism, capitalism, and patriarchy (Chambers-Letson, 2018; Muñoz, 2020).

Methods

This section describes the methodological approaches that I took to center the experiences and knowledge of my informants. As a queer Vietnamese American person, my use of ethnography allows for certain insights that draw on the

experiences of my informants and my relationships with them. By employing this methodology, I bring forth my own positionality in relation to my informants. I used two methods in my ethnographic research: participant observation and semi-structured interviews. Institutional Review Board approval from the University of California, Los Angeles was acquired to conduct this research.

Data collection

Recruitment and consent

VROC has been in operation as a formal 501(c)(3) nonprofit organization since 2014 and informally since 2012. After volunteering and building rapport with the organization for six months in 2018, I approached VROC members about a potential research project. Prior to the study period, VROC transitioned from infrequent ad-hoc gatherings to having weekly meetings that members turned into a social support space. Entirely volunteer-run, meetings typically took place in a member's home. During the study period, the first hour of every meeting was dedicated to socializing and eating. Formal facilitated portions of meetings started in the second hour complete with an itemized agenda, delegation of tasks, and discussion of upcoming events. At an organizational meeting prior to this study, I presented my research questions. Ten board members (nine of whom I ended up interviewing) were present at the meeting. I informed the members about the purpose of the study, risks and benefits to participating, and potential research activities including being interviewed and being included in my field observations at meetings, events, and other organizational activities. Each member was provided with a study information sheet (written in both English and Vietnamese). The members unanimously voted to give organizational and their own individual consent to the project's research activities—mainly participant observation. For the members who participated in semi-structured interviews, I acquired additional informed oral consent from those individuals. Demographic information for participants is in [Table 1](#) and further discussed in the results.

I used purposive sampling to recruit interview participants for my study (Maxwell, 2009). I worked together with one of my informants, a VROC board member, to develop a list of interview participants who could provide different perspectives about being involved in the organization. I recruited a sample comprised of individuals with varying roles and levels of involvement in the organization. VROC has an intergenerational structure: 1) the queer “youth” who are broadly defined as those ages 18–30, 2) the older queer people who are older than 30, and 3) the straight mothers. The mothers involved with VROC have biological LGBTQ children who are not active members of the organization. However, the mothers act as maternal figures for the queer members in VROC. I purposively selected individuals from each of these generations to explore diverse perspectives on the organization.

Table 1. Summary demographic characteristics of viet rainbow of orange county (VROC) members (n = 15).

	n	%
Ethnicity		
Vietnamese	12	80
Chinese-Vietnamese	3	20
Gender Identity		
Man	6	40
Woman	6	40
Trans Man	1	7
Gender Fluid	1	7
Does not care	1	7
Sexual Orientation		
Gay	9	60
Straight	4	27
Queer	1	7
Likes women	1	7
Age Group		
18–29	6	40
30–41	3	20
42–53	2	13
53–64	2	13
65 and older	2	13
Highest Educational Level		
High School Diploma	2	13
Associate's Degree	2	13
Bachelor's Degree	6	40
Master's Degree	4	27
Years Involved in VROC		
1–2 years	1	7
2–3 years	1	7
> 3 years	13	87
Membership Status		
Active Member	9	60
Inactive Member	6	40

Participant observation

I used participant observation, defined as the “long-term interpersonal contact with research participants in their natural environment” (Messac, Ciccarone, Draine, & Bourgois, 2013, p. 84), to participate as a member in VROC’s organizational meetings and activities and to observe how members navigated LGBTQ activism, their personal identities, and how those factors affected perceptions of their health. I conducted this field work for 6 months from July 2018 to December 2018. During that time, I wrote notes about everyday interactions and conversations among members, issues that are of concern to the organization, and members’ body language. After a meeting or at the end of the day, I also wrote a longer set of debrief notes. I used the debrief notes to think critically about my role as a researcher but also as that of an insider since I am a member of the group. In doing so, I engaged in methods of reflexivity, the practice of attempting to identify and evaluate the researcher’s assumptions and that of the participants (Aunger, 2004).

Semi-structured interviews

The semi-structured interviews focused on domains of identity, family, LGBTQ activism, and health/sức khỏe. While each interview touched on these four domains, open-ended questions were asked (Table 2) and participants led the conversation. As a bilingual Vietnamese and English native speaker, I conducted three and a half interviews in Vietnamese while the rest were completed in English. All interviews were audio recorded, transcribed in the language of the interview, and then translated into English as necessary. In this article, I provided the original Vietnamese quotes and phrases where necessary along with my English translations side-by-side. Interviews were typically an hour to two hours long. Participants chose the location of the interview so that the setting would be most comfortable for them. Most of the participants chose their private homes, while a small number preferred to be interviewed at a local coffee shop. One of the interviews was done via Skype since the participant no longer lived in Southern California. At the end of each interview, participants were given a gift card. To protect the identity of my participants, pseudonyms are used to minimize traceability back to any specific individual.

Data analysis

Both narrative analysis—investigating how participants verbally construct their stories in interviews and paying attention to the structure of their narrative (Riessman, 2002)—and content analysis—the systematic

Table 2. Selected questions from semi-structured interview guide.

Domain	English	Vietnamese ^a
Identity	1. What ethnicity are you? What languages do you speak?	1. Mẹ thuộc dân tộc nào? Mẹ đã nói được những ngôn ngữ nào?
	2. When and where were you born? How long have you been living in Little Saigon?	2. Mẹ sinh ở đâu? Mẹ sang qua Mỹ lúc khi nào? Mẹ sống ở Quận Cam bao lâu rồi?
	3. Can you tell me about your gender identity and sexual orientation?	3. Giới tính của mẹ là gì? Khuynh hướng tình dục của mẹ là gì?
Family	1. How do you define family? What does family look like to you?	1. Đối với mẹ, từ “gia đình” có ý nghĩa gì? Mẹ giải thích từ “gia đình” cho con được không?
	2. How does being LGBTQ affect family dynamics?	2. Người LGBTQ có ảnh hưởng các mối quan hệ gia đình không? Như thế nào?
LGBTQ Activism	1. How did you first hear about VROC? Why did you get involved?	1. Mẹ đã nghe về VROC như thế nào? Tại sao mẹ tham gia vào VROC?
	2. What do you do as a member of VROC?	2. Mẹ làm những việc gì trong hội VROC?
	3. How has VROC impacted your life?	3. VROC đã tác động đến cuộc sống của mẹ như thế nào?
	4. How do you think VROC has impacted the Little Saigon community?	4. Mẹ nghĩ VROC đã tác động cộng đồng Little Saigon như thế nào rồi?
Health	1. What does health mean to you?	1. Đối với mẹ, từ “sức khỏe” có ý nghĩa gì? Học “sức khỏe tâm thần/tâm lý”?
	2. Before joining VROC, how would you describe your life?	2. Trước khi mẹ tham gia vào VROC, cuộc sống của mẹ như thế nào?
	3. After joining VROC, how would you describe your life?	3. Sau khi mẹ tham gia vào VROC, cuộc sống của mẹ như thế nào?

^aThe Vietnamese-language interview questions are worded to specifically address the mothers in VROC.

investigation of verbal and nonverbal communication (Mayring, 2004) were used. For narrative analysis, close attention was paid to interview quotes where participants accessed hegemonic narratives to support their responses. I define narrative contradictions as the times when my informants' responses refute their previous statements that rely on hegemonic notions of race, racism, gender, sexuality, culture, and politics. In looking for these narrative contradictions, I analyzed how participants negotiate those tensions and how that might impact their participation in the organization. To triangulate my data and improve confirmability and trustworthiness, I used my field notes, Facebook messages (the primary communication medium for VROC), and the semi-structured interviews (Barbour, 2001).

Results

In total, I interviewed 15 VROC members while my participant observations included more than 30 individuals. The majority of interview participants identified as ethnically Vietnamese and a minority identified as mixed ethnic Chinese-Vietnamese. In terms of gender identities, six were cisgender men, six were cisgender women, one was a transgender man, one was gender fluid, and one said they did not care what their gender identity was. In terms of sexual orientation, nine were gay or lesbian, four were straight, one was queer, and one said they liked women but did not explicitly choose an identity. My sample was biased toward those with higher education since 75% have a bachelor's degree or higher. At the time when I interviewed the members, nine participants were actively involved with VROC and six participants were not actively involved with VROC. I defined active involvement as showing up to at least 50% of the meetings and activities during my participant-observation period from July 2018 to December 2018.

Through narrative and content analyses, three main themes emerged: 1) queering family and kinship, 2) Vietnamese motherhood and the social reproduction of the family, 3) social ties and community connectedness as relational dimensions of health.

Theme 1: Queering family and kinship

The idea of family played a central role in the organization's mission to create a safe and affirming environment for queer Vietnamese people. During the interviews, each participant explained what "family" meant to them. Their responses ranged from affirming biological definitions of family and kinship to more radical, feminist and queer conceptions that critiqued blood relations as the foundation. The biological or blood-related family continues to be the reference category for many VROC members. VROC members tended to define chosen family and VROC in opposition and/or in addition to their

blood-related families. Many of my informants also described VROC as a chosen family where they were able to find a sense of belonging, social support, and affection. The diversity of responses indicated that participants maintained individual understandings of family; however, their understandings of family were shaped by the culture and politics of VROC as an organization.

The following interview excerpts demonstrate how VROC members defined family by pulling from their experiences with biological family, queer chosen families, VROC, and local Vietnamese American politics in Little Sài Gòn, Orange County. Mama Kim, a cisgender, straight woman who has been an active member with VROC since 2013, said:

If you were to tell me that my family is the most important, and that I, as a wife and mother, need to care for my husband and for my child, then no. That cannot be. I would not call that a family. I would call that a prison. I go off into my community work and I owe my happiness to all of those people. There is no way that only three people could create happiness for each other. My husband and child are only one part of my happiness. Family is the beginning, but it is not the end. It is only the beginning to everything else.

Mama Kim touches upon important aspects of the family: gendered division of social, emotional, and physical labor, sexuality, and indirectly, the role of the state. When Mama Kim references society, she alludes to both the United States and Vietnam. Her experiences of growing up in Vietnam and of immigrating to the U.S. over 20 years ago impact the ways she conceptualizes family and societal expectations. When she says, “everyone has a family,” she relies on the narrative that the family is a given; that the family is inherent and natural rather than a socially constructed unit. However, Mama Kim bluntly challenges conventional ideas of family by calling the family a prison. Mama Kim resists the idea that a mother’s value is tied solely to her gendered emotional labor in the family unit. Instead, she explicitly says that her happiness comes from many other sources in life, including her community work with VROC.

While Mama Kim took a macro-level approach to describe the family, other informants found refuge in the chosen family as an emotionally intimate space. For example, Hai, a 32-year-old, cisgender gay man who has been an active member since 2013 said:

I’ve always seen VROC like a VROC family . . . They tend to be boundless and limitless in terms of accepting me for who I am in terms of my sexuality, gender expression . . . Boundless in the ways that my family may not have. They’re not boundless and limitless in terms of caring and feeding me in terms of the other [blood family]. That comes from the blood family.

From Mama Kim and Hai’s excerpts, VROC as a family and not just a nonprofit organization takes on powerful emotional meanings for members. VROC becomes a site of belonging, community connectedness, and shared identity. By branding itself as a space for queer Vietnamese Americans, VROC

is unique within the landscape of Orange County LGBTQ organizations because it explicitly pays attention to the intersections of racial, gendered, and sexual formations.

Members also recounted to me moments of tension, frustration, and anger within the organization. In the following quote, Roy, a 27-year-old genderfluid member who has been active since 2014 alluded to one incident:

There are moments where people have been just like a group and the group just like any family, you could imagine, right? And that kind of process of growing with each other, that has for me strengthened what VROC, as a family, has been defined for me . . .

When Roy says, “the group just like any family, you could imagine, right?” they refer to an incident where an older gay member was accused of cultural appropriation. The older member, referred to as anh (Vietnamese for older brother) Khanh, had been called out by Roy and other younger queer members in VROC. Khanh and another member, Nancy, had also talked about this incident during their interviews. All three discussed how this incident caused a dramatic rupture in the relationships between the younger members and some of the older members who did not understand or agree with the cultural appropriation accusation.

With the understanding that VROC is a small, intimate organization built on a family structure, the three simply could not walk away from the situation. The unintended consequence of the family structure included the unwritten rule that family ties are ties of obligation and responsibility. Although this moment caused stress, frustration, and anger for multiple members, Roy’s quote ends with “that kind of process of growing with each other” has strengthened VROC as a family to them. That sentiment of growing together was also repeated by Khanh and Nancy in their interviews. I offer this incident to demonstrate that VROC, like other families, has moments of tension especially regarding emotional labor, ageism, and at times, reluctant obligations.

Theme 2: Motherhood and the social reproduction of the family

Informants both reaffirmed and reconstituted ideals of family, kinship, and the deeply gendered and racialized role of the Vietnamese mother. While the mothers in VROC reconstituted their love for queer youth who are not their biological children, they also relied on the naturalization of the loving mother-child dynamic. Additionally, the emotional labor of caring for youth and providing food to the organization reaffirmed their gendered performance of motherhood within a family structure.

The ways that the moms described how they felt about being called mẹ (Vietnamese for mom) demonstrated a sense of cultural affiliation. Mama Kim described how she felt about being called mother by the queer youth and the queer older men in VROC:

With children, the word *mẹ* carries a deep meaning of love. That love is *địu dàng* [tender], it is affectionate, *nó trùm bọc de* [all-encompassing and enveloping]. There is no word more beautiful than the love that is attached to a mother-child relationship. Whoever is in VROC, all of the younger ones say *mẹ* because VROC is all based on love. Doing work for VROC yields no pay. It's time consuming. Sometimes my husband and son yell at me, "Why are you always doing things for VROC!?" We go because of the love we have for each other.

The manner in which Mama Kim described a mother's love harkens back to Vietnamese ideals of what a mother should be, a person who shows unconditional love for her children. By relying on these dominant Vietnamese ideals of motherhood that are intricately tied to emotional labor (doing unpaid work for VROC), sacrifice (not spending time with her husband and son), and filial piety (obligation to caring for Vietnamese children), Mama Kim maintained a sense of Vietnamese cultural affiliation. She once remarked to me that she used to feel embarrassed speaking in public at marches, rallies, and press conferences because of her lack of English proficiency. However, over the years, Mama Kim became unashamed and proud at speaking Vietnamese in public because she knows that another VROC youth will translate for her. She took pride in her linguistic abilities. Rather than feeling stigmatized from a sense of "otherness" for not speaking English, Mama Kim used her Vietnamese storytelling skills to spread values of LGBTQ inclusion that directly spoke to the Vietnamese American community.

Mama Huyền, the oldest mom in the organization, felt a sense of responsibility to herself and to the other moms and older brothers. Mama Huyền prided herself on looking feminine, always wearing makeup and high heels, and acting in a "proper" manner. She took her role as the elderly mother figure seriously because she knew that the mother is responsible for supporting everyone else in the VROC family. Mama Huyền, 67-years-old, cisgender straight woman, and an active member since 2013, said:

Mình thấy . . . hình như cái tiếng mẹ . . . nó bao gồm hết tất cả cái tình thương lại. Và các anh đã thấy mẹ với cái tình thương . . . [I feel that . . . the sound of the word mother . . . it encompasses all of the feelings of love together. And the older brothers have seen me with that love . . .]

Mama Huyền felt that the older brothers (the older gay men in VROC) afforded her a sense of respect that they would typically give to their biological mothers. For context, many of the older brothers are close in age to Mama Huyền. Being called mother by them motivated Mama Huyền to take on the role of a maternal figure. She said:

So, I don't do anything bad. So, if your guys need anything, I jump in, I help even you children, the older brothers or the moms. So, I don't mind you know. I try to live well so that you children can see, "Oh a proper mother acts like that."

Mama Huyề̀n acted as a role model for the younger moms too. When asked if she felt stressed taking on this role, she said, “Not at all.” Mama Huyề̀n expressed feeling lucky to be involved in community work and said that being around the youth energized her, “That’s why mẹ trẻ trung hoài [I always feel youthful].”

Mama Huyề̀n went through several years of struggle to accept her gay son. In that process, her involvement in VROC literally and figuratively queered her performance of motherhood. When she first found out that her son was gay, she spent countless days of crying and feeling empty. She was in denial that he could be gay. Mama Huyề̀n lamented that her son could no longer carry on the family name via procreation with a woman. She blamed herself and sought to identify where in her mothering she went wrong. Through therapy from a licensed clinical social worker and from joining VROC, Mama Huyề̀n found a supportive community where she learned about LGBTQ people in a Vietnamese cultural context. Her involvement in the organization transformed her sense of motherhood to one where she is able to love her gay son and also extend that love for other queer Vietnamese children who may have struggling relationships with their biological parents.

Theme 3: Social ties and community connectedness as relational dimensions of health

In this section, I present findings that illustrate how social ties and community connectedness amongst VROC members offer a more relational conceptualization of health, rather than one based on individual self-improvement. To illustrate these modes of relationality, I begin with a vignette from my participant observation field notes.

One hot summer day in August, I had arrived at one of the member’s homes for a meeting. As I walked to the front door, I heard some of the VROC moms rapidly exchanging some gossip. Walking into the sunlit living room, I greeted everyone, “Chào mẹ, chào anh” [Hi mom, hi brother]. Immediately, the moms asked me:

Con khỏe không? [Child, are you well?]

Dạ khỏe. Mẹ khỏe không? [Yes, I’m well. Are you well, mom?]

This exchange is a common way for Vietnamese speakers to greet one another. Instead of asking, “How are you doing?” as one would in English, Vietnamese speakers ask “Bạn khỏe không?” which translates to “Are you well/healthy?”

The word sức khỏe, translated to English as health, is a compound Vietnamese word that combines sức (force/strength) and khỏe (strong/healthy). Sức khỏe encompasses physical health, mental and emotional health,

and spiritual health. The linguistic and cultural convention of asking about each other's health as a common greeting normalizes the maintenance of health and well-being. In this context, this interpersonal act illustrates how a greeting becomes a touch point for VROC members for forming a social tie by checking in on each other's health.

When asked about she defines health, Linh—who is 27 years-old, cisgender gay woman, and has been an active member since 2016—said:

I think mental health is very, very important. So, if in my mind . . . I feel mentally strong and not like in desperate need of [pause] [sigh] an escape or like a need to abuse things such as alcohol or drugs . . . like being mindful . . . And also, having healthy relationships with my family and healthy relationships with my colleagues and maybe healthy relationships with strangers.

From Linh's definition, keywords such as "mental health" and "healthy relationships" with family and friends were similar across interviews. Healthy social relationships were integral to feeling healthy, especially when it comes to mental health.

Additionally, participants focused on emotional comfort and tied health and happiness together. In the following quote, Joy—32-years old, cisgender gay woman, and former VROC board member—said:

Health, happiness, you have to be happy to have good health to be honest . . . Because if you not happy, you would have your immune system shut down you and that's when you get sick.

Joy connected the absence of happiness to the physiological process of one's immune system breaking down.

Some members talked about physical health and the need to exercise regularly. For example, Jason—30 years old, inactive member for 2 years—said:

So, I would like make it into a daily routine, where I would go to school and, like, run around the tracks or doing exercise or whatever. So, it started out as, you know, being lonely and not having anything to do. Um, and the positive aspect that came out of it is having a physical lifestyle.

In this excerpt, Jason mentioned how loneliness served as the catalyst for a physically active lifestyle. His loneliness stemmed from a variety of circumstances: immigrating to the U.S. as a child, having to stay at home while his parents worked, feeling deviant in his gayness, and feeling stressed from financial instability. By contextualizing Jason's loneliness, we can start to understand how experiences of racial and sexual minoritization along with migration compound to produce various states of health. Importantly, health and *feeling* healthy are relational. For example, when Jason describes feeling deviant from having sex with other men, that feeling exists because heterosexism defines homosexuality as other, different, and immoral. These

relationships of power and othering are intensified when taking into account how heterosexism interacts with racism and U.S. nationalism for VROC members.

When speaking with the three VROC moms, they recited this Vietnamese proverb: “Có tình, có tiền, có sức khỏe là? Có ba cái thứ đó cuộc đời của mình sẽ hạnh phúc. [Love, money, and health? If you have those three things, then your life will be a happy one].” Out of those three, the moms declared that health was the most important. Mama Kim said that this depends on age because, at her current age of 52, health is essential to think about. She believed that if she cannot live a healthy life, she cannot express her love and care for all of the children that she cares about. Health then, according to Mama Kim, was both a prerequisite and an outcome of feeling connected to the VROC community and continuing to engage in LGBTQ advocacy efforts.

While VROC members used familial terms to describe their social and emotional relationships with one another, they queered the conventional Vietnamese family. The emergence of the VROC “family” was not a given. Over a period of relationship building, expressing vulnerability via personal storytelling, and organizing around principles of social justice, VROC members gradually began to describe their organization as a family. Before VROC was formally established, Nancy—22 years old, cisgender gay woman and has been an active board member since 2014—described a key moment that brought everyone together,

Really, it was like, yes, we were political through the Tết parade thing but after that, we’re just trying to figure out like, what are we like a real support group? But like there was this one time where . . . we all felt . . . we were all disconnected from each other, but then we had like a gay ass circle, where we all like . . . everyone came out with their coming out story. I started opening up more, and then everyone opened up more. I think that’s what . . . like to be real with it, [helped] build our relationship with each other.

Providing an intentional space for the purpose of community building allowed members to practice vulnerability. Nancy aptly pointed out how other members felt more comfortable in sharing their stories and feelings after hearing from others.

For this community-building exercise, the focus was on “coming out” narratives, a concept that has emerged over time as a defining milestone for queer identities and queer subcultures in the U.S. During this exercise, members listened to each other’s coming out narratives, producing collective sentiments of solidarity, resonance, sadness, guilt, shame, and resilience. By calling attention to these emotional strengths and traumas, VROC members developed deeply emotional social ties that eventually allowed them to deploy tropes of family as a descriptor of the organization and its political strategy.

Community-building was built into the regular VROC two-hour meetings, where the first hour was dedicated to socializing and eating. Roy described the first hour of meetings as follows,

When we go to meetings, we check in with each other about how each other are doing. We genuinely want to know what's going on in people's lives, and we want to support that if not challenge that in the best way possible.

Check-in's at VROC meetings typically started off with the facilitator asking everyone to go around saying how they are doing. Members of VROC answered this question with care and at times, to great lengths. Much like the initial outpouring of vulnerability that Nancy described, most VROC check-in's involved members sharing deep anxieties and issues that they were battling with at that moment in time. The check-in can also be an opportunity for talking about members' successes, accomplishments, and even minute, humorous happenings.

Through these unstructured times of socializing, eating together, and expressing vulnerability, members enacted various forms of social support that helped build a relational sense of health in the organization. In doing so, many of the members shared with me how this improved their perceptions of their mental health. Thanh—27-years old, cisgender gay man, inactive member for 2 years—said:

I would say more improve my mental health . . . I get more connection to those people, more like uhm friendship, build up friendship, build up community. I get to share a lot of personal stories you know. In exchange, I hear other people improve their mental health just by sharing stories. It's a very powerful way to get out there, to release that negative mental energy.

Thanh talks about building social connections and listening to others share personal experiences as the basis for supporting an environment that could be beneficial for mental health. In this sense, improved mental health is an unintended outcome of VROC's social support structures and activities. I say unintended because the organization does not explicitly seek to improve members' health. The organization's mission was focused on creating a space for LGBTQ Vietnamese inclusion. In the process of forging that safe space, members inadvertently fostered a culture of health.

Discussion

By exploring how VROC members imagined and practiced alternative modes of family and kinship, this study sought to provide insight into the possible ways a Southern California group of LGBTQ Vietnamese Americans use what Hudson and Romanelli (2019) call community strengths of interconnectedness, resource sharing and collective action to shape perceptions of well-being.

The article contributes to existing scholarship on feminist and queer perspectives of family and kinship by connecting it to the public health literature on social support and community connectedness as health promoting factors. VROC members' construction of an intergenerational, chosen family both resists and reaffirms traditional modes of family and kinship by reconfiguring gendered maternal roles and attempts at flattening power relationships across different generations. In that way, members' construction of VROC differs from that of 90s/early 2000s queer Vietnamese groups in Southern California, namely Ô-Môi, a Vietnamese lesbian, queer-only organization, and the Gay Vietnamese Alliance, a Vietnamese gay men-only group (Masequesmay, 2003a; Nguyen & Nguyen, 2017). The reaffirmation of traditional modes of family and kinship complicates notions of community connectedness as a health promoting factor. For LGBTQ people, biological, traditional/heterosexual families are both potential sites of violence and exclusion as well as support (McConnell et al., 2015; Mustanski & Liu, 2013). While we might assume that LGBTQ chosen families might offer a reprieve from such circumstances, Weston's (1991) groundbreaking ethnography on gay men and lesbians in the San Francisco Bay Area revealed that chosen families replicate many of the gendered and toxic power imbalances found in biological families.

What we can learn from VROC members is that their family and kinship practices incorporated non-queer people into their community. Drawing from the intellectual tradition of queer of color critique (Chambers-Letson, 2018; Ferguson, 2004; Muñoz, 2020), I interpret VROC members' kinship-making practices as a process that responds to intersecting systems of racism, heterosexism, and patriarchy. In particular, VROC members engage in kinship-making practices that result in the convergence of queer chosen family and biological family. This convergence might be due in part to the strong ideals of filial piety in Vietnamese culture, which then challenges U.S. notions of white queerness, which may often preclude non-queer people from homosocial contexts (Galanti, 2000; Miller, 2006). Moreover, I would contend that VROC members' ties to familial Vietnamese cultural ideas could serve as a mechanism to maintain difference in the U.S. In order to resist so-called assimilation into the U.S. nation, Vietnamese people may cope with racism by holding onto their cultural beliefs and finding support in one another (Aguilar-San Juan, 2005). Thus, the convergence of chosen and biological family may be possible for VROC members because of shared experiences of racial minoritization.

To link these practices of family to health, VROC members formed intimately deep social ties and a sense of community connectedness that fosters a culture of health in the organization. Hudson and Romanelli (2019) showed how community strengths of interconnectedness, resource sharing, and collective action were different ways through which LGBTQ people of color enhanced their health and well-being. In a similar fashion, VROC's formation of an intergenerational, chosen Vietnamese American family that incorporated

both chosen and biological kin created a space for members to engage in practices of resource sharing, collective action against homophobic community rhetoric, and relationship building. The intergenerational, queer, ethnic chosen family is a possible site to explain findings that LGBTQ community connectedness and having a sense of belonging are important for improved health outcomes (Fredriksen-Goldsen et al., 2014; Frost & Meyer, 2012).

Additionally, from the VROC mothers' interviews, the desire to be healthy is predicated on their ability to provide and care for children. The emotional labor and social reproductive work (Federici, 2012) that is involved with Vietnamese motherhood, or the performance of it, undergird the desire to be healthy. Here, health appears to be maintained for collective and individual livelihood. For example, when asking if Mama Huyèn felt stressed about the mothering she does in VROC, she said no. However, this question of whether performing motherhood is stressful could have trapped Mama Huyèn, whose sense of femininity is intimately tied to her role as a mother. Although she said that she is not stressed, her response did not preclude the physical and emotional tolls that came at the cost of performing motherhood. From a queer of color critique standpoint, "mothering [for women of color] is always already complicated, rearranged, negated, and interrupted by the forces of racialization and the racialized and gendered division of labor" (Chambers-Letson, 2018, pp. 83–84). This women of color mothering framework and its connection to health contrasts with a Eurocentric perspective of health, which centers the individual and the need for the individual to feel better for their own sake (Henrich, Heine, & Norenzayan, 2010).

Finally, members repeatedly linked the importance of one's emotional state, particularly happiness, to their well-being, an observation that has also been reported in psychology literature (Sadler, Miller, Christensen, & McGue, 2011; Sue, Yan Cheng, Saad, & Chu, 2012). Importantly, members identified how happiness was not merely an interior emotion, but one that was generated through relationships with each other. While prior research has demonstrated that happiness is linked to better health, VROC members must continuously grapple with and challenge the unsettling heterosexism and queerphobia present in their local communities in order to achieve happiness. If happiness can be a proxy for good health, future research should uncover the necessary social, economic, cultural, and political conditions that could foster and/or sustain this emotional state.

Limitations

Firstly, the study draws its conclusions from a sample of only Southern Californian Vietnamese Americans who are involved in a specific community organization. The analysis is culturally and contextually specific in its attention to the subcultures of VROC and the political context of organizing in Little Sài Gòn in Southern California.

Secondly, my participant-observation was only for six months. Had it been longer, I could have noted different changes in behaviors and attitudes that could only properly be observed over a longer course of time. Such changes might include new members feeling burnt out from participating in the organization or from members experiencing stress from work-life issues. Six months was not a long time to observe significant changes in membership composition, organizational strategic planning, and relationship dynamics. Despite the short timeframe, through the interviews, I was still able to collect members' experiences of being involved in the organization for multiple years. By prioritizing those experiences in this article, I showed how members' years-long involvement shaped their health vis-à-vis chosen family. Additionally, the six months of participant observation revealed ephemeral moments of tension, debate, drama, stress, and strained relationships amongst members. Thus, while I recognize that most of this article views VROC in a valorizing manner, I believe that for future research, an extended ethnography spanning several years may yield more nuanced findings that can explore how members address conflict, interpersonal violence, and how the intergenerational, chosen family structure operates within the nonprofit industrial complex.

Conclusion

From this ethnographic study, I aimed to show how VROC members imagine and practice alternative modes of family and kinship that align with feminist and queer of color politics. These practices were based on members' principles of radical queer Vietnamese American love and inclusion. From this reconstruction of the family, members both challenged and reaffirmed certain notions of gendered roles and hierarchy that normally serve as the basis for intergenerational Vietnamese families. Terminologies and notions of family and kinship became the avenue for which VROC members expressed affection, care, frustration, pettiness, and support in this identity-based community. This study pointed to the need for cultural and racial specificity in community-building and life-affirming spaces for LGBTQ Vietnamese people. LGBTQ community connectedness must include attentiveness to racial dynamics of power and difference (Hudson & Romanelli, 2019). Rather than exile blood-related family members who have enacted harm and violence, this study showed how VROC can be a case study for reconciliation, healing, and the merging of queer chosen families and blood-related kin. Through this social support space, participation in the organization may have shaped members' perceptions of their health or *sức khỏe*. *Sức khỏe* became an unintended benefit that VROC fostered through its unapologetic queer, radical familial love. As Mama Kim told me, "This unfamiliar thing has vastly changed and saved my life."

This study has a variety of implications that are important to consider for LGBTQ Vietnamese people but also for communities who reject or find conventional modes of family and kinship to be restricting, violent, and/or toxic. As a site of violence and heteropatriarchy, the family may not always and not necessarily be a source of good health. Rather than take the family as a biological truth, this article contributes to existing queer and feminist literature on kinship (Chambers-Letson, 2018; Collier & Yanagisako, 1987; Eng, 2010; Parrenas, 2010; Weston, 1991) by illustrating how nontraditional family structures may also be seen as a site that can influence health in complex ways.

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References

- Aguilar-San Juan, K. (2005). Staying Vietnamese: Community and Place in Orange County and Boston. *City & Community*, 4(1), 37–65. doi:10.1111/j.1535-6841.2005.00102.x
- Aunger, R. (2004). *Reflexive ethnographic science*. Walnut Creek, CA: AltaMira Press.
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity & Ethnic Minority Psychology*, 17(2), 163–174. doi:10.1037/a0023244
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *BMJ*, 322(7294), 1115–1117. doi:10.1136/bmj.322.7294.1115

- Budiman, A. (2019). *Vietnamese in the U.S. fact sheet*. P. R. Center. Retrieved from <https://www.pewresearch.org/social-trends/fact-sheet/asian-americans-vietnamese-in-the-u-s-fact-sheet/>
- Carpiano, R. M., & Daley, D. M. (2005). A guide and glossary on postpositivist theory building for population health. *Journal of Epidemiology and Community Health*, 60(7), 564–570. doi:10.1136/jech.2004.031534
- Chambers-Letson, J. T. (2018). *After the party: A manifesto for queer of color life*. New York, NY: New York University Press.
- Choi, K. H., Paul, J., Ayala, G., Boylan, R., & Gregorich, S. E. (2013). Experiences of discrimination and their impact on the mental health among African American, Asian and Pacific Islander, and Latino men who have sex with men. *American Journal of Public Health*, 103(5), 868–874. doi:10.2105/ajph.2012.301052
- Cohen, C. J. (1997). Punks, bulldaggers, and welfare queens: The radical potential of queer politics? *GLQ: A Journal of Lesbian and Gay Studies*, 3(4), 437–465. doi:10.1215/10642684-3-4-437
- Collier, J. F., and Yanagisako, S. J. (Eds.). (1987). *Gender and kinship: Essays toward a unified analysis*. Stanford, CA: Stanford University Press.
- Croghan, C. F., Moone, R. P., & Olson, A. M. (2014). Friends, family, and caregiving among midlife and older lesbian, gay, bisexual, and transgender adults. *Journal of Homosexuality*, 61(1), 79–102. doi:10.1080/00918369.2013.835238
- Eng, D. L., & Hom, A. Y. (1998). *Q & A: Queer in Asian America*. Philadelphia, PA: Temple University Press.
- Eng, D. L. (2010). *The feeling of kinship: Queer liberalism and the racialization of intimacy*. Durham, NC: Duke University Press.
- Federici, S. (2012). *Revolution at point zero: Housework, reproduction, and feminist struggle*. Oakland, CA: PM Press.
- Ferguson, R. A. (2004). *Aberrations in Black: Toward a queer of color critique*. Minneapolis, MN: University of Minnesota Press.
- Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: Toward antiracism praxis. *American Journal of Public Health*, 100(Suppl 1), S30–35. doi:10.2105/ajph.2009.171058
- Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., . . . Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry*, 84(6), 653–663. doi:10.1037/ort0000030
- Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sex Research*, 49(1), 36–49. doi:10.1080/00224499.2011.565427
- Galanti, G. A. (2000). Vietnamese family relationships: A lesson in cross-cultural care. *Western Journal of Medicine*, 172, 415–416.
- Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health behavior: Theory, research, and practice* 5th . San Francisco, CA: Jossey-Bass.
- Heaney, C. A., & Israel, B. A. (2008). Social networks and social support. In K. Glanz, B. K. Rimer, and K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed.). San Francisco, CA: Jossey-Bass.
- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences*, 33(2–3), 61–83. discussion 83-135. doi:10.1017/s0140525x0999152x.
- History | VROC | Viet Rainbow of Orange County. (2013). Retrieved from <http://www.vietroc.org/about-us/history/>
- House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley Pub. Co.

- Hudson, K. D., & Romanelli, M. (2019). "We are powerful people": Health-promoting strengths of LGBTQ communities of color. *Qualitative Health Research*, 1049732319837572. doi:10.1177/1049732319837572
- Jackson Levin, N., Kattari, S. K., Piellusch, E. K., & Watson, E. (2020). "We just take care of each other": Navigating 'chosen family' in the context of health, illness, and the mutual provision of care amongst queer and transgender young adults. *International Journal of Environmental Research and Public Health*, 17(19), 7346. doi:10.3390/ijerph17197346
- Kibria, N. (1990). Power, patriarchy, and gender conflict in the Vietnamese immigrant community. *Gender and Society*, 4(1), 9–24. doi:10.1177/089124390004001002
- Knotts, G., & Gregorio, D. (2011). Confronting homophobia at school: High school students and the gay men's Chorus of Los Angeles [research-article]. *Journal of LGBT Youth*, 8(1), 66–83. doi:10.1080/19361653.2011.519193
- Krehely, J. (2009). *How to close the LGBT health disparities gap*. Retrieved from https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities_race.pdf
- La, J., Jackson, S., & Shaw, R. (2019). 'Flat and fabulous': Women's breast reconstruction refusals post-mastectomy and the negotiation of normative femininity. *Journal of Gender Studies*, 28(5), 603–616. doi:10.1080/09589236.2019.1601547
- Masequesmay, G. (2003a). Emergence of queer Vietnamese America. *Amerasia Journal*, 29(1), 116–134. doi:10.17953/amer.29.1.115512728mj65738
- Masequesmay, G. (2003b). Negotiating multiple identities in a queer Vietnamese support group. *Journal of Homosexuality*, 45(2–4), 193–215. doi:10.1300/j082v45n02_09
- Maxwell, J. A. (2009). Designing a qualitative study. In Leonard Bickman, & Rog, Debra J (Ed.), *The Sage handbook of applied social research methods* 2nd edition (pp. 214–253). Thousand Oaks, CA: Sage Publications.
- Mayring, P. (2004). Qualitative content analysis. *A Companion to Qualitative Research*, 1, 159–176.
- McConnell, E. A., Birkett, M. A., & Mustanski, B. (2015). Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT Health*, 2(1), 55–61. doi:10.1089/lgbt.2014.0051
- Messac, L., Ciccarone, D., Draine, J., & Bourgois, P. (2013). The good-enough science-and-politics of anthropological collaboration with evidence-based clinical research: Four ethnographic case studies. *Social Science & Medicine*, 99, 176–186. doi:10.1016/j.socscimed.2013.04.009
- Miller, N. (2006). *Out of the past: Gay and lesbian history from 1869 to the present* (Rev. & updated, 1st Alyson Books ed.). Alyson Books. <https://doi.org/40012514103>.
- Muñoz, J. E. (2020). *The sense of brown* (J. Chambers-Letson, and T. Nyong'o Eds.). Durham and London: Duke University Press.
- Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior*, 42(3), 437–448. doi:10.1007/s10508-012-0013-9
- Nadal, K. L. (2018). A decade of microaggression research and LGBTQ communities: An introduction to the special issue [research-article]. *Journal of Homosexuality*. doi:10.1080/00918369.2018.1539582
- Nguyen, H. T. (2014). *A view from the bottom: Asian American masculinity and sexual representation*. Durham and London: Duke University Press.
- nguyen, t., and Nguyen, V. (Eds.). (2017). *Many bridges, one river: Organizing for justice in Vietnamese American communities*. Los Angeles, CA: UCLA Asian American Studies Center Press, thuan nguyen, Vy Nguyen.

- Nham, K., & Huynh, J. (2020). Contagious heathens: Exploring racialization of COVID-19 and Asians through stop AAPI hate incident reports. *AAPI Nexus: Policy, Practice and Community*, 17(1 & 2), 87-108.
- Parrenas, R. S. (2010). Transnational mothering: A source of gender conflicts in the family. *North Carolina Law Review*, 88, 1825–1856.
- Riessman, C. K. (2002). Narrative analysis. In Huberman, A. Michael, & Miles, Matthew B. *The Qualitative Researcher's Companion* (pp. 216-270). Thousand Oaks, CA: Sage 216–270.
- Rutter, P. A. (2006). Young adult suicide and sexual orientation. *Journal of LGBT Issues in Counseling*, 1(3), 33–48. doi:10.1300/J462v01n03_04
- Sadler, M. E., Miller, C. J., Christensen, K., & McGue, M. (2011). Subjective wellbeing and longevity: A co-twin control study. *Twin Research and Human Genetics*, 14(3), 249–256. doi:10.1375/twin.14.3.249
- Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: A call to action. *American Psychologist*, 67(7), 532–544. doi:10.1037/a0028900
- Ward, J. (2008). White normativity: The cultural dimensions of whiteness in a racially diverse LGBT organization [research-article]. *Sociological Perspectives*, 51(3), 563–586. 10.1525_sop.2008.51.3.563. doi:10.1525/sop.2008.51.3.563
- Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York and Oxford: Columbia University Press.
- Wilson, P. A., & Yoshikawa, H. (2004). Experiences of and responses to social discrimination among Asian and Pacific Islander gay men: Their relationship to HIV risk. *AIDS Education and Prevention*, 16(1), 68–83. doi:10.1521/aeap.16.1.68.27724
- Zhou, M., & Ocampo, A. C. (2016). *Contemporary Asian America: A multidisciplinary reader*. New York University Press. Restricted to UCLA http://openurl.cdlib.org?sid=UCLA:CAT&genre=book&__char_set=utf8&isbn=9781479849994